ABSTRACT BOOK ABSTRACTS



A new ERA for global Dermatology 10 - 15 JUNE 2019 MILAN, ITALY

QUALITY OF LIFE, QUALITY OF CARE, AND PATIENT SAFETY

INDEPENDENT IMPACT OF EARLY IMPROVEMENT IN ITCH AND PSORIASIS AREA AND SEVERITY INDEX ON QUALITY OF LIFE IN PATIENTS WITH PSORIASIS

G Yosipovitch⁽¹⁾ - D Shrom⁽²⁾ - Y Dong⁽³⁾ - R Burge⁽⁴⁾ - B Zhu⁽³⁾ - D Amato⁽⁵⁾

University Of Miami, Department Of Dermatology, Miami Itch Center, Miami, United States⁽¹⁾ - Eli Lilly And Company, Global Medical Affairs, Indianapolis, United States⁽²⁾ - Eli Lilly And Company, Real-world Analytics-immunology, Indianapolis, United States⁽³⁾ - Eli Lilly And Company, Health Outcomes, Indianapolis, United States⁽⁴⁾ - Eli Lilly And Company, Dermatology, Indianapolis, United States⁽⁵⁾

Introduction: Pruritus is troublesome symptom in patients with psoriasis.

Objective: To assess mediating effects of early improvement in itch and Psoriasis Area and Severity Index (PASI) on Dermatology Life Quality Index (DLQI) improvement using multiple mediator analysis.

Methods: Integrated data from UNCOVER-2 and -3 trials on patients with moderate-tosevere psoriasis who received ixekizumab 80 mg once every 2 weeks (IXE Q2W) (N=736) or every 4 weeks (IXE Q4W) (N=733) after 160-mg starting dose, placebo (N=361), or etanercept (ETN) 50 mg (N=740) biweekly through Week 12 was used. Least squares mean changes in DLQI at Weeks 4 and 12 were compared between treatments using mixed effects model for repeated measures. A multiple mediator analysis was conducted to assess "direct" and "indirect" (mediating) effects of early improvement in itch numeric rating scale and PASI at Week 4 on DLQI improvement at Weeks 4 and 12.

Results: IXE treatment was associated with significantly greater improvement in DLQI than placebo and ETN at Week 4/Week 12 (-8.5/-10.3 with IXE Q2W, -8.3/-9.5 with IXE Q4W, -5.7/-7.8 with ETN, and -1.9/-1.8 with placebo) (p<.001). The major portion of DLQI improvement at Weeks 4 and 12 with IXE over placebo was attributable to mediating (indirect) effects of itch and PASI (81.2% and 58.2% for IXE Q2W, 76.9% and 61.8% for IXE Q4W at Weeks 4 and 12, respectively). The relative contribution by itch improvement at Week 4 toward DLQI improvement at Weeks 4 and 12 was two to three times higher than PASI. Similar relative contributions to DLQI improvement by itch and PASI improvements were observed for the ETN treatment over placebo even though the overall treatment effect of ETN on DLQI improvement was significantly less compared to IXE Q2W or Q4W.





International League of Dermatological Societies *Skin Health for the World*







A new ERA for global Dermatology 10 - 15 JUNE 2019 MILAN, ITALY

Conclusion: Early improvements in itch and PASI have considerable impact on DLQI in patients with psoriasis.



24[™] WORLD CONGRESS OF DERMATOLOGY MILAN 2019



International League of Dermatological Societies Skin Health for the World

