JOURNEY OF PATIENTS WITH PSORIASIS

EFFECT OF AUTOIMMUNE DISORDER ON QUALITY OF LIFE

Psoriasis is a multifactorial chronic autoimmune disease. Psoriasis affects 2-3% (125 Mn) of the global population. Patients with psoriasis experience an increased risk of comorbidities, including depression and stroke, which affect everyday life and activities. The emotional and behavioral impact of psoriasis is as vital as the medical impact. Treatments range from UV therapy to biologics, but maintaining consistent care is crucial to avoid progress setbacks.

PATIENT JOURNEY

Psoriasis can be characterized by red scaly patches and dry skin; however, apart from the physical symptoms, it also has a significant psychological impact. Coping with it can trigger stress and anxiety, highlighting the need to address emotional well-being of patients.

ONSET OF SYMPTOMS

- Initial symptoms are overlooked until they become intolerable
- Visible signs include dry skin with itchy red patches
- Initial ignorance
- Frustration due to persistence of symptoms and confusion due to lack of diagnosis

- Home remedies and OTC skin care products
- Dry skin with itchy red patches seen
- Diagnosis is crucial if condition shows no improvement
- Panic due to lack of results
- Frustration due to difficulty in diagnosis
- Nine out of 10 patients are embarrassed to consult doctors, evading diagnosis

- Underdiagnosed due to lack of knowledge
- Misdiagnosis in people of color due to lack of presentation
- Referred to specialist dermatologist

- Trying to identify triggers
- Patient may be embarrassed due to symptoms seen on body parts
- More impact on quality of life of women and young patients

DIAGNOSING THE SEVERITY

BSA covered Prevalence

manifestation

Disease

<3% 23.4%

Patches on knee elbow, scalp, hand, and feet

Moderate 3-10%

41.9%

Arms, torso. scalp, feet, and other regions

>10%

28.6%

Red patches covering large areas of the skin

- Overwhelmed with information
- Need emotional support
- May develop social fear due to sigma
- Moderate and severe levels highly affect quality of life

TREATMENT PROGRESS

First-line therapy Antralin

- Corticosteroids
- Vit D3 analogues
- Retinoid
- CNI

Second-line therapy

- Methotrexate
- Cyclosporine
- Acitretin
- Apremilast

Third-line therapy

- Etanercept Adalimumab
- Infliximab
- Ustekinumab
- Secukinumab
- Waiting for symptoms to subside
- Staying regular with treatment
- About 60% of people with psoriasis report it to be a big problem in their life

MAINTENANCE THERAPIES

- If symptoms are stabilized, monitor and follow up
- Certain medication may be stopped or dosage can be reduced gradually
- Patient can be helped with advocacy
- Treatment progress brings relief and boosts confidence

LAPSE AND REMISSION

- Major treatment challenges faced
- Reduction of medication or contact with external environmental triggers can lead to lapse in progress of treatment
- Past treatment failure can have negative impact on adherence or trying medications

Medical impact

Emotional impact

CNI: calcineurin inhibitors HCP: Healthcare professionals



UNMET NEEDS

| Unmet needs | Description |
|--|--|
| Higher rates of under diagnosis in people of color | Psoriasis symptoms can vary on people of color. Red scaly patches may appear purplish-brown. Under-representation and research gaps result in psoriasis underdiagnosis in people of color. |
| Lack of effective topical treatment | Studies show that topical formulations are the treatment of choice in patients. However, there is a lack of topical formulations that have long-term effectiveness without side effects. |
| Disregarding patient input in treatment plan | Patients' adherence to a treatment plan is higher when their opinion is considered; therefore, treatment options should be discussed with them as they want individualized treatment. |
| Inadequate information resources provided to the patient | Immediately stopping topical corticosteroids leads to withdrawal syndrome. Patients must be informed about gradual dosage reduction. |

PATIENT BREAKPOINTS



Effect on quality of life



At the beginning stages, I felt really focused on how it looked. That part of my journey — mourning what my skin used to look like and constantly wondering if it looked bad — I went through that for a year or two.



Reluctance to initiate treatment



We often need injections, spending a lot of time here at the clinic. Every day, you have to put ointment on instead of doing other things. Psoriasis takes people out of social life, so we go into depression. It's complicated, I'm really depressed, really down.

With societal stigma around psoriasis, delayed diagnosis and limitations in treatment options affect the quality of life of patients. Recognizing these challenges in patients' journey is crucial as is addressing these unmet needs.

Right from understanding key issues to advising you through the right set of insights and recommendations, Aranca provides research, consolidation, and insightful analysis to aid in-depth understanding of therapy and effective decisionmaking.

HOW CAN ARANCA HELP?

Epidemiological Analysis: Prevalence and 01 diagnosis of diseases based on geography, gender, race, ethnicity, etc.

Diagnosis and Treatment Paradigm: Analysis 02 of diagnosis and treatment algorithm adopted in clinical practice

Current and Future Landscape: Current 03 treatments and latest pipeline landscape assessment for a particular therapy area

Humanistic, Economic Burden, and Unmet 04 Need Analysis: Impact of a disease on the patient's mental and economic well-being

Health Technology Assessment (HTA): 05 Analysis of various HTA decisions published by various countries

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