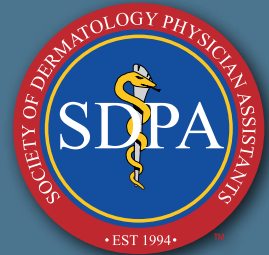


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Journal of Dermatology for Physician Assistants



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**THIS ISSUE:** The JDPDA includes articles that have been reviewed and approved for Category I (Preapproved) CME credit by the American Academy of Physician Assistants. Approval is valid for 1 year from the issue date, and participants may submit the self-assessment at any time during that period. Category I CME articles included in JDPDA are planned and developed in accordance with AAPA's CME Standards for Journal Articles and for Commercial Support of Journal Articles.

**GOING GREEN:** Since its inception, the JDPDA has utilized eco-friendly printing practices. The JDPDA is printed on paper obtained from sustainable forests that meet strict environmental standards. Soy-based inks that have a low environmental impact are used during printing of the journal and the journal is printed using 100% renewable energy. SDPA members may join us in our efforts and opt to receive the JDPDA in digital format.

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www.pacommunications.org

To read the JDPDA publication's Ethics and Malpractice Statement, please visit [www.jdpda.org/write.html](http://www.jdpda.org/write.html).

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**JDPDA/Journal of Dermatology for Physician Assistants** (ISSN 1938-9574) is published quarterly (4 issues per volume, one volume per year) by Physician Assistant Communications, LLC, P.O. Box 416, Manlius NY 13104-0416. Volume 9, Number 4, Fall 2015. One year subscription rates: \$40 in the United States and Possessions. Single copies (prepaid only): \$10 in the United States (Include \$6.50 per order plus \$2 per additional copy for US postage and handling). Periodicals postage rate paid at New York, NY 10001 and additional mailing offices.

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**POSTMASTER:** Send address changes to Society of Dermatology Physician Assistants, Inc., 8400 Westpark Drive, 2nd Floor, McLean, VA 22102  
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# FROM THE PATIENT'S PERSPECTIVE

## *Psoriasis Clearance and Regaining Confidence*

By Alison Burbank

I don't know what it's like to live without affliction. Shortly before my fifth birthday I developed psoriasis, a disease which ultimately helped form me into the person I am today. When faced with any sort of challenge, I always try to find a way to learn from it. Growing up with psoriasis also meant growing up with a lack of self-confidence, the pointing and staring of the uneducated, the hurtful words of bullies, and the never-ending efforts to find a treatment that actually worked.

Unfortunately, psoriasis entered my life at a time when it was still a mystery to even the world of medical professionals. In fact, it wasn't until

my late teens that I learned of the link between psoriasis, arthritis, and other comorbidities. By that time I had seen at least six dermatologists, all of whom had left me feeling hopeless. My psoriasis was clear for a few months while I was on steroids, but they were not something I felt comfortable taking regularly. I had tried more topical ointments than I could count; I also tried light therapy, coal tar shampoos and ointments, other shampoos for psoriasis, and even ones just for dandruff. Not one made a noticeable impact. I reached a point where turning to doctors for answers felt like a waste of time.

I felt defeated and hopeless after every failed effort. Thankfully there have been people in my life who have maintained hope when I couldn't. Growing up, my dad saw me trying one thing after another without relief, and he too began searching for answers. He once ordered salts from the Dead Sea for me to soak in that literally ended up being money sent straight down the drain. He suggested new doctors for me to see a couple of times, which I did. In college I was prescribed a biologic, a TNF antagonist, for the first time. It was frightening to first read all of the possible side effects and warnings. For a while I was convinced it was going to give me cancer. I was on this medication that provided no relief for over a year before my doctor decided I should try something else. In early 2010, I was switched to another biologic that caused an allergic reaction. The injection site on my leg swelled to the size of a tennis ball. I decided I was officially giving up on treating my psoriasis.

In the spring of 2012 I was working as a waitress when I was diagnosed with plantar fasciitis. It was incredibly painful and resulted in me having to find another job. However, I always try to look for the good in the seemingly bad. I had been without a primary care provider; so when the pain



The National Psoriasis Foundation (NPF) is a non-profit organization with a mission to drive efforts to cure psoriatic disease and improve the lives of those affected.

Founded in 1966 from a tiny classified ad in a Portland, OR newspaper, the Psoriasis Foundation has evolved to become the leading patient advocacy group for the 7.5 million Americans living with psoriasis and psoriatic arthritis.

As emerging research continues to demonstrate the serious, systemic effects of these chronic autoimmune diseases, our highest priority is to find a cure.

National Psoriasis Foundation

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Email: [getinfo@psoriasis.org](mailto:getinfo@psoriasis.org)

in my feet appeared, I made an appointment with a new doctor who went above and beyond my expectations. Dr. Rachel Gruner diagnosed the pain I was experiencing, but also suggested I start seeing a dermatologist again. She insisted that the research on psoriasis had advanced considerably and referred me to Dr. Stephanie Frederic.

As I sat in the waiting room before my first appointment with Dr. Frederic, my thoughts were anything but optimistic. I questioned why I was there at all, but my pessimism immediately faded once she began speaking with me. For the first time, the history of trying to treat my psoriasis felt like it had value. Dr. Frederic wanted to hear it all and suggested a treatment to try, one that I had never heard of. On July 6, 2012, I had my first infusion of another TNF antagonist biologic agent and, not even a week later, my arms were almost completely clear. On July 20, 2012, I shaved my legs without my psoriasis plaques bleeding for the first time in my life. I was ecstatic. I also learned that I had freckles on my knees and found myself ridiculously happy about this discovery. In just a month I went from having zero faith in dermatology to declaring my love for this medication and an appreciation of my newest doctor. Sometimes it just takes twenty years!

For a little over a year I had great results with my third biologic, but eventually its effectiveness decreased, and my doctor added an antimetabolite to my treatment regimen. This particular drug and biologics are more powerful together than on their own. However, antimetabolites can affect liver function. After a little over six months, my blood work results suggested that the medication was doing more harm than good, and I had to stop taking it. My doctor and I discussed increasing the dose of my biologic, but we were reluctant because of the associated risks. I was already having vasovagal responses with my infusion requiring me to start each infusion slowly with a precautionary

*"To those who have never experienced it, psoriasis is just a rash, but to those living with it, psoriasis is a never-ending battle."*

antihistamine beforehand. The first time this happened I was terrified because I couldn't yell out to get the nurse's attention. I could barely raise my arm to signal that I needed help. It may have only been ninety seconds, but it was a long ninety seconds. A few months later, in the evening after what would be my last infusion, I broke out in hives. That's when we decided that this medication was no

longer a safe choice for me, and I was switched to a different self-injected biologic, an IL-12 and IL-23 antagonist.

I started the new biologic in October of last year, and so far it has been the best treatment experience I've had. Its effectiveness has been even better than the previous biologic; it has mostly cleared up my scalp psoriasis, an area where I've never had success. I'm approaching the one-year anniversary with this drug, which makes me a little anxious because I fear it will also lose its effectiveness; however, until that day comes, I will remain grateful. I am lucky to have found such amazing doctors, not only for giving me a successful psoriasis treatment, but also for giving me a reason to be thankful and optimistic for the advances in medicine.

Finally, being mostly clear means more than just not having visible skin plaques and flakes in my hair or on my clothes. It means not having to endure pain from just bending my arm because my skin was so tight from the thick, dry plaques. It means being able to set my arm on an armrest without a thought, not only because it doesn't hurt, but also because it doesn't leave behind an embarrassing trail of white flakes. It means making it through an entire day without scratching my skin raw because of the itch. It means not having to even think about my skin. My skin used to be a part of me that I absolutely detested. People who lacked compassion made it easy for me to look at my own skin as something unacceptable. I thought of my skin as gross and would often find

myself apologizing to people because I was so used to the negative remarks. Being clear of psoriasis has meant that it doesn't even cross my mind to apologize for my skin. In fact, it sometimes means bragging about my skin, my successful treatment, and my doctors. Because of my triumph, I am able to look back on all the negativity as an obstacle I was able to overcome and not just on the outside. My on-again, off-again efforts to treat my psoriasis have evolved into a persistence that I have been able to duplicate in other areas of my life. Ultimately, my treatment success means feeling confident in my skin and in my ability to persevere through any challenge that I may face whether medical, professional, or personal. It means feeling hopeful for every kid out there who will also have to grow up and learn to thrive with psoriasis. To those who have never experienced it, psoriasis is just a rash, but to those

living with it, psoriasis is a never-ending battle. Right now victory feels pretty great, but I know another time will come when I will have to wave a white flag and surrender to my immune system again. However, unlike in the past, I know that it will be temporary. I know that there will always be something else to try and that my amazing doctors will always be right there with me.

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*Acknowledgments: Technical assistance with editing and styling of the manuscript for submission was provided by Complete Healthcare Communications, LLC and was funded by Novartis Pharmaceuticals Corporation. The author is fully responsible for all content and editorial decisions and received no financial support or other form of compensation related to the development of this manuscript. The opinions expressed in the manuscript are those of the author and Novartis Pharmaceuticals had no influence on the contents.*

## Take Home Points for Derm PAs:

*By Steven K. Shama, MD, MPH, FAAD*

1. *There are times in our careers when we see a patient with an intractable chronic skin disorder. We know that while we are trying hard, nothing seems to be working and the patient feels hopeless and is in pain. Wouldn't it be a gift to both the patient and the clinician if we were to ask the patient questions such as, "How are you feeling?" or "I hope you know that I'm trying my best, but is there anything you'd like to tell me about whether you believe we'll ever find some relief for you or even a cure?"*

*I truly believe that when a patient is suffering, as Alison writes about herself, and when the treatments have given minimal relief or have had significant side effects and had to be stopped, it may be time to have an honest conversation with the patient about your*

*own personal frustrations and to show deep empathy. We can see this suffering going on, this hurt, and this feeling of hopelessness... it may be that time to voice it.*

2. *While I've never asked a patient this question, there comes a time in every clinician's care of the chronically ill patient that he or she must sit with the patient and ask a few questions, "What have you learned from your skin disease that you taught yourself? What can you teach others?" and finally, "What can you teach me?"*

*Once we've asked these questions we really need to listen to the answers. There is so much to learn from our patients. Let us not miss these opportunities to learn why we have chosen dermatology as our life's work. ●*

# Dermatology Physician Assistants



## Physician Assistants (PAs) in dermatology play a number of varied and vital roles.

PAs are medical providers licensed to practice medicine with physician supervision. From patient care and education, to skin surgery, treatment of chronic skin conditions, and cosmetic procedures, PAs are dynamic members of the healthcare team. PAs practice in every medical and surgical specialty and have been collaborating with dermatologists for 30 years, providing a wide variety of services. These include diagnosing, prescribing medications, ordering and interpreting lab tests, wound suturing, and medical or surgical treatment of a wide variety of clinical diseases. As with all PAs, dermatology PAs are legally and ethically bound to practice only under physician supervision.

## PAs are trained in intensive, accredited education programs.

Because of the close working relationship that PAs have with physicians, PAs are educated in the medical model designed to mirror and complement physician training. PAs take a national certification examination and to maintain their certification, they must complete 100 hours of continuing medical education every two years and take a recertification exam every six years. Graduation from an accredited PA program and passage of the national certifying exam are required for state licensure.

How a PA practices dermatology varies with training, experience, and state law. In addition, the scope of the PA's responsibilities corresponds to the supervising physician's scope of practice. In general, a PA will see many of the same types of patients as the physician. Referral to the physician, or close consultation between the PA and physician, is based on the dynamic relationship between the physician and PA.

**The Society of Dermatology Physician Assistants (SDPA)** is a non-profit professional organization, composed of members who provide dermatologic care or have an interest in the medical specialty of dermatology. Fellow members provide medical services under the supervision of a board certified dermatologist.

More information can be found at [www.dermpa.org](http://www.dermpa.org) and [www.aapa.org](http://www.aapa.org).

