

Epidemiology and Health Services Administration

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Patient-reported outcomes for health-related quality of life (HRQOL) and work productivity in European patients with psoriasis

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Objectives: Psoriasis (Ps) impairs patients' HRQOL and daily functioning, often leading to work impairment. This study used patient-reported outcomes data to examine the impact of Ps on patients' HRQOL, absenteeism, productivity while at work, and daily activities.

Methods: The study included 53,524 respondents to a June 2007 EU National Health and Wellness Survey, an annual cross-sectional Internet survey of adults from France, Germany, Italy, Spain, and the UK. The self-reported diagnoses were not verified by physicians. All respondents completed self-administered Short Form 12 (SF-12) and Work Productivity and Activity Impairment (WPAI) questionnaires. Results were stratified by disease severity based on affected BSA (mild: <2% BSA; moderate: 2–10%; severe: ≥10%) and compared with the non-Ps population. Bivariate analyses compared subgroups. Statistical testing employed Z-test in Quantum for percentages and *t*-tests for means.

Results: 2,288 respondents self-reported a physician diagnosis of Ps, of which 598 reported moderate (n=484) or severe (n=114) disease. SF-12 results demonstrated poor quality of life, according to the Physical Component Summary (PCS) and Mental Component Summary (MCS) scores, for patients with moderate/severe Ps. Overall, moderate/severe Ps patients reported significantly lower mental and physical health status than mild and non-Ps sufferers (PCS: 48.51, 46.62, 45.18, and 43.09; MCS: 46.86, 45.43, 42.74, and 41.12, for non-Ps, mild, moderate, and severe Ps, respectively, $p < 0.05$). For employed patients with severe Ps, a mean 4-hr/wk absence from work was reported, 2 hrs/wk for mild and non-Ps sufferers ($p < 0.05$). Patients with moderate Ps had a greater mean absence from work (3 hrs/wk) than non-Ps sufferers ($p < 0.05$). If those with absenteeism alone (19%) were considered, mean hours missed were 16/wk and 18/wk for moderate and severe Ps patients, respectively. Severe Ps sufferers had 29% impairment in work productivity and 36% impairment in daily activities, whereas moderate Ps patients had 26% and 34% impairments, respectively. By comparison, mild Ps patients/non-Ps sufferers reported lower impairments of work productivity (21%/17%) and daily activities (27%/23%) ($p < 0.05$ vs. moderate and severe Ps sufferers).

Conclusions: Psoriasis significantly impairs patients' physical and mental well-being and is associated with losses in work productivity and daily activities. These impairments increase with the severity of psoriasis.

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Psoriasis in the EU: Prevalence, health care resource utilization, and out-of-pocket costs

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Objectives: Psoriasis (Ps) is a chronic, relapsing-remitting disease of the skin, representing a life-long burden for affected patients. The full burden of illness in Europe is unknown. This study assessed the recent epidemiology, resource utilization, and out-of-pocket costs of Ps in the EU.

Methods: The study included 53,524 respondents to a 2007 EU National Health and Wellness Survey, an annual cross-sectional Internet survey of adults from France, Germany, Italy, Spain, and the UK. Responders reported demographics, health care resource utilization (eg, emergency department visits, hospitalizations and physician visits), as well as out-of-pocket expenses. Prevalence estimates were computed using frequency weights based on sex and age distribution in each country. Results were stratified by disease severity (mild: <2% body surface area [BSA] affected; moderate: 2–10%; severe: ≥10%) and compared with non-Ps individuals. Bivariate analyses compared subgroups. Statistical testing employed Z-test in Quantum for percentages and *t*-tests for means.

Results: Of the 53,524 respondents, 4.0% (n=2,288) reported a physician diagnosis of Ps. Of those, 75% (n=1,690) and 25% (n=598) had mild and moderate/severe Ps, respectively. These results project to ~9.8 million adults affected by Ps in Europe. Resource utilization (excluding biologic therapy users) during the past 6 months was significantly greater for Ps patients vs. non-Ps sufferers. A significantly greater percentage of Ps patients with moderate/severe disease had been hospitalized (12.6% vs. 8.7% for mild Ps patients and 8.4% for non-Ps sufferers, $p<0.05$). Significantly more Ps patients contacted physicians (~92% of Ps patients vs. 85% of non-Ps individuals, $p<0.05$), with a significantly greater mean number of visits (8.7 for moderate/severe Ps patients vs. 6.4 for the non-Ps individuals, $p<0.05$). Mean out-of-pocket expenses were significantly greater for moderate/severe Ps patients (€671/yr) vs. those with mild Ps and non-Ps individuals (€499/yr and €426/yr; $p<0.05$). Expenses were even greater if only those patients (~47%) with expenses were considered (e.g., severe Ps patients with mean out-of-pocket expenses totalling €1,248/yr, vs. €894/yr for mild Ps patients).

Conclusions: Psoriasis patients with moderate/severe disease have significantly greater mean total health care utilization and out-of-pocket costs compared with mild Ps patients and non-Ps individuals, indicating the substantial burden of this disease in the EU.

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Psoriasis prevalence and associated health outcomes and resource utilization in France, Germany, and the United Kingdom

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Objectives: Psoriasis (Ps) is an inflammatory, proliferative skin disease affecting 1.5–4% of the population in Europe. Due to limited data on resource utilization and health outcomes, we evaluated these issues in patients with Ps from 3 European countries.

Methods: Data were collected from adults in France (F), Germany (G), and the UK (~15,000 respondents/country) who participated in the 2007 European National Health and Wellness Survey, a self-administered, Internet survey of disease states, health care resource use in the past 6 months and out-of-pocket expenses (excluding biologic therapy users), health-related quality of life (HRQOL) (Short Form [SF]-12), and work productivity (Work Productivity and Activity Impairment [WPAI]). Results were stratified by Ps severity (mild, <2% BSA affected; moderate, 2–10%; severe, ≥10% BSA) vs. non-Ps sufferers. Bivariate descriptive analyses compared moderate/severe Ps with mild Ps and non-Ps sufferers. We used the Z test in Quantum to compare percentages and *t* tests to compare means.

Results: 1,887 respondents had Ps (73% mild, 27% moderate/severe). Prevalence of Ps was 3%/4%/5% in G/UK/F. Of moderate/severe Ps patients in G/F/UK, 11.3%/14.4%/15% were hospitalized vs. 9.5%/9.4%/8.0% ($p<0.05$) of non-Ps individuals in the 3 countries, respectively. For moderate/severe patients, ER visits were more likely in the UK (17.6%) and F (13.3%) vs. G (9.9%). Mean physician visits were greater in moderate/severe Ps patients (12.6/9.2/7.3 in G/F/UK) than for non-Ps sufferers (6.8/6.4/5.2 in G/F/UK; $p<0.05$). Overall, moderate/severe patients reported significantly greater annual out-of-pocket expenses (€988/€721 for G/UK) than did non-Ps sufferers (€464/€174 for G/UK; $p<0.05$). Expenses were similar between subgroups in France. In all 3 countries, non-Ps sufferers reported less mental and physical HRQOL impairment than did moderate/severe patients (SF-12 Mental Component Summary score: 44.8/48.7/46.6 vs. 41.2/43.5/43.4 for F/G/UK; Physical Component Summary score: 49.6/47.6/47.5 vs. 47.2/42.9/41.4 for F/G/UK; $p<0.05$). Impairment was greater for moderate/severe Ps patients than for non-Ps patients in both work productivity (23.7/25.1/27.0 in F/G/UK vs. 15.7/18.1/18.6 in F/G/UK; $p<0.05$) and daily activities (31.0/35.0/41.0 in F/G/UK vs. 22.0/24.4/25.7 in F/G/UK; $p<0.05$) for all 3 countries.

Conclusions: Health care resource utilization and health outcome impairment were consistently greatest for patients with moderate/severe Ps in all 3 countries.

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