OBJECTIVES: Treatment options continue to emerge for managing psoriasis, with differing relative benefits and trade-offs. This study was designed to elicit UK patients' relative strengths of preference regarding treatment effectiveness, risks of side effects, and mode/frequency of administration. METHODS: A stated preference survey (using a discrete choice experiment [DCE]) was designed to present patients with hypothetical treatment choices. Treatment terms were created to reflect reducing the body surface area (BSA) affected by psoriasis, mode of administration, increase in risk of diarrhea or nausea in the short-term, and 10-year risk of melanoma, tuberculosis, and serious infections (e.g., pneumonia). Standard DCE Methodology with an orthogonal design were used; the survey was pilot-tested in 6 participants. RESULTS: Psoriasis patients (n=292; mean age 48.5 years; mean BSA=9.3%; mean Dermatology Life Quality Index=10.5, 25.7% with prior biologic experience and 34.9% with psoriatic arthritis) were recruited from 10 hospital sites. Participants preferred to avoid increasing their risk of melanoma (odds ratio [OR]=0.44/5% increased 10-year risk), tuberculosis, and serious infections (OR=0.75/3% increased 10-year risk for both) and preferred daily over twice-daily injections (OR=0.74/0.74) or injections every 7 weeks (OR=0.86). Patients preferred to avoid treatments with a risk of diarrhea or nausea in the first few weeks after initiation (OR=0.87/5% increase) and preferred treatments that effectively resolve plaque lesions (OR=0.93 for each palm area paired with BSA term). A higher preference for treatments with greater efficacy was observed among patients with greater BSA term and higher disease severity. CONCLUSIONS: All attributes of treatment considered were found to be significant predictors of choice. Patients showed strong preferences for avoiding treatments with risk of serious toxicities and avoiding injectable therapy, and a lower preference for treatments with greater efficacy. These preferences were consistently stronger in biologic-naive patients.

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DISEASE BURDEN, OUTCOMES AND COSTS AMONG ADULTS ADMITTED TO HOSPITAL IN THE UNITED KINGDOM (UK) DUE TO PLAQUE OR ERYthroDERMIC PSORIASIS

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OBJECTIVES: To evaluate disease burden, clinical and patient-reported outcomes and healthcare costs of patients admitted to hospital for management of plaque or erythrodermic psoriasis. Patients admitted from 107 hospital stays across 9 UK hospitals. Sites recorded Psoriasis Area and Severity Index (PASI) at admission and discharge, psoriasis treatments, and length of stay (LOS). Patients reported psoriasis-related symptoms, health status (SF-12v2, EQ-5D-3L), mood (HADS), productivity (PWAI), and dermatology-related quality of life (DLQI) at admission, and also reported psoriasis-related symptoms, EQ-5D-3L, and DLQI at discharge. An algorithm assigned cost/hospital stay. Descriptive statistics are based on those responding to each item. Statistical significance evaluated at the 0.05 level.

RESULTS: Mean age was 45.5 years; 50.8% were male. Mean time since diagnosis was 20.0 years. Most (78.7%) had ≥1 previous psoriasis-related hospitalization. Mean number of physician-diagnosed co-morbid conditions was 2.5. At admission, mean SF-12v2 Physical and Mental component summary scores were 35.4 and 32.1, respectively, mean HADS scores were 9.7 (anxiety) and 9.6 (depression) indicating substantial impairment. Forty-five percent reported changing job, role, or profession due to psoriasis. Mean WPAI activity impairment at admission was 68.7%; among the 35.1% employed for pay, mean WPAI work impairment was 79.2%. Mean PASI improved from admission to discharge (25.2–12.1; p<0.0001). Also, improvement was seen at discharge for EQ-5D-3L (0.34–0.60), DLQI total score (20.1–12.0), and psoriasis symptom scores (all p<0.05). Mean (range) LOS was 17.0 (2.7) days, for 8 patients achieving a 75% reduction in PASI (PASI75), mean LOS was 18.1 vs. 13.1 days for 27 patients not achieving PASI75 (p<0.01). Mean (SD) cost/hospital stay was £30,128 (±£17,238). BSA terms were significant predictors of choice. Patients showed strong preferences for avoiding treatments with risk of serious toxicities and avoiding injectable therapy, and a lower preference for treatments with greater efficacy. These preferences were consistently stronger in biologic-naive patients.