

Impact and Insights of Psoriasis on Quality of Life and Shared Decision-making among US Adolescents and Adults



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Conclusions

- PsO greatly impairs QoL in adults and adolescents, with itch emerging as the most disruptive symptom, frequently disturbing sleep.
- Younger adolescents reported a high impact of PsO on QoL, which may reflect the role of disease-related stigma in shaping their coping abilities and affecting how they live with their condition.
- Integrating patient-specific concerns into treatment planning is important to aid shared decision-making and can address not only the clinical manifestations of psoriasis but also the broader dimensions of daily life for individuals living with this condition.

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Synopsis

- Psoriasis (PsO) affects approximately eight million people in the US and over 125 million globally.^{1,2} Understanding patient perspectives is essential for enhancing PsO care. Patient-reported outcomes (PROs) provide important insights into how psoriasis affects individuals' quality of life (QoL) and experiences, helping guide conversations with healthcare providers (HCPs) about treatment options.
- This study presents US PRO data from the ENCOMPASS study, a global research initiative conducted in 11 countries, which explores how PsO affects daily life in US adults and adolescents using the Dermatology Life Quality Index (DLQI), the children's Dermatology Life Quality Index (cDLQI), and the Patient-Reported Outcome Measurement Information System (PROMIS) Pediatric Stigma Skin (PPS-Skin) questionnaires.

Objectives

- To explore which aspects of PsO influence patients' daily lives by assessing QoL in adults and adolescents, and to provide insight on how patients interact with HCPs when making treatment decisions.

Results

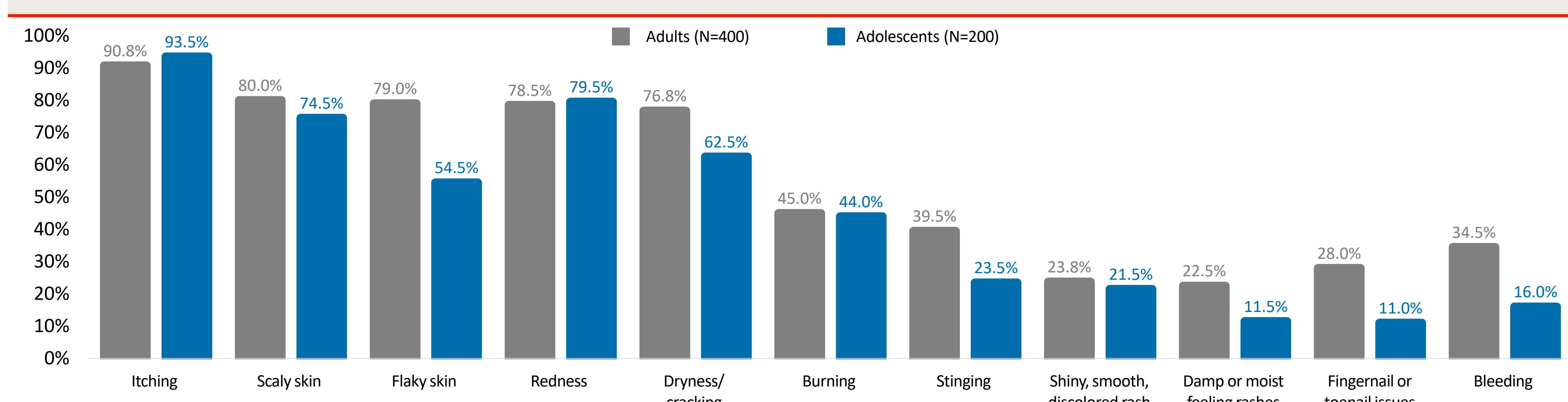
- Four hundred adults (mean age 43.9 years) and 200 adolescents (mean age 15.1 years) completed the survey between March and May 2025.

Figure 1. Sociodemographic Data for Adults and Adolescents

Adults (N=400)	Adolescents 16-17 years (n=85)	Adolescents 12-15 years (n=115)
Age in years Mean (SD): 43.9 (13.4) Min-Max: 21-70 Median (Q1-Q3): 39.5 (29.5-49.5)	Age in years Mean (SD): 16.4 (0.5) Min-Max: 16-17 Median (Q1-Q3): 16 (16-17)	Age in years Mean (SD): 14.1 (0.8) Min-Max: 12-15 Median (Q1-Q3): 14 (14-15)
Gender 51.0% Female, 47.8% Male, 1.2% Transgender/genderqueer/non-binary	Gender 49.4% Female, 50.6% Male	Gender 42.6% Female, 56.5% Male, 0.9% Genderqueer
Race/Ethnicity^a White: 312 (78.0%) Hispanic/Latino/a/x: 55 (13.7%) Black: 46 (11.5%) American Indian, Alaskan Native, or Indigenous person: 18 (4.5%) Asian: 11 (2.7%) Middle Eastern/North African: 5 (1.2%) Native Hawaiian/Pacific Islander: 1 (0.2%) Other: 1 (0.2%) Prefer not to say: 1 (0.2%)	Race/Ethnicity^a White: 61 (71.8%) Black: 16 (18.8%) Hispanic/Latino/a/x: 10 (11.8%) Asian: 3 (3.5%) American Indian, Alaskan Native, or Indigenous person: 2 (2.3%) Other: 2 (2.3%) Middle Eastern/North African: 0 (0.0%) Native Hawaiian/Pacific Islander: 0 (0.0%) Other: 0 (0.0%) Prefer not to say: 0 (0.0%)	Race/Ethnicity^a White: 84 (73.0%) Black: 19 (16.5%) Hispanic/Latino/a/x: 11 (9.6%) Asian: 3 (2.6%) American Indian, Alaskan Native, or Indigenous person: 2 (1.7%) Middle Eastern/North African: 1 (0.8%) Native Hawaiian/Pacific Islander: 1 (0.8%) Other: 0 (0.0%) Prefer not to say: 0 (0.0%)
Self-reported Body Surface Area (BSA) BSA level (n) ^b 15.0% Low: <5% (60) 55.0% Moderate: 5%-9% (220) 30.0% High: ≥10% (120)	BSA level (n)^b 12.9% Low: <5% (11) 49.4% Moderate: 5%-9% (42) 37.7% High: ≥10% (32)	BSA level (n)^b 7.8% Low: <5% (9) 67.8% Moderate: 5%-9% (78) 24.4% High: ≥10% (28)
Current Treatments^a 45.8% Topical Steroid 23.0% Topical non-steroids 28.5% Oral pill 20.0% Injected drug 4.5% Intravenous 5.0% Phototherapy 5.0% Other 18.5% Not currently on treatment	Current Treatments^a 40.0% Topical Steroid 16.5% Topical non-steroids 44.7% Oral pill 14.1% Injected drug 9.4% Phototherapy 3.5% Other 8.2% Not currently on treatment	Current Treatments^a 44.4% Topical Steroid 30.4% Topical non-steroids 43.4% Oral pill 12.2% Injected drugs 11.3% Phototherapy 4.4% Other 7.8% Not currently on treatment

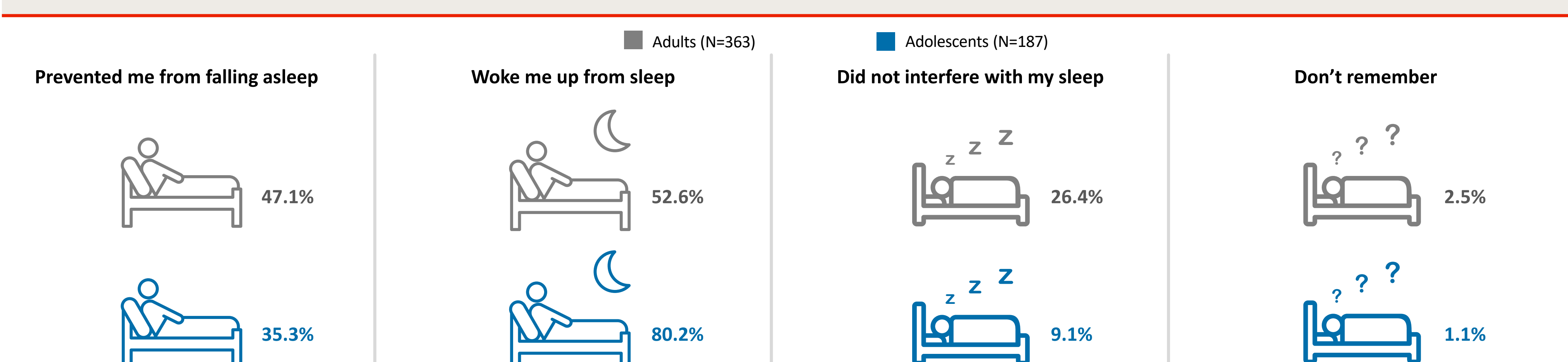
^aAnswers not mutually exclusive; select all that apply. ^bBSA% was self-assessed by patients, who were provided a diagram and instructions on how to measure their BSA%.

Figure 2. What Psoriasis Symptoms Did You Have during the Past Month (last 30 days)?^a



^aAnswers not mutually exclusive; select all that apply from 13 response options; 1% of adults and 0.5% of adolescents selected other; 0.8% of adults did not experience any of these symptoms.

Figure 3. Did the Itch Interfere with Your Sleep during the Past Month?^a

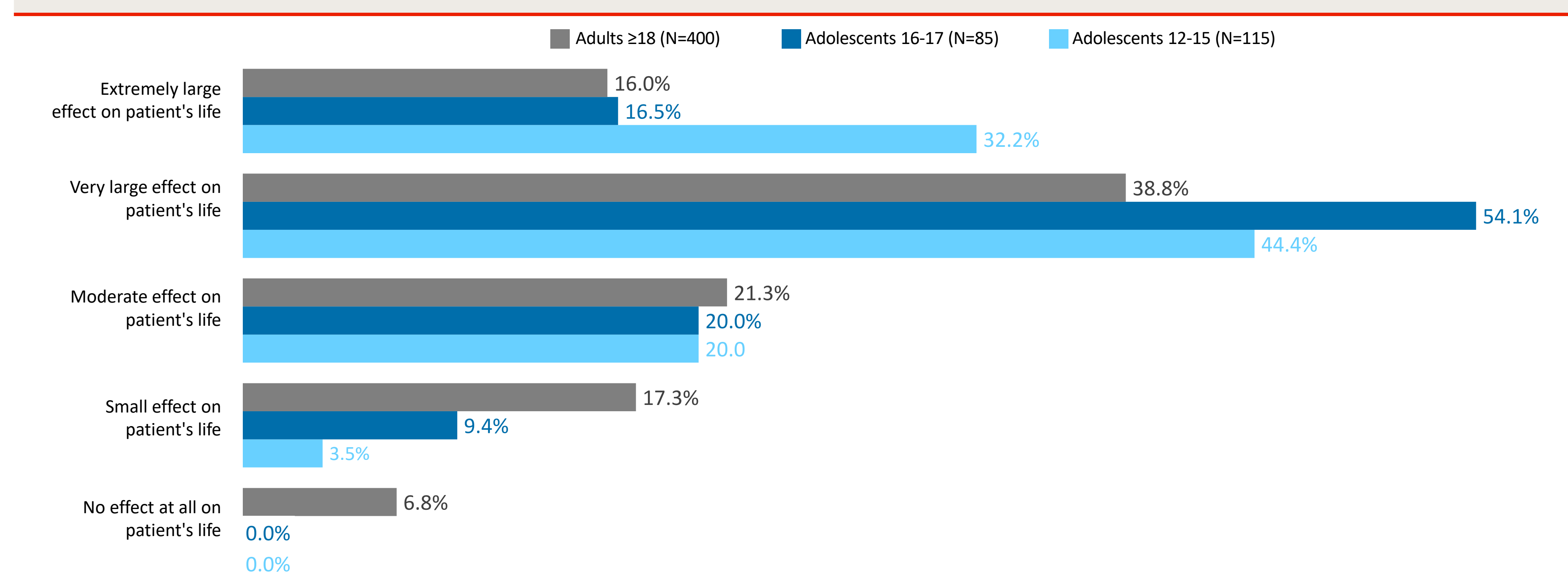


^aAnswers not mutually exclusive; select all that apply from 4 response options. Percentages are based on participants who reported itch in the past month (N=363 adults; N=187 adolescents).

Methods

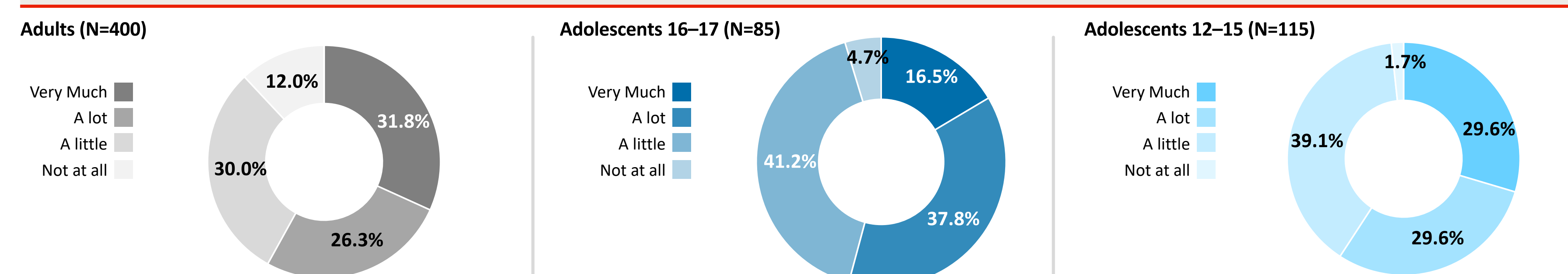
- A web-based survey was conducted from March to May 2025 among US adults (≥18 years) and US adolescents (12-17 years) diagnosed with PsO and eligible for systemic therapy, according to International Psoriasis Council guidelines³: 1) PsO lesions covering ≥10% of body surface area (BSA), 2) PsO lesions on high-impact body sites such as hands/feet, face, genitals, scalp, or nails, 3) Topical therapy that failed to control PsO symptoms.
- PRO data was collected from adults (≥18 years) and older adolescents (16-17 years) using the DLQI, which covers symptoms/feelings, daily activities, leisure, work and school, personal relationships, and treatment within the past week.
- Younger adolescents (12-15 years) completed the cDLQI, an adapted version of the DLQI for children under the age of 16.
- Both adolescent groups completed the PPS-Skin.

Figure 4. DLQI and cDLQI Results^a



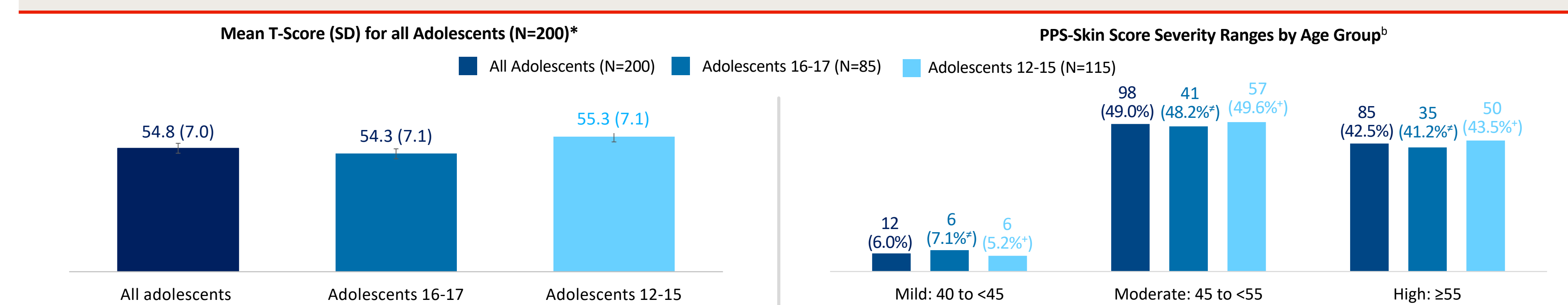
^aDLQI score interpretations: 0-1 = no effect at all on patient's life; 2-5 = small effect on patient's life; 6-10 = moderate effect on patient's life; 11-20 = very large effect on patient's life; 21-30 = extremely large effect on patient's life. cDLQI score interpretations: 0-1 = no effect at all on child's life; 2-6 = small effect on child's life; 7-12 = moderate effect on child's life; 13-18 = very large effect on child's life; 19-30 = extremely large effect on child's life. Abbreviations: DLQI = Dermatology Life Quality Index; cDLQI = Children's Dermatology Life Quality Index.

Figure 5. Individual Question (Q2) from DLQI and cDLQI: Over the last week how embarrassed or self-conscious were you because of your skin?



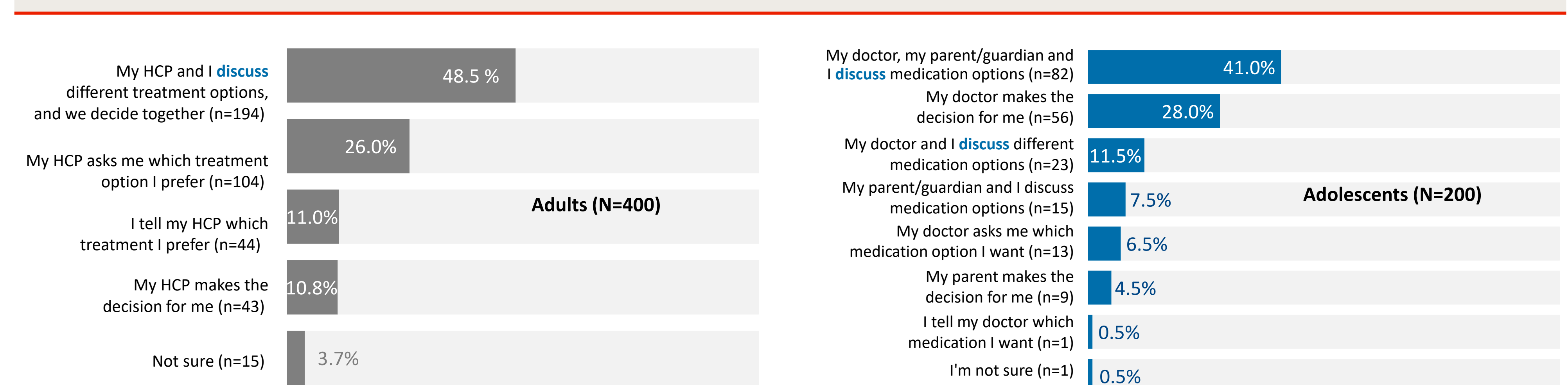
^aDLQI/cDLQI response options were on a 5-point Likert scale; No participants selected the "Not relevant" response option. Abbreviations: DLQI = Dermatology Life Quality Index; cDLQI = Children's Dermatology Life Quality Index.

Figure 6. PROMIS Pediatric Stigma Skin (PPS-Skin) Results for Adolescents^a



^aThe PROMIS Stigma-Skin (PPS-Skin) Short Form 8a is a standardized self-reported questionnaire with eight Likert scale items that assesses perceived stigma in adolescents with chronic skin conditions; Cutoffs for interpreting T scores were based on calibration curves, with T scores for stigma assigned as 40 to less than 45 (mild), 45 to less than 55 (moderate), and greater than or equal to 55 (high).⁴ ^bMean scores (SD) of severity groups: Mild 40 to <45: 42.8 (1.3); Moderate 45 to <55: 52.0 (2.3); High ≥55: 61.0 (4.4).⁴ Five participants had a T-score of <40; 2 of these were 12-15 years old and 3 were 16-17 years old. ^cAs a percentage of 85 participants; ^dAs a percentage of 115 participants.

Figure 7. Adult and Adolescent Involvement in Treatment Discussions with their HCP^{a,b}



^aShared decision-making is a complex, multi-layered process. In this study, responses that included the term "discuss" were considered a proxy, indicating shared decision-making between patients and HCPs. ^bAnswers are mutually exclusive. Patients could only select one response, representing the answer that best reflected their experience from the options above (five response options for adults; eight response options for adolescents). Abbreviation: HCP = Healthcare provider.

Limitations

- A purposive, and quota-based sampling strategy was used to ensure adequate representation of adult and adolescent patients with significant BSA involvement (BSA>5.0%) and these findings may not reflect the experiences of the broader US PsO populations or individuals with mild BSA involvement.
- This study only included US participants; treatment experiences and PRO responses may vary in other countries.