

Optimal control of psoriasis in clinical practice

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Introduction

In the present, disposing of a wide range of treatment options for psoriasis, most of the patients with moderate-to-severe psoriasis patients treated with systemic therapy should have minimal psoriasis activity. Currently, absolute PASI (Psoriasis Area and Severity Index) values have raised popularity as measurement of therapeutic efficacy. Spanish dermatologist consensus agreed PASI <5 as an appropriate response, and PASI <2-3 the pursued goal. PGA (Physician Global Assessment) ≤1 has also been considered as the outcome target. The DLQI (Dermatology Life Quality Index) is the most used quality of life questionnaire in dermatology. Studies have shown that discordance sometimes exists between physician-reported versus patient reported outcomes. The aim of this project is to study disease severity within patients with psoriasis following stable systemic therapy at Dermatology outpatient clinics from a third level hospital. The fact that the patient was on stable systemic treatment was considered to be under acceptable disease control by their treating dermatologist. The primary objective is to describe the proportion of patients achieving absolute PASI <5. Secondary objectives are to analyse the proportion of patients achieving PGA ≤1 and DLQI ≤1, as well as their correlation.

Material and methods

This is a descriptive cross-sectional study carried out in Dermatology outpatient clinics from a third level hospital consisting of one-visit study from 1st of April 2018 to 1st of March 2019. Patients diagnosed with moderate-to severe plaque psoriasis treated with systemic therapies (conventional and/or biological) that have been on stable treatment for at least 6 months were included. All patients filled an informed written consent. Patient data collection include demographics and detailed psoriasis clinical history. Severity psoriasis measures including PASI, PGA and BSA were assessed. Patients also completed self-reported questionnaires including DLQI, pruritus VAS score and treatment satisfaction scale. A correlation coefficient and P-value were calculated using the Spearman's Correlation Coefficient. The study was approved by the Medical Ethical Committee of the correspondent hospital.

Conclusions

- Most of the patients that are under systemic therapy for psoriasis in a daily-practice population have an appropriate response to the treatment.
- Despite this, a noteworthy number of patients have a relevant affected disease-related quality of life.
- There is a weak to moderate correlation between clinical disease severity and patient's quality of life tool measurements.
- Patient's disease-related quality of life should also be considered as the treatment goal.

Results

Table 1. Demographic characteristics of studied population

Total (n=123)	
Male % (n)	64.2 (79)
Age (sd)	51 (14)
Onset age (sd)	27 (13.6)
Accumulated disease time (sd)	23.9 (13.2)
Body mass index kg/m ² (sd)	27.9 (5.1)

Table 2. Psoriasis severity measures, quality of life and treatment satisfaction scale medium scores

Total (n=123)	
PASI (sd)	2.2 (2.4)
PGA [0-4] (sd)	1.4 (0.9)
DLQI [0-30] (sd)	3.1 (6.1)
Treatment satisfaction scale [0-100] (sd)	85.1 (23.5)

Table 3. Proportion of appropriated controlled patients according to disease severity and quality of life measuring tools

Total (n=123)	
PASI <5 % (n)	87.3 (110)
PGA ≤1 % (n)	54 (68)
DLQI ≤1 % (n)	58.5 (72)

Table 4. Quality of life medium score in clinically appropriated controlled patients

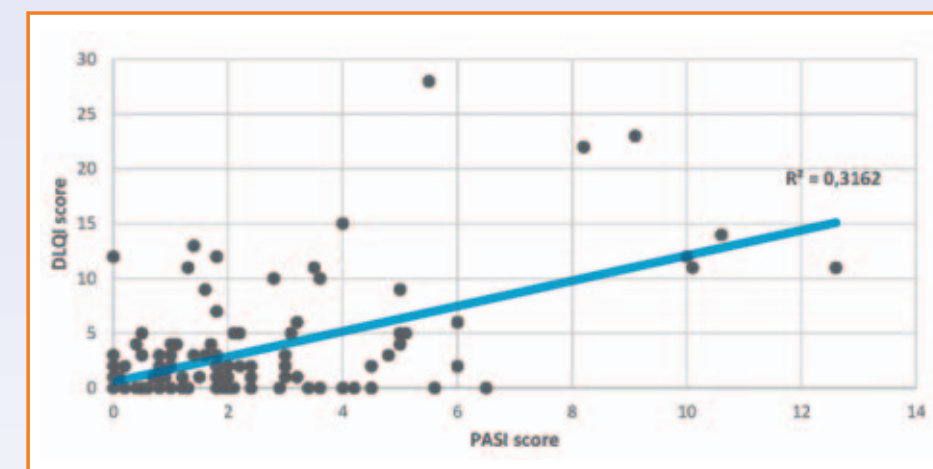
DLQI [0-30] (sd)	
PASI <5 (n=110)	2.1 (3.9)
PGA ≤1 (n=68)	1.4

Table 5. Correlation analysis of PASI and DLQI scores using Spearman's Correlation Coefficient

PASI			
	n	R	p
DLQI	123	0.558	<0.001

R= Spearman's Correlation Coefficient

Figure 1. Correlation analysis of PASI and DLQI scores. The obtained correlation value of 0.558 shows a weak to moderate correlation between PASI and DLQI scores (R= Spearman's Correlation Coefficient, obtained P-value= <0.001).



Discussion

New biologics have set ambitious treatment goals of complete clearance or near-complete clearance of the skin. Therefore, this broaden therapeutic armentarium should lead us to minimize psoriasis activity in clinical practice. The obtained results in this study show that most of the patients that are under systemic therapy for psoriasis have an appropriate response to the treatment according to PASI scale (87.3% scoring PASI<5). This differs with the PGA severity tool, obtaining a less positive result (54% achieved PGA ?1), probably because some patients with a higher PGA score would still be included inside PASI- appropriated controlled group. Focusing on patient-reported quality of life outcomes, only 58% of the population scored a value that would be considered as the pursued goal in correctly controlled patients (DLQI ?1), thus reflecting a discordance compared to the physician's reported disease severity outcome. According to this, the group considered as clinically appropriated controlled (PASI score <5) reported a dissatisfactory DLQI medium score of 2.1. Although measures of clinical efficacy would be expected to align with patients' quality of life ratings, correlation between these tools has been relatively low and inconsistent in most of previous studies. Our analysis obtained a weak to moderate correlation (Spearman's correlation coefficient, R = 0.558) between severity of skin lesions, measured by the PASI score, and health-related quality of life, measured by the DLQI score. This value is consistent with the correlation coefficient values reported by previous similar cross-sectional studies. This lack of strong association could be explained by different factor, causing a differing subjective assessment of disease's severity in a similar clinical context. Patient's expectations and goals related to psoriasis treatment and patient-defined treatment benefits can considerably differ from those defined by clinical assessment measures. Despite an excellent PASI score, it may not be so clinically important when considering the importance of patient's quality of life as an equally valuable treatment outcome measure. With the upcoming treatment changes there will be an emphasis placed on patient satisfaction and quality of life, requiring dermatologist to focus more in these aspects.

References

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