

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/309603732>

# The Impact of Psoriasis Vulgaris on Health Related Quality of Life In Greece

Poster in Value in Health · November 2016

DOI: 10.1016/j.jval.2016.09.1561

CITATIONS

0

READS

15

3 authors, including:



[John Yfantopoulos](#)

National and Kapodistrian University of Athens

101 PUBLICATIONS 451 CITATIONS

SEE PROFILE



[Athanasios Chantzaras](#)

National and Kapodistrian University of Athens

19 PUBLICATIONS 2 CITATIONS

SEE PROFILE

Some of the authors of this publication are also working on these related projects:



Determinant factors of out-of-pocket payments in Greece [View project](#)



Health Inequalities and Distributional issues of Population's Health [View project](#)

# The impact of psoriasis vulgaris on health-related quality of life in Greece

Yfantopoulos J.<sup>1</sup>, Chantzaras A.<sup>1</sup>, Kontodimas S.<sup>2</sup>

<sup>1</sup> School of Economics and Political Sciences, National and Kapodistrian University of Athens, Greece

<sup>2</sup> LEO Pharmaceutical Hellas S.A.

## Introduction

- Psoriasis is a common worldwide dermatological autoimmune disease of cutaneous inflammation and keratinocyte hyperproliferation with a complex immunogenetic basis [1].
- The burden of psoriasis as well its necessary treatments extends beyond its physical impact, and it severely affects a variety of aspects of patients' health-related quality of life (HRQoL), including social and psychological functioning [2].
- Itching and pain can interfere with basic functions and may cause difficulty in performing daily activities. Psoriasis affects patients' feelings and behavior, and is associated with social stigmatization and psychological distress [3]. Other spheres affected comprise employment, finances, leisure activities, relationships, and physical intimacy [4].

## Objective

- To explore the impact of psoriasis and its severity on HRQoL of patients in a real-life sample in Greece.

## Methods

### Study design

- In a prospective, non-interventional, epidemiological study, 396 patients with psoriasis vulgaris from 16 private dermatological practices were enrolled from various geographical areas of Greece.
- Inclusion criteria: Patients 1)  $\geq 18$  years, 2) diagnosed with psoriasis vulgaris initiating treatment with calcipotriol-betamethasone dipropionate (Dovobet®) Gel under routine clinical practice (once daily regimen, and 3) provided written informed consent.
- Exclusion criteria: Patients that 1) weren't able to complete the questionnaire themselves or 2) were participating in another clinical study during the previous 3 months.

### Data

- Data were collected on socio-demographics, and clinical characteristics, while subjective symptoms of pruritus and sleep disorders were also assessed (1-10 scale).
- Additionally subjects self-completed the EQ-5D-5L and the Dermatology Life Quality Index (DLQI) instruments to assess generic and dermatology-specific HRQL, respectively. Each EQ-5D-5L dimension is measured across a 5-level-of-problems scale. A single utility score can be obtained, with higher scores representing better overall HRQoL. The VAS records the respondent's self-rated health on a 0-100 visual analogue scale. The total DLQI score represents the sum of the scores for each of its 10 items, with higher values representing greater impairment in HRQoL.

### Statistical analysis

- Descriptive statistics were used to summarize data.
- Continuous data were analysed with Mann-Whitney tests and the Pearson correlation coefficient, and categorical with chi-square tests.
- Statistical significance level was set at  $\alpha=0.05$ .

## Results

- The mean age of the sample was 52 years, with 60.1% being men. 34.6% of the sample reported mild, 52.8% moderate and 12.6% high severity level of psoriasis.
- At baseline, the mean values of EQ-5D index and visual analogue scale (VAS) were 0.74 (SD=0.23) and 74.4 (SD=18.1), respectively. Anxiety/depression was the domain presenting the highest prevalence of problems (78.0% of patients), followed by pain/discomfort (33.6%), mobility (18.4%), usual activities (15.4%) and self-care (9.9%) (Figure 1).
- At baseline, the mean DLQI score was 6.3 (SD=5.7).

## Results

- Moderate/high severity was significantly associated with lower EQ-5D-index (mean scores 0.70 vs. 0.81,  $p<0.001$ ), higher prevalence of problems in the mobility, usual activities and pain/discomfort domains (all  $p<0.001$ ), and higher DLQI mean values (mean scores 7.8 vs. 3.5,  $p<0.001$ ), but not with VAS (mean values 74.2 vs. 75.7,  $p=0.263$ ) (Figures 2 and 3).
- Increasing intensity of itching symptoms, sleep disorders and number of flares were all significantly correlated with lower EQ-5D values and VAS and higher DLQI scores (all correlations  $p<0.05$ ) (Table 1).

Figure 1. Prevalence of problems (levels 2-5) in the EQ-5D-5L descriptive system

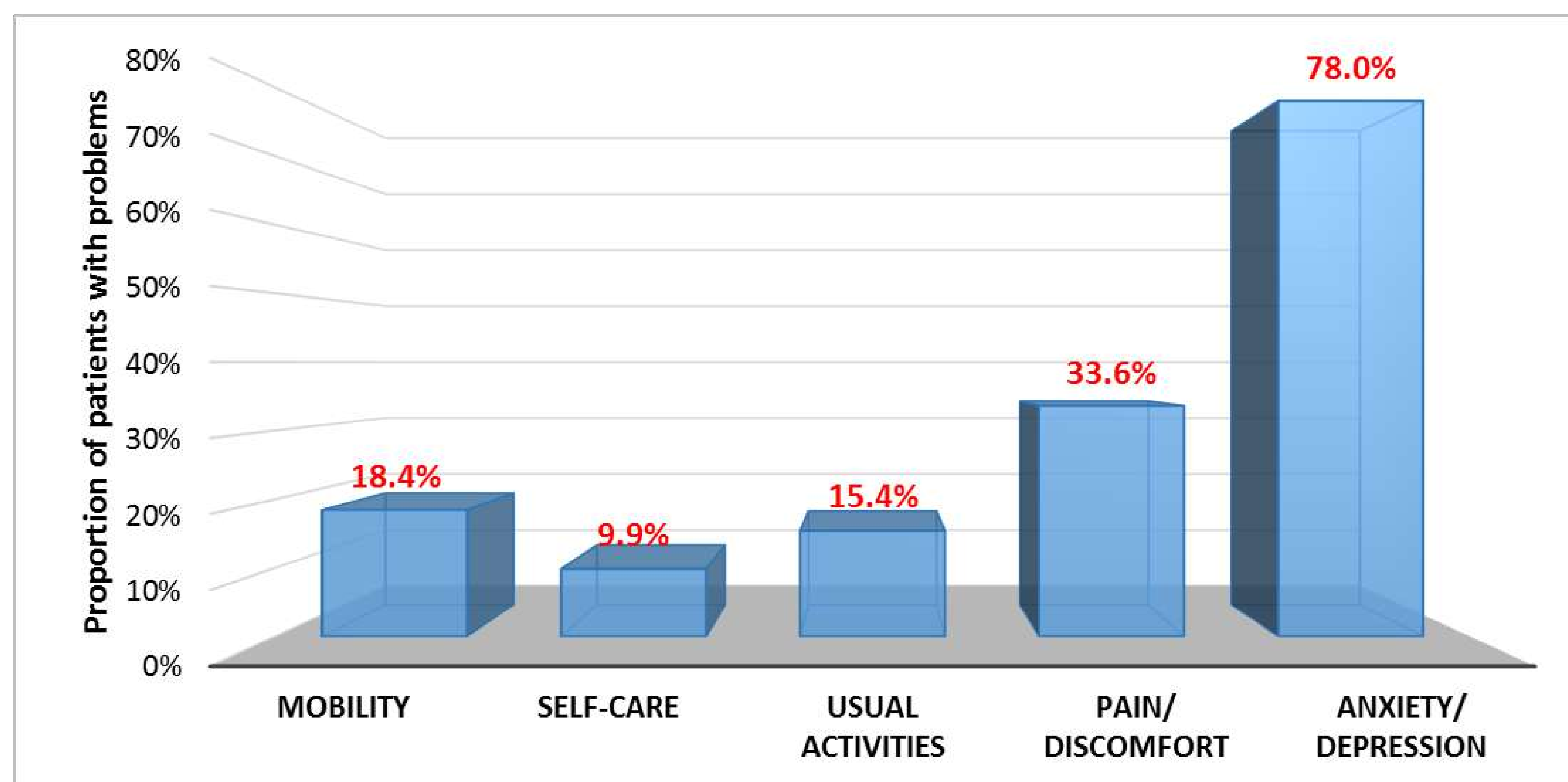


Figure 2. Prevalence of problems (levels 2-5) in the EQ-5D-5L descriptive system per severity category

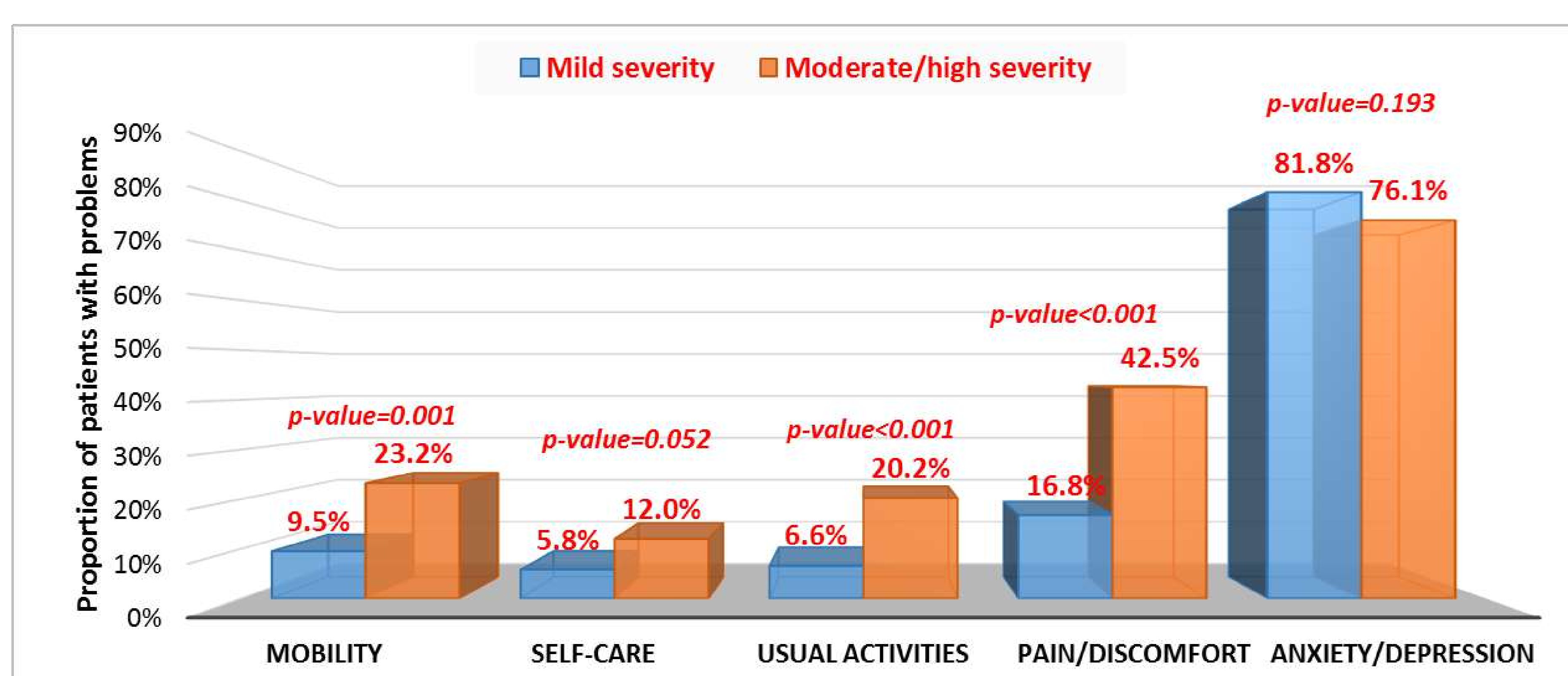


Figure 3. HRQoL, health status and level of symptoms with respect to the severity of psoriasis

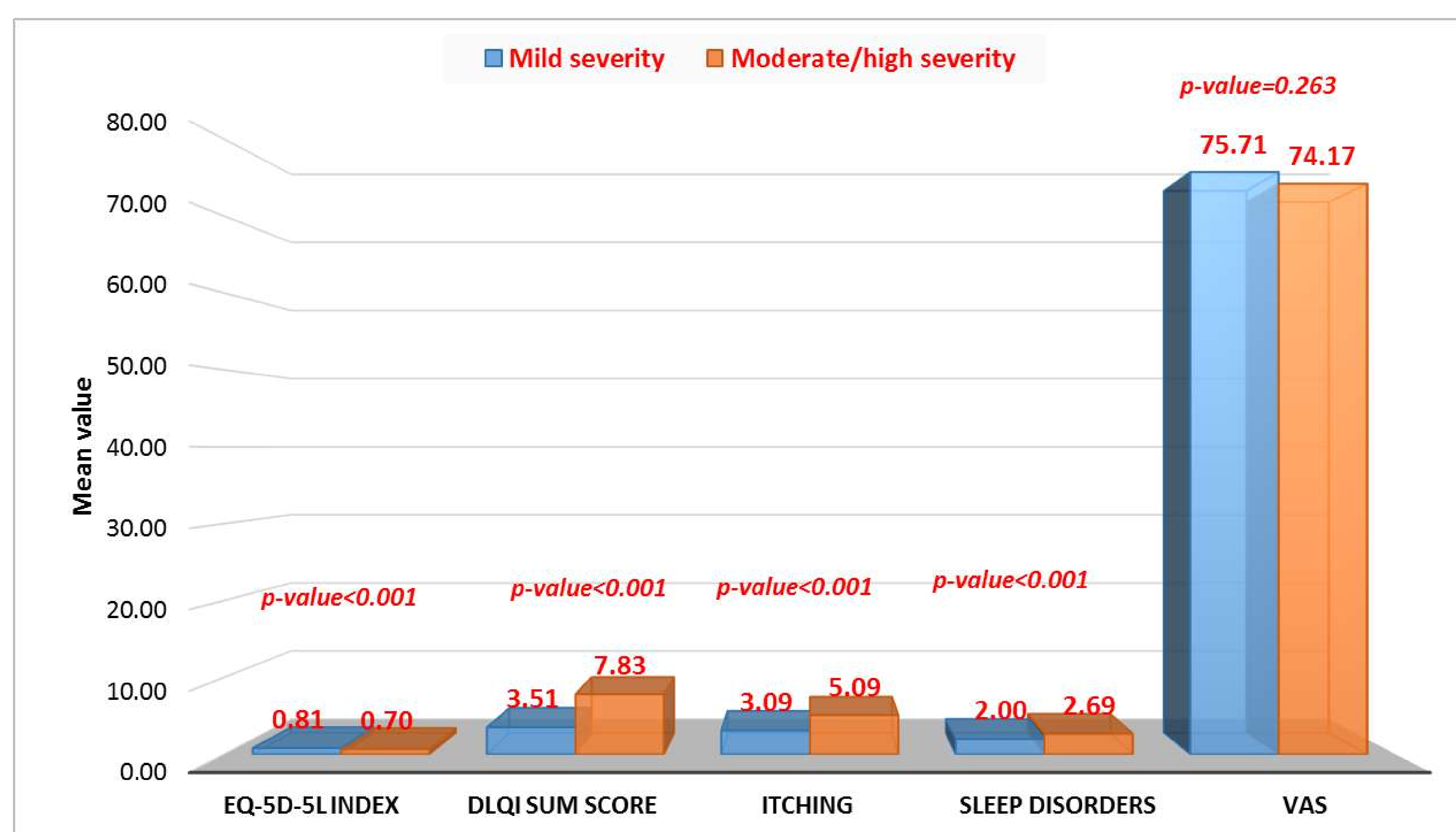


Table 1. Bivariate correlations between HRQoL and severity of symptoms of psoriasis indicators

	Itching	Sleep Disorders	Number of Flares	EQ-5D-5L index	DLQI sum score	VAS
Itching	1	0.583**	0.216**	-0.493**	0.373**	-0.233**
Sleep Disorders	0.583**	1	0.183**	-0.378**	0.220**	-0.262**
Number of Flares	0.216**	0.183**	1	-0.235**	0.121*	-0.197**
EQ-5D-5L index	-0.493**	-0.378**	-0.235**	1	-0.272**	0.416**
DLQI sum score	0.373**	0.220**	0.121*	-0.272**	1	-0.185**
VAS	-0.233**	-0.262**	-0.197**	0.416**	-0.185**	1

\*\* Correlation is significant at the 0.01 level (2-tailed); \* Correlation is significant at the 0.05 level (2-tailed).

## Conclusions

- Psoriasis vulgaris has a detrimental impact on the health-related quality of patients, which is proportional to its severity and symptom manifestations.
- Serious psychological implications are encountered regardless the level of severity of the condition.

## References

- [1] NICE. Psoriasis: Assessment and management of psoriasis. Clinical Guideline Methods, evidence and recommendations London: National Institute for Health and Clinical Excellence, 2012.
- [2] de Korte J, Sprangers MA, Mommers FM, Bos JD. Quality of life in patients with psoriasis: a systematic literature review. The journal of investigative dermatology Symposium proceedings / the Society for Investigative Dermatology, Inc [and] European Society for Dermatological Research. 2004;9(2):140-7.
- [3] McCormack PL. A study of psoriasis and quality of life in a tertiary care teaching hospital of kottayam, kerala. Am J Clin Dermatol. 2011;12(6):421-4.
- [4] Choi J, Koo JY. Quality of life issues in psoriasis. J Am Acad Dermatol. 2003;49(2 Suppl):S57-61

## Disclosure of conflict of interest

Please insert accordingly