

PSORIATIC ARTHRITIS NEWS AND VIEWS

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PSORIATIC ARTHRITIS MEDICAL NEWS

Editor's note: I am providing multiple articles from different sources regarding the current Cox-2 controversy.

U. S. DOCTORS RECEIVE BEXTRA WARNING

Oct. 15, 2004 -- Bextra -- one of two U.S. approved Vioxx sister drugs -- may cause rare skin and heart side effects, its manufacturer today warned doctors.

The warning comes in the wake of Merck's voluntary withdrawal of Vioxx. That action came after a clinical trial confirmed that Vioxx increased patients' risk of heart attack and stroke.

Since then, there's been an upsurge of attention on Bextra and Celebrex. Like Vioxx, these drugs -- both made by Pfizer, a WebMD sponsor -- are in the drug class of Cox-2 inhibitors. All these drugs are effective in relieving arthritis pain. Because they have the same mechanism of action, a lot more attention is being paid to whether these drugs might also increase heart risk.

Some doctors are now calling for more studies. They're worried that few clinical trials of these drugs have looked at people with existing heart disease.

Many arthritis patients also suffer or are at high risk of heart disease. But so far, there's no hard evidence that Celebrex increases heart risk, says Mitch Gandelman, MD, Pfizer vice president for worldwide medical, oncology, and pain information.

"In Celebrex, we have much more data than with Bextra," Gandelman tells WebMD. "We have a slew of studies. We have no knowledge from those studies of any heart safety issues with Celebrex. So we have a green light to move ahead."

To date, there's no evidence that Bextra increases heart risk in arthritis patients without heart disease. But new studies of Bextra alone or in combination with parecoxib raise a red flag. Parecoxib is an injectable Cox-2 inhibitor nearly identical to Bextra. It's approved in Europe -- but not the U.S. -- for postoperative pain.

Pfizer today said it is warning doctors that new data from a recently completed clinical trial -- together with a study published in 2003 -- show an increase in "cardiovascular events" in patients undergoing heart bypass surgery.

Bextra is not currently approved in the U.S. for surgery patients.

"With Bextra, we have studies going out one year -- but we don't have as much data as we do for Celebrex," Gandelman says. "Now we have data in coronary

artery bypass graft studies that there is some heart risk. But we feel this is very specific to those patients and not indicative of the osteoarthritis or rheumatoid arthritis populations."

Gandelman says that Bextra and Celebrex studies continue. He says the company is also considering launching new theoretical studies -- to look at ways

the drugs might cause problems -- as well as practical safety studies. In addition, he says, the company will continue to change the drugs' labels to reflect new knowledge as it becomes available.

Since 2002, Bextra's label has warned patients that the drug may cause rare but serious skin reactions. Now Pfizer warns that Bextra causes such reactions more often than other Cox-2 inhibitors. The risk of these skin reactions, Pfizer says, is greatest during the first two weeks of Bextra treatment.

What Arthritis Doctors Are Saying

On the front lines of the Vioxx/Cox-2 furor is Stephen M. Lindsey, MD, head of the rheumatology department at the Ochsner Clinic in Baton Rouge.

"My physician assistant and I are in the trenches - we're the ones answering all these phone calls," Lindsey tells WebMD.

What Lindsey is telling patients is simple: Don't get too hysterical. Not everybody who took Vioxx - and not everybody who is taking Bextra or Celebrex -

is going to have a problem.

"It's not like everybody is going to keel over from a heart attack," Lindsey says. "Certainly when patients get into their 60s and 70s, arthritis and heart disease run together. Those are the kind of people who, with all this information coming out, would be smart to see their doctor and make sure they are being treated properly for heart disease before taking one of these [Cox-2] drugs. But people, who are young, with no heart risks, don't necessarily have to worry if they are on Bextra or Celebrex."

No single arthritis drug works for every patient. Some patients, Lindsey says, are lucky. They get relief from the first thing they try: Tylenol, perhaps, or maybe Aleve. Others run through many different medications before finding one that works. If the only thing that works for a particular patient is a Cox-2 drug, it's probably a good idea for that patient to be sure to keep his or her heart risk low.

And, Lindsey says, not everyone with arthritis needs a drug

"I always emphasize that for people with mild arthritis, there are a lot of things to try before prescription drugs," he says. "Try exercise, weight loss, Tylenol, over-the-counter supplements like glucosamine, or oils like omega-3 fatty acids. A lot of these simple measures might be work without having to worry about drugs with more toxicity."

SOURCES: Stephen M. Lindsey, MD, head of rheumatology department, Ochsner Clinic Foundation, Baton Rouge. Pfizer news release, Oct. 15, 2004. Mitch Gandelman, MD, vice president for worldwide medical, oncology, and pain

information, Pfizer, New York. Ott, E. Journal of Thoracic and Cardiovascular Surgery, June 2003; vol 125: pp 1481-1492. © 2004 WebMD Inc. All rights reserved.

PFIZER WARNS OF ARTHRITIS DRUG HEART RISKS

Anti-inflammatory Bextra in the same class as Vioxx

NEW YORK - Pfizer Inc. on Friday said two small clinical trials showed heart bypass surgery patients taking Bextra, an anti-inflammatory in the same class as the recently withdrawn drug Vioxx, had a higher risk of stroke and heart attack.

Bextra is approved to treat pain from arthritis and, like Merck & Co.'s Vioxx, is a COX-2 inhibitor. A recent trial showed Vioxx doubled the risk of heart attack and stroke in arthritis patients who took the drug for more than 18

months.

The Vioxx withdrawal has cast a cloud over the entire class of COX-2 inhibitors, which includes Bextra, Celebrex and an experimental drug from Novartis AG called Prexige.

However, Pfizer said that following the Vioxx withdrawal it re-examined its clinical database of 8,000 patients with rheumatoid arthritis and osteoarthritis and found no increased risk of so-called heart events in patients taking Bextra for up to a year. The company also found no increased risk in a trial of patients taking Bextra in a general surgery setting.

Doctors said it is too early to quantify the potential risk of Bextra or of Pfizer's other COX-2 inhibitor Celebrex as neither have tested for long enough. Pfizer said it is conducting longer-term trials in arthritis patients.

The coronary bypass trials are ones that Dr. Eric Topol of the Cleveland Clinic Foundation and an early and outspoken critic of Vioxx, said he finds concerning as they show a cluster of heart attacks and strokes. But he said the

danger signal does not appear to be as strong as it was with Vioxx.

"Celebrex and Bextra do appear safer than Vioxx but whether they are really safe, especially in patients with heart risk, that's an open question," Topol said.

Pfizer also said it is updating its label on Bextra to strengthen a warning about a rare but serious skin reaction that can occur mainly within the first two weeks of therapy. Copyright 2004 Reuters Limited. All rights reserved.

SAFETY OF ALL COX-2 DRUGS QUESTIONED

Expert says they work on same heart mechanism as recalled Vioxx

By E.J. Mundell - HealthDay Reporter

FRIDAY, Oct. 8 (HealthDayNews) -- A week after drug giant Merck & Co. withdrew its arthritis drug Vioxx from the market, doubts are being raised about

the safety of the two other approved medications in this class, Bextra and Celebrex.

In an article released Thursday by the New England Journal of Medicine, an expert with a long history of research in the cox-2 inhibitor class of medications said cardiovascular problems seen with Vioxx might yet surface with the other two drugs.

The problem, said Dr. Garrett A. FitzGerald, is that all cox-2 inhibitors suppress the production of a heart-protecting fat called prostaglandin I2.

"Vioxx, Celebrex and Bextra all have the same effect on this biochemical system. Therefore, until proven otherwise, evidence would suggest that this mechanism would involve all drugs in this class," explained FitzGerald, who is chairman of pharmacology at the University of Pennsylvania's Institute of Translational Medicine and Therapeutics.

After halting a study suggesting that long-term Vioxx users faced double the risk of heart attack or stroke compared to non-users, Merck announced Sept. 30 it was pulling the drug from markets worldwide.

A day later, Pfizer Inc. -- Merck's main rival in the billion-dollar arthritis medication market -- issued a statement defending its biggest cox-2 drug, Celebrex.

Citing a number of ongoing, long-term studies, Pfizer's president of worldwide development, Dr. Joe Feczko, said, "the data we've accumulated over time demonstrate that Celebrex does not increase the risk of serious cardiovascular events in patients with arthritis and pain, even at higher-than-recommended doses."

One top U.S. Food and Drug Administration official echoed those sentiments. Dr. Steven Galson, acting director of the FDA's Center for Drug Evaluation and Research, told reporters at a press conference last week that cox-2 inhibitors other than Vioxx "do not have this same incidence of heart attack and stroke in clinical trials. There is a real difference in the data."

But FitzGerald said he remains uneasy.

"Back in 1999, we performed studies on Celebrex and Vioxx, and we showed that they had an effect on the same mechanism whereby they relieved pain and inflammation," he explained. That mechanism -- inhibition of an enzyme called cyclooxygenase-2 -- leads to reductions in lipids called prostaglandins.

These prostaglandins "are responsible for pain and inflammation, and they also protect the stomach" so Vioxx users got needed relief without the gastrointestinal upset often associated with other pain relievers, FitzGerald

explained.

Unfortunately, prostaglandins, especially prostaglandin I2, "are also responsible for protecting the heart," he added.

The bottom line, according to FitzGerald, is that as cox-2 drugs soothe arthritis pain and reduce risks for gastrointestinal symptoms, they may also raise cardiovascular risks over the long term. That turned out to be the case with Vioxx.

But what about long-term use of Celebrex, or the other Pfizer cox-2 inhibitor, Bextra?

Right now, "we just don't have a handle on 'how long is long,'" FitzGerald said. "In the [Vioxx] trial, nothing much happened to patients for a year, and then things started to come apart. But maybe with other drugs, other circumstances, or in other types of patients, it may be two years, three years -- who knows?"

FitzGerald believes that, given the failure of Vioxx, "the burden of proof has now shifted" to Pfizer and the FDA.

He also believes the time has come for the FDA, especially, to take the lead. "I'd really like the FDA, in short order, to give us some advice one way or another, based on their best guess, as to what people at high cardiovascular risk should do," FitzGerald said.

The FDA faced much harsher criticism in a second article released in the same journal. The journal's editors released the articles -- originally scheduled for Oct. 21 publication -- early because of concerns surrounding the use of Vioxx.

In that second report, Dr. Eric J. Topol, a cardiovascular expert at the Cleveland Clinic Foundation, says his team reviewed the available data on Vioxx

and Celebrex as far back as 2001, and at that time strongly recommended "a trial specifically assessing [the] cardiovascular risk and benefits of these agents."

He claims that although the FDA had the power to order such a trial, "it never took the initiative," while at the same time letting Merck spend more than \$100 million in direct-to-consumer ads promoting Vioxx.

In the meantime, he writes, "tens of thousands" of patients taking Vioxx may have suffered heart attacks or strokes linked to their use of the drug.

And on Thursday, Sen. Charles Grassley (R-Iowa) alleged that the FDA tried to suppress a top safety official in the agency who raised concerns over the safety of Vioxx.

David Graham, associate science director of the Office of Drug Safety, told Grassley that agency officials "ostracized" him and subjected him to "veiled

threats" as he tried to have his study cleared for publication, the Washington Post reported. When another top FDA official suggested "watering down" the report, Graham said in an e-mail: "I've gone about as far as I can without compromising my deeply held conclusions about this safety question."

Grassley made the accusations in a press release, which also said, "Instead of acting as a public watchdog, the Food and Drug Administration was busy challenging its own expert and calling his work 'scientific rumor,'" according to the Post account. An FDA spokesman told the paper the allegations were "baloney."

"I believe that there should be a full Congressional review of this case," Topol wrote. "All the facts can and should be scrutinized closely in a Congressional review in order to avert such a catastrophe in the future."

SOURCES: Garrett A. FitzGerald, M.D., chairman, pharmacology, Institute for Translational Medicine and Therapeutics, University of Pennsylvania, Philadelphia; Oct. 1, 2004, statement, Pfizer Inc.; Oct. 1, 2004, press conference, U.S. Food and Drug Administration, Rockville, Md.; Oct. 21, 2004, New England Journal of Medicine; Oct. 8, 2004, Washington Post
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ARTHRITIS PATIENTS TRY MEDITATION FOR PAIN Stress-relief technique may reduce need for medication - The Associated Press

BALTIMORE - Dalia Isicoff knows pain. A lifelong sufferer of rheumatoid arthritis, she has had seven hip replacement surgeries.

Since leaving the hospital in February following her latest operation, however, she hasn't taken any painkillers. Not because the pain isn't there â€" it is. But Isicoff, 52, said she has learned to accept the pain, the disease, and herself, thanks to meditation.

â€œWhen you have an illness like this, what one tends to do is say, â€œOh, my God! Here we go again, this is going to render me disabled, Iâ€™m going to wind up in a wheelchair!â€œ and you rush to the medicine cabinet,â€ she said. â€œThis

has allowed me to have the patience to deal with these flare-ups and become relaxed enough so the need for pain medication is almost not there.â€

The 52-year-old Clarksville resident said meditation has made her symptoms less severe, helping relieve stress that she said made the condition worse.

â€œWith this type of approach, you learn to acknowledge you have pain and, by realizing it and by being in this relaxed state, the pain is less,â€ she said.

Researchers at the University of Maryland School of Medicine in Baltimore are studying others like Isicoff to see if meditation helps sufferers of the autoimmune disorder, which affects about 2.1 million Americans, mostly women. Those with the disease often have general fatigue, soreness, stiffness and aches at first. Joints may swell and become damaged over time.

'Mindfulness' technique counters stress

Groups of rheumatoid arthritis patients are being trained in a mindfulness,

a form of stress reduction meditation developed 30 years ago at the University of Massachusetts. Their progress is being compared to patients not in the program.

Mindfulness is similar to many meditation techniques. Participants are taught to focus on breathing to quiet the mind and become aware of the moment.

The method has been used successfully to help patients with chronic pain from a variety of conditions, but this marks the first time it is being studied

to see if it can help the physical and psychological symptoms of rheumatoid arthritis patients, said Lisa Pradhan, one of the study leaders for the University of Maryland's Center for Integrative Medicine.

Evidence suggests flare-ups of the disease are associated with stress, she said.

Thirty-six patients took an eight-week course that started in March. Results from the first group are not available yet, but the people who have come through the study have been very pleased to have been involved with it, Pradhan said.

Trish Magyari, director of the mindfulness program, said participants are taught to quiet the mind and feel more connected to your body.

Isicoff said she tries to meditate in the morning and at night, although mindfulness can be as simple as being aware of feeling the wind on your skin. Such a simple process, however, can be difficult to put into practice, she said.

Most of us have this crazy internal dialogue, she said. For me, it was

difficult to say, I want to relax and, I don't want to think. You learn

to be an observer of the thought. It's sort of best to acknowledge it: Oh,

there you are, there's a judgment, there's an angry thought, and the moment you acknowledge them, they go away.

Eventually, she said she learned to be patient with herself and the situation.

Yes, I have the arthritis and the suffering, but it doesn't have to be so negative, so devastating, focusing on that thing day in and day out and not knowing, not believing that it can get better, Isicoff said.

You learn to cultivate other areas of your life that are there, that are untapped. When someone is in that frame of mind you can handle anything, you can

be more compassionate. You don't put yourself down so much; you don't have to struggle with yourself trying to be perfect. © 2004 The Associated

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BAROMETER TIED TO ARTHRITIS FLARE-UPS

By Janice Billingsley - HealthDay Reporter

MONDAY, Oct. 18 (HealthDayNews) -- For years, arthritis sufferers have insisted that changes in the barometer and cold weather worsen their joint pain,

and now new research backs them up.

"We see this all the time with our patients. People swear to their grave that the weather affects their arthritis," said Dr. Sam Lim, a rheumatologist at

the Emory University School of Medicine in Atlanta. "But this is the first time we have nice, independent data that seems to correlate one with the other."

The researchers began by examining two separate sets of data -- one consisting of weather reports, and one of arthritis sufferers' pain reports. The

scientists found that when they matched the weather to the ZIP codes of the patients, there was a strong correlation between changes in barometric pressure

and increased knee pain. To a lesser extent, cooler temperatures were also associated with an increase in pain.

Results of the study were presented Oct. 17 at the American College of Rheumatology annual meeting in San Antonio, Tex.

The study's lead investigator, Dr. Timothy E. McAlindon of Tufts-New England Medical Center in Boston, said previous research efforts that have tried to document a link between weather changes and arthritis symptoms had been undermined by people's strong opinions on the matter; those biases influenced the reports. But by relying on sets of data that were independent of each other, the new study allowed the scientists to conduct a "robust" review that really does suggest an association between weather and aches and pains, he said.

Lim added, however, that it's important to note that, while the new research shows an association between weather and pain, "it doesn't mean that the weather changes cause an increase in pain. That's the next step."

For the study, the researchers merged data from an online glucosamine trial (a large-scale study of an over-the-counter arthritis treatment) with National Oceanic and Atmospheric Administration (NOAA) weather data. The glucosamine study, which was conducted across 41 states from 2000 to 2002, tracked 205 arthritis patients who reported on their arthritis pain for a three-month period.

Only after the study was completed did McAlindon and his colleagues begin to look at weather patterns where the study participants lived. The scientists first identified the nearest weather station by ZIP code for each of the study participants. Then they examined daily weather reports from NOAA that

identified the temperature, barometric pressure, rainfall, and dew points for the locations of each of the participants for the three months they took part in the study. The scientists averaged the weather reports from one, three, and seven days prior to each person's report of pain, and then looked for any change in each measure in the 24 hours before each pain report.

They found that changes in barometric pressure had a strong association with knee pain, as did cooler temperatures, although to a lesser extent. Rainfall and dew points had no significant associations, the researchers said.

SOURCES: Timothy McAlindon, M.D., M.P.H., chief, Division of Rheumatology, Tufts-New England Medical Center, Boston; Sam Lim, M.D., assistant professor of medicine, department of rheumatology, Emory University School of Medicine, Atlanta; Oct. 17, 2004, presentation, American College of Rheumatology annual meeting, San Antonio, Tex.
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CANCER DRUG MAY HELP FIGHT ARTHRITIS

Medication could offer targeted treatment for disease - The Associated Press

For the first time, a drug has relieved rheumatoid arthritis by knocking out a certain type of immune cell — an approach that could open the way for precisely targeted, “smart” treatments for the joint disease and other illnesses, too.

Other arthritis drugs on the market either treat just the symptoms, or employ a broader, more scattershot effect against the underlying process. Such drugs can have toxic side effects because they kill healthy cells along with the diseased ones.

The latest research, an international study led at University College London and published in Thursday's New England Journal of Medicine, looked at a drug called rituximab, and the results were promising.

'A new era of targeted biologic therapies'

“I think this is a pivotal study,” said Dr. John Klippel, president of the Arthritis Foundation. “This is opening up a new era of targeted biologic therapies for rheumatoid arthritis.”

In rheumatoid arthritis, antibodies misdirect friendly fire against the body's own joint linings. Joints become inflamed, swollen and painful. More than 2 million Americans, mostly women, have the disease.

Rituximab, which is sold under the brand name Rituxan and is already approved for non-Hodgkin's lymphoma, targets B cells, which manufacture these antibodies.

The researchers compared rituximab to other drugs in 161 patients with arthritis.

For two weeks, patients took rituximab alone or in combination with two

other drugs: the standard drug, methotrexate, and the less widely used cyclophosphamide. Another group took methotrexate alone. Roche, a distributor of rituximab, funded and participated in the study.

After six months, more than 40 percent of patients who took rituximab combinations were greatly improved. One-third of patients on rituximab alone were greatly improved. But only 13 percent of those on the standard drug alone improved that much.

“One of the things that are truly unique is that a very short course appears to have a very long-lasting effect,” Klippel said.

Similar approaches being tested
Some doctors, including the study’s authors, said rituximab needs more testing before any widespread use. They said other B-cell-killing drugs are under development and could eventually outperform rituximab.

Researchers are also testing similar targeted approaches against lupus, multiple sclerosis and other autoimmune diseases.

Both methotrexate and cyclophosphamide are sometimes employed as chemotherapy drugs and attack a broader range of tissue than rituximab. The newer drug kills close to 90 percent of B cells, which the body then replenishes with healthy new ones.

Rituximab is one of the most narrowly aimed and efficient members in the modern family of targeted drugs that include the breast cancer treatment Herceptin.

Of all the tested treatments for rheumatoid arthritis, it goes closest to the root of the disease,” said the study’s lead author, Dr. Jonathan Edwards of University College London.

However, the drug could pose a danger of chest infection, especially if given repeatedly, Edwards said. One rituximab patient in the study died of pneumonia, though it was not clear if the drug was responsible. © 2004 The Associated Press. All rights reserved.

CHOLESTEROL DRUGS MAY FIGHT ARTHRITIS Statins helped reduce swelling in three joints, study finds - Reuters News Service

LONDON - Cholesterol-lowering drugs, already widely used to cut the risk of heart attack and tipped as a prevention for some cancers, may also help fight rheumatoid arthritis, scientists said..

Researchers from the Glasgow Royal Infirmary in Scotland found a small but statistically significant improvement in arthritis symptoms in patients given 40 mg of Pfizer’s Lipitor daily in addition to standard arthritis medication.

The news underscores the reputation of cholesterol-lowering statins -- the world's top-selling drug class with global sales of \$22 billion a year -- as potential wonder pills.

Already hailed for revolutionizing the management of heart disease, statins are also being studied in the fight against multiple sclerosis, Alzheimer's disease, glaucoma and osteoporosis, as well as in preventing various forms of cancer.

The new study reported in The Lancet, which involved 116 patients randomly allocated to receive Lipitor or a placebo for six months, was the first controlled trial of a statin in rheumatoid arthritis.

Reduction of swelling

It adds to a growing body of evidence that statins could have important anti-inflammatory properties, since rheumatoid arthritis is a disease characterized by chronic inflammation of the joints.

"The clinical benefit is modest ... but there is a hint that something is happening," Professor Iain McInnes, one of the researchers behind the study, told Reuters.

His team found patients on average reported a reduction of swelling in three joints -- significantly less than the 6-8 joints relieved with modern rheumatoid arthritis drugs, known as TNF blockers, which must be given by injection.

Most patients entering such trials have an average of 12-15 swollen joints at the start.

Although the symptomatic benefits may be limited statins could still become an important future part of treatment since rheumatoid arthritis sufferers have an inherently higher risk of heart attack and stroke.

A drug that can relieve swelling while cutting cholesterol could therefore prove a winner.

"Although of limited size and short term, their findings support the use of atorvastatin (Lipitor), and presumably other statins, to prevent cardiovascular disease in patients with rheumatoid arthritis," Lars Klareskog and Anders Hamsten said in an accompanying editorial.

McInnes and his colleagues now plan to conduct a large-scale clinical trial, lasting three to five years, to see whether adding statins to standard treatment improves the survival of rheumatoid arthritis sufferers. Copyright 2004

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PSORIASIS MORE THAN COSMETIC - Food and Drug Administration, author Linda Bren

It's not easy living in Leah Bird's skin. "The worst thing is when people

just stare," says Bird. "I almost like it better if someone comes up to me and asks me what it is."

Then she'll tell them, "I have psoriasis. It's not contagious."

Bird, 51, of suburban Boston, has had flare-ups of this chronic skin disease since she was a teen-ager. The dry, red, scaly patches of skin that characterize psoriasis have covered as much as 85 percent of her body, she says.

"It alarms people. It looks very scary to people who don't know what it is."

But psoriasis is more than cosmetic. "This disease is common, chronic, and costly, both in monetary terms and in quality of life," says Jonathan Wilkin, M.D., director of the Food and Drug Administration's Division of Dermatologic and Dental Drug Products.

More than 5 million Americans have psoriasis, and they spend between \$1.6 billion and \$3.2 billion each year to treat the disease, according to the National Psoriasis Foundation (NPF). Between 150,000 and 260,000 new cases are diagnosed each year, including 20,000 in children younger than 10.

"Psoriasis can be painful and can be profoundly disruptive to a person's life," says Jill Lindstrom, M.D., an FDA dermatologist. "People who don't have it don't understand how burdensome the disease can be. There is constant shedding of scales. There can be functional impairment, itching, and pain." And

health complications, such as arthritis, accompany some cases.

There is no cure for psoriasis, but a broad range of treatments is available to reduce the symptoms, clear up the skin, and send the disease into remission. FDA-approved treatments range from creams rubbed into the skin, to lasers that aim ultraviolet rays at the skin, to the newest treatments--injectable drugs made from living cells.

Emotional Impact

For many people, dealing with the emotional impact of psoriasis can be as challenging as treating the disease.

Bird says that mothers have pulled their children away from her on the subway, and some people, horrified by her skin lesions, have asked her if she has

AIDS. As her disease has evolved over 30 years, so has Bird's way of dealing with these reactions. In her teens, she'd tell people she had leprosy just for the shock value, she says. Today, Bird is open about the disease but still relies on her defiant attitude to "steel myself for the experience" of going to the beach. "I love to swim," she says. But Bird knows that without covering herself up in a public place, she "runs the risk of people just rubbernecking."

"When I'm feeling forgiving, I try to ignore them," she says, "but when I'm angry, I think 'didn't your mother teach you not to stare?'"

Bird advises others with psoriasis to find out what works best for them to cope with the emotional effects of the disease. Going to therapy has helped her, she says. So has leading a support group for psoriasis sufferers. "It's

important for people to work on their emotional well-being," says Bird, "however

they choose--whether it's meditation, yoga, or putting on long pants and going out dancing."

What is Psoriasis?

Psoriasis is an inflammatory skin disease in which skin cells replicate at an extremely rapid rate. New skin cells are produced about eight times faster than normal--over several days instead of a month--but the rate at which old cells slough off is unchanged. This causes cells to build up on the skin's surface, forming thick patches, or plaques, of red sores (lesions) covered with

flaky, silvery-white dead skin cells (scales).

In psoriasis, an activated immune system triggers the skin to reproduce every three to four days, building up on the outer layers (epidermis and keratin). The epidermis thickens, blood flow increases and reddens the skin, and

silver-gray scales cover it.

Rarely life-threatening, at its mildest, psoriasis can be itchy and sore. At its worst, it's painful, disfiguring, and debilitating. About two-thirds of the people with psoriasis have a mild form of the disease, says the NPF. About one-third have moderate or severe psoriasis. Psoriasis can affect people at any age, but it most often strikes those between the ages of 15 and 35.

There are five forms of psoriasis. Plaque psoriasis is the most common--affecting 4 out of 5 people who have psoriasis, says the NPF. Plaque psoriasis may start with small red bumps and progress to larger lesions.

The plaques of psoriasis occur most frequently on the elbows, knees, other parts of the legs, scalp, back, face, palms, and soles of the feet. Psoriasis can also affect the fingernails and toenails, causing pitting, discoloration, or tissue buildup around the nails. According to the National Institute of Arthritis and Musculoskeletal and Skin Diseases, about 15 percent of people with psoriasis also get psoriatic arthritis, which can be progressively disabling if untreated.

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Good Health to All,

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