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FALL 2024



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THE LATEST ON

PLAQUE PSORIASIS

2 in 3

Number of people with severe plaque psoriasis who say it has a very large or extremely large impact on their quality of life.

SOURCE: *Dermatology*

DOUBLE TROUBLE

A small minority of people with plaque psoriasis develop psoriatic arthritis, too. But experts haven't understood why only some people with psoriasis end up with the joint disease while most don't. Genetic researchers in Australia say they may have the answer. They've found that while a certain mutation in at least one copy of a gene called IKBKB causes psoriasis, mice who have the mutation in both copies of their IKBKB gene go on to have arthritis also. If the same proves to be true in people with these diseases, the discovery could lead to earlier diagnosis of both conditions, better treatment, and possibly a cure.

SOURCE: *Nature Communications*

FOOD FOR THOUGHT

In some people with plaque psoriasis, the plaques aren't just itchy, they're also hypersensitive to heat and pain. Researchers at North Carolina State University say that it may be everyday foods that trigger those symptoms. They've found that byproducts of common fatty acids that come from vegetable oil, nuts, and seeds are present in psoriasis patches. When they studied these substances in a lab, they learned that the molecules can latch onto and activate nerve cells involved in heat and pain sensitivity. It will take more research, but the finding could lead to new treatments or dietary recommendations for people who have these symptoms.

SOURCE: *JID Innovations*

2 in 5

Number of people with mild plaque psoriasis who say it has a very large or extremely large impact on their quality of life. More than half of people with moderate plaque psoriasis report the same impact on their quality of life.

SOURCE: *Dermatology*

UNCOVERING A VICIOUS CYCLE

A new study from New York University pinpoints the possible chain of events that leads to the rampant inflammation in psoriasis. Experts knew that a family of inflammatory substances called interleukin-17 (IL-17) caused psoriasis-related inflammation. Drugs that block IL-17 can bring relief. But experts didn't understand how IL-17 wreaked such havoc. In the new study, skin samples from people with psoriasis showed that IL-17 switches on another inflammatory protein called HIF-1-alpha. This second player helps inflamed skin cells produce yet another substance, called lactate, which leads to production of more IL-17. It's a vicious cycle. Existing anti-IL-17 drugs help stop this process. In the future, new drugs may stop HIF-1-alpha directly.

SOURCE: *Immunity*



**MOST PRESCRIBED
BRANDED TOPICAL
TREATMENT FOR PLAQUE
PSORIASIS IN ADULTS***

VTAMA[®]
(tapinarof) cream 1%



Not an
actual
patient

The most common adverse reactions (incidence \geq 1%) in subjects treated with VTAMA cream were folliculitis (red raised bumps around the hair pores), nasopharyngitis (pain or swelling in the nose and throat), contact dermatitis (skin rash or irritation, including itching and redness, peeling, burning, or stinging), headache, pruritus (itching), and influenza (flu).

*IQVIA National Prescription Audit (NPA) for the 3-month period ending 6/28/24, reflecting estimates of real-world activity. All rights reserved.

What is VTAMA cream?



VTAMA cream is a prescription topical treatment approved by the FDA for adults with plaque psoriasis

- **Once Daily**
- **Steroid Free**
- **Safe and Well Tolerated**



INNOVATIVE

VTAMA cream is an FDA-approved, once-daily, steroid-free topical treatment.



SAFE AND TOLERABLE

VTAMA cream is safe and was well tolerated even in sensitive skin areas, like your face and neck, armpits, chest/breasts, groin, and genitals.*

*Do not use VTAMA cream in your eyes, mouth, or vagina.



RESULTS THAT LAST

VTAMA cream helped adults achieve significantly clearer skin through 12 weeks over vehicle cream (a cream with no active ingredient) and skin stayed clearer when off treatment for a median of ~4 months.

What are the most common side effects of VTAMA cream?

VTAMA[®]
(tapinarof) cream 1%

The most common side effects of VTAMA cream observed in clinical studies were folliculitis (red raised bumps around the hair pores), nasopharyngitis (pain or swelling in the nose and throat), contact dermatitis (skin rash or irritation, including itching and redness, peeling, burning, or stinging), headache, pruritus (itching), and influenza (flu).

Please see back page for full safety information.

Before and after

Up to 40% of adult patients achieved clear or almost clear skin using VTAMA cream in 12 weeks[†] (compared to 6% using a cream with no active ingredient).

Here are some images of results patients in clinical studies achieved with VTAMA cream. Please remember that individual results may vary.

The most common side effects of VTAMA cream observed in clinical studies were folliculitis (red raised bumps around the hair pores), nasopharyngitis (pain or swelling in the nose and throat), contact dermatitis (skin rash or irritation, including itching and redness, peeling, burning, or stinging), headache, pruritus (itching), and influenza (flu).

Patient 1017-010 | 56-year-old female, arm

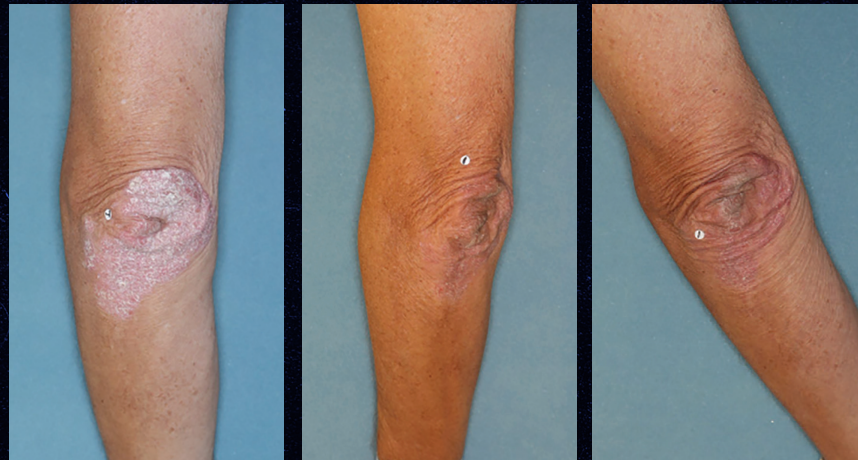


Baseline

Week 4

Week 12

Patient 2030-001* | 67-year-old male, arm



Baseline

Week 8

Week 12



* The patient shown did not achieve the primary efficacy endpoint of Physician Global Assessment (PGA) response defined as PGA=0 (clear) or 1 (almost clear) and ≥ 2 -grade improvement from baseline at week 12 in the PSOARING 2 Study.

[†] Itch measured by Peak Pruritus Numerical Rating Scale (PP-NRS), a patient reported scale.

Support and savings

How much does VTAMA cream cost?

The cost of VTAMA cream will vary depending on several factors, including the type or level of insurance you have.

For more information on savings through MyVTAMA, head over to www.VTAMA.com/savings-card.

For further assistance, call 1-8-DERMAVANT (1-833-762-8268) Monday through Friday, 9:00 AM-6:00 PM ET (excluding holidays).

What's MyVTAMA?

MyVTAMA is the patient support program from Dermavant, the company that makes VTAMA cream. It was created to give you support and assistance along your journey.



*Eligibility required. This offer is invalid for patients whose prescription claims are eligible to be reimbursed, in whole or in part, by any governmental program.



Scan to visit our website for more savings information

IMPORTANT INFORMATION ABOUT VTAMA® (Vee-TAM-uh) (tapinarof) CREAM, 1%

BRIEF SUMMARY

This summary contains important information about VTAMA cream. It is not meant to take the place of your doctor's instructions. Read this information carefully before you start using VTAMA cream. Ask your doctor or pharmacist if you do not understand any of this information or if you want to know more about VTAMA cream. For full Prescribing Information and Patient Information, please see the package insert.

WHAT IS VTAMA CREAM?

VTAMA cream is a prescription medicine used on the skin (topical) to treat plaque psoriasis in adults. It is not known if VTAMA cream is safe and effective in children under 18 years of age.

Do not use VTAMA cream for a condition for which it was not prescribed. Do not give VTAMA cream to other people, even if they have the same symptoms you have. It may harm them.

Important: VTAMA cream is for use on the skin (topical use) only. Do not use VTAMA cream in your eyes, mouth, or vagina.

WHAT SHOULD I TELL MY DOCTOR BEFORE USING VTAMA CREAM?

Before you use VTAMA cream, tell your doctor about all of your medical conditions, including if you:

- ▶ Are pregnant or plan to become pregnant. It is not known if VTAMA cream will harm your unborn baby; and/or
- ▶ Are breastfeeding or plan to breastfeed. It is not known if VTAMA cream passes into your breast milk. Talk to your doctor about the best way to feed your baby during treatment with VTAMA cream.

Tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

HOW SHOULD I USE VTAMA CREAM?

- ▶ Use VTAMA cream exactly as your doctor tells you to use it.
- ▶ Apply a thin layer of VTAMA cream only to your psoriasis skin lesions one (1) time a day. Avoid applying VTAMA cream to unaffected areas of your skin.
- ▶ Wash your hands after application unless VTAMA cream is for treatment of your hands.
- ▶ If someone else applies VTAMA cream for you, they should wash their hands after application.



For more info on VTAMA cream,
scan the above QR code
or head to www.VTAMA.com

WHAT ARE THE POSSIBLE SIDE EFFECTS OF VTAMA CREAM?

The most common side effects include: folliculitis (red raised bumps around the hair pores), nasopharyngitis (pain or swelling in the nose and throat), contact dermatitis (skin rash or irritation, including itching and redness, peeling, burning, or stinging), headache, pruritus (itching), and influenza (flu).

These are not all the possible side effects of VTAMA cream. Call your doctor for medical advice about side effects.

You are encouraged to report negative side effects of prescription drugs to the FDA at www.fda.gov/medwatch or call 1-800-FDA-1088.

HOW SHOULD I STORE VTAMA CREAM?

- ▶ Store VTAMA cream at room temperature, between 68°F to 77°F (20°C to 25°C).
- ▶ Do not freeze VTAMA cream.
- ▶ Protect VTAMA cream from exposure to excessive heat.
- ▶ Keep VTAMA cream and all medicines out of the reach of children.

WHAT ARE THE INGREDIENTS IN VTAMA CREAM?

Active ingredient: tapinarof **Inactive ingredients:**

benzoic acid, butylated hydroxytoluene, citric acid monohydrate, diethylene glycol monoethyl ether, edetate disodium, emulsifying wax, medium-chain triglycerides, polyoxyl 2 stearyl ether, polyoxyl 20 stearyl ether, polysorbate 80, propylene glycol, purified water, and sodium citrate dihydrate.

VTAMA is a trademark of DermavantSciences, GmbH or its affiliates.

Dermavant Sciences Inc., Long Beach, CA 90806 USA

IMPORTANT SAFETY INFORMATION

Indication: VTAMA® (tapinarof) cream, 1% is an aryl hydrocarbon receptor agonist indicated for the topical treatment of plaque psoriasis in adults. **Adverse Events:**

The most common adverse reactions (incidence ≥ 1%) in subjects treated with VTAMA cream were folliculitis (red raised bumps around the hair pores), nasopharyngitis (pain or swelling in the nose and throat), contact dermatitis (skin rash or irritation, including itching and redness, peeling, burning, or stinging), headache, pruritus (itching), and influenza (flu).

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.



STATS & FACTS

By Sonya Collins

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

No. 1 Rank of plaque psoriasis as the most common form of psoriasis.

> 8 MILLION Number of U.S. adults who have any type of psoriasis, including plaque psoriasis.

125 million

Number of people worldwide who have any type of psoriasis, including plaque psoriasis.



UP TO 9 in 10

Number of people with psoriasis who have plaque psoriasis.

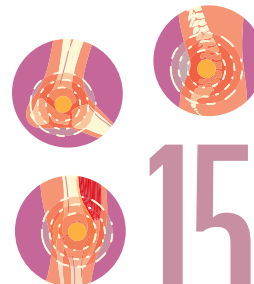
3 to 4 days

Life cycle of a skin cell when you have plaque psoriasis. Normal skin cells regenerate every 28 to 30 days. This faster turnover causes psoriasis plaques.



6.7 MILLION

Number of adults in the U.S. who have plaque psoriasis.



15%

Amount of people with plaque psoriasis who eventually develop psoriatic arthritis.

SOURCES: Cleveland Clinic, National Psoriasis Foundation, National Library of Medicine

BE PREPARED

ASK THESE QUESTIONS AT YOUR NEXT DOCTOR'S APPOINTMENT

By Sonya Collins

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

Whether your plaque psoriasis is mild, moderate, or severe, take an active role in your care and ask questions. Here, two dermatologists suggest questions to ask your doctor and why. Mona Sadeghpour, MD, sees patients at SkinMed Institute in Pittsburgh, PA. Veena Vanchinathan, MD, sees patients at a medical practice in the San Francisco Bay area.

Q. How much of my body surface area (BSA) is affected?

VANCHINATHAN: The severity of your plaque psoriasis—mild, moderate, or severe—is determined by how much of your total skin surface is affected. Your affected BSA and how much your quality of life is affected help determine what your treatment plan will be.

Q. What can I expect from this treatment plan?

VANCHINATHAN: Before you start a new treatment, you're going to want to know about the possible side effects; how long it will be before you see results; and how often this particular treatment works for people with similar disease severity, meaning mild, moderate, or severe.

Q. What's your treatment ladder?

VANCHINATHAN: This will tell you what your doctor will try next if the current plan doesn't work. The bottom rung on the ladder is conservative treatments, like over-the-counter

VEENA VANCHINATHAN, MD



products and steroid creams. As you move higher up, you get more assertive with treatment, but those treatments can also mean more side effects, more blood work, and so forth. Knowing where you are on this ladder can give you hope. You've only tried these two things so far. If this next one doesn't work, we still have these two to three things we can try.

Q. What are the nonsteroid treatment options for maintenance for my mild to moderate psoriasis?

VANCHINATHAN: Many people start on a prescription steroid cream to help manage symptoms, but that's never a great long-term plan. You want to get an understanding of what your doctor has in mind for long-term strategy. There are a couple of different options available, including prescription nonsteroid creams, phototherapy, and a non-immunosuppressive oral therapy, meaning a pill.

Q. When should I consider going on systemic medication for moderate or severe plaque psoriasis?

SADEGHPOUR: Some situations indicate it's time to discuss this option with your physician, for example, a "halt" or plateau in your response to your medication, worsening or spreading of your psoriasis, or new symptoms such as joint pain.

Q. How do I know this is the right treatment for my psoriasis?

SADEGHPOUR: Patients may think that the latest medications are best and that perhaps they should switch. But that's not necessarily the case. Many factors figure into medication choices. These include whether you have psoriatic arthritis, your age, past medical history, other conditions such as heart failure or HIV, your tolerance for side effects, frequency of treatment, pregnancy planning, and whether your insurance covers it.

Q. How will family planning affect my treatment plan?

SADEGHPOUR: Some but not all medications are safe to use during conception and pregnancy. There could be potential problems not only for women but also men. As soon as you decide to conceive, you should ask your physician for guidance.



MONA SADEGHPOUR, MD

HOW I TOOK CONTROL

LEARNING TO LIVE— AND THRIVE—WITH PLAQUE PSORIASIS

By Jennifer Konikoff

Reviewed by Neha Pathak, MD,
WebMD Lead Medical Editor

It started in my early 20s with a small, itchy, painful spot behind my ear. Every time I picked at it, it would just come back bigger. Then patches started showing up behind my knees, and then my scalp. I was a grown woman with cradle cap and scaly legs, and I had no idea why. I wondered: Was this just a normal part of getting older?

I decided to get it checked out. My dermatologist suspected the diagnosis on sight but did a biopsy to be sure. That's when he told me I had plaque psoriasis.

TREATMENT TRIAL AND ERROR

After asking my family, I found out that I wasn't the only one with psoriasis—my father also had it. But his plaques were very mild, just small patches mainly in his eyebrows. So it wasn't like it was a topic that ever came up in conversation.

I set out to find a solution for this new puzzle. I saw multiple dermatologists and tried everything they prescribed. Nobody would really give me anything stronger than a topical, and my plaques just kept spreading and spreading. I had it everywhere, and I couldn't figure out the triggers.

Finally, I was introduced to a biologic I took every 2 weeks. It seemed promising, but a serious needle phobia started to interfere with my ability to follow the regimen. My anxiety about the injection kept me from sticking to the schedule, and so the treatment wasn't as effective as it could have been. I needed a different answer.

LEARNING TO ADVOCATE FOR MYSELF

I was young, straight out of college, and still learning how to be an independent person. Over the years I've become less shy, but back then, I was much more timid. Speaking up for myself wasn't yet in my nature.

But I had to listen to my body over my fear. It helped to remind myself that I had to voice what was going on with my body so the doctors were better equipped to treat my symptoms. I worked through my discomfort and said, "We have to do something different."

So they switched me to a pill treatment, but it had no effect. My doctors also did extensive blood work to see if there were any abnormalities in my blood that would reveal a gut issue. I changed my diet, which helped a little, but the quest for the right medical treatment continued.

DESIGN VIA GETTY IMAGES; INSET PHOTO COURTESY OF JEN KONIKOFF



Finally, we hit on it: A once-every-other-month biologic injection with a super thin, barely noticeable needle that comes in an injector pen. I can't feel it go in, and my skin has responded beautifully.

That's why I share my story: I know there are others like me who are learning how to tune into their body and speak up for what they need. But it's this self-awareness and self-possession that will help you persist through the trial and error of psoriasis management so you can thrive in the skin you're in.

TREAT YOURSELF



Jen's tips for managing psoriasis well

Know your triggers. They give your doctor a better picture of your condition and you a guide for better skin care.

Try diet changes. For me, cutting gluten and dairy helped me not flare as often.

Soak in saltwater. This does wonders for my skin, and if I can mix it with a little sun—but not too much!—at the beach, even better.



FOODS THAT CAN CAUSE FLARES

These may make psoriasis symptoms worse.

- + Dairy, especially cow's milk
- + Refined carbs (white bread, white rice, pasta, pastries)
- + Saturated fats and trans fats (red meat, margarine, fried food, processed snacks)
- + High-sugar foods such as candy, soda, fruit juice, and baked goods



LIFESTYLE CHANGES

HABITS THAT HELP YOU LIVE WELL WITH PSORIASIS

By Rachel Reiff Ellis

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

Whether you have mild to moderate or severe psoriasis, medical treatments—topical, oral, injected, or light therapies—are the primary key to symptom control. But there are nonmedical tools you can use to promote fewer flares, too.

“There are two broad pathways that impact your psoriasis and can make your disease flare or be under control, and they’re intertwined,” says Mark A. Cohen, MD, a dermatologist at Advent Health Shawnee Mission in Overland Park, KS. “The inflammatory pathway, which your health care team helps you control with treatment, and the behavioral pathway, which you help control through the

FATCAMERA/VIA GETTY IMAGES



DON'T SKIP MENTAL HEALTH

Mark Cohen, MD, shares five steps to positive emotional well-being while living with psoriasis.

- + **Connect.** Avoid isolation and meet friends and loved ones face-to-face regularly.
- + **Move your body.** Choose something you enjoy doing.
- + **Foster hobbies.** Make time for your favorite activities.
- + **Practice being present.** Meditation and mindfulness are two tools that help reduce stress.

and extra-virgin olive oil.

“It’s helpful to think of it as a way of eating that brings healthy, whole foods in instead of a diet that cuts foods out,” Cunningham says. “But no one diet fits every person, so talk to your doctor or a dietitian for guidance on how to best enhance your nutrition.”

WORK IN WORKOUTS

Regular physical activity is important for everyone, but when you have psoriasis, studies show it can work almost as an add-on treatment for your skin symptoms, especially if you’re overweight.

“When we talk about the benefits of losing weight, it’s not so much a matter of the number on the scale as it is the ratio of fat to lean muscle in your body,” Cohen says.

Exercise is key to this balance. You don’t have to run marathons or compete in heavyweight competitions for exercise to count, either. Find something you like to do and figure out how to fit it into your daily routine.

“For some people, that simply means taking a 10-minute walk around their neighborhood three times a day,” Cohen says.

No matter what your movement of choice, aim for 30 minutes at least five times a week for the best benefit. You’ll boost your mood, too, which can create a positive feedback loop for creating and maintaining healthy habits.

STOP SMOKING

There’s no way around it: Smoking harms your health. When you live with psoriasis, smoking not only makes your disease worse, but it also makes it harder to treat. And you’re putting yourself at higher risk for comorbidities—diseases that can come with psoriasis such as cancer, heart attack, stroke, and inflammatory bowel disease.

“The single most important thing people with psoriasis can do to become healthier is to stop smoking,” Cunningham says.

Talk to your doctor to get support or even medication that can help you kick the habit.

habits you cultivate.”

Incorporate these everyday choices into your psoriasis management plan.

NURTURE WITH NUTRITION

There’s no magic menu that can cure your psoriasis, but you can choose foods that can help with factors linked to the disease, says Ellen Cunningham, MD, a dermatologist at South Bend Clinic in Mishawaka, IN.

“We know that psoriasis is linked to an increased risk of heart disease in particular,” Cunningham says.

Studies show the Mediterranean diet not only boosts heart health, but it also may slow psoriasis progression. The diet focuses primarily on plant-based foods and healthy fats, such as vegetables, fruits, whole grains, nuts, seeds,

TEST YOUR PLAQUE PSORIASIS IQ

FIND OUT HOW MUCH YOU KNOW

By Kendall K. Morgan

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor



1. Plaque psoriasis accounts for what percentage of psoriasis cases?
 - A. 50%
 - B. 90%
2. Which of these topical treatments can help control your plaque psoriasis?
 - A. Topical corticosteroids
 - B. Both topical steroids and nonsteroidal topical treatments
3. Which best describes the way your plaque psoriasis symptoms will look over time?
 - A. Variable
 - B. More constant
4. One in three people with plaque psoriasis will have which other inflammatory condition?
 - A. Arthritis
 - B. Inflammatory bowel disease
5. At what age do people more often get plaque psoriasis for the first time?
 - A. Around age 40
 - B. Between ages 15 and 35

4. A. It's not uncommon for people with psoriasis to have other health conditions, including inflammatory bowel disease (IBD). But more than 1 in every 3 people with this skin condition have an inflammatory joint disease called psoriatic arthritis. If you're noticing joint pain, swelling, or stiffness, let your doctor know.

5. B. Psoriasis can start at any age, but it more often shows up in older teens or younger adults, ages 15 to 35.

1. B. Plaque psoriasis is by far the most common type, accounting for 90% of all psoriasis cases. Several other rare types make up the other 10%.

2. B. Over-the-counter or prescription steroid ointments, creams, or lotions can help with your psoriasis symptoms, but daily use of a nonsteroidal topical medicine also can treat your plaque psoriasis. Ask your doctor which topical treatment they recommend for you and why.

3. A. Plaque psoriasis symptoms typically will vary over time. Your plaques may go away or get milder at times and then come back or get more severe again.