

LETTER TO THE EDITOR

Freedom from disease in plaque psoriasis: Comparing the perceived importance of voting round 2 statements from a Delphi consensus of patients, physicians and nurses

Dear Editor,

Psoriasis is a chronic disease that can have a profound effect on quality of life (QoL). Therefore, to ensure meaningful outcomes and appropriate target-setting in psoriasis treatment, it is important to consider patients' perspectives. To support this, we previously conducted a Delphi consensus on the definition of freedom from disease in psoriasis that included psoriasis patients, physicians and nurses.¹ The consensus highlighted that freedom from disease is multifaceted, comprising five key domains. Here, we report comparisons between the perceived importance of these five domains, and specific statements between patients, physicians and nurses; patients of different genders; and patients affected by different degrees of self-reported psoriasis severity. Identifying differences between these populations may aid conversations between people with psoriasis and healthcare professionals (HCPs) and facilitate the development of improved personalized treatment plans.

Overall, there was a high level of consensus between all analysed groups, although some differences in the perceived importance of various aspects of freedom from disease were observed. Physicians placed greater importance on the 'management of clinical symptoms' and 'well-being and QoL' domains relative to other groups, particularly for statements concerning skin clearance. Nurses rated the 'healthcare team support' domain as more important, and patients placed more importance on the cost of treatments than other groups (Figure 1).

Patients with milder psoriasis placed greater importance on 'psychosocial elements' and 'healthcare team support' relative to psoriasis patients with more severe disease. Having hope for the future and being able to focus on things other than their skin were particularly important to patients with milder psoriasis. Patients with moderate psoriasis placed numerically less importance on the management of clinical symptoms relative to patients who rated their disease as either 'mild' or 'severe'. They were less worried about lesions in non-visible areas and their skin being painful. Patients with severe psoriasis were less concerned with the cost of treatment relative to patients with milder forms of psoriasis (Figure 2).

Relative to males, females placed greater importance on 'psychosocial elements', particularly on feeling like they must

cover up or consider psoriasis when choosing clothes or hairstyles and worrying about other people's reactions to their skin.

These differences provide an avenue for improving the connection between HCPs and patients in clinical practice. Our results further support the idea that people with psoriasis are more concerned with the cost of a treatment than physicians, with physicians prioritizing the management of clinical symptoms.² Physicians might, therefore, favour certain treatment options that have both high efficacy and cost, such as biologics, when an alternative treatment could more readily address a patient's concerns. In some populations, however, studies have shown that patients place less importance on cost,³ and there can be variation across the population. For instance, patients already receiving biologics may view costs as a lower priority than those not receiving biologics.⁴ This emphasizes that selecting the most patient-appropriate treatment requires a shared decision-making process to satisfy patient needs.

This research has limitations to bear in mind; some groups may not be representative due to heterogeneity among constituents. For instance, the patient population was enriched for those with mild disease. This may explain discrepancies in opinion between HCPs and patients, as the perspectives of HCPs may be more heavily influenced by interactions with more severely affected patients. The patient population was also enriched for people over 40 years of age, and age has been demonstrated to be a significant predictor of treatment preference.^{5,6}

Nonetheless, this research highlights the importance of refining treatments for the individual while also providing insight into the preferences of certain groups of psoriasis stakeholders.

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CONFLICT OF INTEREST STATEMENT

I. van Ee: No conflicts of interest to declare. **E. Deprez:** Received consulting fees from Janssen. **A. Egeberg:** Received research funding from AbbVie, Boehringer Ingelheim, Bristol-Myers Squibb, Danish National Psoriasis Foundation, Eli Lilly, Janssen Pharmaceuticals, Kgl Hofbundtmager Aage Bang Foundation,

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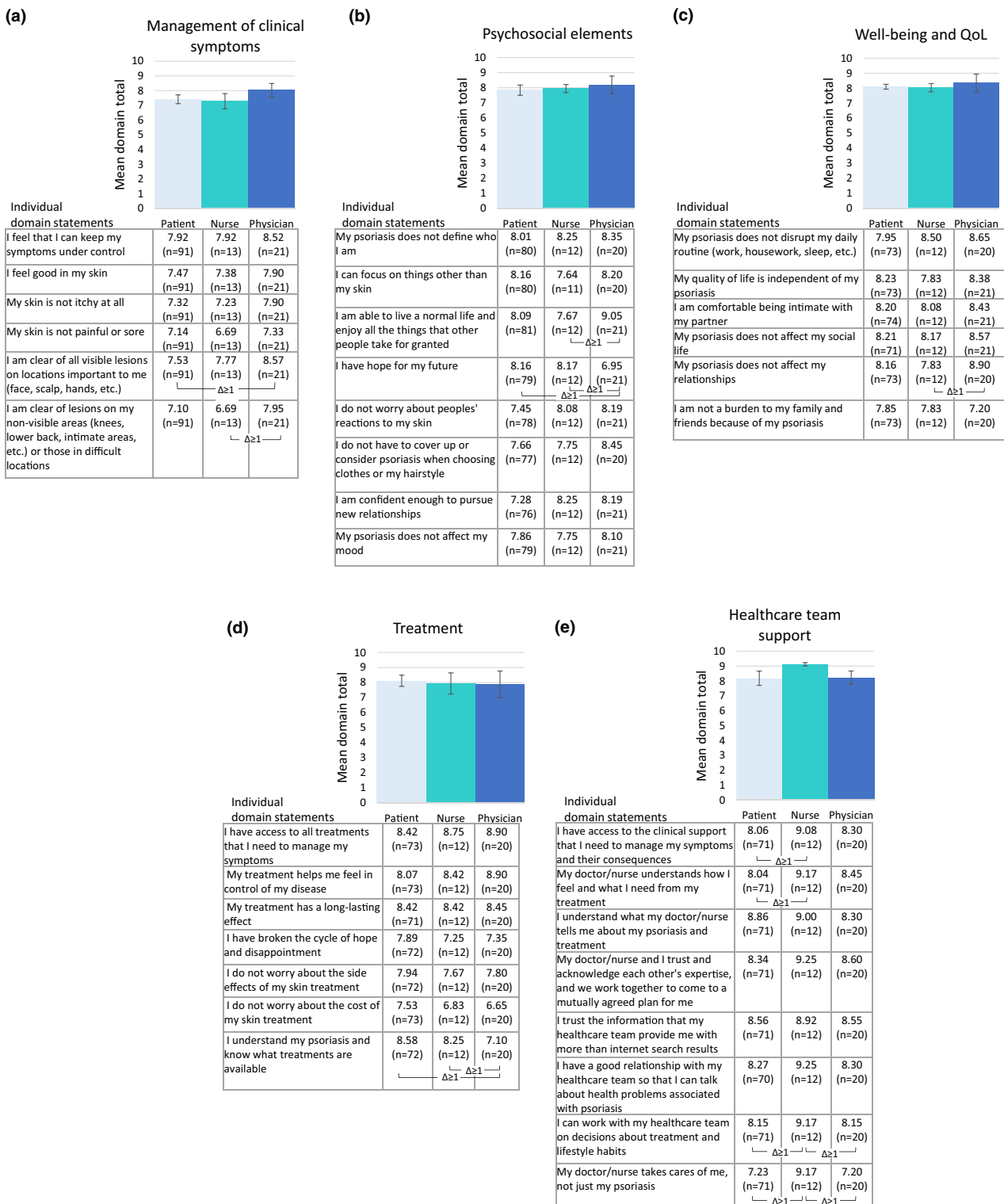


FIGURE 1 Average domain and individual statement scores between patients, nurses and physicians for each domain: (a) management of clinical symptoms, (b) psychosocial elements, (c) well-being and QoL, (d) treatment and (e) healthcare team support. Error bars denote the standard deviation. Lines highlight numerical differences of ≥ 1 ; note that the data are descriptive only and lines do not denote any statistical significance. Respondent type was not disclosed by five respondents. The n numbers have been included for the individual statements. The mean domain totals were calculated by averaging the scores for each statement. QoL, quality of life.

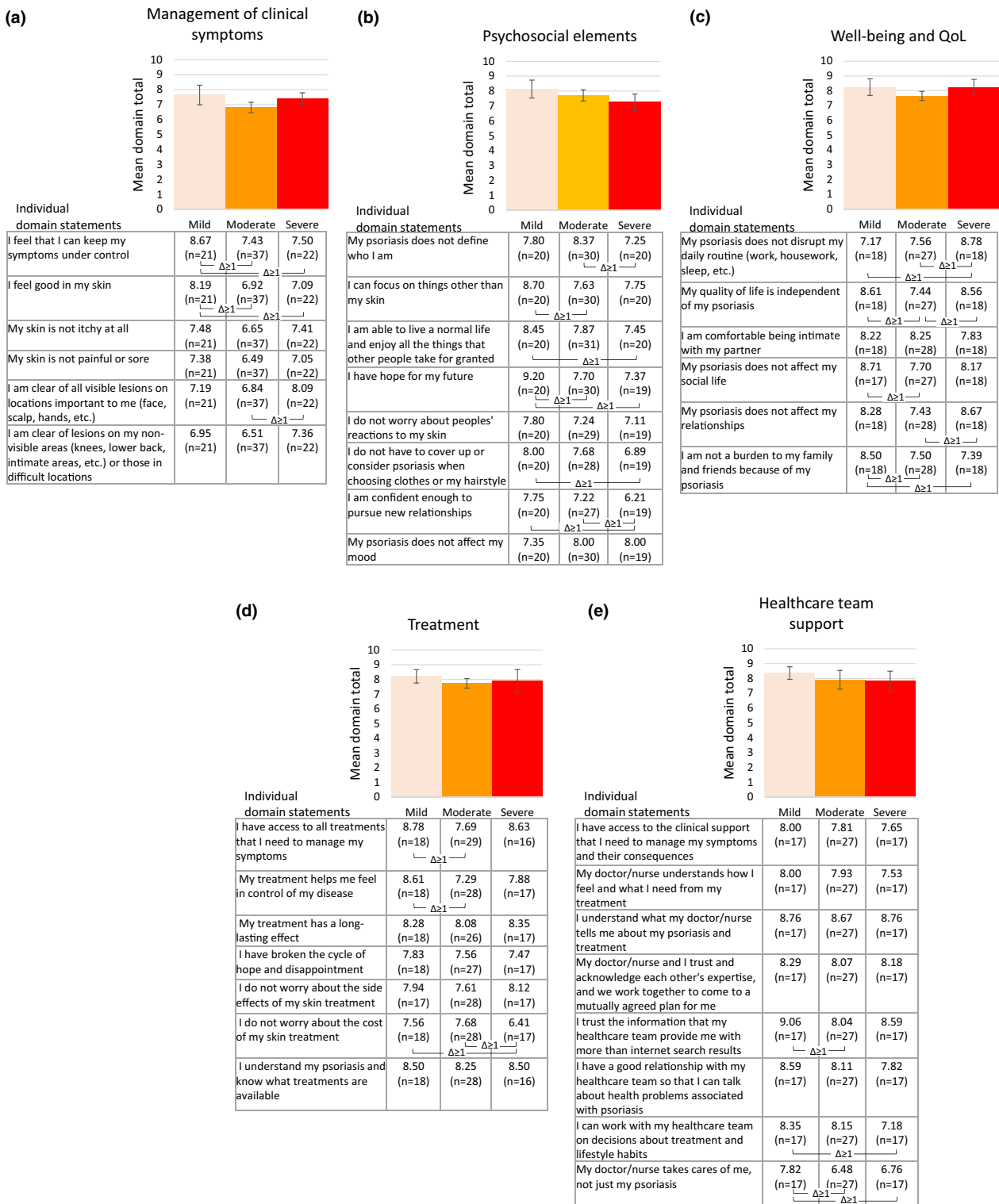


FIGURE 2 Average domain and individual statement scores between people with mild, moderate or severe psoriasis for each domain: (a) management of clinical symptoms, (b) psychosocial elements, (c) well-being and QoL, (d) treatment and (e) healthcare team support. Error bars denote the standard deviation. Lines highlight numerical differences of ≥ 1 ; note that the data are descriptive only and lines do not denote any statistical significance. Self-reported psoriasis severity was not disclosed by 11 patients. The n numbers have been included for the individual statements. The mean domain totals were calculated by averaging the scores for each statement. QoL, quality of life.

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from Lumanity upon request (commsme-janssendermatology@lumanity.com).

Ilse van Ee¹
 Elfie Deprez²
 Alexander Egeberg^{3,4} 
 Curdin Conrad⁵ 
 Valeria Corazza⁶
 Ludovica Donati⁶
 Jo Lambert²

Rozalina Lăpădatu⁷
 Anette Meyer⁸
 Carle Paul^{9,10}
 Rebecca Penzer-Hick¹¹
 Karen Stephen¹²
 Jim van der Zon¹
 Anthony Bewley¹³ 

¹*Psoriasispatiënten Nederland, Nijkerk, The Netherlands*

²*Ghent University Hospital, Ghent, Belgium*

³*Department of Dermatology, Copenhagen University Hospital – Bispebjerg and Frederiksberg, Copenhagen, Denmark*

⁴*Department of Clinical Medicine, University of Copenhagen, Denmark*

⁵*Lausanne University Hospital CHUV, Lausanne, Switzerland*

⁶*Fondazione Natalino Corazza Onlus Psoriasis & Co, Bologna, Italy*

⁷*Asociația Pacienților cu Afecțiuni Autoimune, Bucharest, Romania*

⁸*Deutscher Psoriasis Bund e.V., Hamburg, Germany*

⁹*Paul Sabatier University, Toulouse, France*

¹⁰*Centre Hospitalier Universitaire, Toulouse, France*

¹¹*University of Hertfordshire, Hatfield, UK*

¹²*Ninewells Hospital, Dundee, Scotland, UK*

¹³*Barts Health NHS Trust & Queen Mary University, London, UK*

Correspondence

Anthony Bewley, Barts Health NHS Trust & Queen Mary University, London, UK.

Email: anthony.bewley@bartshealth.nhs.uk

ORCID

Alexander Egeberg  <https://orcid.org/0000-0001-8257-1816>

Curdin Conrad  <https://orcid.org/0000-0002-2547-3440>

Anthony Bewley  <https://orcid.org/0000-0003-1195-0290>

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