Evaluating prevalence and consequence of residual disease among patients with moderate to severe psoriasis in the United States

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Introduction & Objectives: To assess unmet needs in psoriasis (PsO), this study assessed the prevalence of and factors associated with residual disease in patients (pts) with moderate to severe PsO receiving apremilast, and compared clinical and humanistic burden in apremilast users with vs without residual disease.

Materials & Methods: This non-interventional, cross-sectional, online survey study of adults with PsO in the US collected information on demographics and clinical characteristics, current treatment, prevalence of residual disease, flare-ups, humanistic burden (via Dermatology Life Quality Index [DLQI], Work Productivity and Activity Impairment Questionnaire–Psoriasis [WPAI-PSO], and questions on disease-related anxiety and depression), and healthcare resource use (HCRU). Pts were defined as having residual disease if they had ≥3 on the Body Surface Area scale or reported moderate, severe, or very severe PsO on a 6-point PsO severity scale. Respondents viewed a profile of a hypothetical once-daily oral treatment and asked about their anxiety associated with it.

Results: Among 344 apremilast users, 50.6% had ≥3% BSA or at least moderate severity over the past week. Pts were significantly more likely to experience residual disease if they were Black (OR=4.5, 95% CI=1.6-12.2) vs White; if their treatment duration was ≥1 y (OR=16.5, 95% CI=7.9-34.4) vs <1 year; if they had ≥2 flare-ups (OR=10.0, 95% CI=4.9-20.1) vs 0-1 flare-ups in the past 3 mo; and if they had ≥4 body regions affected (OR= 8.6, 95% CI=3.8-19.8) vs 1-3. The mean (SD) number of flare-ups in the past 3 mo was greater in apremilast users with residual disease (4.7 [±7.6]) vs those without (0.9 [±1.1]) (P<0.001). A higher percentage of apremilast users with residual disease experienced anxiety (89.7% vs 50.0%) and depression (69.0% vs 23.6%) over the past 30 days vs those without (P<0.001). A higher percentage of apremilast users with residual disease had anxiety for several days or more (94.9% vs 78.8%) over the past 30 days than those without (P=0.001). Pts with residual disease also had greater depression severity (very depressed, depressed) vs those without (23.0% versus 4.2%; P<0.001). When shown a hypothetical once-daily oral PsO treatment, 71.8% of apremilast users with residual disease said it would cause less anxiety than treatment given as an injection/infusion. Apremilast users with residual disease had significantly higher mean DLQI and WPAI scores vs those without, indicating lower QoL and productivity (P<0.001). These pts also had higher all-cause and PsO-related HCRU than those without residual disease.

Conclusion: Among apremilast users, those with residual disease had more flare-ups, worse QoL, anxiety, depression, and work productivity, and greater HCRU than those without residual disease. We recommend that physicians evaluate residual disease in pts treated for PsO to identify alternative treatment options that may mitigate clinical and humanistic burden.