

A STUDY IN MANAGEMENT OF PSORIASIS AND IT'S PRESCRIPTION PATTERN**Sawant Vikas^{*1}, Dr Jain Brijendra², Khadke Anand³**¹Yashoda Technical Campus, Faculty of Pharmacy, Wadhe, Satara, Maharashtra, India-415011.²Department of Pharmacology, YSPM's Yashoda Technical Campus, Faculty of Pharmacy, Wadhe, Satara, Maharashtra, India-415011.³Department of chemistry, YSPM's Yashoda Technical Campus, Faculty of Pharmacy, Wadhe, Satara, Maharashtra, India-415011.***Corresponding Author: Sawant Vikas**

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ABSTRACT

Psoriasis is fundamentally an inflammatory skin condition with reactive epidermal differentiation and hyperproliferation affecting 2-3% of world's populations. Pathophysiology of the disease includes mainly the activation and migration of T cell to the dermis triggering the release of cytokines (tumor necrosis factor-alpha TNF-alpha, in partical) which lead to the inflammation and the rapid production of skin cells. the possible factors and trigger causing psoriasis Path physiology of the disease includes mainly the activation and migration of T cells to the dermis triggering causing psoriasis include emotional stress, skin injury, systemic infections, certain medications and intestinal upsets. Various types of psoriasis have been reported such as plaque psoriasis, psoriatic arthritis, scalp psoriasis, flexural psoriasis, guttate psoriasis, pustular psoriasis, nail psoriasis, erythrodermic psoriasis which can be diagnosed by clinical findings such as skin biopsies etc. Therapeutic agents that either modulate the immune system or normalize the differentiation program of psoriatic keratinocytes are suggested for treating psoriasis. Based on the type of psoriasis, its location, extent and severity there are various treatment regimens available for psoriasis such as topical agents, phototherapy, systemic agents, and homeopathic approach which can help to control the symptoms. This review aims to cover each and every aspect of the disorder Psoriasis and details of particularly plaque psoriasis as about 80% of people who develop psoriasis have plaque psoriasis.

KEYWORDS: Psoriasis, Prescription Pattern, Treatment, drugs, doctors.**1. INTRODUCTION****1.1 The Skin**

The first part of this chapter explores the structure and functions of the skin, which is also known as the integumentary system. The second section considers common conditions that affect the skin. The skin completely covers the body and is continuous with the membranes lining the body orifices .The skin is the largest organ in the body and as a surface area of area of about 1.5 to 2m² in adults and it includes glands, hair and nails. There are two main layers the epidermis and the dermis.

1.2. Psoriasis

Psoriasis is one of the most baffling and persistent of skin disorders. Its characterized by skin cells that multiply up to 10 times faster than normal psoriasis typically occurs in the knees, elbows and scalp and it can also affect the torso, palms, and soles of the feet. A variety of factors ranging from emotional stress and trauma to streptococcal infection can cause an episode of psoriasis. Recent research indicates that some abnormality in the immune system is the key cause of

psoriasis. As many as 80% of people having flare -ups report recent emotional trauma, such as new job or the death of a loved on one. Most doctors believe such external stressors serve as triggers for an inherited defect in immune function patches of red, inflamed skin. These are often covered with loose, silvery scales. They may be itchy and painful, even crack and bleed in serious cases, they grove and run into each other, making large areas of irritated skin. Every person with this condition has their own triggers. Thins that cause your psoriasis to become active may not affect another person. If you find out what causes your skin to flare up, you will be better able to control your symptoms.

1.3. Types of psoriasis

1. Plaque psoriasis.
2. Guttate psoriasis.
3. Inverse Psoriasis
4. Pustular Psoriasis
5. Ervthrodermic Psoriasis
6. Nail Psoriasis
7. Psoriasis Arthritis

1.4. Treatment

Treatment can be topical (emollients, dithranol, tar, deltanoids, corticoids, tacrolimus), systemic (methotrexate, cyclosporin, acitrecin, hydroxyurea, fumarates) or with ultraviolet light. Phototherapy and systemic agents should be used only when topical treatments are inadequate. Novel systemic treatments for psoriasis include a rapidly expanding range of biological therapies. These are proteins (usually antibodies) with highly specific actions. Severe forms of psoriasis such as erythrodermic and generalized pustular psoriasis can be life-threatening and may require urgent treatment in hospital.

There can be substantial variation between individuals in the effectiveness of specific psoriasis treatments. Because of this, dermatologists often use a trial-and-error approach for finding the most appropriate treatment for their patient. The decision to employ a particular treatment is based on the type of psoriasis, its location, extent and severity. The patient's age, sex, quality of life, comorbidities

2. CASE STUDY

2.1 Plan of Work

Selection of specific area for survey, to determine the psoriasis causes, to find out which drugs are prescribed by doctors, to prepare questionnaires for doctors, drug store and patients. Collect information by doctors, drug store and patients.

3. RESULT AND DISCUSSION

3.1 Questionnaire for Doctor

- 1) How many patients psoriasis problem do you treat weekly? (see table1,fig.1,Result1).
- 2) Psoriasis patients of what age group mainly visit your clinic? (see table2,fig.2,Result2).

Table: 1

Sr.no	Patient treated per weekly	No. of doctor (%)n=12
1	0-10	9
2	10-20	36
3	20-40	46
4	Above 40	9

Table: 2

Sr.no	Age group of patient cause psoriasis	No. of doctor
1.	20-30	17
2.	30-40	33
3.	40-50	25
4	Above 50	25

Table: 3

Sr.no	Problem	No. of doctor % (n=12)
1.	Arthritis.	59
2.	Pain.	23
3	Poor hygenic condition.	10
4	Other.	8
Other	Intense hyperuriumia.	0

- 3) Along with psoriasis which other problem does a patient usually have? (see table3,fig.3,Result3).
- 4) According to you what are the major cause of psoriasis? (see table4,fig.4,Result4) .
- 5) Do you prefer single drug of drug combination for treating psoriasis? (see table5,fig.5,Result5).
- 6) Which medicines do you usually prescribe to your psoriasis patient? (see table6,fig.6,Result6).
- 7) Other than drug what other measures do you suggest to your psoriasis patient? (see table7,fig.7,Result7).

3.2 Questionnaire for Pharmacist

- 1) Which main drugs are sold most at your counter for treating psoriasis patient? (see table8,fig.8,Result8).
- 2) Do you give counseling to the patient while dispensing drugs? (see Result9).
- 3) Do you think prescriptions are necessary for psoriasis drugs? (see Result10).
- 4) Is the sale of psoriasis drugs increasing day by day? (see Result11).
- 5) Do the Physicians suggest any combination with above drugs? (see table9,fig.9,Result12).

Questionnaire for Patient

- 1) From when/what ages are you suffering from psoriasis? (see table10,fig.10,Result13).
- 2) What do you think is the cause of your psoriasis? (see table11,fig.11,Result14).
- 3) Along with psoriasis what other medical problem do you have? (see Result15).
- 4) For your psoriasis problem which doctor do you prefer? (see table12,fig.12,Result16).
- 5) Along with the medicines what other care you take? (see table13,fig.13,Result17).
- 6) Do you regularly take your medicine? (see Result18).
- 7) Did the pharmacist give you counseling while giving medicine? (see Result19).

Table: 4

Sr no	Major causes	No of doctor % [n=12]
1	Autoimmue disease	17
2	Genetic	33
3	Stress	17
4	No anwser	33

Table: 5

Sr no	Drug Type	No of Doctor % (n=12)
1	single	42
2	Combination	58

Table: 6

Sr no	Medicines	No of Doctor % (n=12)
1	Topical steroid	34
2	Methotrexates	50
3	Cyclosporm	8
4	Salicylic acid	8

Table: 7

Sr no	Other Care	No of Doctor % (n=12)
1	Counseling	17
2	Exercise	33
3	Stress management	33
4	Diet Hygiene	17

Table8

Sr no	Drug	No Pharmacist % (n=30)
1	Methotrexate	60
2	Glimipride	14
3	Salicylic acid	13
4	Vaslibase	13

Table: 9

SR. NO.	Causes	No of patient % (30)
1	Stress	10
2	Genetic	23
3	No information	67

Table: 10

Sr. no.	Preference	No of Patients% (n=30)
1	Specialist	86.66
2	MBBS	6.66
3	MD	6.66
4	BAMS	0

Table: 11

Sr no	Care	No of patients % (n=30)
1	Diet Control	67
2	Exercise	20
3	Any other	13

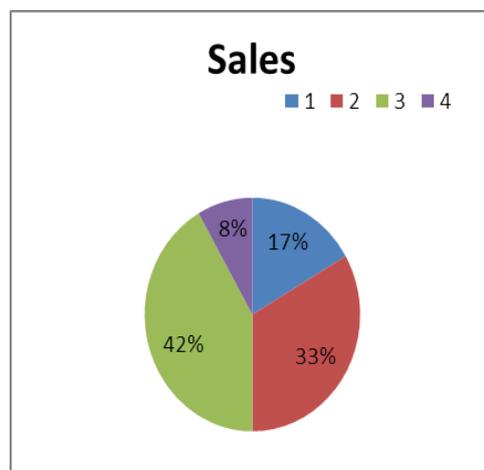


Fig.1

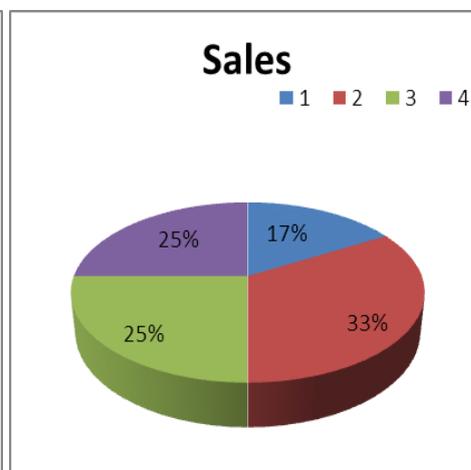


Fig.2

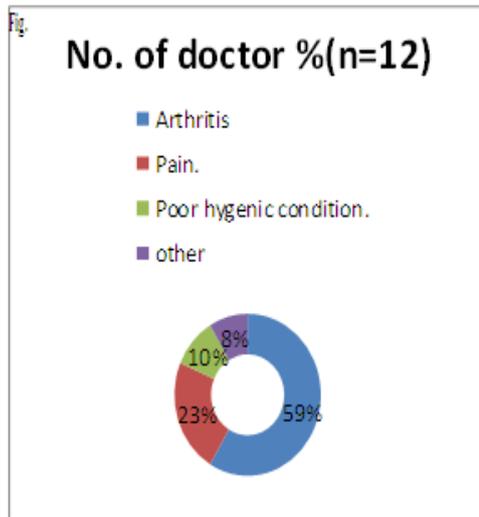


Fig.3

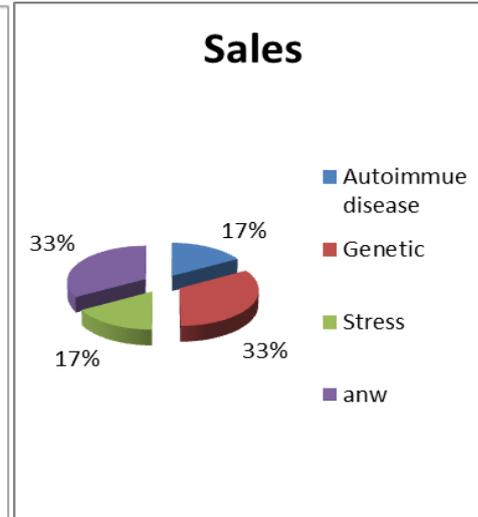


Fig.4

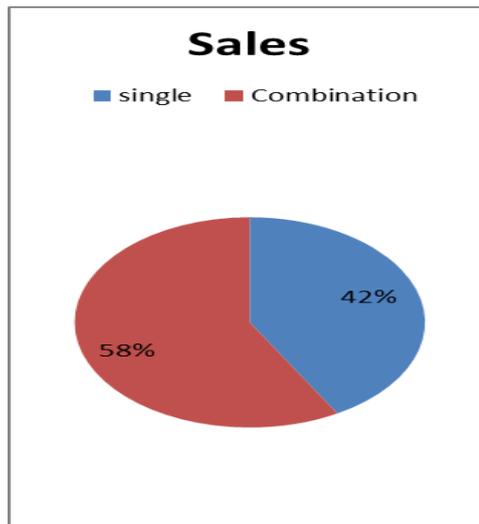


Fig 5

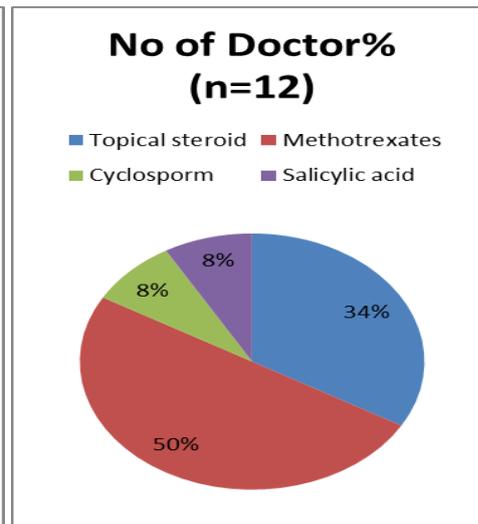


fig.6

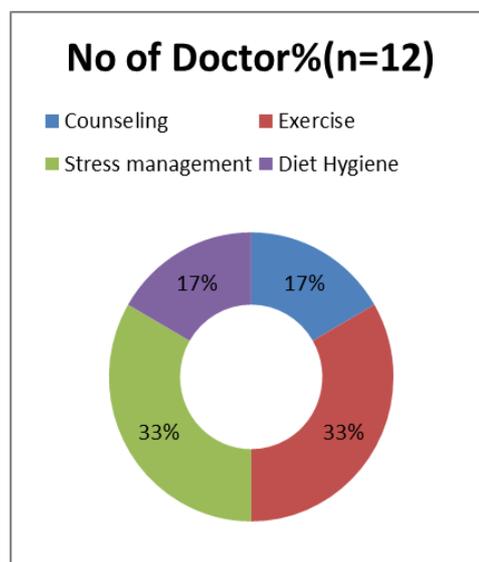


Fig.7

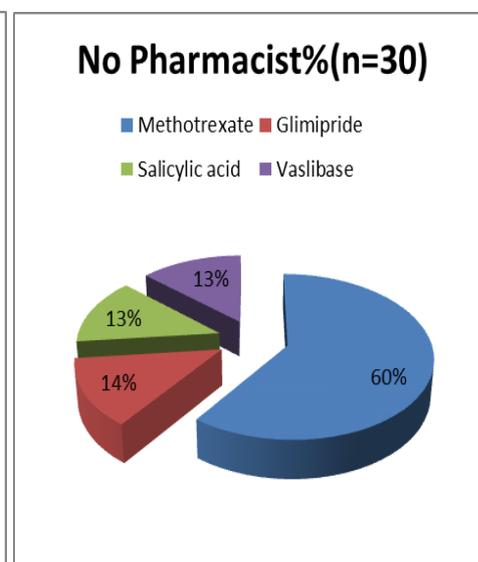


fig.8

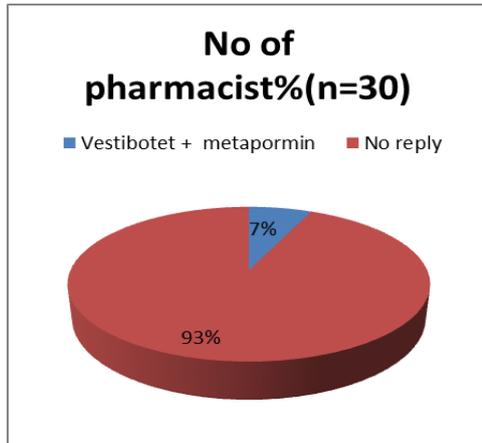


Fig.9

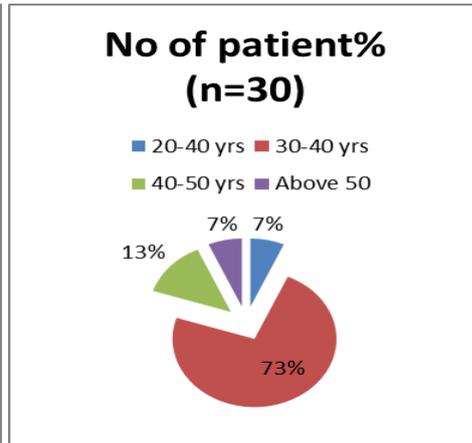


Fig. 10

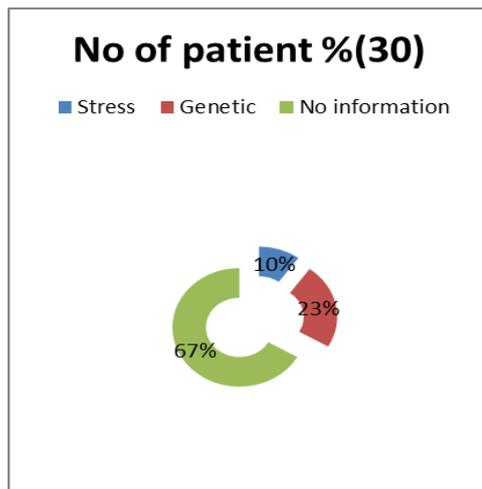


Fig. 11

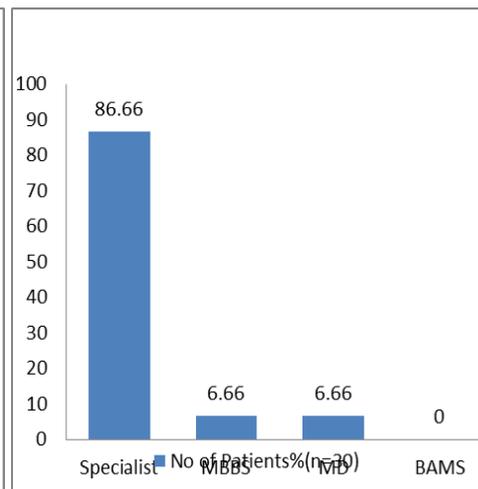


Fig.12

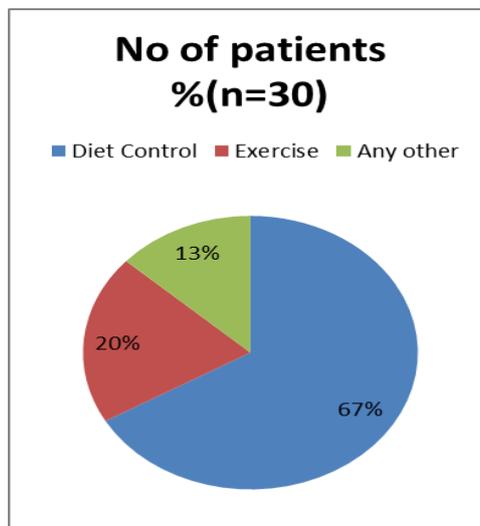


Fig.13

4. CONCLUSION FOR DOCTOR

- 1) By observation 30-40 age group are mostly suffering from psoriasis.
- 2) Mostly patient are suffering from Arthritis other than psoriasis.

- 3) According to physician Autoimmune disease are the major causes.
- 4) Doctors mostly prefer Methotrexates.

FOR PHARMACIST

- 1) Methotrexate brand are most sealing brand.
- 2) 100% pharmacist says give counseling to patients.

- 3) All pharmacist says yes the prescription are necessary.
- 4) All pharmacist says yes the sale of drugs are increase.

FOR PATIENT

- 1) Age group 30-40 years suffering from psoriasis.
- 2) Patients are no information about drugs.
- 3) Mostly patient prefer specialist doctors for treatment of psoriasis.
- 4) Pharmacist gives counseling while giving medicine to patients.

5. ACKNOWLEDGMENT

This work is help to patient who are suffering from psoriasis disease and check the awareness of patient and pharmacist about psoriasis disease.

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