

A-Detail™ Fact Sheet (Canada)

Acitretin (Soriatane®)

Overview

Acitretin is an oral retinoid drug used to treat severe psoriasis and other dermatologic conditions. Marketed by Roche (and in the United States by Connetics) under the name Soriatane®, acitretin is used for both initial and maintenance therapy, as well as in combination therapy with topical vitamin D or UVB and PUVA.

Clinical Experience

Acitretin is approved for use in the US to treat severe psoriasis and in Canada to treat psoriasis and other disorders of keratinization. Because it influences epidermal proliferation and keratinization, clinically it is used to treat a variety of dermatologic conditions. With its good safety profile, acitretin is a popular choice for maintenance treatment. However, because it is teratogenic, its use in treating women of reproductive age must be carefully evaluated.

Patient Profiles

Suitable candidates include patients with generalized or localized pustular psoriasis and erythrodermic psoriasis. For patients with plaque-type psoriasis, acitretin is most effective when combined with other therapies. Unsuitable candidates include patients with diabetes; who have a history of alcoholism, hepatitis, obesity and hyperlipidemia; or who are taking methotrexate or tetracyclines. Because of the high risk of fetal abnormalities, women who are pregnant, breastfeeding or of childbearing age and unwilling to comply with mandatory contraceptive measures are also unsuitable candidates.

Dosing

An initial oral dose of 25 mg daily is recommended. If it is well-tolerated, maintenance doses of 25-50 mg/day may be given after 12-16 weeks. Acitretin must be taken once per day with (preferably fatty) food. Do not exceed a maximum of 75 mg/day.

Efficacy

Patients with pustular psoriasis and erythrodermic psoriasis have the best response. An initial worsening of the disease can be avoided with low initial doses of 10 mg/day progressively increased to 50 mg/day. One-third of patients with plaque-type psoriasis attain complete remission. Acitretin can also be combined with PUVA or UVB phototherapy, topical corticosteroids, topical vitamin D analogues or calcipotriol ointment to increase efficacy.

Side Effects, Risks, Compliance and Monitoring

Side Effects

Side effects can include dry lips, skin and mucous membranes; peeling skin; hair loss; eye irritation and photosensitivity; pain and stiffness in joints and muscles; headaches; nausea.

Risks

Acitretin can cause spontaneous abortions or fetal abnormalities. Pregnancy must be avoided during therapy and for at least 2 years after therapy is completed. It can also lead to higher triglyceride and cholesterol levels (and lower lipoprotein levels). Acitretin can lead to increased serum levels and toxicity if used with the following drugs: vitamin A, tetracycline, doxycycline, minocycline, gemfibrozil, macrolides, azoles and methotrexate. All food, drinks or medicines containing alcohol must be avoided during treatment and for at least 2 months after treatment is stopped.

Compliance

Starting the patient on a lower dose can minimize side effects and increase compliance. Frequent moisturizing is essential. Secondary eczema and staph infections should be treated with topical medications.

Monitoring

Patients should be monitored for blood count with platelets, blood urea nitrogen and creatinine, liver enzymes and lipoproteins. Pregnancy tests must be completed prior to therapy and then monthly. May also want to consider ophthalmologic exams and bone x-rays.

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