Observational study to assess guselkumab adherence in clinical practice in patients with moderate-to-severe psoriasis

Borrás-Blasco, J[1]., Pagès-Puigdemont, N[2]., Domínguez Senín, L[3]., Gómez Zamora, M[4]., Ortiz de Urbina, J.J[5]., Martínez Bahamonde, F. J[6]., Alcalá Soto, A[7].,
Mercadal Orfila, G[8]., Cuervas-Mons, M[9]., Ramírez, E[10].

[1]H. de Sagunto, Valencia, Spain. [2]H. de la Santa Creu i Sant Pau, Barcelona, Spain. [3]H. Juan Ramón Jiménez, Huelva, Spain. [4]H. Son Espases, Islas Baleares, Spain. [5]H. de León, León, Spain.
[6]H. Universitario Santiago (CHUS), La Coruña, Spain. [7]H. Jerez de la Frontera, Cádiz, Spain. [8]H. Mateu Orfila, Islas Baleares, Spain
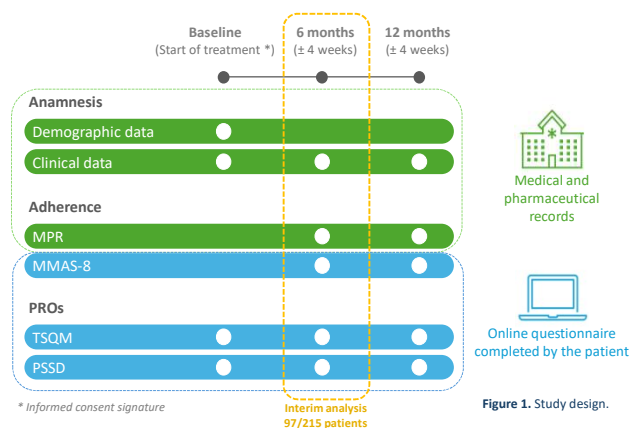[9]Janssen-Cilag, Madrid, Spain. [10]H. La Princesa, Madrid, Spain

Background and importance

- Despite the established relationship between **clinical outcomes and patient-reported outcomes (PROs), discrepancies** often arise between clinical remission and patients' perceptions of their symptoms.
- Integrating PROs is essential for comprehensive assessment, and effective monitoring and **optimization of biologic therapies** is especially important in implementing value-based healthcare for patients with psoriasis.

Aim and objectives

- The main objective is to assess 12-month **adherence to guselkumab in patients with moderate-to-severe psoriasis** in **real-world** clinical setting. Secondary objectives include the **relationship between adherence and PROs.**

Figure 1. Study design.

Materials and methods

- Observational, prospective multicentre study (39 centres) including adult patients with **moderate-to-severe psoriasis** who started **guselkumab** treatment.
- Baseline characteristics including **psoriasis area severity index (PASI), body surface area (BSA),** and **dermatology life quality index (DLQI)** were recorded.
- **Medication Possession Ratio (MPR)**[1] and **Morisky Medication Adherence Scale (MMAS-8)**[2] were used to assess optimal adherence (MPR ≥ 90% and/or MMAS-8 = 8).
- PROs questionnaires completed online included **medication satisfaction questionnaire (TSQM)**[3] and the **psoriasis signs and symptoms diary (PSSD)**[4].
- We present a **6-months interim analysis (Figure 1)**.

Results

- Of 215 patients (50.6 years, SD 11.9), 97 (45.1%) completed the 6-month visit.
- Mean psoriasis progression was 17.2 years (SD 13.56, n=149), 31.3% had psoriatic arthritis, 48.8% had ≥10% BSA, and 86.2% had previously received biologics **(Table 1)**.
- Mean basal PASI was 10.5 (SD 7.8, n=92), with 75.5% having PASI >5, and mean basal DLQI was 10.4 (SD 6.5, n=83) **(Table 1)**.

Demographic and clinical data at baseline

		N=215
Sex, n (%)	n=211	
Male		116 (55.0)
Female		95 (45.0)
Age (years), mean (SD)	n=211	50.6 (11.9)
BMI (Kg/m²), mean (SD)	n=200	28.6 (6.0)
Comorbidities, n (%)	n=211	152 (72.0)
Psoriatic Arthritis		66 (31.3)
Dyslipidaemia		65 (30.8)
Hypertension		57 (27.0)
Anxiety/ Depression		46 (21.8)
Time since the first symptoms (years), mean (SD)	n=149	17.2 (13.6)
Bio-experience treatment for psoriasis, n (%)	n=196	169 (86.2)
BSA ≥ 10 %, n (%)	n=162	79 (48.8)
PASI, mean (SD)	n=151	10.5 (7.8)
PASI > 5, n (%)	n=151	114 (75.5)
DLQI, mean (SD)	n=83	10.4 (6.5)

Table1. Demographic and clinical data at baseline

- **At 6 months**, 79 (n=94, 84.0%) patients were **adherent** according to MPR, 48 (n=62, 77.4%) according to MMAS-8, and 39 (n=60, 65.0%) combining MPR and MMAS-8 criteria **(Figure 2A)**.
- **At baseline,** TSQM for global satisfaction and PSSD lacked significant differences between adherent (combined assessment) and non-adherent patients **(Figure 2 B-C)**.
- **At 6 months,** mean (SD) TSQM scores were 80.5 (13.6) in adherent patients and 66.1 (18.2) in non-adherent (p=0.0010); mean (SD) PSSD symptoms and PSSD signs of adherent and non-adherent patients were 16.2 (15.7) and 35.1 (28.1) (p=0.0080) and 17.7 (15.3) and 36.6 (24.3) (p=0.0031), respectively **(Figure 2 B-C)**.
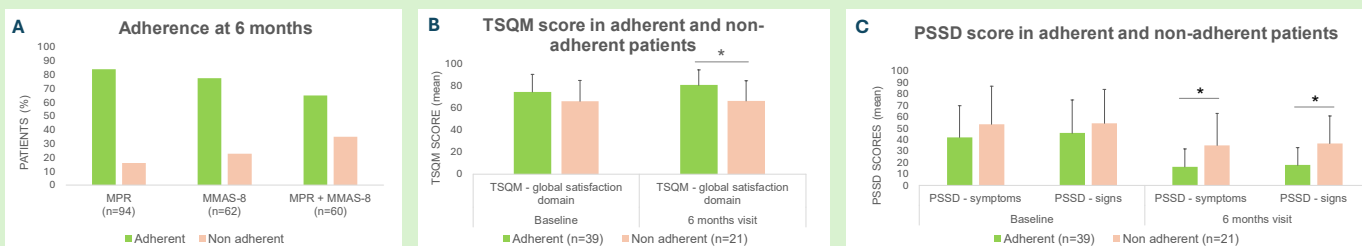
Conclusion and Relevance

- **At 6-months of guselkumab treatment,** a **significant proportion of patients** (>65%) remained **adherent** according to the three adherence criteria.
- **Adherent patients** have a **lower perception of psoriasis symptoms** and **higher satisfaction** with treatment compared to non-adherent.

Figure 2.

Figure 2. Percentage of adherent patients (A) after 6 months of guselkumab treatment according to indicated measures. Mean TSQM score for global satisfaction (B) and mean PSSD symptoms and PSSD signs scores (C) at baseline and after 6 months of guselkumab treatment in adherent and non-adherent patients, as determined by the combination of MPR and MMAS-8 criteria. (MPR ≥ 90% and/or MMAS-8 = 8) * p < 0.01

Abbreviations: *BMI: Body Mass Index; BSA: Body Surface Area; DLQI: Dermatology Life Quality Index; PASI: Psoriasis Area and Severity Index; TSQM: Treatment Satisfaction Questionnaire for Medication; PSSD: Psoriasis Symptoms and Signs Diary; MPR: Medication Possession Ratio; MMAS-8: Morisky Medication Adherence Scale*

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