

# nUVB vs MTX for psoriasis

## Review information

### Authors

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Citation example: [Empty name], DHaMA. nUVB vs MTX for psoriasis. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

### Contact person

**Sundhedsstyrelsen**

## Characteristics of studies

### Characteristics of included studies

**Al Hamamy 2014**

<b>Methods</b>	<b>Study design:</b> U <b>Study grouping:</b> <b>Open Label:</b> YES <b>Cluster RCT:</b>
<b>Participants</b>	<b>Baseline Characteristics</b> Intervention <ul style="list-style-type: none"> <li>● <i>Age (mean +/- sd)</i> : 41.52 + 11.16</li> <li>● <i>Female (%)</i> : 50</li> <li>● <i>Baseline PASI (mean +/- sd)</i>: 38.97 + 6.39</li> </ul> Control <ul style="list-style-type: none"> <li>● <i>Age (mean +/- sd)</i> : 41.52 + 11.16</li> <li>● <i>Female (%)</i> : 50</li> <li>● <i>Baseline PASI (mean +/- sd)</i>: 38.97 + 6.39</li> </ul> <b>Included criteria:</b> plaque type psoriasis, BSA >10 <b>Excluded criteria:</b> The exclusion criteria were patients with known history of MTXintolerance, photosensitivity disorders, skin cancer, use ofphotosensitizing medications, pregnant or lactating women,patients younger than 18 years or older than 60 years, andpatients with severe hepatic, renal, hematological, or othersystemic disorders, immunosuppression, diabetes mellitus, andalcohol abuse. <b>Pretreatment:</b> Gupper er meget ens (jvf. tabel 1). Det virker som om de er parret eller randomiseret.
<b>Interventions</b>	<b>Intervention Characteristics</b> Intervention <ul style="list-style-type: none"> <li>● <i>treatment:</i> NBUVB phototherapy (thrice weekly on non-consecutive days,)</li> </ul> Control

	<ul style="list-style-type: none"> <li>● <b>treatment</b> : MTX (Dose of 0.2 mg/kg weekly with a maximum of 20 mg/week),</li> </ul>
<b>Outcomes</b>	<p><i>antal pt med PASI 90</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> DichotomousOutcome</li> <li>● <b>Measure names:</b> ["Baseline"]</li> <li>● <b>Reporting:</b> Partially reported</li> <li>● <b>Scale:</b> %</li> <li>● <b>Range:</b> 0-100</li> <li>● <b>Direction:</b> Higher is better</li> <li>● <b>Data value:</b> Change from baseline</li> </ul> <p><i>Gi-gener (kvalme)</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> DichotomousOutcome</li> <li>● <b>Measure names:</b> ["Baseline"]</li> <li>● <b>Reporting:</b> Partially reported</li> <li>● <b>Scale:</b> antal</li> <li>● <b>Unit of measure:</b> ja/nej</li> <li>● <b>Direction:</b> Lower is better</li> <li>● <b>Data value:</b> Endpoint</li> </ul> <p><i>weeks to clearance</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> <li>● <b>Measure names:</b> ["Baseline"]</li> <li>● <b>Reporting:</b> Fully reported</li> <li>● <b>Direction:</b> Lower is better</li> <li>● <b>Data value:</b> Endpoint</li> </ul> <p><i>time to relapse</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> <li>● <b>Measure names:</b> ["Baseline"]</li> <li>● <b>Direction:</b> Higher is better</li> <li>● <b>Data value:</b> Endpoint</li> </ul>
<b>Identification</b>	<p><b>Sponsorship source:</b> no information</p> <p><b>Country:</b> Iraq</p> <p><b>Setting:</b> Baghdad teaching hospital</p> <p><b>Comments:</b> Meget høj start PASI! Behandler indtil PASI90 eller max 6 mdr. også for mtx</p> <p><b>Authors name:</b> Al-Hamamy HR et al</p> <p><b>Institution:</b> department of dermatology &amp; venereology AL-Nahrain college of medicin</p> <p><b>Email:</b> ihsannazar@yahoo.com</p> <p><b>Address:</b></p>
<b>Notes</b>	<p><i>Birgitte Holm Petersen</i> on 08/09/2015 22:06</p> <p><b>Study Design</b> This comparative, therapeutic, outpatient-based study. they were divided into three groups according to their treatment mode</p> <p><i>Birgitte Holm Petersen</i> on 08/09/2015 22:45</p> <p><b>Continuous Outcomes</b> time to relapse: followup 1 year</p>

## Risk of bias table

Bias	Authors' judgement	Support for judgement
Blinding of participants and personnel All outcomes	High risk	Judgement Comment: Ingen Blinding! Hvis man ved man får mtx, kender man bivirkningerne.
Blinding of participants and personnel Klinisk effekt	High risk	
Incomplete outcome data All outcomes	Low risk	
Incomplete outcome data Klinisk effekt	High risk	
Blinding of outcome assessors Klinisk effekt	High risk	Judgement Comment: Ingen blinding
Blinding of outcome assessors All outcomes	High risk	
Other sources of bias	Low risk	
Sequence Generation	Unclear risk	

## Footnotes

## References to studies

### Included studies

#### *Al Hamamy 2014*

Al-Hamamy HR; Al-Mashhadani SA; Mustafa IN. Comparative study of the effect of narrowband ultraviolet B phototherapy plus methotrexate vs. narrowband ultraviolet B alone and methotrexate alone in the treatment of plaque-type psoriasis.. International journal of dermatology 2014;53(12):1531-1535. [DOI: <http://dx.doi.org/10.1111/ijd.12444>]

### Excluded studies

#### *Akasaka 2013*

Akasaka, E.; Mabuchi, T.; Manabe, Y.; Yahagi, E.; Yamada-Hiruma, A.; Yamaoka, H.; Kojima, T.; Kato, M.; Ikoma, N.; Ozawa, A.; Haruki, Y.. Long-term efficacy of psoriasis vulgaris treatments: analysis of treatment with topical corticosteroid and/or vitamin D3 analog, oral cyclosporin, etretinate and phototherapy over a 35-year period, 1975-2010. J Dermatol 2013;40(4):238-43. [DOI: <http://dx.doi.org/10.1111/1346-8138.12069>]

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Asawanonda P; Chingchai A; Torranin P. Targeted UV-B phototherapy for plaque-type psoriasis.. Archives of Dermatology 2005;141(12):1542-1546. [DOI: ]

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Atherton DJ; Cohen BL; Knobler E; Garzon M; Morelli JG; Tay YK; Weston WL; Taieb A; Morison WL; Rasmussen JE. Phototherapy for children.. Pediatric dermatology 1996;13(5):415-426. [DOI: ]

**Boztepe 2006**

Boztepe G; Karaduman A; Sahin S; Hayran M; Kolemen F. The effect of maintenance narrow-band ultraviolet B therapy on the duration of remission for psoriasis: a prospective randomized clinical trial.. International journal of dermatology 2006;45(3):245-250. [DOI: ]

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Calzavara-Pinton, P. G.; Sala, R.; Arisi, M.; Rossi, M. T.; Venturini, M.; Ortel, B.. Synergism between narrowband ultraviolet B phototherapy and etanercept for the treatment of plaque-type psoriasis. British Journal of Dermatology 2013;169(1):130-6. [DOI: <http://dx.doi.org/10.1111/bjd.12277>]

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Dawe,R. S.. Comparing narrowband ultraviolet B treatment regimens for psoriasis.. British Journal of Dermatology 2009;161(6):1215-1216. [DOI: <http://dx.doi.org/10.1111/j.1365-2133.2009.09394.x>]

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**Fischer 1984**

Fischer T; Alsins J; Berne B. Ultraviolet-action spectrum and evaluation of ultraviolet lamps for psoriasis healing.. International journal of dermatology 1984;23(10):633-637. [DOI: ]

**Foged 1984**

Foged EK; Schmidt H. Treatment modalities of psoriasis over a 6-year period (1975-1981).. Dermatologica 1984;168(2):90-93. [DOI: ]

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Gelfand JM; Wan J; Callis Duffin K; Krueger GG; Kalb RE; Weisman JD; Sperber BR; Stierstorfer MB; Brod BA; Schleicher SM; Bebo BF Jr; Troxel AB; Shin DB; Steinemann JM; Goldfarb J; Yeung H; Van Voorhees AS. Comparative effectiveness of commonly used systemic treatments or phototherapy for moderate to severe plaque psoriasis in the clinical practice setting.. *Archives of Dermatology* 2012;148(4):487-494. [DOI: <http://dx.doi.org/10.1001/archdermatol.2012.370>]

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Karakawa M.; Komine M.; Takekoshi T.; Sakurai N.; Minatani Y.; Tada Y.; Saeki H.; Tamaki K.. Duration of remission period of narrowband ultraviolet B therapy on psoriasis vulgaris.. *The Journal of dermatology* 2011;38(7):655-60. [DOI: [10.1111/j.1346-8138.2010.01053.x](https://doi.org/10.1111/j.1346-8138.2010.01053.x)]

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Pavlovsky M; Baum S; Shapiro D; Pavlovsky L; Pavlotsky F. Narrow band UVB: is it effective and safe for paediatric psoriasis and atopic dermatitis?.. Journal of the European Academy of Dermatology & Venereology 2011;25(6):727-729. [DOI: <http://dx.doi.org/10.1111/j.1468-3083.2010.03832.x>]

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Picot E; Meunier L; Picot-Debeze MC; Peyron JL; Meynadier J. Treatment of psoriasis with a 311-nm UVB lamp.. British Journal of Dermatology 1992;127(5):509-512. [DOI: <http://dx.doi.org/10.1111/j.1365-2133.1992.tb14850.x>]

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Slaper H; Schothorst AA; van der Leun JC. Risk evaluation of UVB therapy for psoriasis: comparison of calculated risk for UVB therapy and observed risk in PUVA-treated patients.. Photo-dermatology 1986;3(5):271-283. [DOI: ]

**Stern 1986**

Stern RS; Armstrong RB; Anderson TF; Bickers DR; Lowe NJ; Harber L; Voorhees J; Parrish JA. Effect of continued ultraviolet B phototherapy on the duration of remission of psoriasis: a randomized study.. Journal of the American Academy of Dermatology 1986;15(3):546-552. [DOI: ]

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Stern R. S.. Narrowband UV-B and psoriasis. Archives of Dermatology 1997;133(12):1587-1588. [DOI: ]

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Takahashi H.; Tsuji H.; Ishida-Yamamoto A.; Iizuka H.. Comparison of clinical effects of psoriasis treatment regimens among calcipotriol alone, narrowband ultraviolet B phototherapy alone, combination of calcipotriol and narrowband ultraviolet B phototherapy once a week, and combination of calcipotriol and narrowband ultraviolet B phototherapy more than twice a week.. The Journal of dermatology 2013;40(6):424-7. [DOI: [10.1111/1346-8138.12102](https://doi.org/10.1111/1346-8138.12102)]

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Yarbrough,C.; Yentzer,B. A.; Yelverton,C. B.; Feldman,S. R.. Continued use of home narrowband ultraviolet B light phototherapy for psoriasis after completion of a clinical trial.. Journal of the American Academy of Dermatology 2009;60(5):877-879. [DOI: <http://dx.doi.org/10.1016/j.jaad.2008.10.050>]

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Young,E.. Ultraviolet therapy of psoriasis: a critical study.. British Journal of Dermatology 1972;87(4):379-382. [DOI: ]

**Other references****Additional references****Other published versions of this review**

## Classification pending references

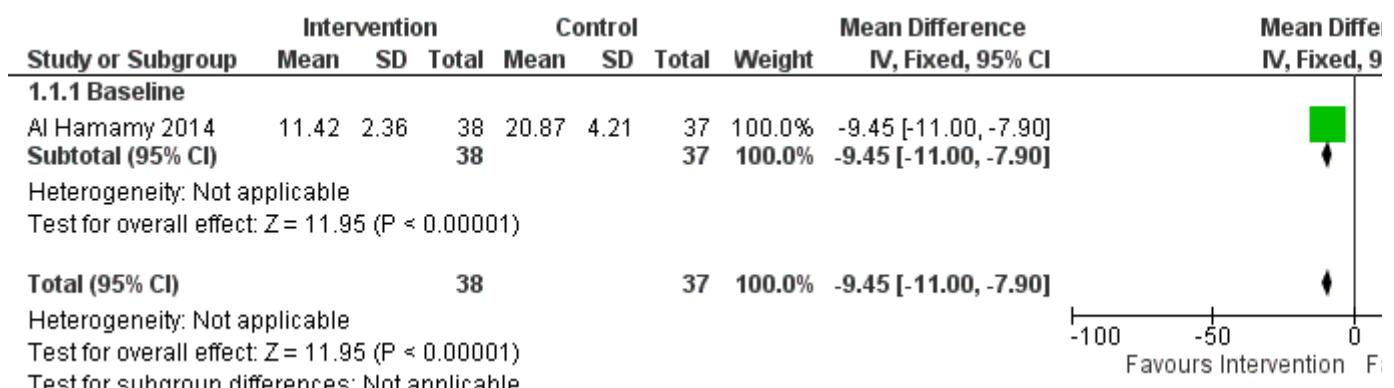
# Data and analyses

## 1 nUVB vs MTX

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 weeks to clearance	1	75	Mean Difference (IV, Fixed, 95% CI)	-9.45 [-11.00, -7.90]
1.1.1 Baseline	1	75	Mean Difference (IV, Fixed, 95% CI)	-9.45 [-11.00, -7.90]
1.2 time to relapse	1	75	Mean Difference (IV, Fixed, 95% CI)	-0.40 [-2.92, 2.12]
1.2.1 Baseline	1	75	Mean Difference (IV, Fixed, 95% CI)	-0.40 [-2.92, 2.12]
1.3 antal pt med PASI 90	1		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.3.1 Baseline	1		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.4 Gi-gener (kvalme)	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.4.1 Baseline	0		Risk Ratio (IV, Fixed, 95% CI)	No totals

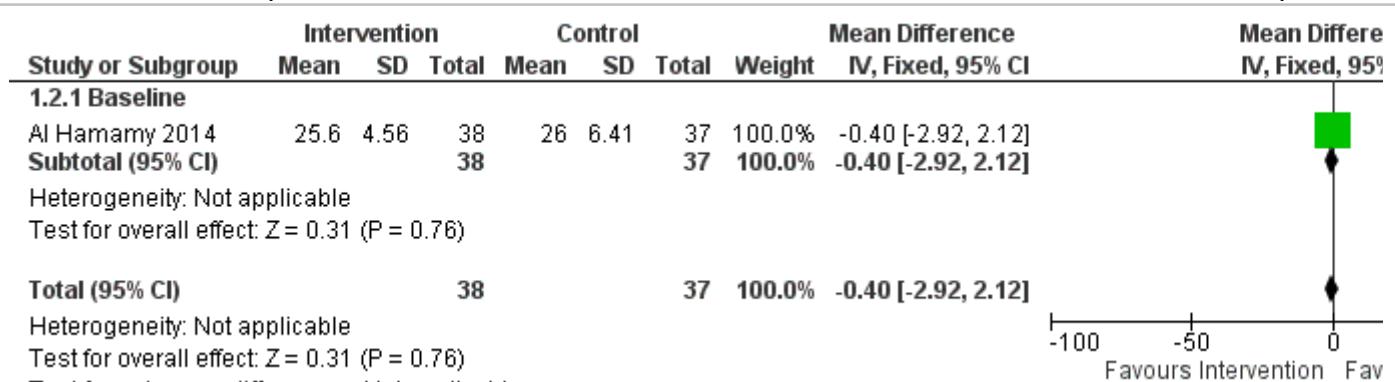
## Figures

Figure 1 (Analysis 1.1)



Forest plot of comparison: 1 nUVB vs MTX, outcome: 1.1 weeks to clearance.

Figure 2 (Analysis 1.2)



Forest plot of comparison: 1 nUVB vs MTX, outcome: 1.2 time to relapse.