Palmoplantar psoriasis is associated with greater impairment of health-related quality of life compared with moderate to severe plaque psoriasis

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Background: The impact of palmoplantar psoriasis on health-related quality of life (QoL) is largely unknown.

Objective: We sought to compare clinical characteristics and patient-reported outcomes between patients with palmoplantar psoriasis and moderate to severe plaque psoriasis.

Methods: We conducted a cross-sectional study of patients with plaque psoriasis (N = 1153) and palmoplantar psoriasis (N = 66) currently receiving systemic or light treatment for psoriasis.

Results: Patients with palmoplantar psoriasis were more likely to report Dermatology Life Quality Index scores that correspond to at least a moderate impact on QoL (odds ratio [OR] 2.08; 95% confidence interval [CI] 1.20-3.61); problems with mobility (OR 1.98; 95% CI 1.10-3.58), self-care (OR 3.12; 95% CI 1.24-7.86), and usual activities (OR 2.47; 95% CI 1.44-4.22) on the European Quality of Life-5 Dimensions questionnaire; and heavy topical prescription use of at least twice daily in the preceding week (OR 2.81; 95% CI 1.63-4.85) than those with plaque psoriasis.

Limitations: Our assessment tools may not account for all dimensions of health-related QoL affected by palmoplantar disease, and these results may not be generalizable to patients with milder forms of psoriasis.

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This study was supported by grant RC1-AR058204 and K24-AR064310 from the National Institute of Arthritis and Musculoskeletal and Skin Diseases (Dr Gelfand), Dermatology Foundation Career Development Award (Dr Takeshita), T32-AR07465 from the National Institutes of Health (Mr Shin), and an unrestricted grant from Eli Lilly. The sponsors had no role in the design and conduct of the study, in the collection and management of the data, or in the preparation of the manuscript. An author from Eli Lilly participated in data analysis and interpretation, manuscript review, and decision to submit the manuscript. None of the other sponsors participated in data analysis/interpretation, review, or decision to submit the manuscript.

Disclosure: Dr Callis Duffin was an investigator, consultant, and/or speaker for AbbVie, Amgen, ApoPharma, Bristol-Myers Squibb, Celgene, Eli Lilly, Genzyme, Incyte, Janssen Biotech, Novo Nordisk, Pfizer, and Wyeth, receiving honoraria and/or salary; served on the advisory board of Amgen; and received residency/fellowship program funding from AbbVie and Amgen. Dr Krueger served as a consultant for AbbVie, Amgen, and Janssen Biotech; had grants or has pending grants from AbbVie and Amgen; and received payment for lectures and travel-related expenses from AbbVie, Amgen, and Janssen Biotech. Dr Robertson is employed by the National Psoriasis Foundation, which receives unrestricted financial support from companies that make products used to treat psoriasis and psoriatic arthritis, including AbbVie, Amgen, Celgene, Eli Lilly, Galderma Laboratories LP, Janssen Biotech, Leo Pharma, Novartis, Pfizer, and Stiefel, a GSK company. Dr Robertson has also served as an uncompensated member of advisory boards at AbbVie and Merck. Dr Van Voorhees served on advisory boards for Amgen, AbbVie, Genentech, Warner Chilcott, Leo, and Janssen Biotech; served as an investigator for Amgen and AbbVie, receiving grants; and served as a consultant for Amgen. Ms Edson-Heredia is a full-time employee and stockholder of Eli Lilly. Dr Gelfand served as a consultant for AbbVie, Amgen, Eli Lilly, Merck, Janssen Biotech, Novartis, and Pfizer, receiving honoraria; had grants or has pending grants from AbbVie, Amgen, Genentech, Novartis, Eli Lilly, and Pfizer; and received payment for continuing medical education work related to psoriasis. Ms Chung, Drs Takeshita and Troxel, and Mr Shin have no conflicts of interest to declare.

Accepted for publication April 27, 2014.

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Published online May 31, 2014.
0190-9622/$36.00

http://dx.doi.org/10.1016/j.jaad.2014.04.063

Conclusion: Patients with palmoplantar psoriasis experience greater health-related QoL impairment and are more likely to report heavy use of topical prescriptions than those with moderate to severe plaque psoriasis. (J Am Acad Dermatol 2014;71:623-32.)

Key words: epidemiology; health-related quality of life; palmoplantar psoriasis; patient-reported outcomes; plaque psoriasis; psoriasis.

CAPSULE SUMMARY

- Palmoplantar psoriasis is a disabling variant of psoriasis that primarily affects the palms and soles.
- Patients with palmoplantar psoriasis experience greater health-related quality of life impairment than those with moderate to severe plaque psoriasis.
- Clinicians should pay particular attention to functional impairment when treating palmoplantar psoriasis.

Psoriasis is a chronic inflammatory disease that affects 2% to 4% of the population worldwide.[1,2] It is associated with a higher risk of cardiovascular,[3-6] metabolic,[7] and renal[8] disease, and patients may experience significant impairment of health-related quality of life (HRQoL) even with localized disease.[9-20] Palmoplantar psoriasis (psoriasis localized to the palms and/or soles) is reported to affect approximately 5% of all patients with psoriasis, and although it is a disabling and difficult-to-treat variant of psoriasis, its epidemiology is poorly defined and few studies have evaluated its impact on patient-reported outcomes.[21-36] A study that surveyed 579 patients with psoriasis found that palmoplantar psoriasis (n = 124, 39%) causes greater physical disability than psoriasis without palm and sole involvement; however, no differences were observed in psychological distress, HRQoL, and global quality of life (QoL).[21] Data on potential confounders such as treatment information and comorbidities were not available. Hence, there still exists a substantial need to augment our understanding of the impact of palmoplantar psoriasis on patients' subjective well-being.

The purpose of this study was to compare patient-reported outcomes and clinical characteristics between patients with plaque and palmoplantar psoriasis who were evaluated during routine follow-up and were receiving systemic or light therapy for their psoriasis at the time of data collection. We hypothesized that patients with palmoplantar psoriasis would have a lower HRQoL and report a greater negative impact of their skin disease on their lives than patients with plaque psoriasis.

METHODS

Study design

We conducted a descriptive, cross-sectional study to determine the impact of plaque or palmoplantar psoriasis on patients' HRQoL and their use of prescription topical medications. Consecutive patients being seen by their dermatology providers for routine follow-up care were enrolled, and data were collected using dermatologist assessments and patient questionnaires.[37] The study was approved by the institutional review board and was conducted in accordance with the Declaration of Helsinki. Informed consent was obtained from all patients.

Setting

Data were collected by 10 dermatologists and 2 physician assistants from 1755 patients seen at 10 dermatology sites across the United States participating in the Dermatology Clinical Effectiveness Research Network. Data were collected prospectively at a single regularly scheduled clinic appointment per patient, from February 2010 through June 2011, at 2 academic centers (University of Pennsylvania and University of Utah, each with a hospital-based site and a community-based site) and 6 private practices in Georgia, Pennsylvania, New York, and Colorado.[37]

Participants

Patients were enrolled consecutively under broad inclusion criteria, as previously described.[37] Participants were eligible if they were currently receiving or previously received systemic or light therapy for psoriasis, or had a history of at least 5% body surface area (BSA) involvement.[37] New patients became eligible at their next regular visit.[37] In the analyses presented herein, we included patients who were currently receiving systemic or light therapy for a primary indication of plaque or palmoplantar psoriasis as defined by the treating clinician. We excluded patients whose indication for treatment was another variant of psoriasis.