



ATOPIC ECZEMA/DERMATITIS

DISEASE BURDEN RELATED TO SENSITIVE BODY AREAS IN PATIENTS WITH PSORIASIS: RESULTS FROM LARGE-SCALE STUDIES IN ROUTINE CARE.

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Introduction: Psoriasis can lead to considerable disease burden. Besides of the extent and severity, the affection of sensitive lesions such as the anogenital area and visible zones has been shown to induce particular disease burden in selected groups.

Objectives: To analyse the extent and impact of psoriasis affections in sexually sensitive areas in large-scale routine care.

Methods: Cross-sectional, large-scale survey in randomly selected dermatology practices and clinics in Germany. Clinical severity was assessed by PASI, Patient-reported outcomes were the dermatology life quality index (DLQI), the patient benefit index (PBI) with a specific patient needs component (PNQ) and the EQ-5D. For the assessment of the lesions affected, a grid scheme indicating 1424 small squares was filled by the patient.

Results: A total of 2,009 patients with psoriasis was included, mean age 51.5 years, 43.7% female, mean disease duration 21.3 years. Mean PASI 10.1, BSA 18.1%, DLQI 7.1. 19% of patients had psoriatic arthritis, 65.4% scalp disease, 35.6% nail affection and 31.0% anal or genital involvement. Persons with psoriasis in these sexually sensitive areas showed significantly stronger restrictions in the overall DLQI and in the DLQI item on sexual life (0.6 ± 0.9 vs. 0.3 ± 0.6 in women and 0.6 ± 0.8 vs. 0.3 ± 0.7 in men, each $p=0.000$). In particular, women with genital psoriasis showed significantly stronger restrictions in sexual life (0.9 ± 1.1 vs. 0.4 ± 0.8 ; $p=0.007$). The same was observed for men (0.8 ± 0.9 vs. 0.4 ± 0.7 ; $p=0.000$). The DLQI question was marked more frequently as "not applicable" in women ($p=0.010$) and in men ($p=0.026$) with genital involvement. Correspondingly, the PNQ need "to be able to lead a normal sex life" was more expressed in both groups (3.2 ± 1.2 and 3.2 ± 1.3 ; $p=0.013$).

Conclusions: Persons with psoriasis in nationwide routine care show more and specific disease burden when affected in sexually sensitive areas. This should routinely be addressed in practice.

