

Janus Kinase (JAK) Inhibitor Therapy: A new opportunity for patients with autoimmune disease

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Dear Editor,

Alopecia Areata (AA) is a significant condition, with a prevalence of approximately 2% in the general population¹. Alopecia is an autoimmune disease often associated with other conditions, such as vitiligo², likely resulting from underlying immune system dysregulation. Given its notable manifestation as a dermatological condition, it has a substantial impact on patients' lives³. The aesthetic consequences of the condition can lead to considerable distress for patients, who may experience discomfort in front of others³. These emotional responses can contribute to relational difficulties and stress related to the clinical condition. The etiology of the disease is multifactorial, with autoimmune mechanisms playing a primary role^{4,5}. Additionally, the condition may be linked to other forms, such as iatrogenic alopecia⁶ or nutrition-related conditions⁷. Finally, psychosomatic forms exist, such as those related to stress or depression⁸. Given the significant aesthetic impact, it is challenging to determine which component - initial stress and anxiety or the disease itself - has a greater influence. Managing these psychological conditions could potentially lead to improvements from an aesthetic point of view. It is also important to highlight that the incidence of this disease has increased after the COVID-19 pandemic⁹. This is due to the pandemic's considerable

impact on the healthcare system¹⁰, which resulted in reduced medical visits and clinical follow-ups, as well as negatively affecting citizens' mental health¹¹. The psychosomatic component is highly relevant to the improvement of this condition¹², and it is crucial to emphasize that certain populations are at higher risk for such conditions due to increased susceptibility to stress and anxiety¹³.

Regarding AA, a highly significant announcement was published in the Official Gazette on September 5, 2024¹⁴, concerning the inclusion of Baricitinib (for individuals over the age of 18) and Ritlecitinib (for individuals over the age of 12) as reimbursable drugs for patients with advanced AA (SALT score ≥ 50) who are candidates for systemic therapy and have responded inadequately to, are intolerant of, or for whom alternative therapeutic options are inappropriate. These drugs have proven effective in managing the condition¹⁵⁻¹⁷. A specific form has been introduced to request reimbursement¹⁸. This announcement is particularly significant, especially considering the increase in cases recorded in the aftermath of the pandemic⁹. It is essential to raise awareness about this development, especially considering the role that aesthetic medicine can play in the management of alopecia, which is already well-established for the most common form of alopecia¹⁹ and may also be relevant in managing AA, according to the evolving definition of the role of aesthetic medicine²⁰.

Key words: alopecia, Janus Kinase (JAK) Inhibitor Therapy

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