

ABSTRACT

Acitretin and PUVA in Psoriasis

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Acitretin causes a rapid initial desquamation and thinning of psoriatic lesions. Occasionally, lesions may spread. Subsequent improvement is rather slow and complete clearing is seldom achieved if monotherapy alone is used. However, if acitretin is combined with PUVA therapy or other phototherapies, efficacy is improved and complete clearing is achieved in most patients, even in widespread severe cases.

In combination therapy, the initial acitretin dose is 40–50 mg/day. After 1–2 weeks' pretreatment with acitretin alone, simultaneous PUVA therapy is started and given 3 times weekly

using normal or slightly reduced doses. The combination is continued until clearing, which is usually achieved in 6–8 weeks. Various modifications of this combination can be used, depending on the type and severity of the disease as well as on the therapeutic response.

The combination treatment is more effective than either treatment alone and the cumulative UVA dose needed can be reduced by 25–40%, depending on the mode of combination. This may reduce the risks associated with long-term PUVA therapy.