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CHARACTERISTICS OF PSORIASIS PATIENTS ACCORDING TO THEIR LEVEL OF SEVERITY BASED ON A REAL-WORLD AMBULATORY MEDICAL DATABASE THIN® FRANCE: PRELIMINARY RESULTS.

Authors: Bertrand S(1), Blinet C(2) Ghout I(2), Renaudat C(2), Ait Saadi A (2), Eteve-Pitsaer C(2), Lahfa M(3)

1. Dermatology practice, Aubagne, France, 2. Cegedim Health Data, Boulogne-Billancourt, France, 3. Dermatology practice, Biarritz, France

BACKGROUND

Psoriasis, primarily plaque psoriasis, is a common, distressing, and chronic inflammatory skin condition. Its severity is assessed using factors like body surface area (BSA), Psoriasis Area Severity Index (PASI), and Dermatology Life Quality Index (DLQI). Approximately 20-30% of patients have moderate to severe forms (1,2), while the rest have a mild to moderate forms. Treatment options vary and include **Cal/BD** as initial therapy due to its proven effectiveness **in mild to moderate psoriasis**. However, managing the condition remains challenging.

OBJECTIVE

To describe and compare psoriasis patients in France treated with Cal/BD combination according to their severity levels ‘mild’ vs. ‘beyond mild’.

PROXY ‘BEYOND MILD’

We classified patients as “beyond-the-mild” if they met one of the following criteria during the period defined between: (index date - 90 days) and (index date + 540 days) : Within the study population, patients with specific treatments:

- Systemic conventional treatments: phototherapy, methotrexate, ciclosporin, acitretin;
- Or small molecules apremilast;
- Or anti-TNF alpha, anti-IL12/23, anti-IL17, anti-IL23
- Or high consumption of Cal/BD, i.e. more than 12 units dispensed over a rolling 3-month period.

INCLUSION CRITERIA

1. Aged 18 or over
2. Followed by a panelist physician, GPs or Dermatologists, from the THIN® France database
3. At least one record of psoriasis diagnosis in their electronic file (ICD-10 : L40.0, L40.1, L40.3, L40.8, L40.9)
4. Cal/BD treatment initiated between April 1, 2018 and June 10, 2022

METHODS

This observational, longitudinal, multicentric study covers a large retrospective and prospective cohorts of patients in France who received Cal/BD in a real-world psoriasis setting. (Figure 1)

It was conducted using THIN® France, a fully anonymized, quality, controlled longitudinal ambulatory-care database created in 1994, that contains routinely collected medical data, prescriptions and reimbursement data contributed by THIN® network physicians, including 2,000 general practitioners (GP) and 25 dermatologists.

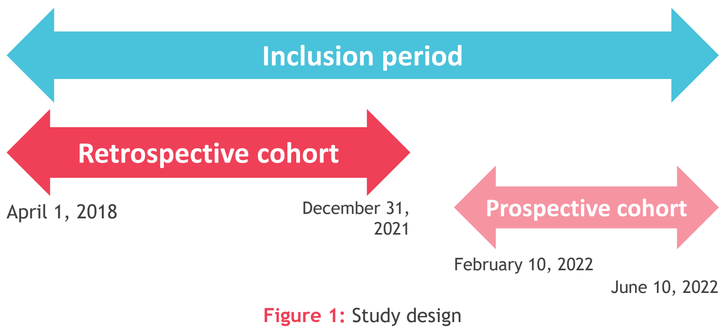

Figure 1: Study design

The prospective cohort was deployed using a questionnaire (implemented in the EMR software) to collect complementary information including: psoriasis severity stage, impact on quality of life, and location of psoriasis that is not otherwise collected.

Univariate comparisons were made using the chi-square (or Fisher) test and the Student (or Wilcoxon) test according to the class of the variable.

RESULTS

The retrospective cohort included a total of 4,781 patients diagnosed with psoriasis and treated with Cal/BD.
15% of patients have been classified in a group ‘beyond mild’ psoriasis during the follow-up based on an implemented proxy.
(Figure 2)

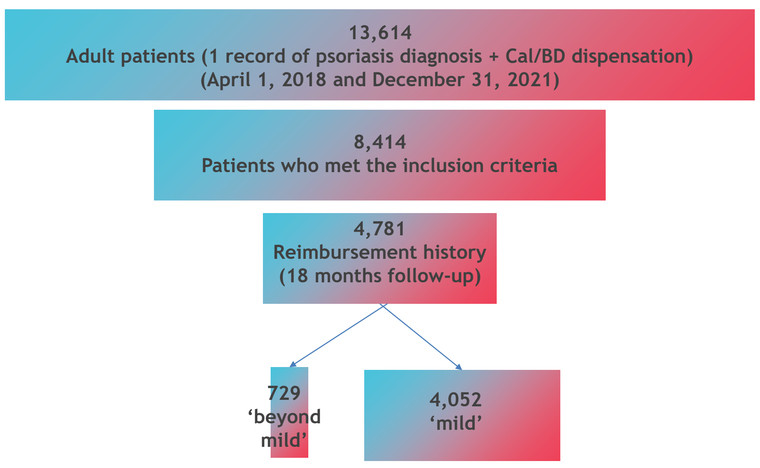

Figure 2: Patients selected for the retrospective cohort.

Significant differences have been observed between ‘beyond mild’ vs. ‘mild’ patient. The ‘beyond mild’ were **clinically different** and tended to have more **severe profiles**.

They were **younger**, had a **longer mean duration** of psoriasis, more **psoriatic arthritis**, but **less cardiovascular disease** and **hypertension** and were more **heavily treated**. (Table 1)

	Beyond-mild (N=729)	Mild (N=4,052)	P
Sociodemographic characteristics			
Age Mean ± SD	55.2 ± 14.3	58.8 ± 15.6	**<0.001**
Specialty of the THIN® physician, no. (%)			
General practitioner	725 (99.5)	4,051 (100)	**0.002**
Dermatologist	4 (0.5)	1 (0)	
Psoriasis severity			
Duration of psoriasis years Mean ± SD	6.9 ± 6.5	5.2 ± 5.8	**<0.001**
Comorbidities			
Psoriatic arthritis, no. (%)	107 (14.7)	155 (3.8)	**<0.001**
Cardiovascular Disease, no. (%)	86 (11.8)	668 (16.5)	**0.002**
Hypertension, no. (%)	263 (36.1)	1,814 (44.8)	**<0.001**
Obesity, no. (%)	113 (15.5)	698 (17.2)	0.276
Diabetes, no. (%)	124 (17)	765 (18.9)	0.253
Depression, no. (%)	197 (27)	1,027 (25.3)	0.363
Sleep disorder, no. (%)	205 (28.1)	1,171 (28.9)	0.702
Concomitant treatment (from -90 to 90 days)			
Phototherapy, no. (%)	70 (9.6)	0 (0)	**<0.001**
Methotrexate, no. (%)	155 (21.3)	0 (0)	**<0.001**
Other systemic conventional treatments, no. (%)	114 (15.6)	0 (0)	**<0.001**
Treatment the year prior to inclusion			
Prior Biologic, no. (%)	126 (17.3)	7 (0.2)	**<0.001**
Prior Systemic, no. (%)	223 (30.6)	27 (0.7)	**<0.001**

Table 1: Characteristics of ‘beyond mild’ and ‘mild’ patients

Over the 18 months, 'beyond mild' patients had more GP visits, higher dermatologist visit rates (over twice as much compared to 'mild' patients), increased rheumatologist consultations, and more sick leave days, but the total sick leave duration was similar in both groups. (Table 2)

	Beyond-mild (N=729)	Mild (N=4,052)	P
Number GPvisits per patient Mean ± SD	10.5 ± 9.2	9.6 ± 8.7	0.021
Patients who have undergone at least one dermatologist visit, no. (%)	391 (53.6)	769 (19)	**<0.001**
Patients who have undergone at least one rheumatologist visit, no. (%)	185 (25.4)	467 (11.5)	**<0.001**
Patients who have at least one **sick leave compensation**, no. (%)	151 (20.7)	667 (16.5)	0.006
Total time in days of sick leave per patient / Mean ± SD	105.0 ± 153.6	82.8 ± 121.8	0.098
N	151	667	

Table 2: Healthcare resource utilization during 18 months of follow-up of ‘beyond mild’ patients

In the prospective cohort (470 patients with questionnaires), over 50% had no specialist follow-up, and more than one-third reported a significant impact on their quality of life. (Table 3)

	Overall (N=470)
Age Mean ± SD	55.7 ± 17.1
Gender Female	198 (42.1)
Body surface Area (BSA) index	
1 to 3 palms	123 (30.2)
4 to 6 palms	196 (48.1)
7 to 10 palms	86 (21.2)
Follow-up by a specialist doctor	
No further visit planned	151 (49.2)
followed by Dermatologist	74 (24.1)
Quality of Life impaired	153 (36.1)

Table 3: Psoriasis severity and its impact on quality of life for patients

CONCLUSION

The study's strength lies in its combined large-scale retrospective and prospective approach, ensuring reliable findings. It demonstrates that ‘beyond-mild' psoriasis patients, managed by physicians in real-world settings differ significantly from 'mild' patients. They often have more aggressive disease profiles, need to switch to systemic/biological treatments sooner, increased medical attention, regular treatment changes and a common use of combined systemic therapies with a topical Cal/BD foam formulation in the first place. The study also highlights the beneficial role of GPs in the early management of psoriasis and in modifying the natural course of the disease, as suggested by the existing literature.

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Presented at ISPOR Europe; Copenhagen, 12-15 November 2023; Corresponding author: Caroline.ETEVE-PITSAER@cegedim.com