

# JDPA

Journal of Dermatology *for* Physician Assistants

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SDPA NEWS AND CURRENT AFFAIRS

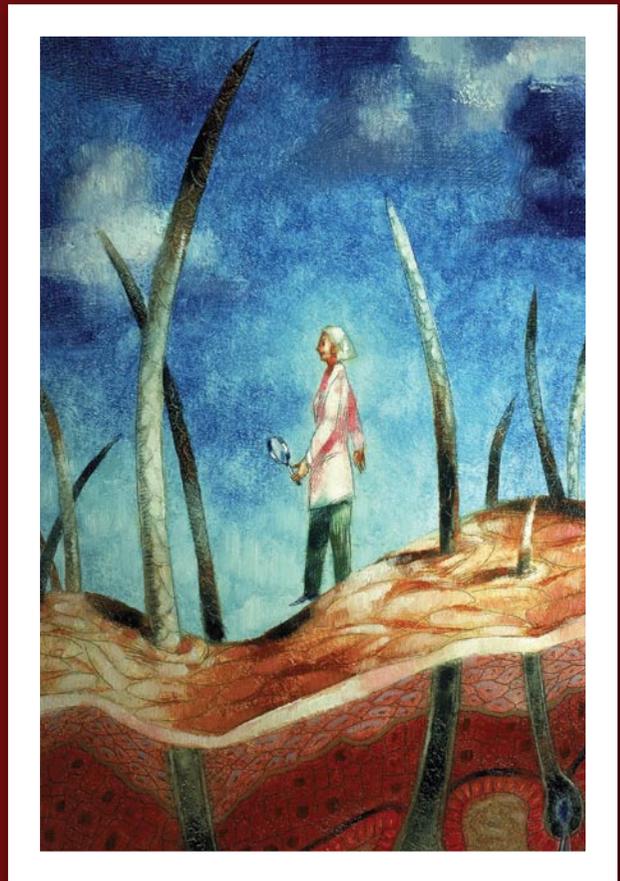
DERMATOLOGY PA NEWS AND NOTES

CLINICAL DERMATOLOGY

SURGICAL DERMATOLOGY

COSMETIC DERMATOLOGY

PROFESSIONAL DEVELOPMENT



**SUPPLEMENT**  
for the National  
Psoriasis Foundation  
(NPF)



Official Journal of the Society of Dermatology Physician Assistants

# JDPA

## Journal of Dermatology for Physician Assistants

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**EDITORIAL MISSION:** The JDPA is the official clinical journal of the Society of Dermatology Physician Assistants. The mission of the JDPA is to improve dermatological patient care by publishing the most innovative, timely, practice-proven educational information available for the physician assistant profession.

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**PROMIUS**  
PHARMA

# FROM THE PATIENT'S PERSPECTIVE

## *Psoriasis - Getting an Upper Hand*

By Eleanor V. Stivers

I don't remember exactly when I developed psoriasis, but in some ways it feels like a hundred years ago and I'm only 52. My case started out small but soon encompassed almost my entire body; I was like one giant plaque walking around. In fact, I used to leave a trail of dead skin everywhere I went. The janitor at church used to jokingly tease me that he always knew when I had been in the building because of the trail I left. It was so bad that my former psychiatrist's office said that they did not want me coming in anymore because the dead skin I left behind bothered other patients. Nice to know you can count on your psychiatrist, huh!

One of the hardest aspects of my psoriasis to deal with was the condition of my hands. They were cracked, raw, and so terribly painful that I couldn't even use them to open doors or drive. In order to function with my hands I would have to slather petroleum jelly all over them, put on non-latex gloves, and then pad them with winter gloves. I was using prescribed topical ointments on my hands since this is where the psoriasis had started. Nothing seemed to help.

I believe that my psoriasis was the result of excessive stress. I also think that my exposure to formaldehyde in the pathology lab where I worked may have triggered some of it, since I noticed that my hands first started becoming irritated during my employment there (although, discontinuing my employment at the lab did not clear it up). At any rate, the psoriasis spread across my body like wildfire. There was not one part of my body that was not affected and my joints were painful as well. Since my case was so severe, I was started on

Raptiva because I needed something more than just topical treatments. Unfortunately, while on Raptiva my psoriasis got worse, although I never would have thought that possible.

My dermatology PA consulted with his supervising dermatologist and they decided that I should begin a regimen of Remicade infusions.

*"I could not continue to live my life the way it was. I was willing to try anything to get rid of the physical pain and the emotional distress that accompanied my psoriasis."*

What a godsend this turned out to be. After just two infusions I could see a change in my skin. By my third infusion I could actually see plaques starting to fade away. By the fourth infusion there

were whole areas of my body completely clear of the psoriasis. The best part of the treatment is that it continues to work between the infusions. In my case, I have found that my skin improves gradually until 6 or 7 weeks after my last infusion. By the 7th week I start to develop some plaques in certain areas (*like the palms of my hands*), a signal for me that it is time for another treatment.

Remicade has been a miracle in my life. I can go out in public now without leaving trails of dead skin everywhere I go. Some of the pain in my joints has gone away. The treatment has not been able to clear some of the psoriasis in areas such as the folds of my skin, around my bra-line, and my waistline (*for these areas I am about to begin using a topical non-steroidal treatment*). I don't know where I'd be right now if it weren't for Remicade. Yes, I know that there are risk factors and side effects associated with these types of medications but praise God, I have not been affected by any to date. I have continued to stay healthy even while people around me have been ill. I could not continue to live my life the way it was. I was willing to try anything to get rid of the physical pain and the emotional

## FROM THE PATIENT'S PERSPECTIVE

distress that accompanied my psoriasis. During one of my infusions I wrote the following poem:

### BEATING PSORIASIS

*Sitting reclined,  
with eyes closed,  
I hear the soft drone  
of an infusion pump  
as it delivers into my vein  
a miracle potion, Remicade.  
Medication which has restored  
the use of my hands,  
and given back a healthy  
tone to my skin;  
a renewed outer shell.  
I once again  
can live comfortably  
among my fellow man,  
no longer outcast as  
were the lepers of old.  
I move freely again  
without leaving a trail  
of scaly dead skin.  
No longer feeling  
the peering, judgmental eyes  
of ignorant people,  
my spirit is at peace. ♪*

*Eleanor Stivers (Ellie) is fifty-two years old and has suffered from psoriasis since she was forty-six. She is happy to report that her condition has been successfully treated with Remicade infusions along with topical medications for breakthrough lesions near the time of her next infusion.*

### TAKE HOME POINTS for DERM PAs:

*By Steven K. Shama, MD, MPH*

- I am most impressed by the author saying, "I could not continue to live my life the way it was." It should remind us all that even when we are aware that patients may be desperate for treatment, we should be no less complete in explaining serious side effects to them, since "above all, do no harm."
- When the author uses the word "leper" in her poem to describe her feelings about herself, it reminds me that we must always ask our patients how their skin disorder makes them feel. We should do everything we can to support positive feelings and always give hope, much like the "miracle potion," Remicade, gives to the author.

# JDPA

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The Official Journal of the SDPA

Are you a dermatology patient who may be...

- Interested in writing?
- Willing to share your skin's story, so that others may learn from it?

Contact Travis Hayden at: [Editor@jdpa.org](mailto:Editor@jdpa.org)



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# Dermatology Physician Assistants



## Physician Assistants (PAs) in dermatology play a number of varied and vital roles.

PAs are medical providers licensed to practice medicine with physician supervision. From patient care and education, to skin surgery, treatment of chronic skin conditions, and cosmetic procedures, PAs are dynamic members of the healthcare team. PAs practice in every medical and surgical specialty and have been collaborating with dermatologists for 30 years, providing a wide variety of services. These include diagnosing, prescribing medications, ordering and interpreting lab tests, wound suturing, and medical or surgical treatment of a wide variety of clinical diseases. As with all PAs, dermatology PAs are legally and ethically bound to practice only under physician supervision.

## PAs are trained in intensive, accredited education programs.

Because of the close working relationship that PAs have with physicians, PAs are educated in the medical model designed to mirror and complement physician training. PAs take a national certification examination and to maintain their certification, they must complete 100 hours of continuing medical education every two years and take a recertification exam every six years. Graduation from an accredited PA program and passage of the national certifying exam are required for state licensure.

How a PA practices dermatology varies with training, experience, and state law. In addition, the scope of the PA's responsibilities corresponds to the supervising physician's scope of practice. In general, a PA will see many of the same types of patients as the physician. Referral to the physician, or close consultation between the PA and physician, is based on the dynamic relationship between the physician and PA.

**The Society of Dermatology Physician Assistants (SDPA)** is a non-profit professional organization, composed of members who provide dermatologic care or have an interest in the medical specialty of dermatology. Fellow members provide medical services under the supervision of a board certified dermatologist.

More information can be found at [www.dermpa.org](http://www.dermpa.org) and [www.aapa.org](http://www.aapa.org).

