USTEKINUMAB SIGNIFICANTLY IMPROVES HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH MODERATE TO SEVERE PSORIASIS

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OBJECTIVES: The objective of this analysis was to examine the impact of ustekinumab on health related quality of life (HRQoL) in psoriasis patients. METHODS: 766 patients were enrolled in the PHOENIX I trial. Patients were randomized to placebo, ustekinumab 45 mg, or ustekinumab 90 mg. Patients received ustekinumab at baseline, week 4, and q12w thereafter. Patients randomized to placebo received placebo at baseline and week 4, and ustekinumab 45 mg or 90 mg after cross-over at week 12. HRQoL were assessed using the SF-36 and Dermatology Life Quality Index (DLQI). RESULTS: Baseline SF-36 and DLQI scores were similar among treatment groups with a mean PCS score of 47.9, mean MCS score of 49.8, and mean DLQI score of 11.5. Compared with the placebo group, patients in each ustekinumab group had significantly greater improvements from baseline in all components of the SF-36 and DLQI (p < 0.001) and compared to the score obtained on arrival, showing a significant improvement in quality of life at 3 weeks, sustained improvement at 3 months, and perpetuation of the effect at 6 months (p < 0.05). These results show a significant improvement in the mental dimension of the SF-12 (MCS-12 = 39.0 on arrival to 42.5 at follow-up therapy). CONCLUSIONS: This study confirms the alteration in the quality of life of patients suffering from psoriasis and its impact on daily life. The results confirm the improvement in the patients’ quality of life following the therapy, sustained improvement at 3 months, and perpetuation at 6 months.
METHODS: A generic scale (SF-12), a specific scale (DLQI—Dermatology Life Quality Index) and a daytime sleepiness evaluation questionnaire (Epworth scale) were completed by each patient when they arrived at the Avène Hydrotherapy center.

RESULTS: For the population analysed (n = 460), the average age was respectively 37.5 ± 14.9 years for patients suffering from atopic dermatitis (n = 175) compared with 53.7 ± 14.0 years for the patients with psoriasis (n = 279). The gender ratio was opposite, in favour of women for atopic dermatitis (70.1%) and men for psoriasis (55.3%). The DLQI score was 29.7 ± 19.8 for patients suffering from atopic dermatitis and 27.2 ± 19.2 for patients with psoriasis. The SF-12 mental dimension of patients suffering from atopic dermatitis were more altered than that of patients with psoriasis (38.0 ± 6.5 versus 39.5 ± 6.3). Patients with psoriasis were significantly more physically affected than atopic patients (physical dimension component of 44.4 ± 6.7 in patients with psoriasis compared to 45.6 ± 5.9 in atopic patients). Patients suffering from atopic dermatitis felt that their disease had significantly more often deteriorated their health than patients with psoriasis (with respectively 58.4% versus 49.5%), but also their relationships with their children and with the rest of their family.

CONCLUSIONS: These initial results showed an alteration in the quality of life of patients with psoriasis and patients suffering from atopic dermatitis and the impact of 2 dermatoses on daily life. Patients with psoriasis were more affected physically, unlike the atopic patients, for whom the suffering was more mental. This notion also occurs with the feeling of a greater deterioration of their relationship with their children or families in atopic patients in comparison with psoriasis patients.

ATOPICAL DERMATITIS: EVALUATION OF SELF-PERCEIVED STRESS AND QUALITY OF LIFE

OBJECTIVES: Evaluate QoL and self-perceived stress in a population with atopic dermatitis. METHODS: For 5 consecutive days, 5 dermatology departments in France handed out self-perceived stress (PCV-Metra) and QoL questionnaires (SF12) to parents attending their outpatient clinics. RESULTS: Of a total 658 adult patients who attended an appointment and responded during these 5 days, 18% presented with a melanotic tumour diagnosed by the dermatologist. Mean patient age was 52.0 ± 17.3 years, with more women than men (56.8% vs 43.2%). A total of 41.9% had tumours discovered more than 5 years before and for 23.3% the melanotic tumour had been discovered more recently (less than a year ago). Fifteen percent of patients with a melanotic tumour also presented with a concomitant dermatological condition. The evaluation of stress via the self-questionnaire evidenced a self-perceived stress level of 8.8 ± 4.0. Patients who had suffered from dermatitis for more than 5 years had a self-perceived stress level of 9.2 ± 4.4 vs 8.9 ± 3.5 in patients with a more recent skin condition (5 years or less). QoL evaluated using the SF12 showed a change in the mental component outcome with a score of 43.0 ± 9.9 and a physical component score of 48.2 ± 9.4. The SF12 mental component score was 45.0 ± 9.3 in patients with dermatosis arising within the last 5 years vs 40.3 ± 10.2 in patients with skin conditions of longer duration. CONCLUSIONS: The mental health status is more impaired for patients whose melanotic tumour had been discovered more than 5 years before than for those with a more recent tumour (p = 0.05). The findings of this study on patients with melanotic tumours, a subject seldom discussed in the literature, encourages us to investigate further.

ATOPIC DERMATITIS AND THERMAL THERAPY: EVALUATION IN CHILDREN UNDER 15

OBJECTIVES: To evaluate the quality of life of the children treated at the Avène hydrotherapy center and that of their parents. METHODS: The quality of life of the children was evaluated using the CDLQI (Children’s Dermatology Life Quality Index) and a generic scale (SF-12) was used. The questionnaires were filled in by one of the 2 parents: when the child arrived at the Avène hydrotherapy center (consultation on arrival), at the end of the thermal therapy (week 3) but also at 3 and 6 months. RESULTS: Our sample involved 237 subjects on arrival, with an average age of 10.2 ± 3.2, 86.3% atopic and 10.7% with psoriasis. In 89% of cases it was the mother who accompanied the child. The average age was respectively 10.1 ± 3.2 years for the children suffering from atopic dermatitis versus 11.3 ± 2.8 years for the psoriasis patients. For the atopic children, there was a significant improvement in the CDLQI score at 3 weeks, sustained improvement at 3 months and perpetuation of the effect at 6 months. Regarding the SF-12, the results are organised into 2 scores: mental (MCS-12) and physical component scores. Atopic patients seem to suffer from chronic stress related to the chronic nature of the dermatosis, probably caused by exhaustion and known changes occurring in the hypothalamus-pituitary axis.