

## **UVB** preferred for treatment of moderate to severe psoriasis

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Ultraviolet B is preferred by dermatologists for first-line treatment of moderate to severe psoriasis in both healthy male and female patients, according to a study published in the March issue of the *Journal of the American Academy of Dermatology*.

(HealthDay) -- Ultraviolet B (UVB) is preferred by dermatologists for first-line treatment of moderate to severe psoriasis in both healthy male and female patients, according to a study published in the March issue of the *Journal of the American Academy of Dermatology*.

Joy Wan, of the University of Pennsylvania in Philadelphia, and colleagues surveyed 1,000 U.S. dermatologists, including members of the National Psoriasis Foundation and members of the American Academy of Dermatology who treat psoriasis patients; 387 dermatologists (39 percent) responded.

The researchers found that dermatologists preferred the following



therapies for moderate to severe psoriasis for male and female patients, respectively: UVB (40 and 56 percent), etanercept (15 and 19 percent), methotrexate (16 and 4 percent), and adalimumab (12 and 10 percent). Among respondents, 66 percent administered phototherapy in their practice. After adjusting for all physician variables, those who preferred first-line UVB for male and female patients were significantly more likely to have phototherapy in their practice (odds ratio [OR], 3.4 and 2.8, respectively) and to have used UVB in more than 10 patients in the last three months (OR, 8.0 and 9.6, respectively). Dermatologists in the Midwest were more likely than those in the Northeast to prefer adalimumab as first-line therapy for moderate to severe psoriasis for male and female patients.

"UVB is most commonly preferred as a first-line treatment for moderate to severe psoriasis in healthy adults, and preferences vary based on region, phototherapy availability, and prior treatment use," the authors write.

Several authors disclosed <u>financial ties</u> to pharmaceutical companies.

**More information:** Abstract

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