



QUALITY OF LIFE, QUALITY OF CARE, AND PATIENT SAFETY

QUALITY OF LIFE AMONGST PSORIASIS PATIENTS

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Introduction: Patients with plaque psoriasis often report poor quality of life and as expected quality of life tends to decrease as disease severity progresses.

Objectives: To gain further insight into the quality of life of patients with plaque psoriasis and how these metrics vary by current biologic/apremilast treatment.

Methods: An independent market analytics firm collaborated with US dermatologists (n=154) to conduct a retrospective chart review of patients diagnosed with plaque psoriasis (PSO) (n=1,010), who had recently been initiated on first-line biologic/apremilast therapy. Dermatologists were able to submit up to seven patient charts. Data were collected via a HIPAA-compliant audit form in March and April 2018 and included clinical and non-clinical patient demographics, as well as physician demographics and attitudinal survey responses.

Results: As expected, as psoriasis severity increases, patient quality of life worsens. Aspects related to social, leisure, and family life are most impacted as 35% of patients reportedly had moderate to severe impairment on this measure. Patients currently prescribed apremilast reported the best quality of life while those on guselkumab generally had more impairment. Specifically, apremilast patients had significantly less impairment on pain than those treated with IL-17 inhibitors, while patients currently treated with guselkumab had significantly more impairment on pain and social activity than those on apremilast.

Conclusion: As patient severity increases, quality of life worsens; aspects related to patients' social, leisure, and family life are most impacted. Patients currently prescribed apremilast are less impaired than biologic-treated patients, potentially indicating that patients treated with this brand are easier to manage than those requiring a biologic. Patients treated with the IL-23 inhibitor, guselkumab, had the most impaired quality of life, suggesting a more severe patient population.

