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# Dermatologist preferences for first-line therapy of moderate to severe psoriasis in healthy adult patients

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**Background:** Despite increasing therapies for moderate to severe psoriasis, dermatologists' treatment preferences are unknown.

**Objective:** We sought to assess dermatologists' preferences for first-line treatments and their selection determinants.

**Methods:** We surveyed 1000 US dermatologists (500 National Psoriasis Foundation and 500 American Academy of Dermatology members who treat psoriasis) about their preferences for first-line treatment of moderate to severe psoriasis in healthy adults of childbearing age using standardized patient vignettes.

**Results:** The response rate was 39% (N = 387). Preferred therapies for male and female patients were: ultraviolet (UV) B (40% and 56%, respectively), etanercept (15% and 19%), methotrexate (16% and 4%), and adalimumab (12% and 10%). Of respondents, 66% administered phototherapy in their practice. After adjusting for all physician characteristics, those preferring first-line UVB for male or female patients were significantly more likely to have phototherapy in their practice (odds ratio [OR] 3.4, 95% confidence interval [CI] 1.8-6.6 and OR 2.8, 95% CI 1.5-5.3, respectively) and to have used UVB in more than 10 patients in the last 3 months (OR 8.0, 95% CI 3.9-16.4; OR 9.6, 95% CI 4.3-21.6). Dermatologists in the Midwest were more likely than those in the Northeast to prefer adalimumab first line for male and female patients.

**Limitations:** We surveyed only dermatologists with interest in treating psoriasis and elicited their treatment preferences for a single base case scenario. Treatment preferences may differ between survey respondents and nonrespondents.

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**Conclusion:** UVB is most commonly preferred as a first-line treatment for moderate to severe psoriasis in healthy adults, and preferences vary based on region, phototherapy availability, and prior treatment use. (J Am Acad Dermatol 2012;66:376-86.)

**Key words:** biologic; comparative effectiveness; methotrexate; phototherapy; psoriasis; treatment preference; tumor necrosis factor inhibitor.

Psoriasis is a chronic, inflammatory disease of the skin and joints affecting 2% to 4% of the general population.<sup>1,2</sup> An estimated 1.2 million patients with psoriasis in the United States have moderate to severe disease, and up to 3 million adult Americans have psoriasis but remain without a diagnosis by a physician.<sup>2</sup> Psoriasis, especially if more severe, may be a risk factor for systemic disorders including diabetes, myocardial infarction, stroke, and premature death.<sup>3-6</sup>

The treatment options for moderate to severe psoriasis have expanded dramatically in the last decade.<sup>7-11</sup> Despite the growing repertoire of treatments, insufficient data exist to determine which therapies are first, second, and third line. Numerous psoriasis treatment guidelines now exist and they variably differentiate (or do not differentiate at all) between first- and second-line treatment options based on cost, risk-benefit considerations, and expert opinion.<sup>12-18</sup> Moreover, little is known about dermatologists' preferences for treating this disease. Such information is critical to further investigating the determinants of treatment selection and informing future comparative effectiveness studies, which have been identified as a priority by the US Institute of Medicine.<sup>19</sup>

The purpose of this study was therefore to describe US dermatologists' preferences for first-line treatment in healthy adults with moderate to severe psoriasis using patient vignettes, a well-accepted method for measuring variation and quality in clinical practice.<sup>20-22</sup>

## METHODS

### Study population and setting

We conducted a survey of 1000 practicing dermatologists across the United States; 500 were members of the National Psoriasis Foundation (NPF) randomly selected from the NPF list of 922 dermatologists

and the other 500 were American Academy of Dermatology (AAD) members randomly selected from the AAD list of 1417 dermatologists who had identified themselves as treating psoriasis.

### Study design

We conducted a survey of US dermatologists as described above. The survey instrument (see online Appendix at <http://www.eblue.org>\*) was developed by dermatologists expert in the care of psoriasis with

input from steering committee members of the Dermatology Clinical Effectiveness Research Network. First-line treatment preferences were assessed using two vignettes describing a typical healthy adult man or woman of childbearing age with moderate to severe psoriasis adapted from previously published vignettes.<sup>16</sup> For each hypothetical patient, dermatologists were asked to select their first, second, and third choices for treatment from a list of 10 biologic, oral systemic, or phototherapies currently Food and Drug Administration approved for the treatment of psoriasis

(see Appendix). The order in which treatment choices were listed was randomized in 6 different ways to reduce bias.

We conducted the survey using a modified Dillman Tailored Design method<sup>23,24</sup> of sending postcard reminders and duplicate surveys to nonrespondents and randomized survey packets to include one of 3 financial incentives.<sup>25</sup> The survey study was conducted from May to August 2010; all responses received within 15 weeks after the initial questionnaire mailing were included in the results.

Informed consent was obtained using the cover letter enclosed with the questionnaire. The study was

### CAPSULE SUMMARY

- Despite increasing numbers of therapies for moderate to severe psoriasis, little is known about dermatologists' treatment preferences.
- Ultraviolet B is the most preferred first-line treatment in healthy adults of childbearing age. Preferences vary based on geographic region, phototherapy availability, and prior treatment use.
- Although we describe variations in preferences for treatment, additional studies are necessary to determine the cause of these variations and comparative effectiveness trials are necessary to discern how treatments should be used.

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