

Learn about
the latest
treatment
updates

P. 6

5 psoriasis
triggers
that might
surprise you!

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“I’m one of
the lucky
ones!”

Plaque Psoriasis

Last year, John Serenita was on a medication that not only worsened his plaque psoriasis but also caused terrible side effects. Switching to a once-a-day pill turned everything around!



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“I’m one of the lucky ones!”

Last year, John Serenita was on a medication for plaque psoriasis that not only worsened his skin condition, it also led to terrible side effects. Switching to a once-a-day pill turned everything around!

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SPECIAL THANKS TO OUR MEDICAL REVIEWER



Mark G. Lebwohl, MD,
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NAJ24

Cover photo by Jen Denton Photography



Find *your* secret to clearer skin!

Today you have more ways to fight back against psoriasis than ever before



These days, Juno K. is too busy going on adventures with her new boyfriend, Tom, to spend much time thinking about her plaque psoriasis. And thanks to a newer daily treatment that finally cleared her skin, she doesn’t have to.

Juno first noticed plaques appearing on her skin halfway through her first year of grad school.

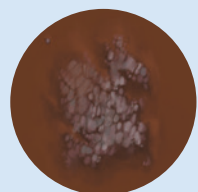
“I was just starting a research project that was going to be the basis of my thesis, so I imagine it was stress that kicked everything off, but all of a sudden these itchy patches started showing up on the backs of my knees and a few down my forearms.”

At first Juno thought she might have gotten poison ivy during a recent hike, but creams from the local drugstore weren’t having any effect, so she stopped in at the neighborhood health clinic. ▶



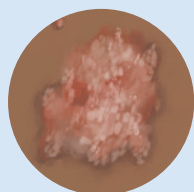
How plaque psoriasis appears on different skin tones

You might know about the plaques and scales that come with psoriasis, but did you know that they develop in different colors depending on a person's skin tone? Here's how they look on...



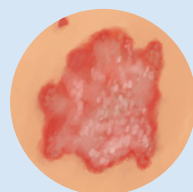
DARKER SKIN:

Plaques can appear as raised purple or dark brown patches with gray scales.



MEDIUM SKIN:

Plaques can appear as raised salmon-colored patches with silvery white scales.



LIGHT SKIN:

Plaques can appear as raised red patches with silvery scales.

Another feature unique to darker skin tones?

Dark patches of skin that remain even after the psoriasis clears. "Patients with darker skin often heal with what is called 'post-inflammatory hyperpigmentation,'" says Mark Lebwohl, MD.

"The nurse suspected psoriasis and referred me to a dermatologist to confirm, which he did. But unfortunately, by the time I got in to see him, the patches had spread even further—they were all over my legs and arms, and new ones were showing up on my back and torso, too."

The doctor sent her home with a prescription cream and some steroids, which helped a little—the patches didn't seem to spread any further, but they didn't go away, either.

"I felt so self-conscious every time I left the house. I was wearing long sleeves and pants even at the beach. Plus the itching was making it difficult to sleep."

When Juno had her fol-

low-up appointment a few weeks later, the doctor recommended she try an injectable biologic.

"We went over all the risks and side effects with my doctor, who explained how that drug class was helping others with severe cases like me, and I agreed to try it."

While Juno noticed an improvement almost right away—"I swear by that first night I didn't itch at all!"—she did have a reaction at the injection site.

"You hear about that side effect in commercials and think it sounds silly, but for me I developed this huge, painful welt that actually wound up getting infected."

While they tried different areas of Juno's body for her next

few injections, as well as cold compresses and a lower dose, she still had a strong reaction.

"It was really frustrating because by then the plaques were mostly gone, so the drug *was* working. I just couldn't handle the shots."

Luckily, at that point the FDA had recently approved a daily pill called a tyrosine kinase 2 inhibitor to treat psoriasis, which was proving to be just as effective as biologics in some people.

"It sounded like exactly what I needed, so I had my doctor call in the prescription as soon as my insurance cleared it."

The results? "Amazing—my skin remained just as clear as it had on the injection, but this time I didn't have any side effects. No more itchy patches, no more welts, no more hiding my skin or sleepless nights—I felt like I was finally returning to myself. I was finally free!"

The future is bright!

Hoping to find relief from the discomfort of plaque psoriasis like Juno? With so many options available today, you have every reason to believe that you, too, can find a treatment that will work for you.

On pp. 17 and 24, you'll find tools that make it easier to talk about your skin with your healthcare provider. You can also get inspired by John on p. 8 and Joni and Ayesha on p. 14, who have been living—and thriving!—with plaque psoriasis for years. But first, here's a refresher on the disease—take a few minutes to learn how it affects the body and how you can take back control.

What is plaque psoriasis?

Psoriasis is known as an immune-mediated disease—meaning it's caused when something goes wrong with a person's immune system. In the case of plaque psoriasis, T-cells, which usually attack germs and foreign invaders, become overactive. They trigger the body to start creating new skin cells at a rapid rate, resulting in itchy and/or painful raised round spots with silvery or white scales that can sometimes crack and bleed.

Plaques can appear anywhere on the body, but most often show up on the scalp, elbows, knees or torso. Psoriasis

can also affect more than just the skin, and is associated with many other conditions, including heart disease, obesity, diabetes, inflammatory bowel disease and depression. That's why it's key to find a treatment that works!

It's also important to note that psoriasis is not contagious—you cannot catch it or spread it.

Who is at risk?

While scientists are still not sure what causes the immune malfunction behind psoriasis, it's believed to be a combination of genetic and environmental factors. If one parent has it, you have approximately a 10%

chance of developing it yourself, and approximately a 50% chance if both parents have it.

Some people find their psoriasis first appears after a stressful event, such as a move; after having an infection, such as strep; after a bad sunburn or skin injury; after taking a certain medication, such as lithium or a beta blocker; or after coming off oral or injected steroids like prednisone.

Plaque psoriasis strikes people of all genders equally, and while it most often shows up in people between their teen years and mid-30s, it can occur at any age. Smoking also may increase a person's chances of getting it. ▶

PSORIASIS QUICK FACTS

100 MILLION
THE NUMBER OF PEOPLE WORLDWIDE IMPACTED BY THE DISEASE

7.4 MILLION

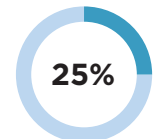
THE NUMBER OF PEOPLE AFFECTED IN THE U.S.



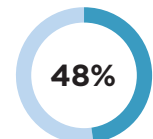
PSORIASIS QUICK FACTS



The percentage of patients with psoriasis who have the plaque form



The percentage of patients with psoriasis whose cases are considered moderate to severe



The percentage of patients with psoriasis who say it has a negative effect on their life

How is it diagnosed?

Your healthcare provider may ask you questions about your medical and family history and will perform an examination of your skin. In some cases, they may take a small skin biopsy to confirm the diagnosis or rule out other conditions.

Once plaque psoriasis is confirmed, they will rank the severity, either by how much of your body is covered (less than 3% = mild; from 3% to 10% = moderate; more than 10% = severe) or via the Psoriasis Area and Severity Index (PASI) on a scale from 0 to 72, where a score higher than 10 suggests severe enough to justify systemic treatments. More limited disease on areas like the palms, soles, face or scalp can also justify systemic therapies.

How is it treated?

While there's still no cure for psoriasis, your healthcare team has a wide array of options that can help treat the symptoms and even send the condition into remission. Your physician will consider how severe your plaque psoriasis is, how much it affects your day-to-day life and how you've responded to other treatments when considering the options below:

- **Topicals:** These medications, available as creams, ointments, foams, sprays, solutions—even shampoo—help reduce inflammation, itching and scaling. Examples include calcipotriene, coal tar, corticosteroids, ret-

inoids, roflumilast, salicylic acid, tapinarof and more.

- **Light-based treatments:** Your healthcare provider may suggest phototherapy—the use of ultraviolet light—to treat your skin. This therapy helps to clear up plaques and reduce inflammation. Phototherapy involves either controlled sun exposure or exposing your skin to a specialized lamp and can include ultraviolet B (UVB), psoralen + ultraviolet A (PUVA) and excimer laser.

- **Systemic medications:** These medications reduce the inflammation underlying psoriasis. Examples include cyclosporine, methotrexate, PDE4 inhibitors and biologic medications. The FDA also recently approved a new targeted therapy called a tyrosine ki-

nase 2 (TYK2) inhibitor that blocks inflammation-inducing proteins associated with psoriasis.

What you can do

In addition to medication, you can help lessen the symptoms of psoriasis by keeping skin moisturized; avoiding itchy or tight clothing; reducing stress; and maintaining a healthy weight.

And remember: How you feel about your psoriasis is unique to you. For some, large patches may not be a problem, while others may feel embarrassed about just a few small ones. No matter how you feel, it's important to be open and honest with your healthcare provider. If your plaques are bothering you or embarrassment over your psoriasis is causing you to limit your activities, speak up! Together you *can* find a solution. ●

A new option for treating psoriasis

Does your current treatment require messy creams, weekly injections or frequent blood tests? Struggling with side effects? In 2022, the FDA approved a first-in-class drug to treat moderate to severe psoriasis called a tyrosine kinase 2 (TYK2) inhibitor. This targeted therapy blocks inflammation-inducing proteins associated with psoriasis, is available as an oral pill, has few side effects and may not require ongoing lab monitoring. Ask your healthcare provider if it might be an option for you.



Meet your psoriasis care team

These are the healthcare professionals who can help you manage your plaque psoriasis:

Primary care physician (PCP):

This MD checks your overall health and likely diagnosed your psoriasis.

Dermatologist:

This physician specializes in treating conditions affecting the skin, hair and nails.

Physician associate (PA)/ Nurse practitioner (NP):

These healthcare professionals can help manage your psoriasis and prescribe medications.

Psychiatrist/ psychologist/ social worker:

Professionals who can help you deal

with psychological and social issues related to your psoriasis.

Rheumatologist:

This physician specializes in treating joint conditions, such as psoriatic arthritis.

Dermatology nurse:

This nurse has received additional training

in dermatology and may work with your doctor on your care.

Dietitian/ nutritionist:

A nutrition expert who can help you identify foods that may trigger or help combat inflammation.



“I’m one of the *lucky ones!*”

Last year, John Serenita was on a medication for plaque psoriasis that not only worsened his skin condition, it also caused terrible side effects. Switching to a once-a-day pill turned everything around! —BY AMY CAPETTA

John Serenita may be medically retired from the military, but the 61-year-old from San Antonio, TX, continues to live with a sense of adventure. Typical days consist of two-hour workouts at the gym, doing woodworking and playing with his dogs, but the real excitement begins when he and his wife, Stacy, start whipping up new recipes in their kitchen or plan their next food-oriented trip together.

“We love to take food tours and cooking classes around the world,” says the husband, father and grandfather. “We’ve made guacamole in Cozumel, eaten kangaroo in Australia and enjoyed rye bread ice cream in Iceland.”

Thankfully, John is now able to do all these things without the physical and emotional discomfort of plaque psoriasis. His health

journey began more than 20 years ago when he noticed a few breakouts on his elbows and torso. “I was in my late 30s and in the service at the time, and the doctor gave me an ointment,” he remembers. “But even though I applied it religiously, the spots never fully went away.”

“I looked like a flaming red hot Cheeto!”

While the psoriasis spots were persistent, for the most part they didn’t spread, and John was able to live with them. That is, until December 2022, when John’s skin began to flare with large red, scaly patches on his elbows and legs. He’s not sure why the condition took a sudden turn for the worse, but he saw a dermatologist hoping for answers and a

Photos by Jen Denton Photography



to the point where I went to urgent care and then landed in the hospital. My immune system was so compromised by the injection that it ruined my body's ability to defend itself."

After he was released from the hospital, John told his dermatologist he was done with the biologic.

"I saw an amazing change in two weeks"

It was in June 2022 when John's dermatologist recommended a new once-daily oral treatment for moderate to severe plaque psoriasis. She explained it was the only FDA-approved pill that targets tyrosine kinase 2—one of the molecules in the immune system that plays a key role in passing too many inflammatory signals throughout the body.

"I learned that biologics can be hit or miss—what works for one person doesn't work for all. So while the injectable had been a bust, I realized this pill targeted a different aspect of the immune system, so it might be the one that did the trick for me."

The results can be summed up in one word: astonishing. "I saw an amazing change within two weeks," he says with excitement.

It's been nearly six months since he started taking the daily pill. The red, itchy patches have mostly disappeared, and he hasn't experienced a single side effect. Every five days, he moisturizes his skin using a drugstore-brand lotion.

As he and Stacy plan excursions around the globe, John is looking forward to not having to worry about his red, peeling skin, as well as his appearance. "Next year we'll be traveling to Croatia, Alaska and ending the year with a trip to South Africa!" He hopes others living with plaque psoriasis find hope from his experience.

"It's not a cure-all, but this pill has made a huge difference in my quality of life. I definitely feel like one of the lucky ones!"

act the side effects and allow him to continue with the biologic.

"People had to be thinking, What's wrong with him?"

John spent time in an online psoriasis support group where some patients said the skin condition gets worse before it gets better. But he was running low on patience, plus the itchiness and peeling patches of red skin made him feel self-conscious. "I tend to wear shorts when I go to the gym every morning and people were staring," he says. "They had to wonder if it was contagious and be thinking, *What's wrong with him?*"

The final straw came five months after starting the biologic. For starters, the psoriasis was not subsiding. Then, a bout of food poisoning showed him how the medicine had taken a toll on his immunity. "I'm normally a very resilient person and bad food should have made me sick for a few hours," he explains. "But it went on for days and got

plan for what to do next. The dermatologist suggested a monthly injectable biologic administered at the office—a big change from the topicals John had been working with before. Once his insurance approved the treatment, John was on board.

Unfortunately, even with the new, stronger treatment, the psoriasis was not clearing up—in fact, it got worse. "I was driving to Arizona with my daughter, and my legs were shedding so bad she had to vacuum the car because there were skin flakes all over the place." And then came the swelling.

"The patches spread to my torso and back, and my left calf was about three times its normal size and was too painful to touch. I looked like a flaming red hot Cheeto!"

John cut his trip short to head home. A steroid shot helped reduce the redness and swelling. But the extreme skin shedding continued, so his dermatologist prescribed another medicine to counter-

John's top skin-soothing secrets

Here, John shares a few of the strategies that have helped him clear his skin—and face the world with confidence:

Be an active participant on your healthcare team.

"Communicating with your doctors is the number one piece of advice I would share with anyone reading this article," he says. Along with taking notes and asking questions during appointments, John urges other patients to share all current lifestyle habits and treatment plans with their physicians since negative interactions could occur when mixed with a prescription drug. "Over-the-counter and natural medications have an impact on someone's overall health just like prescription medications do, which is why it's important to inform your doctor of everything you are taking, even vitamins."

Partner with trusted MDs. John appreciates the attention both his dermatologist and primary care physician have given him over the last year. He recalls the time when his dermatologist helped him during a terrible flare. "He documents everything with pictures," he continues. "When I would come into the office and say a treatment wasn't working,

pictures were taken of my torso, legs and arms to go into my file. At my last appointment, he took pictures to document how well my skin has improved."

Keep it cool. Whether you're sweating due to exercising, hot temperatures or anxiety, perspiration can trigger a psoriasis flare. "After doing strenuous activity, my skin can become irritated, but it calms down again after taking a cool shower," states John. "Any way you can keep cool or cool down quickly, like working out in front of an air conditioner or fan, will help."

Don't dismiss OTC topicals. John discovered Gold Bond Healing Lotions and Creams when he ran out of a prescription ointment while traveling. "They

work well, and unlike my prescription ointment, they don't leave an oily residue on my legs that gets all over the furniture," he adds. "I always have some on hand now."

Connect with others. John has found solace in virtual communities. "Joining online social media groups can be a great way to talk to other people living with psoriasis and gather more information to ask your doctor," he says. "There was a time I put pictures of my red skin on a Facebook support group because I was looking for advice, and it helped." John also recommends patient peer groups for emotional support. "People can feel alone when dealing with psoriasis, so it's good to talk with others who understand." ●



ONCE-DAILY
SOTYKTUTM
(deucravacitinib) 6 mg
tablets



The first-of-its-kind,* once-daily pill for adults with moderate to severe plaque psoriasis



PROVEN TO GET MORE PEOPLE
CLEARER SKIN THAN THE LEADING PILL.[†]

In one study, 32% of people taking SOTYKTU saw 90% clearer skin vs 20% taking the leading pill at 24 weeks.

CLEARER SKIN? I'M IN.

In one study, 50% of people taking SOTYKTU saw clear or almost clear skin vs 9% taking placebo at 16 weeks.

If you've been looking for a once-daily pill for moderate to severe plaque psoriasis, you may have just found it. Talk to your dermatologist about finding the clear or almost clear skin you've been searching for.

Ask about SOTYKTU (pronounced soh-tik-too) today.

*SOTYKTU is a selective TYK2 inhibitor.

[†]Otezla® (apremilast).



IMPORTANT FACTS

The information below does not take the place of talking with your healthcare professional. Only your healthcare professional knows the specifics of your condition and how SOTYKTU (deucravacitinib) may fit into your overall therapy. Talk to your healthcare professional if you have any questions about SOTYKTU (pronounced soh-tik-too).

What is SOTYKTU?

SOTYKTU is a prescription medicine used to treat adults with moderate to severe plaque psoriasis who may benefit from taking injections or pills (systemic therapy) or treatment using ultraviolet or UV light (phototherapy).

It is not known if SOTYKTU is safe and effective in children under 18 years of age.

What is the most important information I should know about SOTYKTU?

SOTYKTU may cause serious side effects, including:

• **Serious allergic reactions.** Stop taking SOTYKTU and get emergency medical help right away if you develop any of the following symptoms of a serious allergic reaction:

- feel faint
- swelling of your face, eyelids, lips, mouth, tongue, or throat
- trouble breathing or throat tightness
- chest tightness
- skin rash, hives

• **Infections.** SOTYKTU is a medicine that affects your immune system. SOTYKTU can lower the ability of your immune system to fight infections and can increase your risk of infections. Some people have had serious infections while taking SOTYKTU, such as infections of the lungs, including pneumonia and tuberculosis (TB), and COVID-19.

- Your healthcare provider should check you for infections and TB before starting treatment with SOTYKTU.
- Your healthcare provider may treat you for TB before you begin treatment with SOTYKTU if you have a history of TB or have active TB.
- Your healthcare provider should watch you closely for signs and symptoms of TB during treatment with SOTYKTU.
- If you get a serious infection, your healthcare provider may tell you to stop taking SOTYKTU until your infection is controlled.

SOTYKTU should not be used in people with an active, serious infection, including localized infections. You should not start taking SOTYKTU if you have any kind of infection unless your healthcare provider tells you it is okay.

You may be at a higher risk of developing shingles (herpes zoster).

Before starting SOTYKTU, tell your healthcare provider if you:

- are being treated for an infection
- have had an infection that does not go away or keeps coming back
- have TB or have been in close contact with someone with TB
- have or have had hepatitis B or C
- think you have an infection or have symptoms of an infection such as:
 - fever, sweats, or chills
 - muscle aches
 - weight loss
 - cough
 - shortness of breath
 - blood in your phlegm (mucus)
 - warm, red, or painful skin or sores on your body different from your psoriasis
 - diarrhea or stomach pain
 - burning when you urinate or urinating more often than normal
 - feeling very tired

After you start taking SOTYKTU (deucravacitinib), call your healthcare provider right away if you have an infection or have symptoms of an infection.

SOTYKTU can make you more likely to get infections or make any infections you have worse.

• **Cancer.** Certain kinds of cancer including lymphoma have been reported in people taking SOTYKTU.

◦ Tell your healthcare provider if you have ever had any type of cancer.

• **Muscle problems (rhabdomyolysis).** SOTYKTU can cause muscle problems that can be severe. Treatment with SOTYKTU may increase the level of an enzyme in your blood called creatine phosphokinase (CPK) and can be a sign of muscle damage. Increased CPK is common in people taking SOTYKTU. Your healthcare provider may tell you to stop taking SOTYKTU if the amount of CPK in your blood gets too high or if you have signs and symptoms of severe muscle problems. Tell your healthcare provider right away if you have any of these signs or symptoms of severe muscle problems:

- unexplained muscle pain, tenderness, or weakness
- fever
- dark-colored urine
- feeling very tired

See **“What are the possible side effects of SOTYKTU?”** for more information about side effects.

Do not take SOTYKTU if you are allergic to deucravacitinib or any of the ingredients in SOTYKTU. See the end of this Medication Guide for a complete list of ingredients in SOTYKTU.

Before taking SOTYKTU, tell your healthcare provider about all of your medical conditions, including if you:

• See **“What is the most important information I should know about SOTYKTU?”**

- have liver problems or kidney problems
- have high levels of fat in your blood (triglycerides)
- have recently received or are scheduled to receive an immunization (vaccine). You should avoid receiving live vaccines during treatment with SOTYKTU (deucravacitinib).
- are pregnant or plan to become pregnant. It is not known if SOTYKTU can harm your unborn baby.
 - Report pregnancies to the Bristol-Myers Squibb Company's Adverse Event reporting line at 1-800-721-5072.
- are breastfeeding or plan to breastfeed. It is not known if SOTYKTU passes into your breast milk.

Tell your healthcare provider about all the medicines you take, including prescription medicines, over-the-counter medicines, vitamins, and herbal supplements. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.

How should I take SOTYKTU?

- Take SOTYKTU exactly as your healthcare provider tells you to take it.
- Take SOTYKTU 1 time every day.
- Take SOTYKTU with or without food.
- Do not crush, cut, or chew the SOTYKTU tablets.

What are the possible side effects of SOTYKTU?

SOTYKTU may cause serious side effects, including:

- See **“What is the most important information I should know about SOTYKTU?”**
- **Changes in certain laboratory test results.** Changes in laboratory tests have happened in some people taking SOTYKTU. Your healthcare provider may do blood tests before you start taking SOTYKTU and during treatment with SOTYKTU to check for the following:
 - **Increased triglycerides.** Triglycerides are a type of fat found in your blood. Too much fat in your blood can cause problems with your heart.
 - **Increased liver enzymes.** Liver enzymes are found in your blood and help to tell if your liver is functioning normally. If your liver enzymes increase too much, your healthcare provider may need to do additional tests on your liver and may tell you to stop taking SOTYKTU if they think that SOTYKTU is harming your liver.
- **Potential risks from Janus kinase (JAK) inhibition.** SOTYKTU is a tyrosine kinase 2 (TYK2) inhibitor. TYK2 is in the JAK family. It is not known whether taking SOTYKTU has the same risks as taking JAK inhibitors. Increased risk of death (all causes) has happened in people who were 50 years of age and older with at least 1 heart disease (cardiovascular) risk factor who were taking a JAK inhibitor used to treat rheumatoid arthritis (RA) compared to people taking another medicine in a class of medicines called TNF blockers. SOTYKTU is not for use in people with RA.

The most common side effects of SOTYKTU include: common cold, sore throat, and sinus infection (upper respiratory infections), cold sores (herpes simplex), sores on inner lips, gums, tongue, or roof of the mouth (canker sores), inflamed hair pores (folliculitis), and acne. These are not all of the possible side effects of SOTYKTU.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store SOTYKTU?

Store SOTYKTU at room temperature between 68°F to 77°F (20°C to 25°C).

Keep SOTYKTU and all medicines out of the reach of children.

General information about the safe and effective use of SOTYKTU.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use SOTYKTU for a condition for which it was not prescribed. Do not give SOTYKTU to other people, even if they have the same symptoms that you have. It may harm them. You can ask your pharmacist or healthcare provider for information about SOTYKTU that is written for health professionals. For more product information about SOTYKTU, go to website (www.sotyktu.com) or call SOTYKTU 360 SUPPORT at 1.888.SOTYKTU (768.9588).

What are the ingredients in SOTYKTU?

Active ingredient: deucravacitinib.

Inactive ingredients: anhydrous lactose, croscarmellose sodium, hypromellose acetate succinate, magnesium stearate, microcrystalline cellulose and silicon dioxide. In addition, the film coating Opadry® II Pink contains the following inactive ingredients: polyvinyl alcohol, titanium dioxide, polyethylene glycol, talc, iron oxide red and yellow.

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“We’re *finally* comfortable in our own skin again!”

From working with a culturally competent physician to fighting inflammation on the inside, Joni and Ayesha offer the wellness strategies that have been helping them soothe their itchy scalp and skin, as well as boost their overall health. Ask your physician if their tips can work for you. —BY AMY CAPETTA

“Stay strong—and stay confident!”

JONI KAZANTZIS
PRINCETON JUNCTION, NJ

Practice patience with meds.

Diagnosed with psoriasis as a teenager, Joni learned early on that the first prescription medicine may not be the one that clears up your skin. “Be proactive when managing psoriasis, but know it requires patience,” she explains. “It can take time to find the right treatment because a remedy that works for others may not necessarily work for you.” These days, she is finding relief with a self-administered injection. “Living with psoriasis forces me out of my comfort zone a lot,” she continues. “Every eight weeks, I still need to talk myself into the shot. However, I’m grateful for a treatment that is flexible with my schedule and helps keep me comfortable. There is no one right way to treat psoriasis—the way you choose is right for you.”

Learn to fight inflammation.

Joni—the creator of *justagirwithspots.com*, an award-winning psoriasis blog dedicated to creating awareness—urges other psoriasis warriors to follow an anti-inflammatory lifestyle since inflammation can lead to flares. “Fatigue is a lesser-known symptom of psoriasis, so make sure to get plenty of sleep

and take breaks when necessary,” she advises. The married mother of two daughters encourages others to consume anti-inflammatory foods (such as leafy green vegetables, fruits, nuts and fatty fish) since it may help to reduce the impact or frequency of psoriatic disease symptoms, reports the National Psoriasis Foundation. Also hydrate both your body and your skin. “A few ways to do this include drinking lots of water, moisturizing with fragrance-free and alcohol-free products and using a humidifier to keep the air moist.”

Exercise comfortably.

Working out with psoriasis can be an important part of managing this chronic skin condition, says Joni. “Regular physical activity can have lots of benefits when you’re living with psoriasis, including reducing inflammation, improving overall health, boosting mood and enhancing self-esteem.” She suggests moisturizing before exercising (then again after showering) to help keep the skin hydrated. Joni also recommends opting for loose-fitting, breathable fabrics (like cotton) to minimize friction and irritation while you sweat

“I hope to inspire my kids to always stay confident—no matter what life throws at them,” says Joni with daughter Reece.



Photo by Peter LaGregor

it out on the treadmill, bike path or yoga mat. “Don’t forget to always consult with your doctor for personalized advice,” she notes.

Treat your emotional health, too. Joni, who can be found on Instagram *@justagirwithspots*, cites a startling statistic from the American

Academy of Dermatology: 66% of individuals living with psoriasis report feeling isolated or lonely. “It’s still such a misunderstood disease because it’s so visible,” she explains. Confiding in friends, family and members of a support group may help in navigating the emotions that shape your everyday life. Furthermore, learning the facts about

the condition can also help make the journey a little easier.

“Psoriasis is not contagious, you can’t ‘catch’ it or spread it,” stresses Joni. “It’s a chronic autoimmune condition that deserves understanding and support, not stigma. Knowledge is power in spreading awareness and breaking down barriers.” ▶



“Be your own advocate!”

AYESHA PATRICK
EDISON, NJ

Educate yourself. As a child, Ayesha’s mom would tell her and her sister that they had “growing dandruff” and “winter itch,” but it wasn’t until she met with a doctor during college that she heard the term psoriasis. “Learning more about my condition and different treatments has given me more than just information, it’s given me a true understanding of how I can do my part in managing it.” If you’re concerned about “falling down a rabbit hole” of misinformation online, Ayesha recommends speaking with your healthcare team, as well as connecting with a reputable organization. “The National Psoriasis Foundation (NPF) became such an incredible resource and support for me that I decided to give back,” she continues. “For nearly three years, I have been an advocate, as well as a one-to-one mentor with them.”

Partner with the “right” physician. “As a woman of color living with psoriasis, finding the right dermatologist with cultural competency is incredibly important,” she says. During one of the worst scalp flares Ayesha has ever experienced, one doctor advised to wash her hair each day with a shampoo that contained sulfates. Even though Ayesha explained this product and regimen would be damaging to Black hair, the dermatologist—who was White—just suggested reducing the washing to three times a week. Between the shampoo and inflammation from the flare, Ayesha lost a lot of hair. “When I brought this up, it felt like she dismissed me,” she explains. “I believe she viewed it as ‘only’ hair and that this loss wasn’t a big deal. In the Black community, our hair is our crown.” Today, Ayesha is working with an “amazing” dermatologist who treats numerous Black patients. “She understands my needs and prescribed a better treatment for me.”

Keep track of your triggers. The NPF states that stress is a common trigger for psoriasis flares. “Whenever I am dealing with stress or anxiety, my skin will tell the tale,” says Ayesha. She has been incorporating more mindfulness practices into everyday life to combat stressors, including journaling, reading, exercising, stretching, dancing and meditating. “I am a huge advocate for therapy,” she adds. “Speaking to my therapist during tough times has been helpful in working through my feelings, along with managing my flares.”

Create your own safe space. When Ayesha couldn’t locate other women of color living with the challenges of psoriatic disease, she created the @SistaswithPsoriasis Facebook support group and Instagram page. “It’s always great to connect with others who completely understand what you’re going through,” she states. “Whenever any of us have questions, recommendations or simply want to share our personal experiences, we do so in an understanding and judgment-free zone. Community is super important when living with any type of chronic condition.” ●

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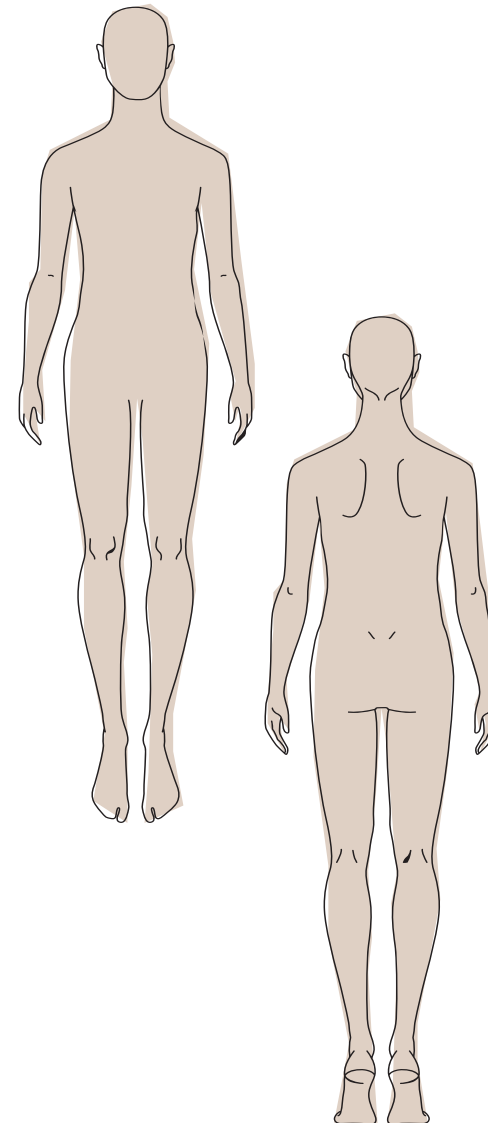
Photo by Memory Creations

YOU & YOUR CARE TEAM

How well is your treatment working?

Whether you’ve just been diagnosed or have been living with psoriasis for a while, you’ll benefit from having an open discussion with your healthcare provider. It’s a key step toward assessing your current treatment and determining if you have a better path to clearer skin.

1. Which areas of your body have plaques? Please indicate by marking the areas on the diagram below.



2. How bothered are you by symptoms? Please rate on a scale from 1 (not very much) to 5 (always/almost always):

My skin is itchy.	1	2	3	4	5
My skin bleeds.	1	2	3	4	5
I can’t sleep well.	1	2	3	4	5
I feel embarrassed by visible plaques.	1	2	3	4	5
I feel sad and hopeless.	1	2	3	4	5
I feel anxious or on edge.	1	2	3	4	5

3. Assess your treatment

I would rate my current treatment as:

- It’s working great.
- It’s working okay, but I’d like to see more improvement.
- I don’t feel my psoriasis is controlled at all.

In the past, I’ve stopped treatment because:

- It didn’t work well enough.
- It worked for a while, then stopped.
- It had unwanted side effects.
- It was too time consuming.
- I don’t like injections.
- I disliked the lab monitoring.
- I couldn’t afford it.

4. Previous treatments:

Topicals you tried but no longer use: _____

Any current topicals: _____

Phototherapy you tried but no longer use: _____

Any current phototherapy treatments: _____

Systemic medications you tried but no longer use: _____

Any current systemics: _____



NEEDLE FEARS I'm stressed out because my psoriasis has spread all over my body and is no longer responding to my usual topical creams. My dermatologist suggested trying out a biologic. The problem is, I'm scared of needles! Are there any treatments out there in oral form?

Q

A

Answers to your most pressing concerns about plaque psoriasis.

A: There are several approved pills for psoriasis including some older, non-biologic drugs, such as methotrexate, cyclosporin and acitretin. While these can be effective, they have significant side effects and require substantial monitoring, including lots of blood tests. Two newer drugs, apremilast and deucravacitinib, are oral biologics approved for psoriasis. Apremilast has significant gastrointestinal side effects including nausea, abdominal pain and diarrhea, but these usually resolve within the first month. Weight loss (which is often a desirable side effect of apremilast) is another common side effect. Deucravacitinib is more effective than apremilast at treating psoriasis, but it does require occa-

sional bloodwork. Work with your healthcare team and let them know your preferences so you can figure out the best treatment together.

AT HOME CARE

Q: I've been living with plaque psoriasis for seven years, and recently I've been experiencing patches on my scalp. Do you know the best treatment option for when I'm washing my hair?

A: There are several over-the-counter shampoos that can help psoriasis. Look for brands that include the ingredients salicylic acid (which can be found in T-Sal®), tar (which can be found in T-gel®), zinc (found in Head and Shoulders®) or ketoconazole (found in Nizoral®). You may need to do some trial and error to find the best shampoo for

you. If your scalp psoriasis is significant, or it doesn't get better with an OTC shampoo, talk to your healthcare provider, as there are prescription versions available, including ones that contain topical steroids.

OCEAN WATER AND PSORIASIS

Q: My friend says she noticed her skin feeling better after taking a dip in the ocean. She's considering getting dead sea salts to add to her bath. Can ocean water really help psoriasis?

A: Studies done years ago at the Dead Sea, which has the highest mineral content of any body of water on earth, showed that sun exposure there combined with soaking in the water cleared psoriasis in a high proportion of patients. As a result, an entire industry cropped up to treat psoriasis at the Dead Sea, and Dead Sea salts are marketed around the world. Most of the effect on psoriasis, however, actually comes from the sun exposure there. Because it is the lowest point on earth and the atmosphere has a mineral haze that filters out damaging UV light, the wavelengths that reach the surface differ from sun exposure anywhere else. Soaking in the Dead Sea salts added only a little benefit.

GENETICS

Q: I'm the only one in my family that experiences plaque psoriasis flare-ups. My doctor mentioned that psoriasis is often hereditary—is

that always true? Will I need to worry if I ever have kids that I can pass this to them?

A: Patients have to pass down a combination of genes in order for their children to exhibit psoriasis; and even then, environmental factors also typically need to be present. If only one parent has psoriasis, the chance of passing on the condition is approximately one in six. That number goes up if both parents have psoriasis.

HAND ISSUES

Q: My hands are cracked from my psoriasis patches, which is not only embarrassing, it makes everyday tasks a lot harder and I'm worried about infection. What can I do?

A: There are many effective treatments for hand psoriasis including topical therapies, excimer laser, oral therapies and biologics. Most recently there have been anecdotal reports and case series demonstrating the efficacy of JAK inhibitors like tofacitinib and upadacitinib and the TYK2 inhibitor deucravacitinib for palm and sole psoriasis. Biologics have also been used in controlled trials for palmo-plantar psoriasis, but that can be slow to heal, likely because of its size. ●

OUR EXPERT:

Mark G. Lebwohl, MD, Dean for Clinical Therapeutics, professor and chairman emeritus at Kimberly and Eric J. Waldman Department of Dermatology, Icahn School of Medicine at Mount Sinai, New York

RESOURCES THAT CAN HELP

If you're looking for more information or care, try one of these trustworthy sites...

Still have questions about psoriasis?

- National Psoriasis Foundation psoriasis.org
- The American Academy of Dermatology Association aad.org
- National Institute of Arthritis and Musculoskeletal and Skin Diseases niams.nih.gov/health-topics/psoriasis

Struggling with psoriatic arthritis?

- Creaky Joints creakyjoints.org
- Arthritis Foundation arthritis.org

Looking for mental healthcare?

- GoodTherapy goodtherapy.org
- National Institute of Mental Health nimh.nih.gov
- American Psychological Association Psychologist Locator locator.apa.org

Need help with payment assistance?

- Medicine Assistance Tool mat.org
- National Patient Advocate Foundation npaf.org
- Needy Meds needy meds.org
- PAN Foundation panfoundation.org





TAME YOUR PSORIASIS, PROTECT YOUR WHOLE BODY!

Smooth, clear skin. With today's treatments, it's more achievable than ever. And keep this in mind: Psoriasis is an inflammatory condition that can affect other parts of the body, too. So clearing your skin can also benefit you from head to toe. Here's what you should know.



Your heart

People with psoriasis are 21% more likely to have a heart attack (and 54% more likely to suffer a stroke), according to a study presented at the annual meeting of the American College of Cardiology.

What to watch for:

- Chest pain, tightness or discomfort
- Rapid heartbeat
- Shortness of breath with activity
- Tingling down arm
- Unusual stomach pain, nausea or indigestion
- Sudden awakening from sleep with shortness of breath

What you can do:

- Get regular screenings (blood pressure, blood sugar, cholesterol).
- Maintain a low-fat, high-fiber diet with lean sources of protein, such as fish and poultry.
- Aim for at least 30 minutes of moderate-intensity activity at least five days a week.
- Achieve a healthy weight.
- Don't smoke.



Your emotional well-being

People with psoriasis are more likely than people without the disease to suffer from depression or anxiety.

What to watch for:

- Persistent sadness
- Being hyper-alert
- Feelings of hopelessness
- Loss of interest in hobbies and activities

What you can do:

- Discuss your symptoms with your doctor and with those close to you.
- Eat a healthy diet and get regular activity.
- Maintain a regular sleep schedule.
- Find a stress-reduction technique that works for you.



Your joints

Nearly one in three people with psoriasis may develop psoriatic arthritis, a painful form of arthritis that may cause permanent joint damage.

What to watch for:

- Joints that are swollen, tender, stiff, red or hot to the touch
- Sausage-like fingers and toes; or changes to your nails, such as pitting or separation from the nail bed

What you can do:

- Report symptoms to your doctor ASAP—early treatment can help prevent permanent joint damage. ●

DID YOU KNOW?

Having psoriasis means you're more likely to carry extra pounds around your middle. Besides being linked to heart disease, belly fat is also associated with more severe psoriasis as well as psoriatic arthritis. Talk to your doctor if you need help losing weight.

5 surprising psoriasis triggers

—and what to do about them



1. The weather

While scientists are still unsure why some people develop psoriasis and others don't, they have been able to pinpoint a few common triggers. Take a look at the culprits described here, and see if you can connect them to your flares (see the sidebar for help). Figuring out what's behind your red, itchy outbreaks can help you avoid them in the future.

—BY RIKKI ECCLES

Extreme temperatures can affect your psoriasis. In the winter, wind, cold air and low humidity can dry out your skin. What you can do:

- Make sure your home maintains humidity between 30% and 50%.
- Avoid cranking up the heat—the American Osteopathic College of Dermatology recommends keeping your thermostat between 68 to 75 degrees F.
- Stick to short (no more than 10-minute) showers, and aim for a warm to luke-warm temperature.

In the summer, sweat can be a culprit—after it evaporates, it leaves a salty residue that dries and irritates skin. What you can do:

- Save outdoor activities for a cooler part of the day—before 10 AM and after 4 PM.
- Wear loose, soft layers of breathable fabrics, such as cotton or bamboo.
- Drink plenty of water.
- Use a towel to pat yourself dry immediately after working out.
- Keep lotions in the fridge.



2. Stress

When you're anxious, on edge or out of sorts, your body releases stress hormones like cortisol. Trouble is, cortisol tamps down the immune system and amps up inflammation throughout the body, including the skin, which can lead to a flare. Unfortunately, it also sets a vicious cycle in motion, since psoriasis outbreaks themselves cause stress. If you're experiencing chronic stress, give some of these ideas a try:

- Meditate, practice yoga or do deep-breathing exercises.
- Sign up for a biofeedback session to learn when you are feeling stressed.
- Go for a walk.
- Write down worries, then let them go for the day.
- Listen to soothing music.
- Get plenty of sleep.
- Talk to a close friend or loved one.



3. Skincare products

Soaps, detergents and other skincare products may contain moisture-sapping ingredients that irritate skin. Play it safe by opting for fragrance-free products, and check labels before buying. If they contain any of the below ingredients, leave them on the shelf:

- Propylene glycol
- Sodium lauryl sulfate
- Sodium laureth sulfate
- Alcohols such as methanol, ethanol and isopropyl
- Fragrance or parfum—sometimes labeled as essential oils and/or benzyl alcohol



4. Fabrics

Some materials, like silk, trap heat near the skin, causing inflammation, while others, like wool, nylon and polyester blends, scratch and irritate. Cotton, bamboo and other natural fibers are best—look for soft, fine weaves and also...

- Skip overly tight or constricting clothing, or ones with irritating seams.
- Cut out tags.
- Wash new clothing before wearing in fragrance-free detergents to get rid of dyes, chemicals and factory dust. (And skip the fabric softeners and drying sheets.)



5. Allergens

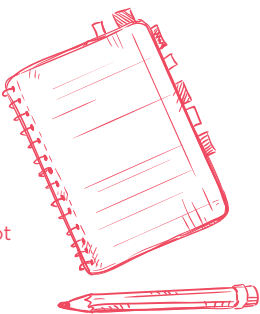
Anything from pet dander to dust and mold can trigger a flare in certain people. What you can do:

- Ask your doctor for a patch test to look for common allergies.
- Clean your home and office space frequently with hypoallergenic products.
- Use dust mite covers on sheets and pillows.
- Bathe pets regularly.
- Vacuum with HEPA filter minimum every week. ●

ID your culprits with a flare journal

No two cases of psoriasis are alike, and what triggers one person may not bother you. If you can't figure out which factors are behind your flares, try keeping a flare journal to look for patterns. Whenever you have an outbreak, write down:

- The date the flare started
- Where on your body it is located
- How severe it is, from 1-10 (with 10 being the most severe)
- What you wore that day
- What the weather was like outside
- What beauty products you used in the past 24 hours
- How stressed you felt, from 1-10 (with 10 being the most stressed)
- What your mood was like (happy, sad, content, anxious)
- The date of your last period, if applicable
- Whether or not you worked out or sweat excessively
- Whether or not you were sick and/or were fighting an infection
- If you traveled anywhere new recently



Health Monitor Living

Questions to ask at today's exam



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How would you classify my plaque psoriasis? Is it mild, moderate or severe?



Does it seem like my current treatment is controlling my psoriasis?



If not, can you suggest a new treatment?



How long will it take before we can determine if the new treatment is working? Will I need lab testing?



Does this treatment require injections? Is there an oral option available?



When should I make my next appointment to see you?



On treatment and need help covering the cost?

Ask your healthcare provider about patient assistance programs or call the manufacturer of the treatment you have been prescribed. Many pharmaceutical companies offer copay assistance programs that can make treatment more affordable.