

Global Report On Psoriasis: A Summaryⁱ

This summary, which has been drafted internally based on fair interpretation of the Report, provides an overview of the key points and issues raised by WHO. The full Report can be accessed here:

http://apps.who.int/iris/bitstream/10665/204417/1/9789241565189_eng.pdf

Introduction

In May 2014, the 67th World Health Assembly (WHA) of the World Health Organization (WHO) adopted a resolution on psoriasis. The Assembly identified the need to bolster efforts in combatting stigma and the social marginalisation of people with psoriasis.

A high level of unnecessary suffering was also recognised, as a result of inaccurate or delayed diagnosis, a lack of access to care, and therapeutic options which are limited in their ability to achieve patient satisfaction.

As a result of this resolution, WHO developed a Global Report on Psoriasisⁱⁱ, highlighting the multiple dimensions and consequences of psoriasis in a bid to highlight the impact of the condition on sufferers' lives and **further encouraging Member States to engage in advocacy efforts to raise awareness of the disease and to fight stigmatisation among people living with the condition.**

PSORIASIS IS A GLOBAL PROBLEM WITH A REPORTED PREVALENCE IN EUROPEAN COUNTRIES OF UP TO **11.4%** WITH EVIDENCE TO SUGGEST THAT THIS PREVALENCE IS INCREASING MORE GENERALLY.

The burden of psoriasis and the impact on peoples' lives

● Psoriasis is a chronic, non-communicable condition that can affect the lives of sufferers in a multitude of ways. No two cases will present in the same way and can feature a broad range of manifestations which can make management more challenging.

The frequently reported symptoms are **scaling of the skin (92%)** and **itching (72%)**. Symptoms also appear in less commonly recognised areas such as the **scalp (62%)** and the **nails (up to 69%)**, which can often lead to poorer quality of life.



Psoriatic arthritis occurs in up to 34% of those diagnosed with psoriasis, and can lead to **swollen and tender joints**, causing **chronic pain** and reduced physical fitness.

Symptoms such as **enthesitis** (inflammation at sites where tendons or ligaments insert into bone) and **dactylitis** (profuse swelling of the fingers or toes) are common.



Beyond its physical manifestations, psoriasis can also be **psychologically devastating**, causing embarrassment, lack of self-esteem, anxiety and depression.

The impact on everyday social activities and work-related issues can lead to feelings of **anger** and **helplessness** among patients. 98% of patients reported that psoriasis impacted on their emotional life, 94% on their social life, 70% on family life, 68% on their professional career.ⁱⁱⁱ



Patients are frequently **stigmatised** and **excluded from normal social environments**, which can often lead to the avoidance of social activities, causing **loneliness** and **isolation**.^{iv}



As disease severity increases, people are often less able to work; this leads to **work days lost** due to the condition and an **increasing likelihood of hospitalisation**.

Direct and indirect healthcare costs result in a considerable **economic burden** for taxpayers, patients and society in general.



Improving the quality of care for people with psoriasis



The burden of psoriasis extends beyond skin lesions and the **unpredictable, broad manifestations** of the disease mean that a **'whole person'** approach to treatment is required to effectively manage the condition.



More than 40 different tools are currently in use for the measurement and diagnosis of psoriasis, including the Psoriasis Area and Severity Index (PASI) and the Physician Global Assessment (PGA). **Healthcare professionals still lack access to one singular tool** which can be used to measure the multiple and interlinked manifestations of the disease(s) in an individual patient to help drive a personalised care plan.



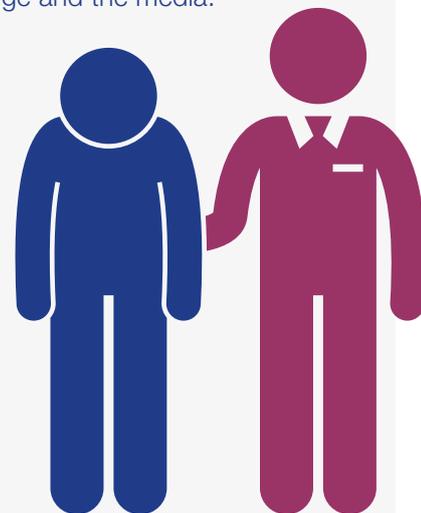
Low levels of psoriasis awareness among non-specialist healthcare professionals can lead to **fewer or slower referrals**, which in turn delays diagnosis and treatment for patients. Collaboration between primary care and specialist healthcare professionals is important to ensure **mutual understanding of referral parameters** and optimal treatment of patients.

World Health Organization recommendations

The control of psoriasis and the prevention of its physical, psychological and social complications require action from governments and policymakers. Scientists, healthcare professionals and the associations uniting them have an important role to play in improving the lives of people with the condition. Overcoming societal stigma and prejudice can be supported through the combined efforts of patient organisations, society-at-large and the media.

Key actions and recommendations:

- **Early diagnosis** is essential, to give patients the best chance of **controlling and managing the disease**.
- A **person-centred** care model can help to ensure patients receive tailored and individualised treatment interventions.
- New treatments need to be affordable, **effective and safe in the long term**, with no (or minimal) requirement for monitoring.
- Investment in **education among general practice and nursing professionals** is required to ensure **timely referrals**.
- Uniform tools to assess **both severity of psoriasis** and the impact of the disease on a **patient's quality of life** should be implemented to allow for adequate assessment of progress of therapy.
- **Patient empowerment** is a central component to the **success of treatment management programmes**.



ⁱ World Health Organization. Global Report on Psoriasis. 2016. http://apps.who.int/iris/bitstream/10665/204417/1/9789241565189_eng.pdf accessed March 2016

ⁱⁱ © World Health Organization 2016. All rights reserved.

ⁱⁱⁱ Pariser D, Schenkel B, Carter C, Farahi K, Brown TM, Ellis CN, and Psoriasis Patient Interview Study Group. A multicenter, non-interventional study to evaluate patient-reported experiences of living with psoriasis. *J Dermatol Treat.* 2015;1-8.

^{iv} Hrehorów E, et al. Patients with Psoriasis Feel Stigmatized. *Acta Derm Venereol* 2012; 92: 67-72 <http://www.medicaljournals.se/acta/content/?doi=10.2340/00015555-1193>