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CASE AND RESEARCH LETTERS

Opinion Survey on Persistence of Biologic Therapies in Patients with Moderate to Severe Psoriasis[☆]



Encuesta de opinión a pacientes con psoriasis moderada-grave sobre la persistencia de los tratamientos biológicos

To the Editor:

New biological drugs are highly valuable tools for the treatment of patients with moderate-to-severe psoriasis.¹ However, due to decreases in their long-term efficacy, these treatments can pose compliance problems, which can affect survival and treatment persistence.² Given that the objective of psoriasis treatment is effective long-term control of skin manifestations,^{3,4} it is very important to standardize the criteria to evaluate drug persistence, which is mainly determined by efficacy, safety, side effects, ease of administration, and patient satisfaction.⁵ The main problem with clinical trials that have evaluated these therapies is that they apply very strict inclusion criteria and have short follow-up periods, making their results difficult to extrapolate to clinical practice.^{6–10}

To evaluate patient persistence with biologic therapies for moderate-to-severe psoriasis in clinical practice, we conducted an opinion survey of patients with this disease, placing special emphasis on treatment with biological drugs. The objective was to improve knowledge of the disease from the patient's point of view and to optimize treatment.

The questionnaire was created and distributed by Acción Psoriasis after validation by a group of psoriasis experts, and was carried out in 2 phases. The first phase consisted of an anonymous 5-question questionnaire about the characteristics of the patients, the type of psoriasis they had, and any treatments they were receiving. The questionnaire was sent electronically to 797 patients in the Acción Psoriasis database. [Table 1](#) shows the characteristics of the patients who responded to this first questionnaire. Most of the patients were Spanish nationals (95%) and were diagnosed with moderate-to-severe psoriasis (57.2%). The most commonly prescribed treatment was topical (64.9%),

followed by injectable (biologics) (40.3%), oral (25.8%), and phototherapy (21.2%). Among patients who received multiple concomitant treatments, the most frequent combination was topical treatment together with phototherapy (15.3%), followed by topical and oral treatment (4.8%), and the combination of topical treatment, injectable (biologic) treatment, and phototherapy (1.6%).

From the patients who responded to the first questionnaire, we selected Spanish nationals (to ensure that they were beneficiaries of the national health system) from all autonomous communities who had moderate-to-severe psoriasis and had received biologic therapy. Of the 797 patients surveyed, 231 (29%) fulfilled these criteria.

In the second phase, a second questionnaire was sent to the patients who met the aforementioned selection criteria. The questionnaire consisted of 10 specific statements about biologic therapy. Participants were required to indicate their degree of agreement with each statement using a 9-point Likert scale: disagree, 1–3; neither agree nor disagree, 6–8; agree, 7–9. The questionnaire was completed correctly by 208 of the 231 selected patients (90.0%). The results of this questionnaire are shown in [Table 2](#).

Most of those surveyed attributed great importance to safety (99.0%), efficacy (98.1%), being able to maintain the same treatment over time (88.9%), and administration in the fewest possible doses (73.1%). A high percentage of patients felt that their satisfaction with treatment should be recorded in their clinical history using some objective measure (92.8%). The frequency of treatment administration was considered a determinant of treatment adherence by 49.0% of participants, and 57.7% felt that a lower frequency of administration helped them forget that psoriasis is a chronic process. Just over half of those surveyed (57.7%) felt that they had received sufficient information from their doctor about the different treatment options for psoriasis.

The results of this questionnaire shed light on the opinions of patients with moderate-to-severe psoriasis on persistence with biologic therapy in clinical practice, complementing data previously obtained in randomized clinical trials. Practically all patients surveyed felt that to ensure persistence with biologic therapies it is essential to use the lowest frequency of administration possible and to take into account treatment efficacy, safety, and satisfaction. There was less consensus about reducing the frequency of administration to improve treatment adherence or perception of the disease, possibly because this is more relevant to the physician than the patient. Not all respondents agreed that they received sufficient information from their doctor. It is thus extremely important to improve doctor-patient communica-

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Table 1 Results of the First Questionnaire (N = 797).

Question	N	%
In which region do you reside?		
Spain	757	95.0
Europe	5	0.6
Other	9	1.1
Unknown	26	3.3
If you reside in Spain, in which autonomous community?		
Andalusia	87	10.9
Aragon	29	3.6
Asturias	18	2.3
Balearic Islands	16	2.0
Canary Islands	27	3.4
Cantabria	12	1.5
Castile-La Mancha	34	4.3
Castile-Leon	47	5.9
Catalonia	139	17.4
Valencia	61	7.6
Extremadura	17	2.1
Galicia	31	3.9
La Rioja	3	0.4
Madrid	95	12.0
Melilla	4	0.5
Murcia	19	2.4
Navarre	5	0.6
Basque Country	40	5.0
U/NR	113	14.2
How severe is your psoriasis, as diagnosed by a dermatologist?		
Mild	166	20.8
Moderate-to-severe	456	57.2
I don't know	164	20.6
Unknown	11	1.4
What type of treatment are you receiving for psoriasis?		
Topical	517	64.9
Injectable (biologic therapy, excluding methotrexate)	321	40.3
Oral	206	25.8
Phototherapy	169	21.2
If you are receiving injectable treatment (biologic, excluding methotrexate), please indicate whether:		
It is the first time I have received an injectable treatment	136	17.1
I have received multiple injectable treatments	126	15.8
No injectable treatment received	535	67.1

^aA given patient could receive several types of treatment.
Abbreviation: U/NR, unknown/no response.

Table 2 Results of the Second Questionnaire (N = 208).

Statement	Median (Confidence Interval)	Percentage Agreement
For a patient, it is important that a biologic therapy is effective	9 (7.53–9.90)	98.1
For a patient, it is important that a biologic therapy is safe	9 (7.53–9.90)	99.0
For a patient, it is important that a biologic therapy involves the fewest possible administrations/doses per year	9 (6.29–8.27)	73.1
For a patient, it is important to be able maintain the same biologic therapy over time, provided it is effective, safe, and comfortable	9 (7.01–9.22)	88.9
For a doctor, it is important that a biologic therapy requires the fewest possible administrations/doses per year	7 (5.45–7.17)	59.1
For a doctor it is important that the patient maintains the same treatment over time (without loss of efficacy and without safety problems)	9 (6.65–8.74)	81.7
Satisfaction with treatment should be recorded using some kind of objective measure	9 (7.02–9.23)	92.8
A lower frequency of administration helps ensure better treatment compliance	6 (4.68–6.16)	49.0
A lower frequency of administration helps me forget that psoriasis is a chronic disease	7 (4.78–6.29)	57.7
As a patient I am adequately informed by my doctor about the different treatments for psoriasis	7 (4.60–6.05)	57.7

^aPercentage of patients who responded with a score of 7–9 on the Likert scale.

tion regarding available treatments and to facilitate shared decision-making.

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Conflicts of Interest

LP has received fees for consulting and/or speaking, and for participation in clinical trials, from AbbVie, Almirall, Amgen, Baxalta, Biogen, Boehringer Ingelheim, Celgene, Gebro, Janssen-Cilag, Leo Pharma, Lilly, Merck-Serono, MSD, Mylan, Novartis, Pfizer, Regeneron, Roche, Sandoz, Samsung Bioepis, Sanofi, and UCB. IA and SS are employees of Janssen-Cilag, Spain. SA has no conflicts of interest to report.

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Impact of Psychological Intervention in Women with Alopecia Areata Universalis: a Pilot Study[☆]



Impacto de la intervención psicológica en mujeres con alopecia areata universal: un estudio piloto

To the Editor:

Alopecia areata universalis (AAU) is a chronic disease that, not only involves a physical discomfort, but it can also entail a mental health problem due to its relapsing nature and a great impact in self-image. In fact, some studies showed that the likelihood of being attended in mental health services is higher in these patients.¹ Moreover, a recent meta-analysis² found that alexithymia, anxiety and depression are common in patients with AAU, and authors encourage to refer these patients to specialist attention for a better management. Regarding psychological impact, new studies addressed consequences of living with AAU at different levels, such as cognitive (e.g. negative thoughts related to their hair and appearance, hopelessness), emotional (e.g. sadness), and behaviour (e.g. a restricted life as part of social withdrawal).³

Within other countries like UK, collaboration between psychology and dermatology professionals is growing, considering that psychological assessment and treatment should be part of the healthcare of dermatology patients.⁴ However, despite being the medical assistance of these

patients a prevalent phenomenon that greatly impacts our daily clinical practice, very little information is available regarding psychological treatment of these issues. That is, literature is scarce regarding psychological treatments for AAU patients. To our knowledge, this is the first study that have addressed how a cognitive-behavioural therapy, in a psychoeducative group setting, can help in the clinical care of women with AAU.

In order to assess if the usefulness of this psychological intervention in these patients, and to identify key elements that may allow us to improve our quality of assistance in this area, we conducted a pilot study with a group of AAU patients that were followed-up at the Trichology Unit in the Hospital Ramón y Cajal, Madrid. The intervention consisted of nine fortnightly sessions in a psychoeducative group setting. Cognitive-behavioural techniques were used, such as problem-solving, cognitive restructuring, relaxation and social skills. The impact on QoL, sleep, anxiety and alexithymia were measured using validated scales. All statistical analyses were performed using a statistical software package (IBM SPSS Statistics for Macintosh, Version 21.0, released 2012; IBM Corp., Armonk, NY, USA). To study significant difference between after and before intervention t-test and Pearson correlation coefficient were used. All tests were 2-sided and statistical significance was considered with $p < 0.05$.

A total of 16 women diagnosed with AAU were included. Their mean age was 45.1 years (range 24–64). Pre-post treatment comparisons are given in Table 1 in more detail. Results showed an improvement in the QoL ($p = 0.041$) and sleep ($p < 0.01$), while a paradoxical increase was found in alexithymia ($p = 0.025$). No other significant differences were found between the beginning and the end of the treatment. Furthermore, correlation tests were conducted between variables. At the beginning, the quality of sleep seemed to be related with anxiety ($r = 0.660$), depression ($r = 0.621$) and self-esteem ($r = 0.580$). At the end of treatment, depression was also significantly related with QoL ($r = 0.519$), whereas anxiety was associated with alexithymia (0.532), as well as with depression ($r = 0.599$) and self-esteem ($r = -0.567$).

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