

**EPIDEMIOLOGY** 

## QUALITY OF CARE FOR PSORIASIS IN THE PAST 12 YEARS - RESULTS FROM A SERIES OF NATIONWIDE HEALTH CARE STUDIES IN GERMANY

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Introduction: In Germany, the quality of health care for psoriasis was critical in 2005. Most patients lacked of sufficient care and there was only a minor proportion receiving systemic drugs. In the meantime, a national psoriasis program was conducted in order to improve the quality of psoriasis care.

Objectives: (1) Showing very recent results on the health care situation of patients with psoriasis vulgaris in dermatological treatment in Germany 2016/17 (2) Comparison of health care quality indicators between the surveys 2004/05, 2007, 2013/14 and 2016/17.

Materials and Methods: Nationwide, non-interventional, cross-sectional studies. In each survey between 71 and 130 centers included patients and data from patients and dermatologists were obtained from a minimum of 1500 patients per survey, including quality of care indicators like disease severity (PASI), quality of life (DLQI), and previous systemic therapy.

Results: Between January 2016 and December 2017 n=1827 patients from 93 dermatological centers were included in the recent survey (mean age 51 years, 45.2% female). The mean PASI was 7.1 compared to 8.1 in 2013/14, 10.1 in 2007 and 11.4 in 2005. 7.3% had severe psoriasis (PASI>20) compared to 9.2% in 2013/14, 11.6% in 2007 and 17.8% in 2004/05. 21.4% reported a strongly impaired quality of life (DLQI>10) compared to 21.3 % in 2013/14, 28.2% in 2007 and 34.0% in 2005. 57.6% stated that they had received systemic therapy at least once within the last five years compared to 59.5% in 2013/14, 47.3% in 2007 and 32.9% in 2005.

Conclusions: It can be assumed that the health care quality for psoriasis patients in Germany has markedly improved in the past 12 years. Major determinants might have been the innovation shift by modern drug treatment which induced programs such as the S3 quideline, a consensus on treatment goals and national health care goals for psoriasis.





