Increasing adherence to topical therapy in psoriasis through use of solution medication

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Abstract
Patient outcomes and clinical improvement are closely related to topical medication adherence, and is especially important in chronic dermatological diseases such as psoriasis. About one-fifth of patients undergoing topical treatment were dissatisfied with its convenience for various reasons. Providers can help increase adherence through selecting the correct medication vehicle, involving family members or friends in the patient’s mediation application, and explaining likely side effects to the patient prior to use of the medication. Increased inheritance will lead to better psoriasis disease control.

Clinical Challenge
Patient outcomes and clinical improvement are closely related to adherence to topical medications. Adherence is especially important in chronic dermatological diseases such as psoriasis. About one-fifth of patients undergoing topical treatment were dissatisfied with its convenience, a commonly cited complaint among those discontinuing long-term therapy [1,2]. Additionally, many patients using solutions discontinue use of their topical regimen because of cost or because of “burning” or “stinging” with medication application.

Solution
The old dogma was that dry, scaly conditions like psoriasis should be treated with ointment vehicles, but patients may not like or use ointments. From the standpoint of adherence, the best vehicle is the one the patient is most willing to use. Many patients prefer less messy options. For them a spray-on solution product may be preferred. For patients who cannot afford branded spray-on products, a generic corticosteroid solution can be put in an inexpensive spray bottle to achieve a similar effect (for example, http://www.amazon.com/Vitamin-Shoppe-Glass-Bottle-bottles/dp/B00P15EC26/ref=sr_1_8?ie=UTF8&qid=1434822646&sr=8-8&keywords=2+oz+spray+bottle). If patients like the idea of a spray but find that alcohol-based solution vehicles cause too much stinging, a combination betamethasone dipropionate and calcipotriene in an oil vehicle could be prescribed for spray-on application. Alternatively, advising patients that the “burning” or “stinging” sensation when applying solutions means that the medication is working may help patients better tolerate the sensation.

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References