






Main recommendations and decision grid

Initiation and selection of a systemic treatment

National societies are invited to define and use their own national treatment recommendations in line with local regulations and availability. The EuroGuiDerm psoriasis guideline group suggests the following recommendations as a base for national adoption/adaptation:

<p>We recommend to take efficacy and safety (see Figure 1 /Cochrane Review ¹ and drug chapters), time until onset of treatment response, comorbidities (see decision grids, section Guidance for specific clinical and comorbid situations), and individual patient factors into account when choosing a systemic treatment for moderate or severe psoriasis.</p> <p>In addition, national regulations and reimbursement circumstances need to be taken into consideration and treatment algorithms should be developed on a national level.</p>	↑↑	<p style="text-align: center;">STRONG CONSENSUS¹</p> <div style="text-align: center;">  </div> <p style="text-align: center;">EVIDENCE AND CONSENSUS BASED</p> <p style="text-align: center;">(SEE METHODS AND EVIDENCE SECTION)</p>
<p>We recommend the initiation of systemic treatment in patients with moderate to severe (as defined in each country, see also section “Defining disease severity”) psoriasis.*</p> <p><i>*UV therapy is not part of this guideline but it is recommended as an alternative induction therapy if suitable.</i></p>	↑↑	<p style="text-align: center;">CONSENSUS¹ 91%</p> <div style="text-align: center;">  </div> <p style="text-align: center;">EVIDENCE AND CONSENSUS BASED</p> <p style="text-align: center;">(SEE METHODS AND EVIDENCE SECTION)</p>
<p>For most patients who require systemic treatment, we recommend choosing a treatment from the group of the ‘conventional systemic agents’.</p>	↑↑	<p style="text-align: center;">CONSENSUS¹ 91%</p> <div style="text-align: center;">  </div> <p style="text-align: center;">EVIDENCE AND CONSENSUS BASED</p> <p style="text-align: center;">(SEE METHODS AND EVIDENCE SECTION)</p>

<p>For cases of severe disease, we suggest following Figure 1.</p>	<p>↑</p>	<p>STRONG CONSENSUS¹</p> <p>100 % Agreement</p> <p>EVIDENCE AND CONSENSUS BASED</p>
<p>In cases of inadequate response, contra-indication or intolerance we recommend following Figure 1.</p>	<p>↑↑</p>	<p>(SEE METHODS AND EVIDENCE SECTION)</p>

¹ due to personal-financial conflict of interest 3 abstentions

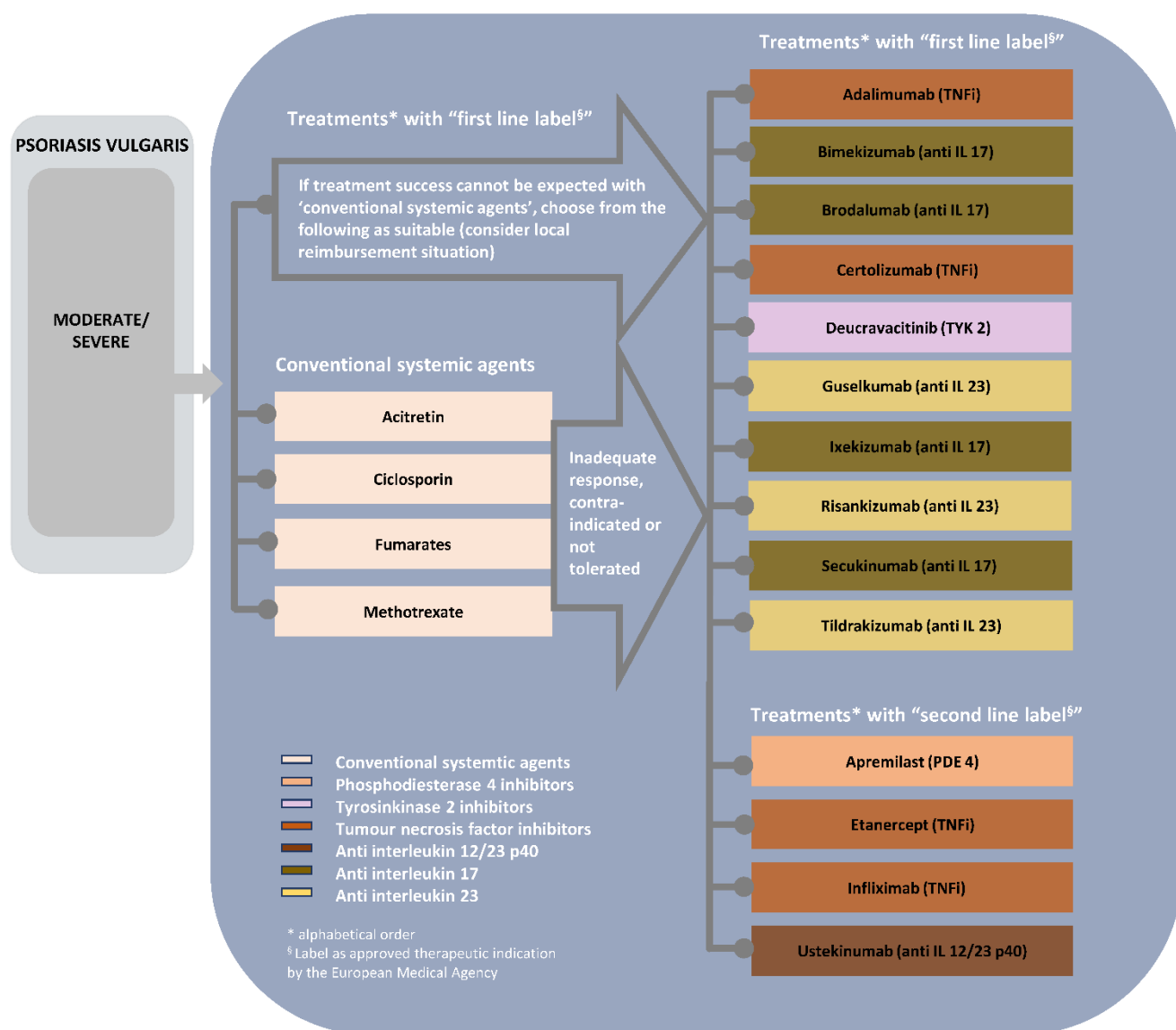


Figure 1: Overview of treatment options for plaque type psoriasis arranged by the label as approved by European Medical Agency.



Table 1: Overview of ‘conventional’ treatment options and the expert assessment of their suitability in specific treatment circumstances (decision grid I)

Therapy Specific circumstances	Conventional systemic agents			
	Acitretin	Ciclosporin	Fumarates	Methotrexate
Concomitant psoriatic arthritis				↑ first line peripheral active joint involvement
Chronic inflammatory bowel disease: Crohn's Disease	↑ especially cases with mild paradoxical psoriasis			↑ 2nd choice oral treatment
Chronic inflammatory bowel disease: Ulcerative colitis	↑ especially cases with mild paradoxical psoriasis	↑ 2nd choice oral treatment		
Diabetes mel./ metabolic syndrome		consider alternatives		consider alternatives
Dyslipidaemia	↓			
Advanced heart failure	↑	↓		↑
Heart Disease: Ischemic heart disease	↓			↑
Concomitant latent / treated TB	↑		↑	
Pregnancy	↓↓	↑ preferred conventional	↓	↓↓



Symbols	Implications*
↑↑	We believe that all or almost all informed people would make that choice.
↑	We believe that most informed people would make that choice, but a substantial number would not.
	See background text and specific recommendations
↓	We believe that most informed people would make a choice against that intervention, but a substantial number would not.
↓↓	We believe that all or almost all informed people would make a choice against that choice.

*adapted from GRADE



Table 2: Overview of ‘biologics’ treatment options and the expert assessment of their suitability in specific treatment circumstances (decision grid II)

Therapy / Specific circumstances			tnf inhibitors				anti-IL12/23	anti-IL17				anti-IL23		
	Apremilast	Deucravacitinib	Etanercept	Infliximab	Adalimumab	Certolizumab	Ustekinumab	Secukinumab	Ixekizumab	Brodalumab	Bimekizumab	Guselkumab	Tildrakizumab	Risankizumab
Concomitant psoriatic arthritis	↑		↑↑									↑↑		↑↑
Chronic inflammatory bowel disease: Crohn's Disease				↑↑ 1st choice				↓				↑ 2nd choice if anti-TNF alpha not suitable		
Chronic inflammatory bowel disease: Ulcerative colitis	↑ 2nd choice oral treatment			↑↑ 1st choice			↑↑ 1st choice	↓				↑ 2nd choice if anti-TNF alpha not suitable		
Diabetes mel./ metabolic syndrome														



Therapy / Specific circumstances	Apremilast / Deucravacitinib		tnf inhibitors				anti-IL12/23	anti-IL17				anti-IL23		
	Apremilast	Deucravacitinib	Etanercept	Infliximab	Adalimumab	Certolizumab	Ustekinumab	Secukinumab	Ixekizumab	Brodalumab	Bimekizumab	Guselkumab	Tildrakizumab	Risankizumab
Dyslipidaemia														
Advanced heart failure	↑		↓↓				↑				↑			
Heart Disease: Ischemic heart disease							↑							
Concomitant latent / treated TB	↑		↓↓					↑				↑		
Pregnancy	↓	↓				↑ preferred choice biologic								



Symbols	Implications*
↑↑	We believe that all or almost all informed people would make that choice.
↑	We believe that most informed people would make that choice, but a substantial number would not.
—	See background text and specific recommendations
↓	We believe that most informed people would make a choice against that intervention, but a substantial number would not.
↓↓	We believe that all or almost all informed people would make a choice against that choice.

*adapted from GRADE

References

1. Sbidian E, Chaimani A, Garcia-Doval I, et al. Systemic pharmacological treatments for chronic plaque psoriasis: a network meta-analysis. *The Cochrane database of systematic reviews*. May 23 2022;5(5):Cd011535. doi:10.1002/14651858.CD011535.pub5