

LETTERS TO THE EDITOR

Comments on ‘French guidelines on the use of systemic treatments for moderate-to-severe psoriasis in adults’

Editor

The recently published ‘French guidelines on the use of systemic treatments for moderate-to-severe psoriasis’ provides a thorough overview and overall assessment of the therapeutic interventions currently available for psoriasis, including special considerations for patients with psoriatic arthritis (PsA).

We would like to inform that the interleukin-17A inhibitor ixekizumab is already approved for the treatment of active PsA in adults. This extended indication is based on the results from 2 randomized, double-blind, placebo-controlled phase 3 studies, SPIRIT-P1 and SPIRIT-P2, which included 780 adult patients with active PsA and demonstrated efficacy and safety of ixekizumab in both biologic naïve and tumour necrosis factor inhibitor (TNFi)-experienced patients. In fact, the European Medicines Agency granted label extension of ixekizumab for PsA in January 2018 within 2 months following the end date of the literature search for the French guidelines.

Medicine is an ever-changing science, and psoriasis is a case in point highlighting the unprecedented speed of new and innovative developments. This makes regular and timely updates of guideline documents necessary to avoid loss of their clinical relevance as they age and newer research becomes available. Owing to the constantly changing therapeutic environment in psoriasis and reflecting current evidence, Amatore *et al.* modified the therapeutic algorithm of the European League Against Rheumatism (EULAR) for PsA to include ixekizumab. Similarly, the UK treatment guidelines for psoriasis are currently updated, already 2 years after their release pacing the rapidly growing number of approved therapeutics. We are confident and supportive of a similar approach for the French guidelines and look forward to the incorporation of additional data in the near future.

C. Schuster,^{1,*} E. Perrin,² E. Riedl¹

¹Eli Lilly Regional Operations GmbH, Vienna, Austria, ²Eli Lilly France, Paris, France

*Correspondence: C. Schuster. Email: schuster_christopher@lilly.com

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An art-based visual literacy training course to enhance clinical skills in dermatology trainees

Editor

Having the ability to discriminate visual cues and use them to communicate with others is called visual literacy^{1,2}; a requisite competency in dermatology which can take years to master through experiential learning.^{3,4} Following our pilot of art-based training for dermatology trainees in the UK,⁵ we enrolled ten trainees from the Manchester Dermatology Training Programme ($n = 6$ first-year trainees; $n = 4$ second-year trainees) on a visual literacy training course in order to interrogate the hypothesis: visual literacy training can enhance clinical skills in trainee dermatologists.

An introductory session followed by seven gallery-based sessions was facilitated by an art historian (HT), each exploring different themes – composition, shape, texture, colour and line (Table 1). Background materials were available so that trainees could contextualize their observations – analogous to taking a clinical history