Use of diets and alternative medicines in psoriatic patients: a cross-sectional multicenter study in France

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BACKGROUND

Usual treatments of psoriasis are effective but subjects of suspicion about efficacy and safety from patients and physicians. This suspicion, but also other parameters such as social condition are probably responsible of the high proportion of undertreated psoriatic patients, notably patients with moderate-to-severe plaque psoriasis.

Alternative medicine (AM) is an important and often underestimated part of health care. Use of AM but also diets can reach until 80% of patients in some chronic disease including inflammatory diseases and cancers.

In psoriasis, we have little information about the use of AM and none in Western countries since the era of large use of biologics. If patients adhere to these therapies, physicians are quite reluctant for their prescription because of the absence of evidence-based medicine about their efficacy and safety.

In our daily practice, a few patients asked about interest of diets and AM, either as the only treatment, or as complement of usual therapies. **So, we wanted to evaluate the frequency of use of alternative therapies, including diet, among psoriasis patients as well as their profile, and their feeling.**

MATERIAL AND METHODS

A multicenter cross-sectional study on adults with psoriasis was performed in 15 dermatological centers in France from June to October 2016. The dermatological centers were members of the GEM Resopso (*http://resopso.fr*). The 15 centers were within universities (*n* = 4), general practice (*n* = 8), military hospitals (*n* = 2), and private practitioners (*n* = 1). All the adults (≥ 18 y) with cutaneous psoriasis were included consecutively.

A questionnaire was proposed to patients. It was divided into 5 parts: 1) information about the patient and his psoriasis; 2) his diet behavior; 3) his behavior in relation to other AM; 4) the scale quality of life; 5) and a part completed by the dermatologist. It comprised 34 items including data on patients (i.e. age, sex, activity), data on psoriasis (type, age at onset, treatments, severity of the disease assessed by Patient Global Assessment and Physician Global Assessment: the day of the consultation and at the pick); comorbidities (i.e. diabetes, depression, cardiovascular diseases, dyslipidemia); obesity (i.e. body mass index > 30 kg.m^{-2}); diets and alternative methods used (homeopathy, osteopathy, hypnosis, physiotherapy, mesotherapy, acupuncture, spa treatment and others) effectiveness of these methods and if patients recommend them.

The study has been approved by the local Ethics Committee (Comité de Protection des Personnes Ile De France X, Hôpital Robert Ballanger, Aulnay-sous-Bois, France). All patients have given their consent to be included in the study.

RESULTS

Patients

During the 4-month period, 586 patients participated in the study; mean age was 49.2 ± 14.8 y, and sex-ratio (M/F) 1.3. Among them, 36.2% experimented alternative medicine and / or diets for their psoriasis, of which 8.7% experimented diets and 190 (32.4%) AM. Clinical data of patients and their psoriasis are detailed in table I.

Diets

Characteristics of the 51 patients who used diets are detailed in table I.

Thirteen different diets have been tested (Table II). The three most frequents were cow's milk free (*n* = 23), gluten free (*n* = 14), and weight loss diets (*n* = 14).

The diets were considered as efficient for 60.0% of patients who tested weight loss diets, but less than 40% of the two other main diets. Patients who considered their regimen as efficient recommend it in 77% of cases or more *vs.* less than 25% of cases if inefficient (p≤0.0001) (Table III).

Alternative medicines

Characteristics of the 190 patients who used AM are detailed in table II.

Twenty five different AM have been tested (Table II). The three most common AM tested were: homeopathy (11.1%), spa therapy (10.6%), and magnetizer (6.6%).

Only spa therapy was considered as efficient in more than 50% of cases. For all the other therapies, rates of efficacy were less than 25% of cases as declared by the patient. If the AM was considered as efficient, the patient recommended it in more than 75% of cases *vs.* less than 22% if it was inefficient (p≤0.004) (Table IV).

Table I. Clinical and psoriasis data and analysis of patients using diets or alternative medicines

	All N=586	Diet N=51	P-value	Alternative medicine N=190	P-value
Age (y), mean ± SD	49.2 ± 14.8	42.8 ± 13.8	0.001	47.8 ± 14.7	NS
Sex, males, *n* (%)	333 (56.8)	21 (41.2)	0.02	101 (53.2)	NS
Professional activity, yes, *n* (%)	347 (61.7)	36 (76.6)	0.03	124 (68.5)	0.02
Comorbidities					
Diabetes, *n* (%)	73 (12.5)	2 (3.9)	NS	20 (10.5)	NS
Dyslipidemia, *n* (%)	102 (17.4)	4 (7.8)	NS	26 (13.7)	NS
Cardiovascular diseases, *n* (%)	40 (6.8)	1 (2.0)	NS	9 (4.7)	NS
Depression, *n* (%)	49 (8.4)	1 (2.0)	NS	16 (8.4)	NS
Obesity, *n* (%)	163 (27.8)	8 (15.6)	NS	47 (24.7)	NS
Psoriasis					
Main clinical aspect, *n* (%)					
Plaque	448 (76.5)	38 (74.5)	NS	152 (80.0)	NS
Guttate	40 (6.8)	5 (9.8)		14 (7.4)	
Palmoplantar	27 (4.6)	1 (2.0)		4 (2.1)	
Scalp	21 (3.6)	1 (2.0)		5 (2.6)	
Pustular palmoplantar	15 (2.6)	1 (2.0)		5 (2.6)	
Others	20 (3.4)	3 (5.9)		3 (1.5)	
Psoriatic arthritis, *n* (%)	100 (17.4)	6 (12.2)	NS	34 (18.3)	NS
Patient GA, mean ± SD					
Day of consultation	1.5 ± 1.3	1.8 ± 1.5	NS	1.6 ± 1.4	NS
At the pick	3.4 ± 1.2	3.6 ± 1.3	NS	3.6 ± 1.2	NS
Physician GA, mean ± SD					
Day of consultation	1.8 ± 1.3	1.9 ± 1.2	NS	1.9 ± 1.3	NS
At the pick	3.5 ± 1.1	3.6 ± 0.9	NS	3.5 ± 1.1	NS
DLQI, mean ± SD	6.7 ± 6.4	7.8 ± 7.7	NS	7.5 ± 6.7	0.04
Treatments at inclusion, *n* (%)					
Local treatment	359 (61.3)	29 (56.9)	NS	110 (57.9)	NS
Phototherapy	31 (5.3)	5 (9.8)	NS	15 (7.9)	NS
Oral treatment	119 (20.3)	8 (15.7)	NS	42 (22.1)	NS
Injectable treatment	225 (38.4)	19 (37.3)	NS	77 (40.5)	NS

Table II. Diets and alternative medicines used by psoriatic patients (n=51). *n* (%)

Diets	51 (8.7)
Cow's milk free	23 (3.9)
Gluten free	14 (7.5)
Weight loss diet	10 (1.7)
Red meats free	7 (1.2)
High in unsaturated fatty acid diet	3 (0.5)
Without alcohol	2 (0.3)
Sugar free	2 (0.3)
Red pepper free	2 (0.3)
Peanut free / rice free / hypoallergenic / chocolate free / fat free [b]	1 (0.2)
Missing data	5 (0.9)
Alternative medicines	190 (32.4)
Homeopathy	65 (11.1)
Spa treatment	62 (10.6)
Magnetizer	39 (6.6)
Acupuncture	37 (6.3)
Hypnosis	21 (3.6)
Osteopathy	13 (2.2)
Traditional healer	13 (2.2)
Sophrology	10 (1.7)
Nigella, olive, argan, essential oils	7 (1.2)
Donkey or mare milk	5 (0.9)
Mesotherapy	5 (0.9)
Physiotherapy	4 (0.6)
Ichtyotherapy	3 (0.5)
Tanning booth	3 (0.5)
Dead sea therapy	3 (0.5)
Naturopath	2 (0.3)
Ayurveda	2 (0.3)
Food supplements	2 (0.3)
Radiesthesia, reflexology, cryotherapy, dead sea products, aloe vera, salt sea baths, pilgrimage	1 (0.2)

Table III. Efficacy of diets and alternative medicines (patient feeling), and recommendations for use or not from the patients (evaluation only if 10 of more citations)

	Effective		Ineffective		
Type of diet	Yes	Recommended	Yes	Recommended	P-value
Diets					
Non cow's milk (n=23)	9 (39.1)	7 (77.8)	14 (60.9)	2 (14.3)	0.009
Gluten free (n=14)	4 (28.6)	4 (100)	10 (71.4)	0 (0)	0.0002
Weight loss diet (n=10)	6 (60.0)	6 (100)	4 (40.0)	1 (25.0)	0.01
Alternative medicines					
Homeopathy (n=65)	12 (18.5)	9 (75.0)	53 (81.5)	6 (11.3)	< 0.0001
Spa treatment (n=62)	32 (51.6)	30 (93.7)	30 (48.4)	4 (13.3)	< 0.0001
Magnetizer (n=39)	8 (20.5)	6 (75.0)	31 (79.5)	5 (16.1)	0.004
Acupuncture (n=37)	7 (18.9)	6 (85.7)	30 (81.1)	2 (6.7)	< 0.0001
Hypnosis (n=21)	5 (23.8)	5 (100)	16 (76.2)	1 (6.2)	0.0003
Osteopathy (n=13)	4 (30.8)	4 (100)	9 (69.2)	2 (22.2)	NS
Traditional healer (n=13)	2 (15.4)	2 (100)	11 (84.6)	0 (0)	NS
Sophrology (n=10)	1 (10.0)	1 (100)	9 (90.0)	1 (11.1)	NS

CONCLUSIONS

In a recent study our group evaluated patients coming for a first consultation for psoriasis, frequency of previous use of phototherapy, systemic treatments, and biotherapies were 17.1%, 26.7%, and 4.4% respectively (Mahé E. Acta Derm Venreol 2017). Herein, in a systematic evaluation we showed that the frequency of patients who declared to have previously used diets or AM was higher, reaching 36.2%, and 32.4% only for AM. There was a large diversity of diets (n=13), and AM (n=25) tried. Only 4 AM have been tried by more than 5% of patients – i.e. homeopathy, spa, magnetizers, and acupuncture – and none of diets. We focused on behaviors with diets, and showed than the main reasons for trying diets were the conviction of a link between alimentation and psoriasis, the main information source was the Internet, and that less than half of patients talked about their diet to their general practitioner or their dermatologists. Finally 80% of the patients managed their diets alone without medical supervision.

Whilst we have new very effective therapies against psoriasis, the search for diets and AM by patients is not declining. Dermatologists must remain aware of the curiosity of their patients and guide them to what appears to be most effective, in this case the low calorie diets that have at least beneficial effects on comorbidities and the exclusion of alcohol.