Impact of Patient Satisfaction on Quality of Life in Psoriasis Patients Receiving Traditional Systemic Therapy

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Background
Psoriasis can have a substantial impact on health-related quality of life (HRQoL). Lack of control over the disease and its symptomatology is one of the key factors in reduced HRQoL in psoriasis patients. Despite the emergence of biologics as the gold standard treatment, there is evidence suggesting their uptake is limited. Among patients whose disease severity warrants the use of a biologic, many remain on a traditional systemic therapy, which may be indicative of under-treatment. There is also evidence to suggest physicians may not realise the extent of the impact on patients’ HRQoL and patients may experience frustration with the management of their disease and perceived effectiveness of their treatment.

There is an emerging persuasion towards combining quality of life considerations with traditional indicators of disease severity (such as % body surface area - BSA) to drive treatment decisions, which could particularly benefit moderate/severe psoriasis patients in ensuring quicker progression to more aggressive treatment regimens.

Objectives
The primary aim of this analysis was to investigate the proportion of patients in a biologic-eligible population currently receiving traditional systemic therapy without a biologic, and to assess their HRQoL.

Methods
Data were drawn from the Adelphi Real World Psoriasis Disease Specific Programme (DSP), a cross-sectional survey of dermatologists and their psoriasis patients conducted in early 2011 in France, Germany, Italy, Spain and the UK. Full details of the methodology have been published previously.

Participating dermatologists completed a detailed patient record form (PRF) for their seven most recently seen psoriasis patients who met the inclusion criteria.

Patient inclusion criteria were based on being eligible to receive a biologic therapy; defined by BSA exceeding 10%, ever having moderate or severe disease (in the opinion of the dermatologist), or ever having received a traditional systemic or biologic treatment.

Patients were invited to fill out a self-completion questionnaire independently including questions on satisfaction and validated HRQoL instruments such as EQ-5D and Dermatology Life Quality Index (DLQI); thus providing matched patient and physician level data.

Physicians and patients provided de-identified data in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations and Pharmaceutical Market Research Association (EphMRA) code of conduct for international healthcare market research. Responses were aggregated prior to analysis.

Patients were grouped according to their satisfaction with the level of control provided by their current treatment to identify differences in HRQoL of patients satisfied and not satisfied with their treatment regimen.

Statistical Methods: Results were tested for significance (p<0.05) using univariate analysis. Mean differences were adjusted for confounding factors (age, disease severity and % BSA) in a doubly robust estimation to support findings.

Results

- 952 biologic-eligible plaque psoriasis patients captured within the study completed a self-reported questionnaire, 445 of whom were currently receiving a traditional systemic treatment without a biologic. These patients were included in subsequent analysis.

- Patient reported satisfaction levels show 58.7% (n=261) satisfied and 41.3% (n=184) dissatisfied with their current traditional systemic treatment.

- Demographic differences between patients who were satisfied and those who were not are shown in Table 1.

- Patient profiles were generally similar, except dissatisfied patients had higher BMI (p=0.0036) and greater % BSA (p=0.0001) compared with satisfied patients.

- There were significant differences between satisfied and dissatisfied patients with respect to perceived need for treatment (p<0.0001).

- Satisfaction levels appear to link to disease severity, as a greater proportion of dissatisfied patients were considered to have moderate/severe disease according to the dermatologist as shown in Figure 1 (80.4% compared with 51.4% in satisfied patients).

- DLQI scores were, on average, significantly higher among dissatisfied patients (9.68) compared with those who were satisfied with their treatment (5.14) – Figure 3. Allowing for confounding factors, the mean reported difference was 3.25 (p=0.001).

- Conclusions

  - This analysis suggests an apparent difference in the quality of life experienced by satisfied and dissatisfied biologic-eligible patients, currently receiving traditional systemic therapy in the absence of a biologic.

  - Dissatisfied patients were more likely to be assessed as having moderate/severe disease compared with those who were satisfied with their current systemic treatment.

  - Compared with the satisfied patients, dissatisfied patients also experienced worse quality of life as measured by both the EQ-5D and DLQI instruments.

  - The ability of physicians to recognise when a more aggressive treatment strategy may be beneficial for patients with moderate/severe psoriasis may lead to better satisfaction levels with patients’ perception of their disease control.

  - Interventions such as treatment review may have a positive effect on health-related quality of life in this patient population.

Disclosures
None of the authors has any conflicts of interest. J. O’Hara, S Broomfield and J Piercy are full time employees of Adelphi Real World, Macclesfield. G. Thompson is a full time employee of Janssen. This retrospective analysis was funded by Janssen.

References

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