

Improving the Understanding, Diagnosis, and Management of Generalized Pustular Psoriasis (GPP)



Podcast Series: Episode 3

Adrian: Hello and welcome to “Improving the Understanding, Diagnosis, and Management of Generalized Pustular Psoriasis,” a podcast series brought to you by the American Academy of Physician Associates and the France Foundation. This activity is supported by an independent educational grant from Boehringer Ingelheim.

This is episode 3 of a five-part series focused on generalized pustular psoriasis or GPP. This episode will review the next steps following patient presentation with GPP and how to initiate protocols for a timely referral to a specialist to facilitate further evaluation and management.

My name’s Adrian Banning. I’m a PA and an associate professor in the PA program at Delaware Valley University in Doylestown, Pennsylvania. I’m joined today by my wonderful colleagues, dermatology PA Terri Nagy and dermatology NP Leigh Ann Pansch, as we discuss generalized pustular psoriasis.

Leigh Ann and Terri, thank you so much for coming back and being here again. Will you tell us each a little bit more about yourselves?

Terri: It’s great to be back here with both you and Leigh Ann, Adrian. I am Terri Nagy. I am a dermatology physician assistant. I’ve been a derm PA for 20 years and I’ve been a PA for 25 years. I’m currently located in Colorado, but I spent most of my time taking care of patients in the Akron, Ohio and Cleveland, Ohio area. It’s great to be here with both of you today.

Leigh Ann: Hello, I’m Leigh Ann Pansch. I am a nurse practitioner practicing in a private practice setting in the Cincinnati, Ohio area. And I, too, absolutely love this field of dermatology and taking care of patients with inflammatory skin disease.

Adrian: Terri, let’s just jump right in. Let’s imagine we’re taking care of a patient with GPP and we already know they have it, but we need to get them started on treatment. That might be something we can do in primary care or while waiting for their dermatology appointment, or maybe they’re already in dermatology if we’re lucky. What are the next steps following patient presentation with GPP?

Terri: I think this is a really great idea to discuss right now. The most important thing we can do is we need to make sure this patient is stable and they don’t need hospitalization. If we remember from the previous podcast, we talked about how sick these patients can get. Sometimes these patients can have signs and symptoms of systemic involvement and they need to be admitted. As we have discussed, these patients need to be stabilized as they are at risk for sepsis and organ and respiratory failure.

Now, stable patients on the other hand, they certainly can be managed in the office setting. I think getting a thorough past medical history, including current and recent medications, is imperative. We talked about the triggers previously, and a lot of times it can be infections or medications. It is important to work to identify and eliminate the causative drug if that is in fact the case. Most experts would recommend starting stable patients on systemic therapy as soon as possible.

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Terri: Recommendations include everything from acitretin to methotrexate. Topical corticosteroids can be used, but they should only be used as adjuncts to systemic therapy. They are certainly not the mainstay. Several of the monoclonal antibodies that have been on the market for a while have demonstrated some therapeutic potential. However, one of the issues is it can take a minute for a patient to get approved by their insurance company. And when I say a minute, I'm talking maybe a month.

My office actually has a dedicated biologics team. They work daily on getting patients approved for their medications. Believe me, it can be a long tedious process with requests and denials and appeals. And we can't forget, we have to remember, the (TNF)-alpha inhibitors have been known to perpetuate a flare of GPP, so making sure we pick the right monoclonal antibody is just as important.

Adrian: Okay, thank you. I see what you mean. We should really have a low tolerance for admitting someone or calling in the specialist, and you can manage this outpatient if they're stable and if you're sure that you know what you're doing. Does that sound like a good summary?

Terri: Great, Adrian.

Adrian: Okay. Thanks. It's taking care of the patient, but then there's a lot of bureaucracy and red tape to go through, but we have to persevere.

Terri: Correct. That's for sure.

Adrian: Okay. Okay. Leigh Ann, it sounds like time is a really important factor here. Depending on where you practice, there could be different options for accessing specialist care. I know when I worked in a more rural place, the wait for derm could be about six months. However, if there was something truly emergent, I could always call one of the two dermatologists available to my patients to see if they could get in sooner. Can you talk to us about how urgent this is and how to initiate protocols for timely referral to a specialist?

Leigh Ann: Absolutely. I think given the importance of dermatopathology support for confirmation of diagnosis in addition to the nuanced care that our generalized pustular psoriasis patients require, a skin specialist is often crucial. While I personally would not evaluate which immunizations a patient is due for without consulting a reference, skin is my bag. It is what I do day in and day out, and I've learned to identify these key and often subtle diagnostic findings as well as patterns to ensure that our patients are cared for in their entirety. And quite frankly, I often co-manage with primary care, so don't be surprised if you get a call from me if you're in primary care.

In addition, I really have the supports necessary to ensure that my patients receive the most specified care possible. And for this reason, I would encourage clinicians to seek out these relationships with skin specialists that you can refer to. And I think that this will ensure our patients are cared for in a timely and efficient manner, and that they have access to these very specialized treatment options.

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- Adrian:** I love that insider’s perspective, Leigh Ann. Thank you so much. So, we’ve been talking about what comes after someone has been diagnosed with GPP and how to go about accessing timely referrals. Terri, Leigh Ann, I’d love to hear from both of you, if you wouldn’t mind, about what you think the key takeaways are from this conversation. Terri, can we start with you?
- Terri:** Of course. Of course. I think it is really important to have a relationship with a dermatology provider, and Leigh Ann spoke to this beautifully because it helps to care for these patients. Due to the complexity of the diagnosis and the challenges with the drug therapies, it’s really good to have that person in your back pocket to help you navigate the care for these very, very specialized drugs and the needs of these patients.
- Adrian:** Terri, I can imagine being a new PA or NP, a new healthcare provider, and seeing this for the first time and really being so grateful to have a relationship with dermatology. Hopefully you established that ahead of time. But I can also see being an experienced provider and still wanting to collaborate with some of the nuances and the evolving ideas that are coming around here. Everyone needs the team on this one. It’s such a complicated thing to deal with. What do you think, Leigh Ann?
- Terri:** Yeah, that’s for sure.
- Adrian:** Yeah.
- Leigh Ann:** Absolutely. Remember, we’re not just treating inflammatory skin disease. We’re treating a patient as a whole, and I think our patients are much better served when we come to them as a team. So at the end of the day, we know that GPP is rare, but its effects are longstanding and severe. When we recognize that there are some specific treatments that can completely resolve a patient’s disease and change their lives for the better in a relatively short period of time, this gives us some major impetus to ensure that we have access to skin specialists in a timely manner.
- Adrian:** Leigh Ann you summarized perfectly and Terri your takeaways were just on point. Thank you both so much. Thank you both for taking us through what to do when a patient presents with GPP and how to collaborate with specialists for the best care possible.

And listener, thank you for tuning in and listening to this episode of “Improving the Understanding, Diagnosis, and Management of Generalized Pustular Psoriasis.” Please tune in to the other podcast episodes in the series where we talk through the pathophysiology of GPP, the diagnostic challenges associated with it, current and emerging treatments, and implications for patients’ quality of life related to GPP. You can find the full list of podcast episodes in AAPA’s Learning Central catalog at cme.aapa.org.