Background

Health-related quality of life (HRQoL) in moderate-to-severe psoriasis patients receiving ustekinumab (UST) has been measured in a Phase III clinical trial (PHOENIX 2) using the Dermatology Life Quality Index (DLQI), a skin-disease specific instrument.

The DLQI has a score range of 0 to 30 with higher scores indicating poorer quality of life. Score of 0 or 1 indicates no negative effect on a patient’s life. Score of 2 to 5 indicates small effect on a patient’s life. Score of 6 to 10 indicates moderate effect on a patient’s life. Score of 11 to 20 indicates very large effect on a patient’s life. Score of 21 to 30 indicates extremely large effect on a patient’s life.

Trial results showed that at week 12, 55.9% of patients treated with UST had a score of 0 or 1 compared with 3.2% of placebo-treated patients; 26.4% reported a score of 2-5; 12.0% reported a score of 6-10; 5.0% reported a score of 11-20; and 0.7% reported a score of 21-30.

The DLQI is the most commonly used measure of psoriasis patients’ HRQoL. It has been employed in numerous clinical trials of biologic medications in psoriasis, and it has become the preferred instrument for assessing patients with skin manifestations. However, limited data are available showing the DLQI scores of moderate-to-severe psoriasis patients in a real-world practice setting.

Purpose

To measure HRQoL with the DLQI in patients undergoing treatment with UST in a real-world setting and the impact of time on treatment.

Methods

Patients receiving UST through a specialty pharmacy provider (SPP) were administered the DLQI in a cross-sectional internet survey. Inclusion criteria were:

- ≥18 years of age
- Diagnosis of psoriasis
- ≥2 doses of UST between 10/2009 and 06/2011

The SPP database included dates of UST shipments to patients. Time on treatment was calculated by subtracting the first shipment date from the survey date and was categorized as 7-24, 25-48, 49-72, and 73-83 weeks.

DLQI scores were categorized as 0, 1, 2-5, 6-10, 11-20, and 21-30.

DLQI categories were statistically analyzed by UST treatment times using the Chi-square test. Column proportion z-tests (with Bonferroni correction for multiple comparisons) were used to test for differences in the proportions of patients within a DLQI category over time.

Results

A total of 262 patients receiving UST completed the DLQI. Approximately one-half (45.8%) of patients had DLQI scores of 0 (29.8%) or 1 (16.0%) (Figure 1). An additional quarter (25.2%) had DLQI scores of 2-5; 16.0% had scores of 6-10; 10.7% had scores of 11-20; and 2.3% had scores of 21-30 (Figure 1).

Figure 1. Patients’ DLQI Scores From the SPP Database

The overall chi-square test, plus non-significant column proportion tests, provided no evidence of significant differences in DLQI by UST treatment time: $\chi^2=8.10$ (df=15), $p=0.92$.

Conclusions

Nearly half of patients undergoing treatment with UST achieved a DLQI score of 0 or 1 denoting that PsO had no negative impact on their life during treatment. Patient-reported DLQI scores in a real-world setting were closely aligned with the scores observed in a randomized clinical trial setting.

Longitudinal research is warranted to explore the causal relationship of treatment effects and health-related or disease-specific QoL over time in patients with moderate-to-severe psoriasis.

References


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