Impact of Psoriasis and Psoriatic Arthritis on Quality of Life: Results From a Real-World Patient Survey

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INTRODUCTION

- Individuals living with psoriasis and/or psoriatic arthritis (PsA) can experience a substantial disease burden^{1,2}
- An updated understanding of the impact of psoriatic disease on patients' quality of life (QoL) is needed to guide clinicians, researchers, and the psoriatic disease community to improve care patients are receiving

OBJECTIVE

 To survey patients with psoriasis and PsA to better understand the impact of psoriasis and PsA on patients' emotional and physical health, and overall QoL

METHODS

- Individuals who self-identified as persons with psoriasis and/or PsA and were members of the MyPsoriasisTeam online community were invited to complete an anonymous survey between September 22, 2020, and October 5, 2020
- Survey participation was voluntary, and respondents were not compensated
- Respondents (over 18 years of age) answered questions about triggers, symptoms, and impact of their condition on QoL (including work, education, relationships, and emotional well-being)
- For these analyses, data from respondents who reported having psoriasis and PsA were combined with data from those who reported having only PsA

RESULTS

RESPONDENTS

- A total of 584 respondents completed the survey; 276 reported having psoriasis only, 281 reported having PsA and psoriasis, and 27 reported having PsA only (Table 1)
- Most respondents were female, lived in the United States or the United Kingdom, were \geq 50 years of age, and were diagnosed with their psoriatic condition >5 years ago

SKIN APPEARANCE

• Relatively few respondents (psoriasis, 9%; PsA, 20%) reported that they were very or extremely satisfied with the appearance of their skin (Figure 1)

EFFECTS ON QUALITY OF LIFE

- Most respondents (>70%) indicated that their psoriasis and/or PsA had a moderate or severe impact on their daily activities (Figure 2)
- Respondents reported that their psoriatic disease interfered with many aspects of their lives (Figure 3)
- Respondents in either group most frequently reported feeling stressed or embarrassed because of their condition (Figure 4) and that their psoriatic condition caused them to be less outgoing and limited their social activities (Figure 5)

RESULTS (CONTINUED)

TRIGGERS, SYMPTOMS, AND TREATMENTS

- condition (Figure 6)
- Up to a third (14%–34%) of respondents with psoriasis but only 11% and 4% indicated that they were receiving treatment with a biologic agent or oral medication, respectively (Figure 8)
- More respondents with PsA (≥62%) reported experiencing these inflammatory joint symptoms, but less than half reported currently receiving treatment with a biologic agent (42%) or oral medication (14%)

Table 1. Demographics and Disease Characteristics

Characteristic, n (%)
Age, years
19—39
40—49
50-59
60—69
>70
Sex
Female
Male
Country of residence
United States
United Kingdom
Canada
Australia
Ireland
Other
Time from diagnosis, years
<1
2—5
6—10
11–15
16—20
≥21
^a PsA group includes respondents reporting psoriasis PsA, psoriatic arthritis.

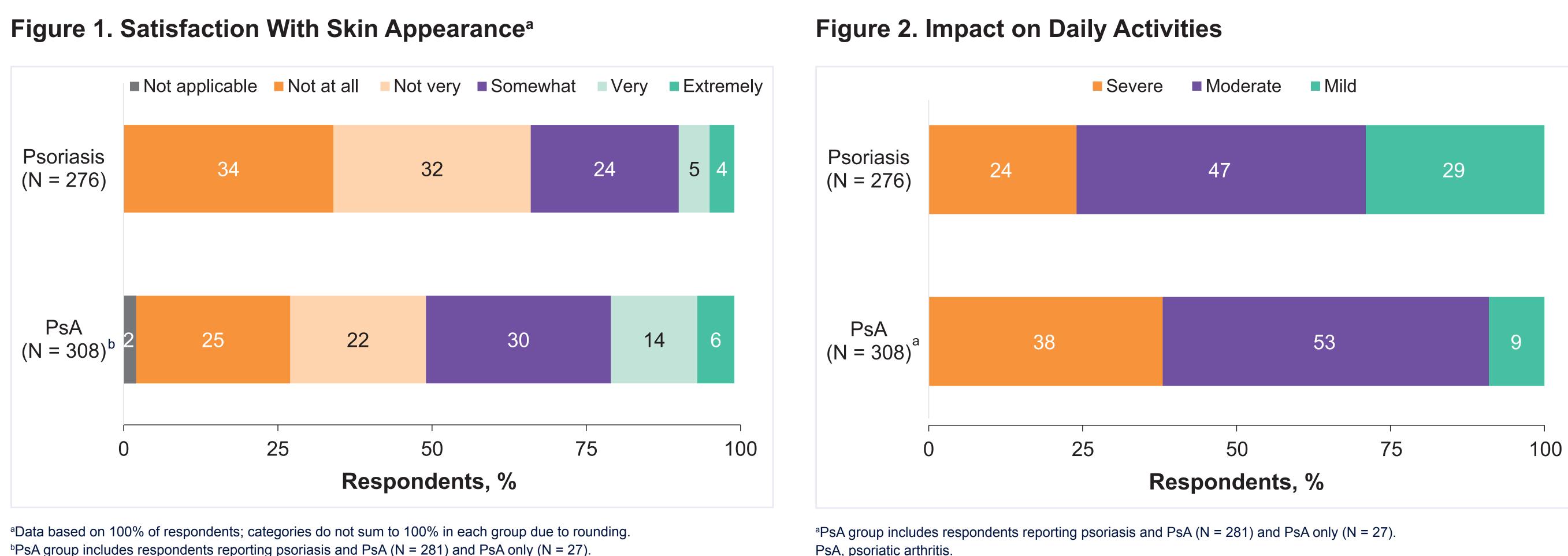


• Respondents in both groups most frequently identified stress and cold weather as the triggers that worsened their psoriatic

reported experiencing inflammatory joint symptoms that are suggestive of active PsA (eg, stiff joints, joint pain, swollen fingers/joints/toes, and reduced range of motion; Figure 7),

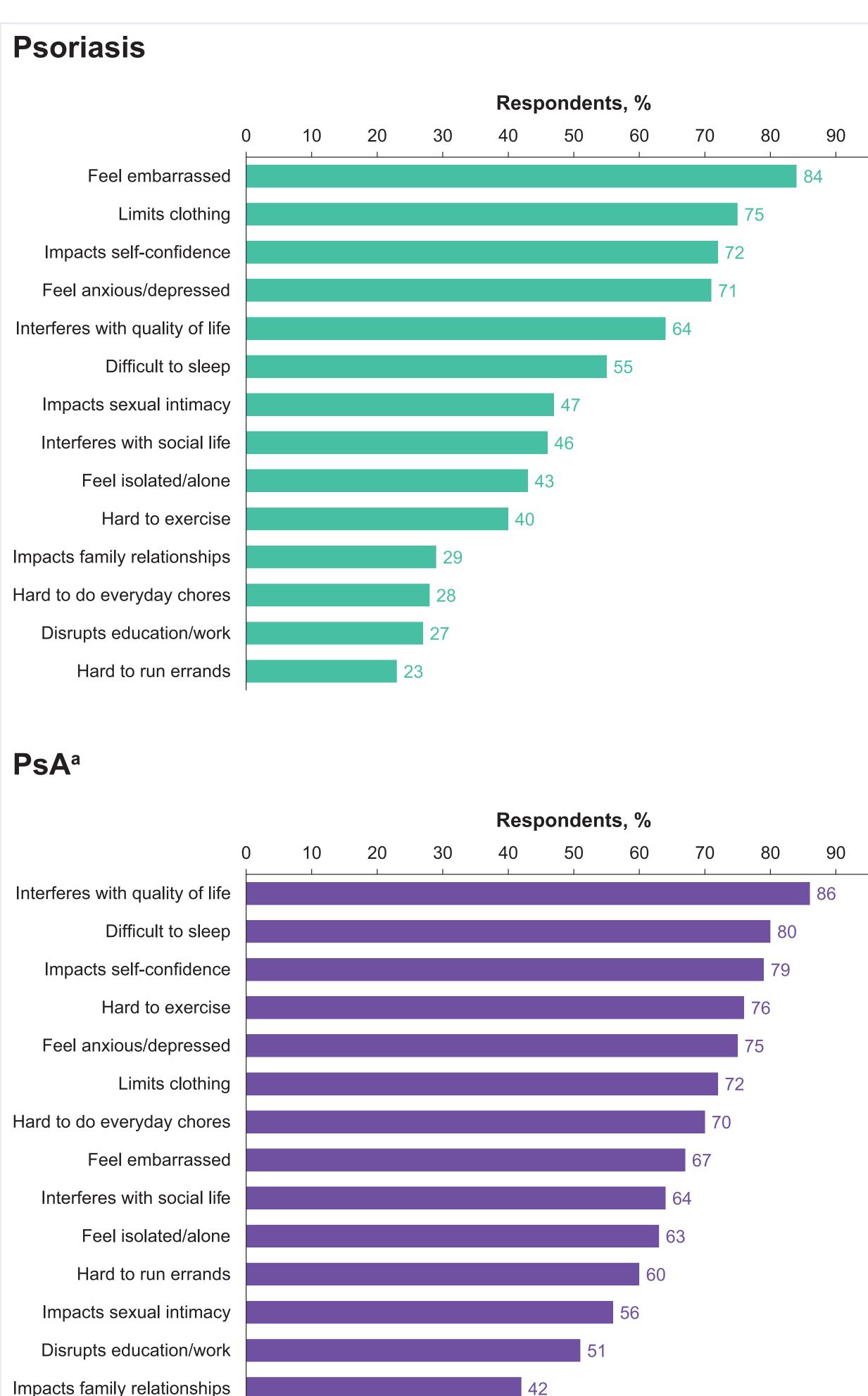
Psoriasis (N = 276)	PsA ^a (N = 308)
23 (8)	15 (5)
51 (18)	48 (16)
82 (30)	110 (36)
70 (25)	98 (32)
50 (18)	37 (12)
194 (70)	249 (81)
82 (30)	59 (19)
84 (30)	138 (45)
121 (44)	90 (29)
24 (9)	27 (9)
16 (6)	30 (10)
16 (6)	9 (3)
15 (5)	14 (4)
14 (5)	27 (9)
50 (18)	70 (23)
47 (17)	57 (19)
20 (7)	35 (11)
27 (10)	23 (7)
118 (43)	96 (31)





^bPsA group includes respondents reporting psoriasis and PsA (N = 281) and PsA only (N = 27). PsA, psoriatic arthritis.

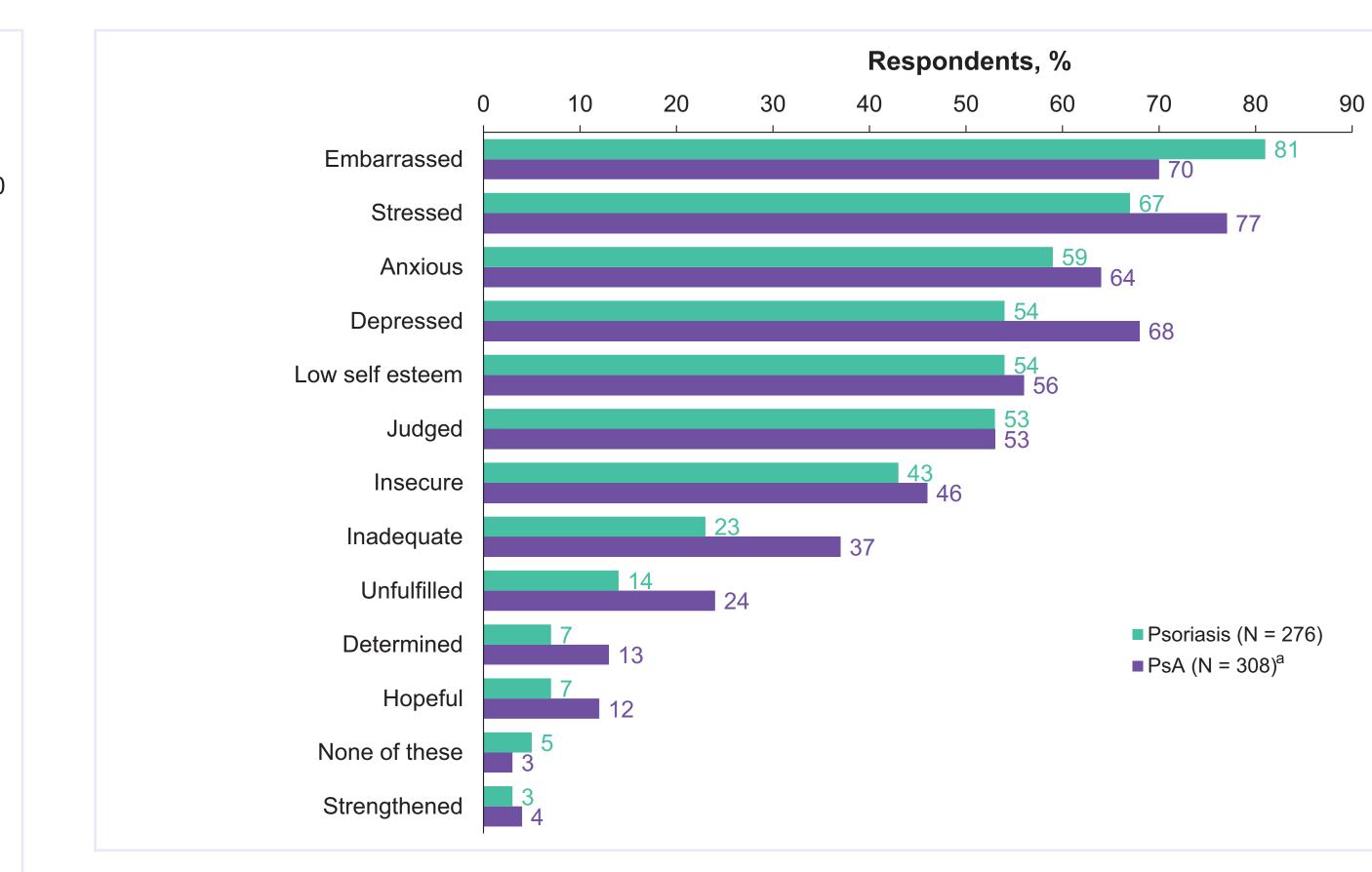
Figure 3. Effects on QoL



^aPsA group includes respondents reporting psoriasis and PsA (N = 281) and PsA only (N = 27). PsA, psoriatic arthritis; QoL, quality of life.

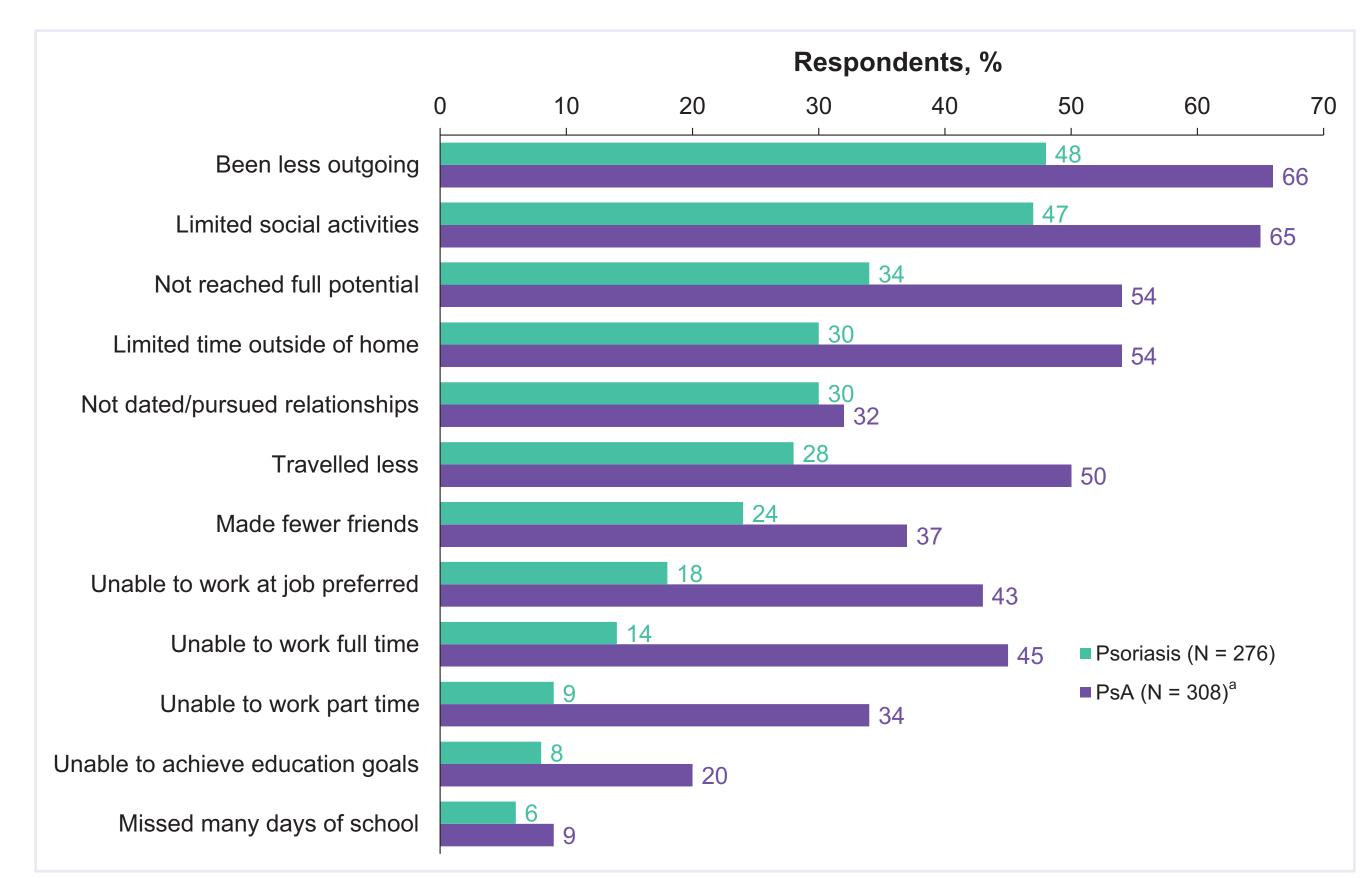
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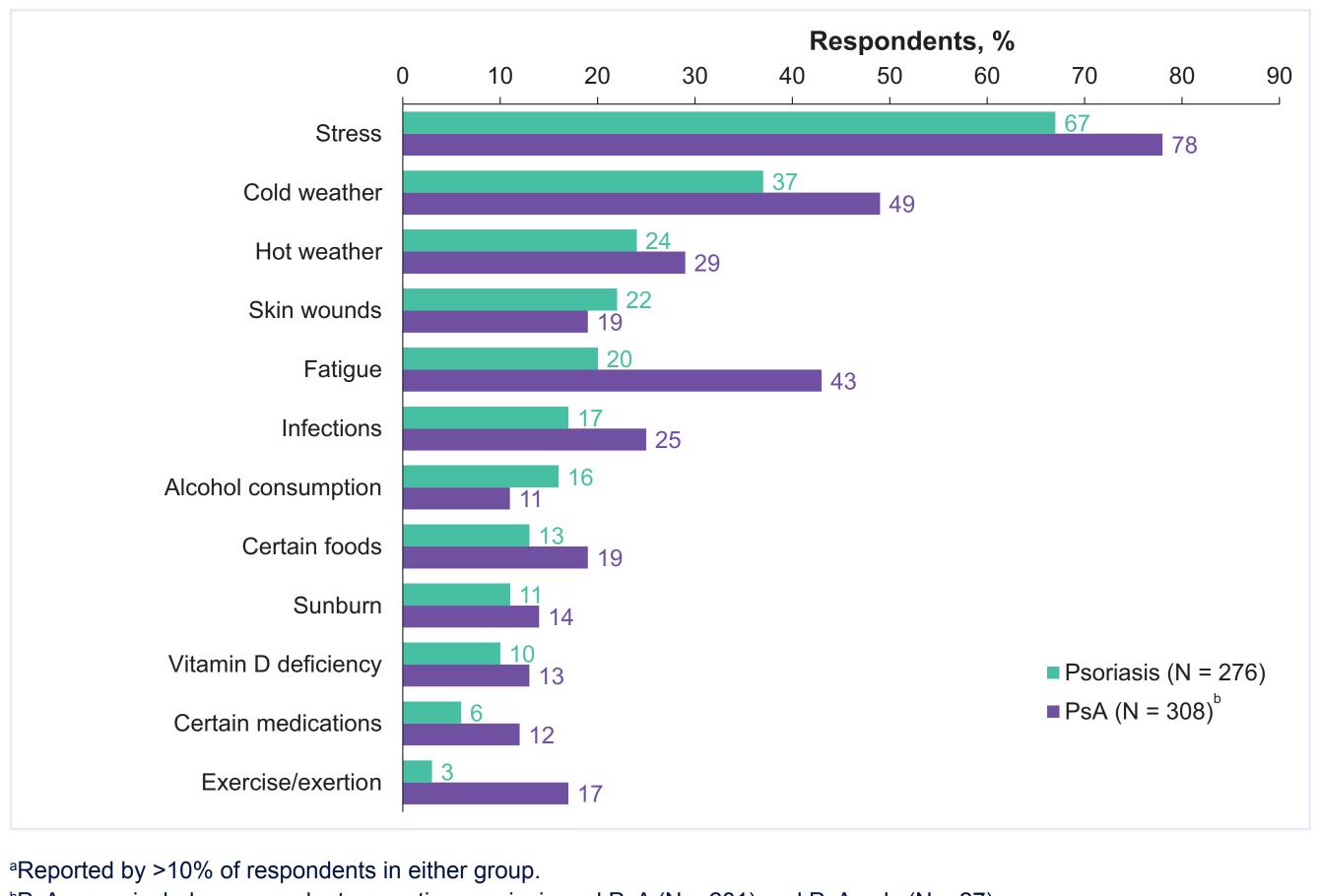
Figure 4. Emotional Impact



^aPsA group includes respondents reporting psoriasis and PsA (N = 281) and PsA only (N = 27). PsA, psoriatic arthritis.

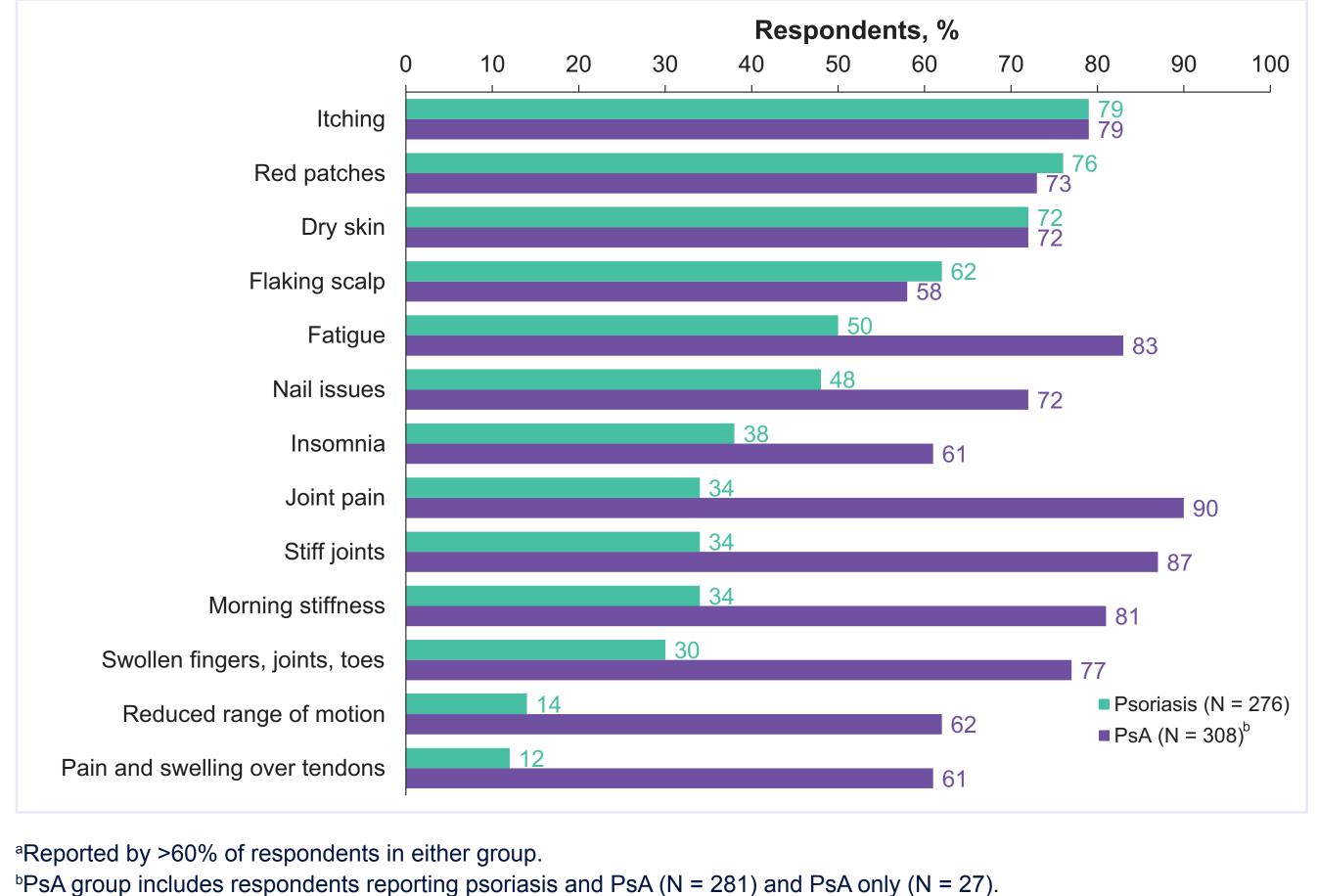
Figure 5. Life Impacts





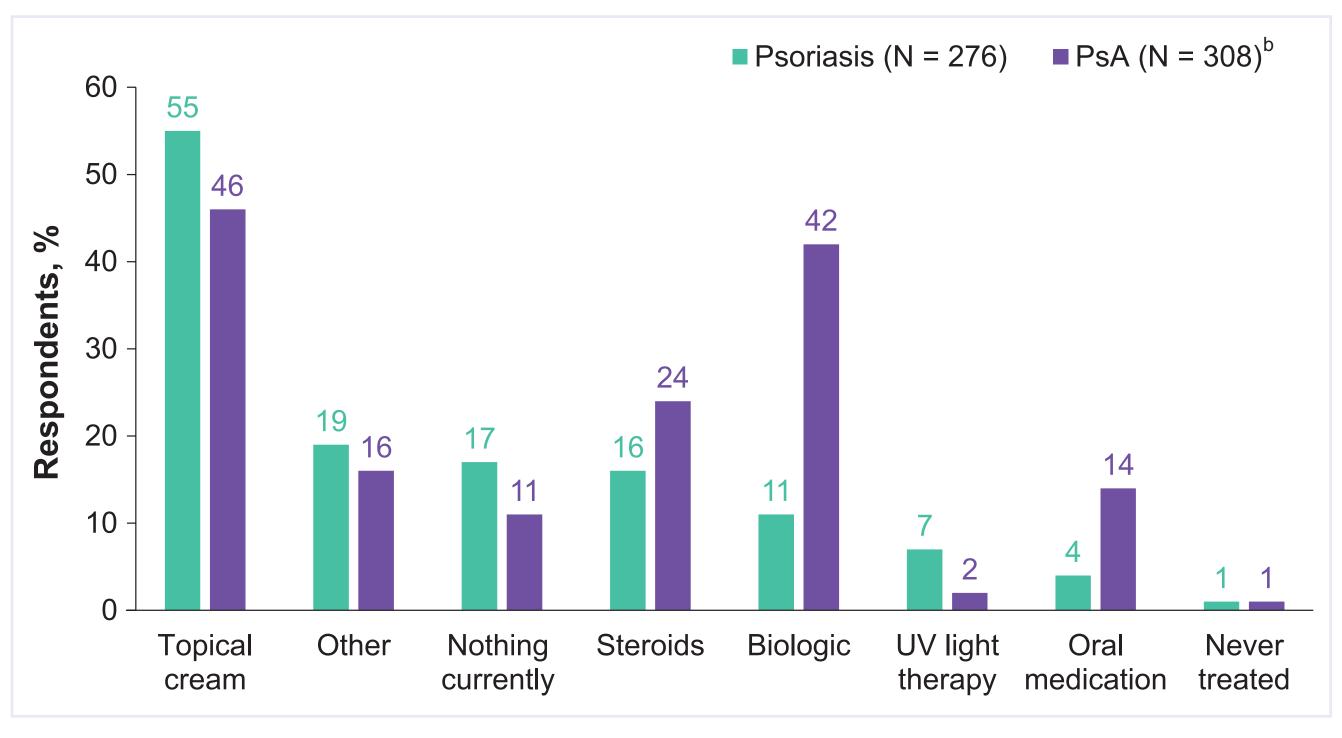
PsA, psoriatic arthritis.

Figure 7. Most Frequently Reported Symptoms^a



PsA, psoriatic arthritis.

Figure 8. Current Treatments^a



^aRespondents could choose multiple options for treatments currently being used during the survey period (September 2 2020 to October 5, 2020). Because of the survey period, these data may reflect effects of the COVID-19 pandemic. ^bPsA group includes respondents reporting psoriasis and PsA (N = 281) and PsA only (N = 27). PsA, psoriatic arthritis; UV, ultraviolet.

^aPsA group includes respondents reporting psoriasis and PsA (N = 281) and PsA only (N = 27). PsA, psoriatic arthritis.

Figure 6. Triggers That Worsen Psoriatic Condition^a

^bPsA group includes respondents reporting psoriasis and PsA (N = 281) and PsA only (N = 27).

CONCLUSIONS

- This survey of patients with psoriasis and/or PsA revealed that the condition has highly negative effects on patients including limiting their activities of daily living and social life, and is frequently associated with patients experiencing a negative emotional state
- Most patients with psoriasis and PsA reported being substantially dissatisfied with their skin appearance
- These real-world data also suggest that patients with suspected or confirmed PsA may be undertreated
- Management and therapies for psoriasis and PsA should effectively address both the physical and emotional aspects of the disease

REFERENCES

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DISCLOSURES

AA is or has served as a research investigator and/or scientific advisor to AbbVie, ASLAN, Boehringer Ingelheim, Bristol-Myers Squibb, Dermavant, Dermira, EPI, Incyte, Janssen, LEO, Lilly Modernizing Medicine, Novartis, Ortho Dermatologics, Pfizer, Regeneron, Sanofi, Sun, and UCB. BS is an employee of MyHealthTeams, which received compensation for the study and conducted the research on behalf of AbbVie. **BK** is an employee of AbbVie Inc. and may hold AbbVie stock and/or stock options. **RS** is a patient living with psoriasis and psoriatic arthritis and reports no conflicts of interest. SK is an advisory board member/consultant for AbbVie, Celldex Therapeutics Galderma, Incyte Corporation, Kiniksa Pharmaceuticals, Pfizer, and Regeneron and has served as an investigator for Galderma, Kiniksa Pharmaceuticals, Pfizer, and Sanofi

AbbVie Inc. participated in the study design; study research collection, analysis, and interpretation of data; and writing, reviewing, and approving this poster. All authors had access to the data; participated in the poster's development, review and approval; and made the decision to present this poster at the 2021 Fall Clinical Dermatology Conference.



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