

THE EUROPSO PSORIASIS PATIENT STUDY: TREATMENT HISTORY AND SATISFACTION REPORTED BY 17,990 MEMBERS OF EUROPEAN PSORIASIS PATIENT ASSOCIATIONS

Salonen S-H on behalf of the **EUROPSO** Patient Survey Study Group
EUROPSO, Helsinki, Finland

INTRODUCTION

Psoriasis can have a profound impact on a person's quality of life, particularly if it is extensive, affects a visible or sensitive area, or is difficult to treat. To explore the impact of psoriasis on the quality of life of European patients and to learn about patients' perceptions of current treatments, EUROPSO (European Federation of Psoriasis Patient Organisations) has conducted a large-scale postal survey of the members of nine European patient associations.

METHODS

A total of 50,500 survey questionnaires were directly mailed to the members of participating psoriasis patient organisations or distributed via participating dermatologists in Belgium, Czech Republic, Finland, France, Germany, Italy and The Netherlands between March and April 2002. The response cut-off date was August 16 2002.

QUESTIONNAIRE DESIGN

The questionnaire design was developed in collaboration with the National Psoriasis Foundation (NPF) of the United States, following the design of recent questionnaires to enable comparisons of the results. The self-administered questionnaire included sections on type of psoriasis, self-reported severity, symptoms, history and current use of psoriasis treatments, as well as a validated psoriasis quality of life scale, the Psoriasis Disability Index (PDI).

RESULTS

Patient population

A total of 18,386 responses were received, representing an overall response rate of 36.4%. Of all respondents 17,990 stated they had psoriasis, 49.1% were male and 50.9% female. The majority (97%) were of Caucasian race and had completed some further education (57%). The mean age of onset of psoriasis was 30.5 years, with a mean duration of 23 years. Three-quarters (75%) of patients had chronic plaque psoriasis.

The severity of psoriasis was self-reported, with respondents equating the area of a palm to represent 1% body surface area. Overall, 9% of respondents reported little involvement of psoriasis, 32% reported mild psoriasis (1-2% of the body covered), 42% moderate psoriasis (3-10% covered), and 17% severe psoriasis with more than 10% of the body covered. Therefore, 59% of respondents could be classified with moderate-to-severe psoriasis. Severity did not appear to be strongly related to either age of onset, duration of psoriasis or gender. Thirty percent of respondents stated that they had been diagnosed with psoriatic arthritis by a physician.

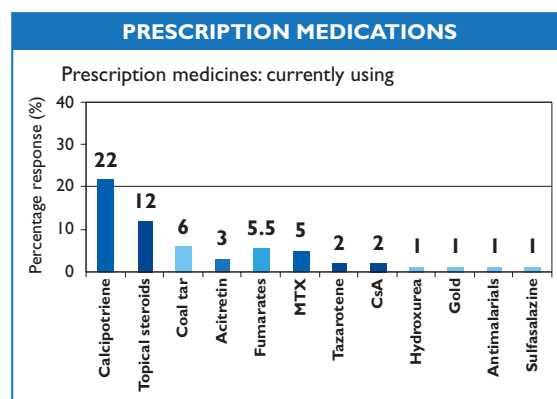
A total of 21% of respondents stated that they were not currently consulting a healthcare professional. Of those seeking care, 58% of

respondents with psoriasis see a dermatologist and 34% see a family physician; 58% of respondents diagnosed with psoriatic arthritis see a rheumatologist.

PSORIASIS TREATMENT AND SATISFACTION

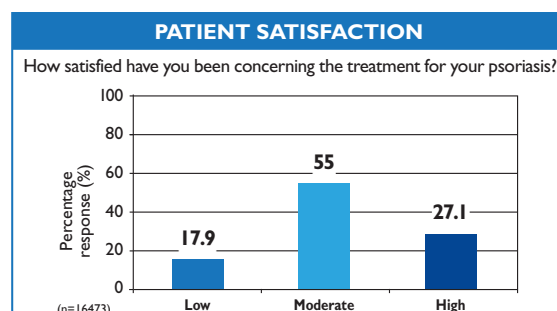
Forty percent of respondents were currently using some form of prescription medication. Of these, approximately 40% were using a topical treatment (e.g. vitamin D analogue, steroids or coal tar) and approximately 20% a systemic treatment. 13% were currently using some form of phototherapy, mainly PUVA (3%) or UVB (8%) (Figure 1).

Figure 1. Use of prescription medications



Respondents provided their perceptions on general satisfaction with the treatment of their psoriasis or psoriatic arthritis, as well as satisfaction with prescription treatments using a 1 to 10 scale, with 1 being "very unsatisfied" and 10 "very satisfied". Overall, approximately three-quarters (72%) of the respondents expressed low or only moderate satisfaction with psoriasis treatment (score of 1-7), with 27% expressing high satisfaction (score of 8-10) (Figure 2).

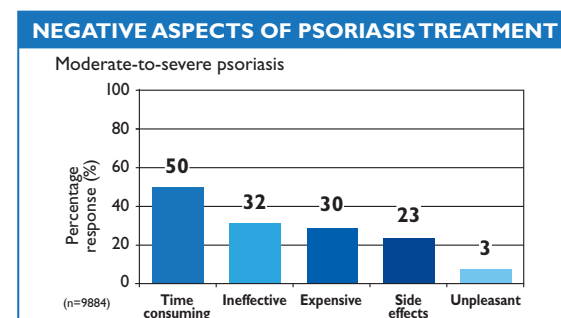
Figure 2. Satisfaction with psoriasis treatment



In terms of satisfaction with individual prescription treatments, higher satisfaction (score of 8-10) was expressed for the systemic therapies methotrexate (30%), cyclosporine (28%) and fumarates (26%), as well as PUVA treatment (38%). Lower satisfaction (score of 1-4) was expressed for tazarotene and etretinate (42% and 38%, respectively).

The fact that therapy is time-consuming was reported by 50% of respondents as the most troublesome aspect of treatment, followed by ineffectiveness (32%). A higher proportion of respondents with severe psoriasis reported side effects to be a problem of treatment than those with mild psoriasis (31% vs 23%, respectively) (Figure 3). Respondents with psoriatic arthritis considered side effects to be the most troublesome aspect of treatment. Forty percent of all respondents, and 41% with severe psoriasis were not currently using any prescription treatment. A large number respondents were currently using some form of "alternative" treatment, with 37% currently using an OTC medication or treatments such as diet, herbs, acupuncture relaxation techniques or baths, and 8.4% were currently using some form of thermal spa treatment.

Figure 3. Problems associated with treatment



CONCLUSIONS

- This survey is the largest survey of people with psoriasis in Europe, with 18,363 responses from 7 European countries.
- The results of this survey appear to be consistent with similar postal surveys conducted amongst people with psoriasis.
- 17,990 respondents had psoriasis, with 30% of respondents having been diagnosed with psoriatic arthritis.
- Satisfaction with current treatments is low, and many respondents considered treatment to be time-consuming and/or ineffective.
- 21% of respondents are not currently seeing a healthcare professional for their psoriasis.

Further analysis of the results of this survey should provide important information on patients' perspectives on the psychosocial impact of psoriasis and the effectiveness of the management of their disease.

EUROPSO is a federation of psoriasis patient associations in Europe. It aims to raise awareness of psoriasis and achieve equal opportunities for psoriasis patients in all European countries through active support of its member associations.

EUROPSO would like to thank Biogen for an unrestricted educational grant in support of this survey.