

**Abstract N°: 2250****Comparison of psychological burden of generalized pustular psoriasis and plaque psoriasis from a French claims database**

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Introduction & Objectives: Generalized pustular psoriasis (GPP) is a serious, chronic, systemic, neutrophilic inflammatory skin disease, with a heterogeneous and unpredictable clinical course. GPP can greatly affect quality of life, leading to anxiety and fear, and is associated with increased risk of hospitalization and mortality. Before spesolimab approval in 2022, GPP treatment options were generally limited to those for plaque psoriasis (plaque PsO), which is clinically and pathologically distinct from GPP but also associated with mental health impacts. The objective of this study was to evaluate the psychological burden of GPP in France, which is potentially overlooked.

Materials & Methods: This observational population-based study used data from the Système National des Données de Santé (SNDS) covering >67 million people. Patients with ≥ 1 medical claim for GPP (ICD-10 code L40.1) or plaque PsO (ICD-10 code L40.0 or ≥ 2 prescriptions for topical vitamin D) between 2012 and 2020 were included. Psychological comorbidities during the study period were evaluated for each individual patient based on ICD-10 codes. Rates of comorbidities in the GPP and matched plaque PsO and general population cohorts were compared using a Z-test. The absence of an ICD-10 code was interpreted as the absence of that comorbidity, consistent with two previous analyses.

Results: The GPP, plaque PsO, and general population cohorts included 4,351, 12,945, and 12,981 people, respectively. There was a significantly higher proportion of patients with depression in the GPP cohort (12.7%) compared with both the plaque PsO (4.0%, $P < 0.01$, standardized mean difference [SMD] 0.32) and general population (3.9%, $P < 0.01$, SMD 0.32) cohorts. Similarly, rates of anxiety disorders not linked to phobias were significantly higher for GPP (8.3%) than plaque PsO (2.7%, $P < 0.01$, SMD 0.25) and the general population (2.9%, $P < 0.01$, SMD 0.24). GPP was associated with higher rates of mental and behavioral disorders due to use of tobacco (15.6%; plaque PsO: 5.3%, $P < 0.01$, SMD 0.34; general population: 5.0%, $P < 0.01$, SMD 0.36). Sleep was significantly impacted by GPP, with higher rates of sleep disorders in the GPP cohort (8.2%) versus the plaque PsO (4.2%, $P < 0.01$, SMD 0.17) and general population (3.4%, $P < 0.01$, SMD 0.21) cohorts.

Conclusion: GPP has a detrimental psychological impact on patients in France, which was greater than that of plaque PsO across a range of conditions including depression, anxiety, and sleep disorders. These findings are consistent with those from other real-world studies and may reflect fear of experiencing a flare and the unpredictability of GPP symptoms. The psychological impact of GPP contributes to greater healthcare resource utilization and costs than plaque PsO (see other EADV 2025 abstract) and highlights the significant need for targeted management of GPP to reduce the potentially distal impact of this chronic condition, with putative

severe flares, on patients.

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