

**WORLD  
PSORIASIS  
DAY 2021**

**NOW  
ACT**

# UNITED – NOW ACT

our needs, our demands

The COVID-19 pandemic has established health as a priority in governmental agendas all over the world. Good health impacts all aspects of people's lives. At the country level, a healthy population is a prerequisite for prosperity.

Psoriatic disease is a systemic condition affecting multiple body sites, predominately the skin, the joints, or both. In addition to skin and joint symptoms, psoriatic disease is characterized by increased risk of developing related noncommunicable diseases, and has a major impact on mental health and quality of life. In 2014, all UN nations committed to improving the lives of people living with psoriatic disease. Practical recommendations on how to achieve this ambitious goal were published in the World Health Organization (WHO) Global Report on Psoriasis in 2016.

More than 5 years after these community milestones, much is left to be done.

For World Psoriasis Day, the psoriatic disease community unites to demand action.



## OUR DEMANDS

Change the perception of psoriatic disease

Ensure equal access to medicines

Stop stigma

Advance holistic care

Prepare the health workforce

# CHANGE PERCEPTION

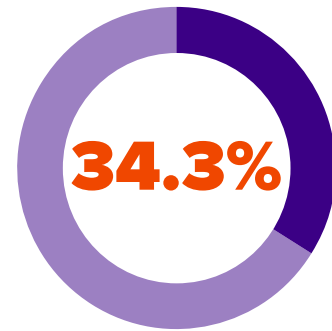
## Psoriatic disease affects the whole body – inside and out

Psoriatic disease is a systemic disease. One of its characteristics is an increased risk of developing related noncommunicable diseases. The most common comorbidities are obesity, hypertension, dyslipidemia, diabetes (collectively referred to as metabolic syndrome), cardiovascular disease, and inflammatory bowel disease. Moreover, psoriatic disease has a major impact on mental health and quality of life. People living with psoriatic disease are at higher risk of developing anxiety and depression because of their condition and because of the effect of inflammation to the brain.

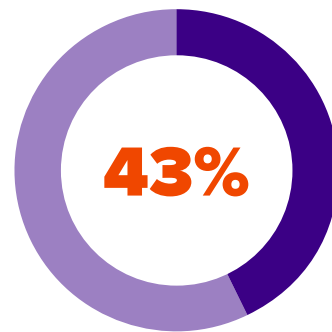
Having psoriatic disease and one or more comorbidities takes a physical, psychological, and financial toll on individuals. As the COVID-19 pandemic unfolded, it became clear that some of the common psoriatic disease comorbidities, especially diabetes, obesity, and high blood pressure, are risk factors of poor outcomes from COVID-19, adding one more potential risk and burden.

The WHO Global Report on Psoriasis calls for comprehensive care of psoriatic disease that considers screening and prevention of comorbidities, and mental health support.

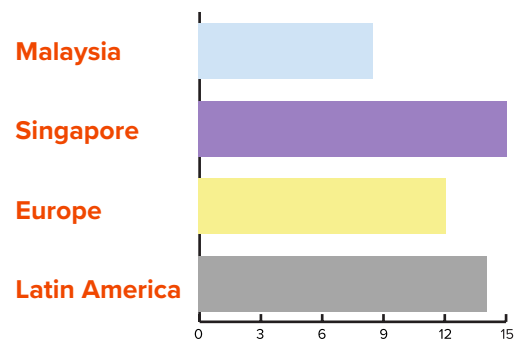
Preventing the insurgence of comorbidities by acting on modifiable risk factors, such as healthy lifestyle, would alleviate the burden on individuals and benefit long-term health system spending. Moreover, healthier populations would be less susceptible to infectious disease outbreaks such as COVID-19. Making screening of common psoriatic disease comorbidities part of care would ensure that comorbidities are detected and treated early, to avoid further complications and increased resource spending.



34.3% of US respondents believe that psoriatic disease only affects the skin<sup>1</sup>



43% of people living with psoriatic disease have seen their disease become worse during the COVID-19 pandemic<sup>2</sup>



The percentage of people living with psoriatic disease being diagnosed or showing signs of depression<sup>3</sup>

## NOW ACT

### TO IMPLEMENT THE WHO RECOMMENDATIONS

In settings with adequate resources, health-care professionals and health systems must strive to provide patients with comprehensive care from multidisciplinary teams of specialists, including dermatologists, rheumatologists, psychologists, psychiatrists, pediatricians, cardiologists, and others. Clinicians must inform patients about the possible consequences of the disease. Clinicians and patients must collaborate to identify barriers to adherence and achieve optimal management.

1. Pearl et al., JAAD (2019)

2. Mahil et al., JEADV (2021)

3. Bakar et al., J Taibah Univ Med Sci (2021); Tee et al., JEADV, (2016); Puig et al., JEADV (2017); Burge et al., Value in Health (2017), abstract

# ENSURE EQUAL ACCESS TO MEDICINES

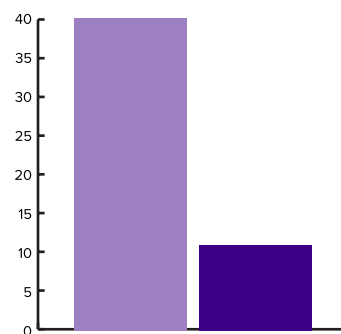
Affordable, safe, effective, and quality treatment options

Psoriatic disease is incurable, but the skin and joint symptoms of psoriatic disease can be effectively managed with medications.

Access to affordable, safe, effective, and quality medicines and technologies will achieve the optimal management of psoriatic disease and prevent the insurgence of comorbidities. All people with psoriatic disease should have equal access to the best care and treatments, wherever they live. To achieve this goal, governing bodies and health authorities should address issues such as availability and reimbursement regimens of medications, to make sure that the appropriate therapy is made available to all that can benefit from it.

The COVID-19 pandemic called the attention to the inequalities in distribution and access to medicines, vaccines, and technologies. As for treatments and vaccines against COVID-19, the most effective medicines and technologies for managing psoriatic disease should benefit everyone, everywhere.

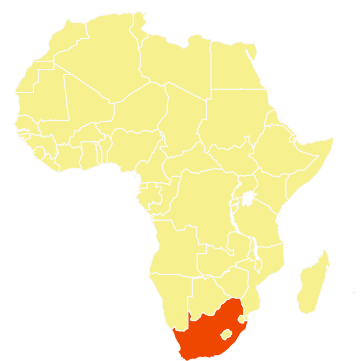
When it comes to choosing between different types of treatment, there should always be shared decision-making between patient and physician, so that the therapy is tailored to the patient's goals, attitude, and preferences. Everyone experiences psoriatic disease in a unique way, in terms of disease severity, impact on quality of life, and treatment goals. People living with psoriatic disease are experts in the uniqueness of their health state, so they should be considered as partners when it comes to making treatment decisions. Finding agreement on treatment will improve adherence, treatment satisfaction, and long-term outcomes.



40% of dermatologists in Latin America prescribe systemic drugs. Only 11% of dermatologists in Latin America prescribe biologic drugs.<sup>1</sup>



People living in provinces of South Korea had a lower likelihood of receiving systemic treatments than those in Seoul.<sup>2</sup>



Out of 54 countries in Africa, only South Africa has a clear regulatory framework for biosimilars.<sup>3</sup>

## NOW ACT

### TO IMPLEMENT THE WHO RECOMMENDATIONS

Member States should ensure that people suffering from psoriasis have access to professional medical care. Early diagnosis and appropriate therapy give the best chance to prevent patients from unnecessary suffering, uncontrolled disease, irreversible deformities of the joints and disability.

Patients suffering from psoriasis must have access to comprehensive, individually adapted treatment. Universal health coverage schemes should cover the costs of these treatments

1. Global Psoriasis Atlas annual report 2018-2019

2. Ha et al., *Medicine* (2020)

3. J Pategou, *Biosimilar Development* (2020), web

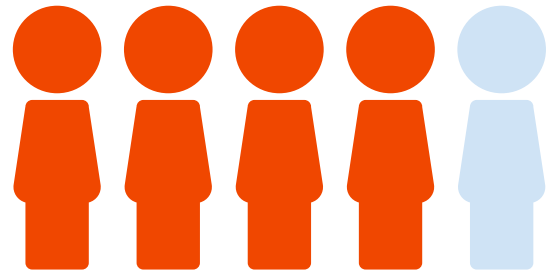
# STOP STIGMA

## Speak up for people living with psoriatic disease

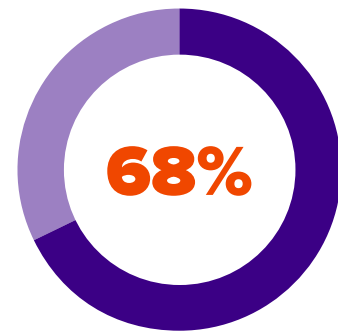
Diseases that are visible on the skin are often associated with rejection or exclusion from society. What's worse, stigmatization is often accompanied by self-stigma. Individuals with psoriatic disease can feel shame, embarrassment, and low self-esteem due to their condition. The stigma and self-stigma associated with psoriatic disease have broad repercussions. Negative reactions may lead to negative feelings, which in turn influence mental health and social interactions.

Stigma related to health conditions routinely becomes mainstream during outbreaks of infectious diseases: recent examples such as COVID-19, SARS, or HIV have shown that stigma creates hesitancy to seek testing or treatment, in addition to discrimination, hate, and racism.

The WHO Global Report on Psoriasis states very clearly that governments must adopt measures to reduce stigma. Common myths must be dispelled: psoriatic disease is not contagious, it is not a skin disease, it is not due to poor hygiene, and it is not anybody's fault.



4 in 5 people with psoriatic disease have experienced stigma and discrimination.<sup>1</sup>



68% of people responding to a survey in Germany believed that people living with visible skin diseases are treated in discriminatory ways.<sup>2</sup>

## NOW ACT

### TO IMPLEMENT THE WHO RECOMMENDATIONS

Governments have a key role in reducing stigma and discrimination. Society, not psoriasis, causes the exclusion and discrimination faced by people with this disease. The situation can change through campaigns to raise awareness of psoriasis among the population and by condemning discrimination of patients who suffer from it. Active steps by Member States include anti-discrimination legislation and enforcement of existing legislation.

Patients' organizations and civil society have a key role in fighting discrimination and in holding governments and policy-makers accountable for their global commitments.

1. Data from the Psoriasis And Beyond survey presented at the 6th World Psoriasis and Psoriatic Arthritis Conference 2021

2. Sommer et al., JEADV (2020)

# ADVANCE HOLISTIC CARE

## Care for psoriatic disease that embraces the whole person

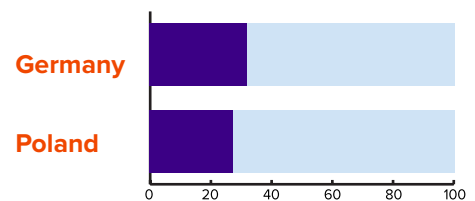
Achieving optimal management of complex conditions like psoriatic disease requires a shift in how health systems operate. The fragmentation of care and a disease-centered approach is not suitable for the management of an ageing population often living with noncommunicable diseases. People suffering from multiple, chronic conditions require a person-centered, integrated model of care focusing not on health conditions but on individuals and their health goals.

COVID-19 has highlighted the importance of resilient health systems that can withstand the test of sudden health emergencies. Care for people living with chronic conditions was impaired while resources shifted to respond to COVID-19. For psoriatic disease, canceled appointments and initial hesitancy in starting immunomodulatory therapy has compromised care and may have triggered lasting consequences.

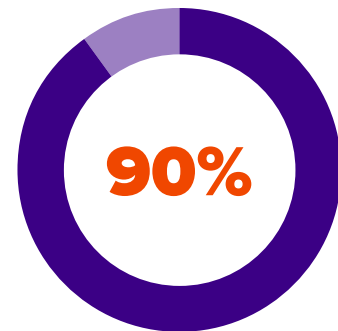
The simplest form of integrated care for psoriatic disease is a coordinated effort between specialists in dermatology and rheumatology, formed by combined dermatology/rheumatology clinics. Extending the concept of integrated care for psoriatic disease to include mental health services, prevention of comorbidities, health promotion, and coordination with primary care would achieve the high-quality, integrated, person-centered care that addresses all aspects of the disease. The current COVID-19 pandemic could serve as a catalyst for change towards building a model of care that puts people at the center.



Most dermatologists in Egypt delayed initiating biologics/immunosuppressive treatment during the COVID-19 pandemic.<sup>1</sup>



Only 32% and 27.3% people living with psoriatic disease in Germany and Poland stated that they agreed on therapy goals with their dermatologist.<sup>2</sup>



90% of respondents living with psoriatic disease in Argentina stated that they would have liked to be involved in treatment decisions.<sup>3</sup>

## NOW ACT

### TO IMPLEMENT THE WHO RECOMMENDATIONS

Optimum treatment of psoriasis, and its comorbidities, requires shifting to a model of people-centered and integrated health services. All people with psoriasis should have access to health services that are provided in a way that responds to their preferences, are coordinated around their needs and are safe, effective, timely, efficient and of an acceptable quality.

Health services research needs to be better used in identifying specific needs of health care, unmet patient needs and barriers of guideline-compliant treatment. Health services research should monitor and provide feedback on the actions taken to improve quality of care and investigate efficiency of care.

1. EL-Komy et al., J Cosmet Dermatol (2021)

2. Data from PsoBarrier study presented at the 2019 German Congress for Health Services Research

3. Data from the AEPSo survey presented at the 6th World Psoriasis and Psoriatic Arthritis Conference 2021

# PREPARE THE HEALTH WORKFORCE

## More prepared, well prepared

A high quality and appropriately resourced health workforce is essential to manage complex conditions like psoriatic disease. Shortage of workers, and irregular distribution of specialists at the disadvantage of rural areas both build disparities in care between and within countries.

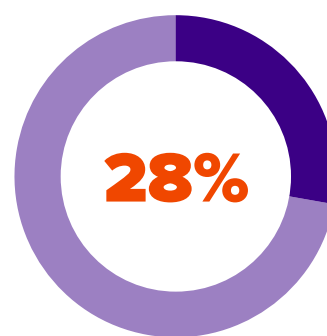
The COVID-19 pandemic has turned a spotlight to the challenges created by shortages in the health care workforce. Even in countries with adequate health care resources, the shortage of nurses and physicians was the main obstacle for ensuring care for those who contracted the virus causing COVID-19.

Primary care is ideally positioned to link patients to different specialists, to monitor changes in disease activity and screening for comorbidities, and to provide support for adherence and implementation of lifestyle changes. The capillary structure of primary care can compensate for the uneven distribution of specialists in rural or remote areas. Unfortunately, primary care providers are not receiving sufficient education on psoriatic disease.

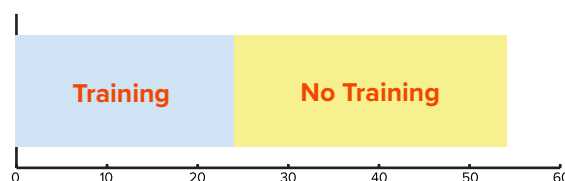
Encouraging physician training in dermatology, enhancing medical education on psoriatic disease in medical school and in continuing medical education is necessary to improve care for psoriatic disease. Moreover, training other health care professionals than medical doctors would provide great support to specialists and primary care physicians in addressing comorbidities, adherence issues, and behavior changes.



On average, people see three different medical professionals before accessing a treatment that works.<sup>1</sup>



28% of people living with psoriatic disease responding to a survey in Sweden stated that the knowledge about psoriatic arthritis is very poor in the primary care setting.<sup>2</sup>



Out of 54 countries in Africa, 30 have no university training programs on dermatology.<sup>3</sup>

## NOW ACT

### TO IMPLEMENT THE WHO RECOMMENDATIONS

Governments and nongovernmental organizations should provide education on common chronic skin conditions to health-care professionals, including undergraduate medical and nursing curricula and in-service training for physicians in primary care. There is a great need to raise awareness of psoriasis among general practitioners to increase early diagnosis and prevent disability.

All health professionals, especially clinicians working in primary health care, should be aware of psoriatic disease, its management and its co-morbidities. Health care professionals' associations should provide training, for example, via the Internet for physicians from low- and middle-income countries, regarding prompt diagnosis and effective treatment of psoriatic disease. Patients with psoriatic disease need access to primary health care that responds to individual needs and coordinates with specialist care.

1. Armstrong et al., JEDAV (2018)

2. Data from the Psoriasisförbundet primary care survey presented at the 6th World Psoriasis and Psoriatic Arthritis Conference 2021

3. Mosam et al., Dermatol Clin (2021)



**[ifpa-pso.com](http://ifpa-pso.com)**

**[@psoriasisIFPA](https://twitter.com/psoriasisIFPA)**

**[info@ifpa-pso.com](mailto:info@ifpa-pso.com)**