Barriers to Accessing Treatment for Plaque Psoriasis: A National Psoriasis Foundation Survey

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BACKGROUND

- Psoriasis is a chronic inflammatory skin disease that causes pain, itching, and disfigurement, with a physical and psychological burden that substantially affects quality of life[1,2]
- Although topical therapies remain the mainstay of psoriasis management, they have well-documented adverse events, for example restrictions on duration, extent, and sites of application[3,4]
- Patient dissatisfaction with current therapies is an important barrier to optimal care (52% of patients with psoriasis have reported dissatisfaction with their treatment)[5]
- Adherence to treatment is also a key challenge in psoriasis therapy[6]
  - Reported adherence rates vary for different psoriasis treatments, ranging from 27–75% for topical agents, 62–96% for oral therapy, and 29–49% for biologics[6,7]
  - Key reasons for non-adherence to topical agents include cost, low efficacy, fear of possible adverse effects, inconvenience of use, and poor cosmetic properties[8–10]
  - There is a need for well-tolerated, easy-to-use, cosmetically elegant topical therapies with long-term effectiveness, including when applied to sensitive and intertriginous skin areas
- Goals reported by patients for their psoriasis treatment include having confidence in their therapy, regaining control over their disease, relief from symptoms, and achieving/maintaining clear skin[8,11,12]
- While healthcare professionals (HCPs) offer effective treatments for plaque psoriasis, individuals with psoriasis may not access treatment for a variety of reasons, resulting in unmet needs and poor outcomes

OBJECTIVE

- To understand why patients diagnosed with plaque psoriasis choose not to receive treatment for their disease

METHODS

Survey Design

- This was an online survey conducted by the National Psoriasis Foundation (NPF) and supported by Dermavant Sciences, Inc.
- Eligible adults had a diagnosis of plaque psoriasis but were not accessing care, seeing an HCP, or receiving treatment
- An invitation to participate in the survey was included in the NPF electronic monthly newsletter; this could have been viewed by 17,186 recipients from 8–17 December 2022
  - Participants were provided a nominal compensation for their time, which was approved by the Institutional Review Board
- The survey included 32 questions related to demographics, treatment history, access to psoriasis healthcare, and reasons for discontinuing or not seeking treatment

RESULTS

Demographic Characteristics of Respondents

- The NPF survey was completed by 1,002 respondents
- All individuals reported that they had been diagnosed with plaque psoriasis, but were currently not being treated and not seeking treatment from an HCP (primary care physician, dermatologist, nurse practitioner or physician assistant [dermatology or other], rheumatologist, or pharmacist)
- The majority of respondents were male (73%), White and non-Hispanic (both 99%), and aged 35–44 years (90%)

Table 1. Demographic Characteristics of Respondents Participating in the NPF Survey

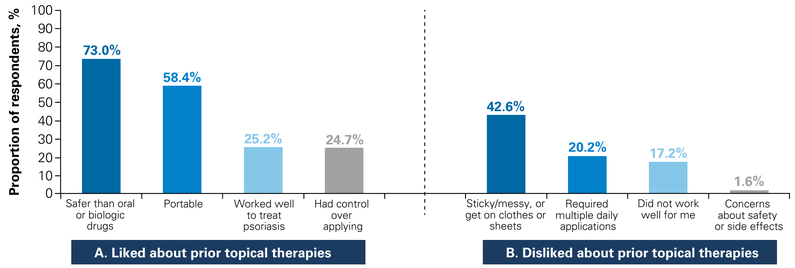
	Responses (N=1,002)
Age, n (%)	
18–24	1 (0.1)
25–34	28 (2.8)
35–44	899 (89.7)
45–54	40 (4.0)
55–64	19 (1.9)
>65	15 (1.5)
Male, n (%)	734 (73.3)
Hispanic/Latino, n (%)	
Yes	13 (1.3)
No	987 (98.5)
Prefer not to answer	2 (0.2)
Race, n (%)	
White or Caucasian	993 (99.1)
Asian or Asian American	3 (0.3)
Two or more races	2 (0.2)
Prefer not to answer	4 (0.4)

NPF, National Psoriasis Foundation.

Treatment History

- Participants reported that they had tried approximately 2–3 types each of topical, oral, and biologic psoriasis therapies
- Topical therapies were considered safer than oral or biologic drugs by 73.0% of respondents (**Figure 1A**)
- Respondents disliked topicals that were sticky/messy or get on clothes or sheets (42.6%), or required multiple daily applications (20.2%) (**Figure 1B**)

Figure 1. Likes or Dislikes About Prior Topical Therapies (N=1,001)*

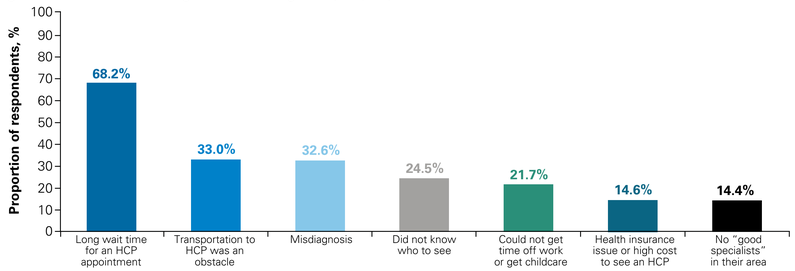


*Percentages do not add to 100% due to multiple answers.

Barriers to Obtaining a Psoriasis Diagnosis and Treatment

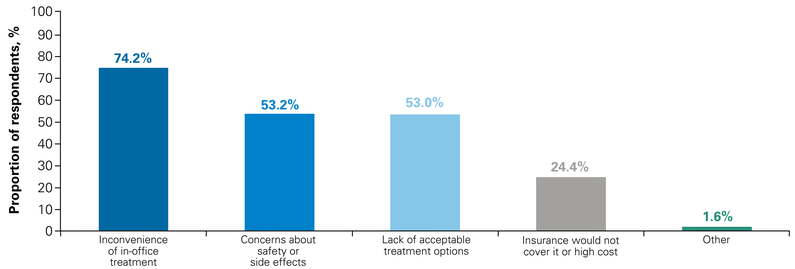
- Barriers to obtaining a psoriasis diagnosis included long wait time for an HCP appointment (68.2%), misdiagnosis (32.6%), and transportation issues (33.0%) (**Figure 2**)
- Barriers to receiving successful treatment included inconvenience of in-office treatment (e.g., phototherapy; 74.2%), concerns about safety or side effects of systemic therapies (53.2%), and the lack of acceptable treatment options (53.0%) (**Figure 3**)

Figure 2. Barriers to Obtaining a Psoriasis Diagnosis (N=1,002)*



*Percentages do not add to 100% due to multiple answers. HCP, healthcare professional.

Figure 3. Barriers to Receiving Successful Treatment (N=1,002)*



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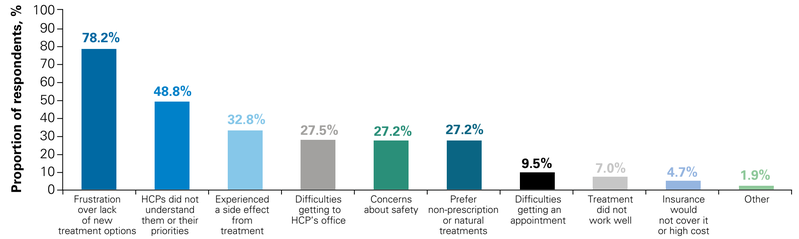
Access to Healthcare Professionals

- Most participants (97.5%) reported that they had access to a dermatology HCP
- The main reasons for not continuing to see HCPs were frustration over the lack of new treatment options (78.2%) and feeling that HCPs did not understand them or their priorities (48.8%) (**Figure 4**)

Figure 4. Reasons for Not Continuing to See an HCP (N=1,002)*

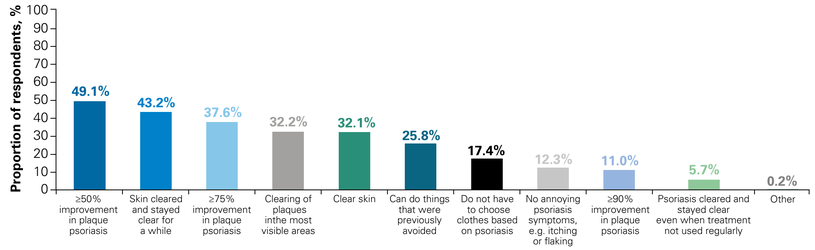


*Percentages do not add to 100% due to multiple answers. HCP, healthcare professional.

Treatment Success with a Topical Therapy

- Expectations of treatment were generally modest, with almost half of the respondents (49.1%) considering treatment success with a topical therapy to be "At least a 50% improvement in their psoriasis", while 43.2% rated treatment success as "Experiencing clear skin for a while" (**Figure 5**)
- Additional definitions of treatment success included "At least a 75% improvement in their psoriasis" (37.6%), and "Clearing of plaques in the most visible areas" (32.2%) (**Figure 5**)

Figure 5. Defining Treatment Success with a Topical Therapy (N=1,001)*



*Percentages do not add to 100% due to multiple answers.

Control Over Psoriasis

- Key treatment outcomes that participants considered to indicate having control over their psoriasis were:
  - "Absence of bothersome symptoms (itching and flaking)" (55.4%), and
  - "No affect of psoriasis on personal relationships or interactions with other people" (53.7%)

CONCLUSIONS

- Patients with psoriasis report feelings of frustration, and a lack of acceptance of available therapeutic options as key reasons for choosing not to receive treatment
- Other barriers included feeling misunderstood by their clinicians, the inconvenience of having to travel to see a clinician, and safety concerns with systemic therapies
- Most respondents considered topical treatments to be a safer option
- Respondents were not on treatment despite having prior treatment experience and reasonable expectations of what constitutes treatment success, as well as having access to a dermatology clinician
- Taking the time to build therapeutic rapport and educate patients on the newest available therapies may better engage patients and prevent them from discontinuing treatment, potentially leading to physical and psychological benefits

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