

Routine care of psoriasis: baseline data from the German Registry PsoBest

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INTRODUCTION & OBJECTIVES

The national non-interventional Psoriasis registry PsoBest observes patients with moderate to severe psoriasis starting a biologic, biosimilar, small molecule or conventional systemic treatment for 10 years in routine care since 2008. Long-term data collection does not depend on further treatment. PsoBest aims to evaluate long-term safety and effectiveness of systemic treatment in Germany. The analyses presented characterise patients at baseline with a focus on gender and potential differences between female and male patients.

PATIENTS AND METHODS

About 700 registry sites are participating, clinics as well as resident dermatologists. The visits are carried out every 3 months among adult patients who gave informed consent alternating as dermatology office visits and as direct mails to patients. The analysis was performed on all patients registered until 31.12.2015, including clinical and patient reported parameters at baseline. Comparisons were conducted using chi²-, Kruskal-Wallis- or t-Test, depending on distributional assumptions met. Affected body regions were derived from PASI subscales.

RESULTS

Treatment and clinical characteristics

Until 31.12.2015, 4048 patients were registered. Most patients started a conventional systemic treatment at registry entry (72.7%, see figure 1). These were more often male (59.6%). Women were slightly older (48.1 vs. 46.7 years, p<0.002) and showed a longer duration of illness (18.8 vs. 16.5 years, p<0.002, see table 1). Female patients showed an increased rate in psoriatic arthritis (21.7% vs. 16.8%, p<0.001) and were suffered from a higher impairment in health related quality of life (Dermatology Life Quality Index 11.5 vs. 10.1, p<0.001). They also rated their health state less (EQ-5D VAS 0-100: 50.8 vs. 56.6, p<0.001).

Men showed an increased rate in nail involvement (57.8% vs. 41.5%, p<0.001) as well as a higher severity of disease (Psoriasis Area and Severity Index 15.0 vs. 13.3, p<0.001; Body Surface Area 24.0% vs. 22.0%, p<0.002). Smoking behaviour differed slightly on a relatively high level: 42 vs. 46% in male and female patients.

Table 1. Baseline characteristics by gender: male and female patients differed not only in clinical parameters. N=4048

	male	female	total	p≤
Mean Age [y]	48.1	46.7	47.2	0.002
Mean BMI (kg/m ²)	28.1	28.4	28.3	0.001
Adiposity (BMI>30)(%)	30.3	28.1	29.0	0.124
Mean Duration of illness [y]	16.5	18.8	17.4	0.002
Mean PASI	15.0	13.3	14.3	0.001
Mean BSA	24.0	22.0	23.2	0.002
Mean DLQI	10.1	11.5	10.6	0.001
Mean EQ-5D VAS	56.6	50.8	54.3	0.001

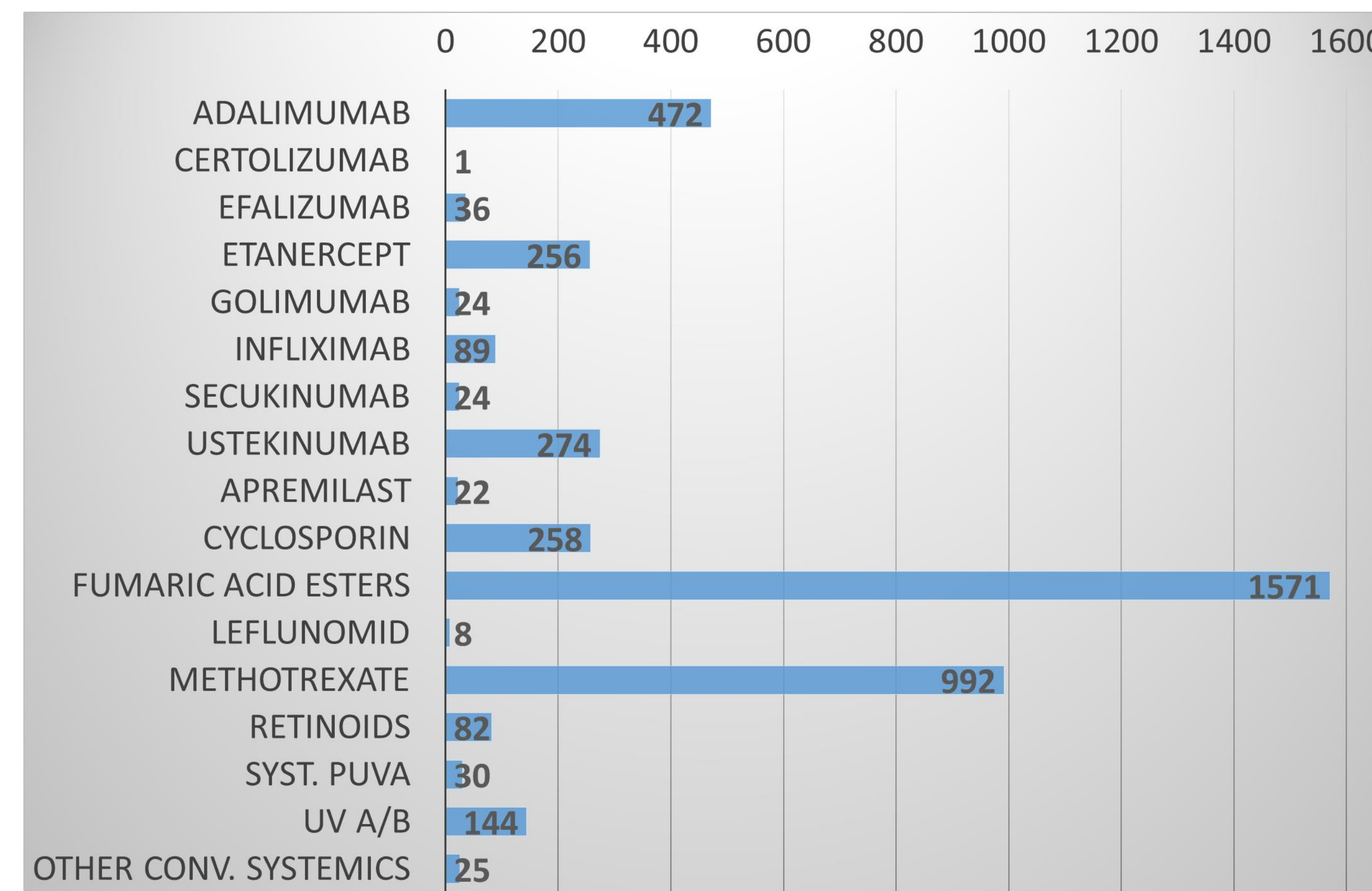


Figure 1. Treatment at baseline: Every third patient starts an biologic therapy. N=4048

Regarding localisation, men were more often affected in all regions, e.g. 80.5% vs. 77.2% with psoriasis manifestation on head (p<0.01, see figure 2). All body regions were more often affected. Only manifestation on head showed no differences regarding erythema, scaling and infiltration. Other localizations were affected more severe in male patients. Psoriasis lesions were located at the upper and lower limbs of nearly every patient.

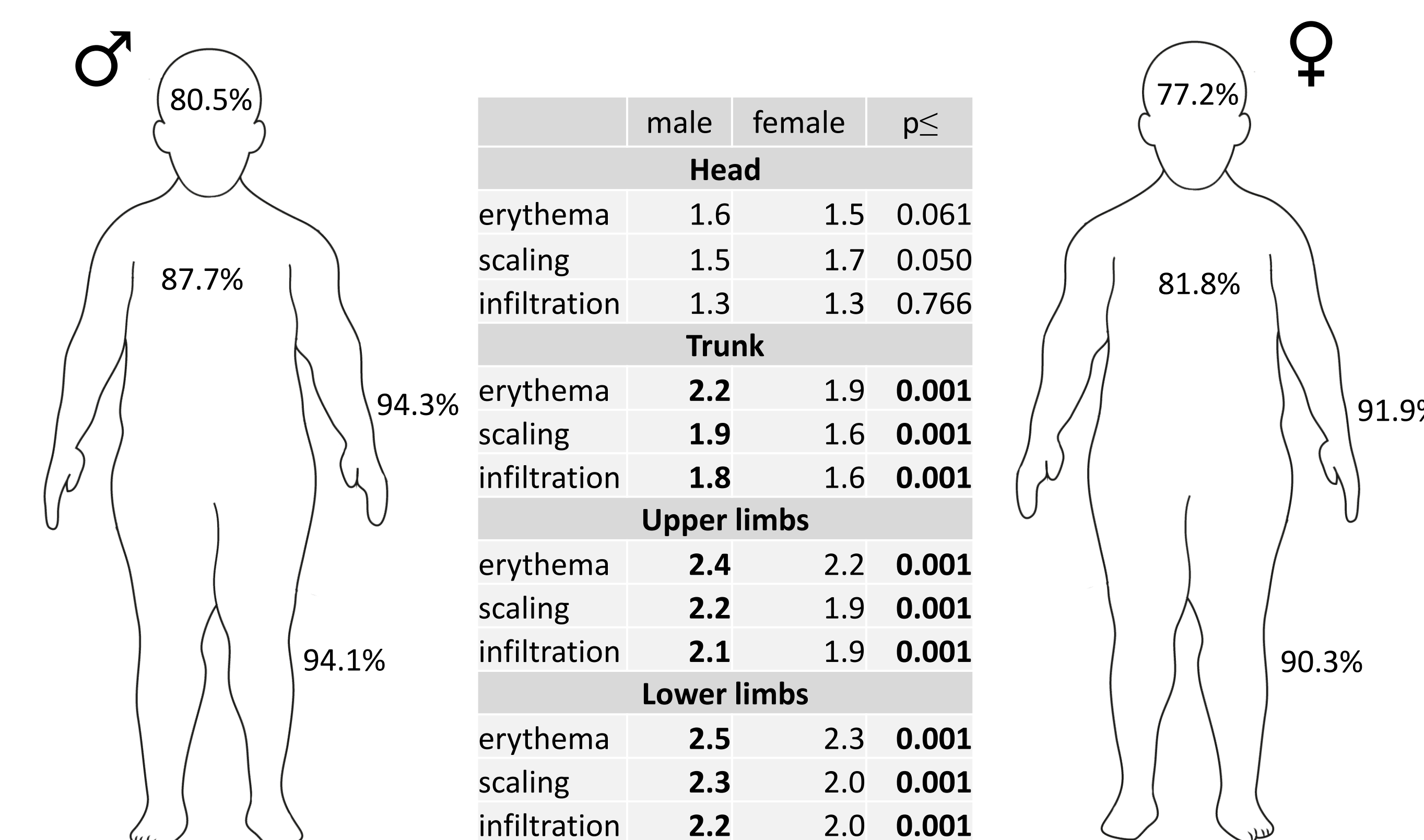


Figure 2. Rate of localisation and severity of lesions (0=no to 4=very strong manifestation) N=4048

Comorbidity

In addition, differences were also observed in comorbidity between men and women. Female patients were suffered more often from hypertension (29.4% vs. 27.1%, p<0.016) and asthma (5.1% vs. 2.8%, p<0.001). The risk of depression was increased about factor of 2.5 in female psoriasis patients (12.1% vs. 4.8%, p<0.001). Male patients showed higher rates of hyperlipidaemia (9.4% vs. 7.7%, p<0.048) and coronary heart disease (4.5% vs. 3.1%, p<0.02).

Regarding addiction, men had a higher risk for alcoholism (5.8% vs. 1.7%, p<0.001), women for nicotine abuse (45.6% vs. 41.6%, p<0.011).

Table 2. Rates of different comorbidity at baseline by gender: significant differences are highlighted. N=4048

	male	female	total	p≤
Asthma (%)	2.8%	5.1%	3.7%	0.001
Chronic bronchitis (%)	2.1%	2.2%	2.1%	0.842
Depression (%)	4.8%	12.1%	7.8%	0.001
Art. hypertension (%)	27.1%	29.4%	28.0%	0.016
Coronary heart disease (%)	4.5%	3.1%	3.9%	0.020
Myocardial infarction(%)	0.3%	0.2%	0.3%	0.376
Cerebrovascular disease (%)	1.0%	1.0%	1.0%	0.883
Rheumatoid arthritis (%)	1.7%	2.7%	2.1%	0.023
M. Crohn (%)	0.2%	0.4%	0.3%	0.336
Colitis ulcerosa (%)	0.2%	0.2%	0.2%	0.870
Alcoholism (%)	5.8%	1.7%	4.1%	0.001
Hyperlipidaemia (%)	9.4%	7.7%	8.7%	0.048
Diabetes II (%)	8.9%	8.5%	8.7%	0.666
Psoriatic Arthritis (%)	16.8%	21.7%	18.8%	0.001
Nail involvement(%)	57.8	41.5	51.2	0.001

CONCLUSION

Patients registered in PsoBestare characterised by a high burden of disease. Specific differences between genders were observed on characteristics of psoriasis and comorbidity. These differences should be considered in treatment planning and optimisation of health care for psoriasis.

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Values and ranges
PASI... Psoriasis Area and Severity Index (0-72=highest severity); BSA... Body Surface Area (0-100=maximum impairment); DLQI... Dermatological Life Quality Index (0-30= highest impairment); EQ-5D Visual Analogue scale 0-100=best health state

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