

## **Tazarotene**

### **A Viewpoint by Jonathan Rees**

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For retinoids, as for many drugs in dermatological practice, evidence of efficacy has usually preceded a detailed understanding of the mechanism of action. The cloning of a family of nuclear receptors with a tightly regulated spatiotemporal expression pattern during development and in skin provided hope that the dramatic efficacy of systemic retinoids for acne and pustular psoriasis might be understood and exploited for topical therapy. Events have not turned out so simply. The nuclear receptors show a formidable level of complexity, and topical retinoids may well work through other mechanisms as well as interacting with receptors.

Tazarotene is a new topical retinoid for use in psoriasis and acne. For psoriasis, present evidence suggests that it has moderate efficacy and that it will be competing against topical corticosteroids

and vitamin D analogues. A further use, in limited numbers of patients, may be to join the current vogue for combination therapy in patients receiving ultraviolet radiation therapy (either ultraviolet B or psoralen plus ultraviolet A).

Tazarotene has clear advantages over topical corticosteroids in terms of avoiding long term adverse effects, although patient acceptability may be less, as tazarotene is irritant. Acceptability is likely to be much better than that of tar or dithranol, but efficacy is likely to be in favour of these latter agents. Tazarotene will probably be widely experimented with in primary care and in office practice. However, robust studies in comparison with vitamin D analogues are needed.

The situation with regard to acne is even less clear. There are few studies to go on and it is unclear what advantages tazarotene holds over agents available over the counter, or whether aggressive earlier treatment with systemic agents might be more appropriate for many patients. ▲