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Correlations between etiopathogenic factors and persistence of anti-IL-17A biologic therapies in patients with severe psoriasis vulgaris

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In recent years, multiple biologic therapies with various mechanisms of action for the treatment of inflammatory diseases have been developed, including moderate to severe plaque psoriasis. The choice of the optimal treatment for psoriasis can depend on several factors and is strongly influenced by the effectiveness and safety profile of a drug. Thus, following an observational, non-interventional, retrospective study of patients with moderate to severe psoriasis receiving biological treatment with IL-17 inhibitors, we analyzed our experience in evaluating from real data the persistence of anti-IL-17A therapies and to identify the factors that may affect these patients. Our results provide an unbiased and true analysis of the outcome and persistence of these biological agents. Biological therapies prescribed in psoriasis can exacerbate comorbidities, which can influence the persistence and thus, proper management of psoriasis should involve an integrated approach. Thus, various factors interact with each other and can directly and/or indirectly affect the pathogenesis of psoriasis. For example, obesity, female gender, or the existence of psoriatic arthritis are associated with the course of psoriasis and also depend on the patient's age, lifestyle, and concomitant illness. Patients' biological experience also affects the persistence rates of biologic therapies, and this can help both patients and clinicians make treatment decisions. The holistic approach to the psoriasis patient and placing it at the center of our concerns as therapists are generally valid and always relevant goals in trying to reduce the burden of psoriasis.

The Gut-Skin axis in common skin disorders

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The gut counts trillions of microorganisms, while the skin is covered with billions of microbes, mostly bacteria, but also fungal, arachadial, and viral species that inhabit the skin and its appendages. The microbiome is a key regulator for the immune system and aims to maintain homeostasis by communicating with tissues and organs in a bidirectional manner. A barrier disruption in combination with an imbalance in the skin and/or gut microbiome is correlated with an altered immune response, which promotes the development of several skin diseases including psoriasis, dandruff and seborrheic dermatitis, atopic dermatitis, rosacea, acne vulgaris, and even skin cancer. These skin disorders quite often co-occur with gut comorbidities, for example 30% of the psoriasis patients also suffer from inflammatory bowel disease, while rosacea patients have a higher risk to develop Small Intestinal Bacterial Overgrowth. We study the skin and gut microbiome of facial and scalp disorders. We described the underlying mechanisms of nine common skin pathologies and the current body of evidence of skin and gut microbiome dysbiosis, dietary links, and their interplay with skin conditions. Targeting skin disorders via the gut-skin axis may offer new therapeutic strategies for skin in health and disease.