Psoriasis: It’s not just skin deep

NICE Guidelines and Quality Standards: a collaboration to deliver quality care

GP Symposium - Dermatology
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March 6th 2014
Introduction

• October 2012:
  • NICE CG153 Psoriasis the assessment and management of psoriasis

• August 2013:
  • NICE QS40 Psoriasis Quality Standard
Oct 2012: NICE CG153 Psoriasis the assessment and management of psoriasis

• Key priorities for implementation
  
  • Assessment for disease severity and impact
  
  • Referral for psoriatic arthritis
  
  • Identification of comorbidities
  
  • Recommendation for management in a step wise manner
Aug 2013: NICE QS40 Psoriasis Quality Standard

**Statement 1.** People with psoriasis are offered an assessment of disease severity at diagnosis and when response to treatment is assessed.

**Statement 2.** People with psoriasis are offered an assessment of the impact of the disease on physical, psychological and social wellbeing at diagnosis and when response to treatment is assessed.

**Statement 3.** People with psoriasis are referred for assessment by a dermatology specialist if indicated.

**Statement 4.** Adults with severe psoriasis are offered a cardiovascular risk assessment at diagnosis and at least once every 5 years.

**Statement 5.** People with psoriasis having treatment are offered an annual assessment for psoriatic arthritis.

**Statement 6.** People with psoriasis receiving systemic therapy are monitored in accordance with locally agreed protocols.
Statement 1. People with psoriasis are offered an assessment of disease severity at diagnosis and when response to treatment is assessed.

When to assess
• at first presentation
• before referral for specialist advice

What to assess
• body surface area affected
• involvement of nails
• high-impact and difficult-to-treat sites
• systemic upset

How to assess
• Physician's Global Assessment and Patient's Global Assessment tools
• PASI and NAPSI Score

Response to treatment assessment
PGA: inactive, mild, moderate, severe
Statement 2. People with psoriasis are offered an assessment of the impact of the disease on physical, psychological and social wellbeing at diagnosis and when response to treatment is assessed.

- people with psoriasis should be assessed for depression
- Children and young people should be asked age-appropriate questions
- The Dermatology Life Quality Index
- or Children's Dermatology Life Quality Index
The aim of this questionnaire is to measure how much your skin problem has affected your life in the last week. Please tick one box for each question.

1. How itchy, sore, painful or stinging has your skin been?
   - Very much
   - Quite a lot
   - A little
   - Not at all

2. If school time: How much did your skin affect your school work?
   - Very much
   - Quite a lot
   - A little
   - Not at all

3. How much has your skin affected your friendships?
   - Very much
   - Quite a lot
   - A little
   - Not at all

4. How much have you changed or worn different or special clothing/shoes because of your skin?
   - Very much
   - Quite a lot
   - A little
   - Not at all

5. How much has your skin trouble or treatment for your skin been, for example by making your home messy, or by taking up time?
   - Very much
   - Quite a lot
   - A little
   - Not at all

Please check you have answered EVERY question. Thank you.

Children's Dermatology Life Quality Index
Psychological burden of psoriasis and impact on quality of life

Psoriasis has been associated with:

- Psychological and social problems
  - Depression\textsuperscript{1-3} and anxiety\textsuperscript{3}
  - Stress\textsuperscript{1,3}
  - Anger\textsuperscript{3}
  - Feelings of stigmatisation\textsuperscript{1,3}
  - Suicidal ideation\textsuperscript{1-3}
  - Alcohol abuse\textsuperscript{1,3}
  - Smoking\textsuperscript{3}

- Effects on social interactions at home\textsuperscript{1,2} and in the workplace\textsuperscript{2}
- Reduced quality of life

Compared with individuals without chronic conditions\textsuperscript{4}
Compared with other chronic conditions\textsuperscript{5}

Statement 3. People with psoriasis are referred for assessment by a dermatology specialist if indicated.

• Indications for referral
  • Children and young people with any type of psoriasis
  • If there is diagnostic uncertainty
  • any type of psoriasis is severe or extensive
  • any type of psoriasis cannot be controlled with topical therapy
  • acute guttate psoriasis needs phototherapy
  • nail disease has a major functional or cosmetic impact
  • major impact on a person's physical, psychological or social wellbeing

• Same-day specialist assessment if:
  • generalised pustular psoriasis
  • erythroderma.
Psoriasis - suspected SWBCCG

Review

Poor response to topical therapy

16

Alternative topical therapies

18

Refer to Dermatologist

19

Dermatologist to decide if referral to Rheumatologist is appropriate

20

Good response - review annually

17
Statement 4. Adults with severe psoriasis are offered a cardiovascular risk assessment at diagnosis and at least once every 5 years.

- Severe psoriasis can be defined as psoriasis that needs, or is likely to need, treatment with phototherapy or systemic agents, or needs hospital admission.

- Some validated cardiovascular risk estimation tools for use with adults exclude younger and older people.
Psoriasis is associated with CVD and CV risk factors

Psoriasis has been associated with an increased risk of\(^1-5\):

<table>
<thead>
<tr>
<th>CVD</th>
<th>CV risk factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atherosclerosis/coronary heart disease</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Heart failure</td>
<td>Obesity</td>
</tr>
<tr>
<td>Myocardial infarction</td>
<td>Metabolic syndrome</td>
</tr>
<tr>
<td>Ischaemic heart disease</td>
<td>Insulin resistance</td>
</tr>
<tr>
<td>Cerebrovascular disease</td>
<td>Hypertension</td>
</tr>
<tr>
<td>Peripheral vascular disease</td>
<td>Dyslipidaemia</td>
</tr>
<tr>
<td>Coronary artery calcification</td>
<td></td>
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</tbody>
</table>

The psoriatic march and the development of comorbidities

Genes
Environmental triggers

Psoriasis

Psoriatic arthritis

Metabolic syndrome

Obesity

Cardiovascular diseases

Diabetes

NAFLD
Hypertension
Dyslipidemia
Smoking
Statement 5. People with psoriasis having treatment are offered an annual assessment for psoriatic arthritis.

- People with psoriasis having treatments such as active topical therapy (for example, corticosteroids), phototherapy or systemic therapy, should be offered an annual assessment for psoriatic arthritis.

- The Psoriasis Epidemiological Screening Tool (PEST) can be used to help assess for psoriatic arthritis, although it does not detect axial arthritis or inflammatory back pain and is not validated in children. However, children should still be clinically assessed for psoriatic arthritis.
Presence of PsO at Presentation of PsA

- Estimated prevalence of PsA in people with active psoriasis is 25% (6–42%), though the true prevalence is unknown.
- Pre-existing PsA
- Simultaneous onset
- Pre-existing PsO
- Psoriatic skin lesions precede onset of PsA by an average of 10 years in approximately 70% of patients.
- Onset typically occurs in patients 30–50 years old.
- Males and females equally affected.

Statement 6. People with psoriasis receiving systemic therapy are monitored in accordance with locally agreed protocols.

- Responsibility for use of systemic therapy should be in specialist consultant-led settings only
- Monitoring should be in accordance with locally agreed protocols that incorporate national accredited drug guidelines and policy

<table>
<thead>
<tr>
<th>Non Biological Therapy</th>
<th>Biological Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methotrexate</td>
<td>Adalimumab</td>
</tr>
<tr>
<td>Ciclosporin</td>
<td>Etanercept</td>
</tr>
<tr>
<td>Acitretin</td>
<td>Ustekinumab</td>
</tr>
<tr>
<td>Fumaderm</td>
<td>Infliximab</td>
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</tbody>
</table>
Summary

• NICE CG153 Psoriasis the assessment and management of psoriasis (October 2012)

• NICE QS40 Psoriasis Quality Standard (August 2013)

• The psoriatic march and the development of comorbidities
Any Questions?