

# ADHERENCE: Observational study to assess guselkumab adherence in clinical practice after 12 months of treatment in patients with moderate-to-severe psoriasis

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**Key message:** Our interim analysis suggest **adherent patients have lower perception of symptoms and less psoriasis signs** compared to non-adherent patients.

## Background and Importance

- **Discrepancies** between clinical remission and patients' perceptions of their symptoms are **common in psoriasis**. While clinical scores such as psoriasis area severity index (PASI) provide **objective measures** of disease activity, they may **not fully capture the patient experience**.
- **Integrating patient-reported outcomes (PROs)** is essential to complement clinical assessments and monitor **treatment effectiveness**.
- **Adherence to biologic therapies** is a key factor influencing long-term outcomes, yet its **relationship with PROs remains underexplored** in real-world settings.

## Aim and Objectives

- This study primarily aimed to assess 12-month **adherence to guselkumab** in patients with **moderate-to-severe psoriasis** in **routine clinical practice**, in Spain. Secondary objectives included exploring the association **between adherence and PROs**.

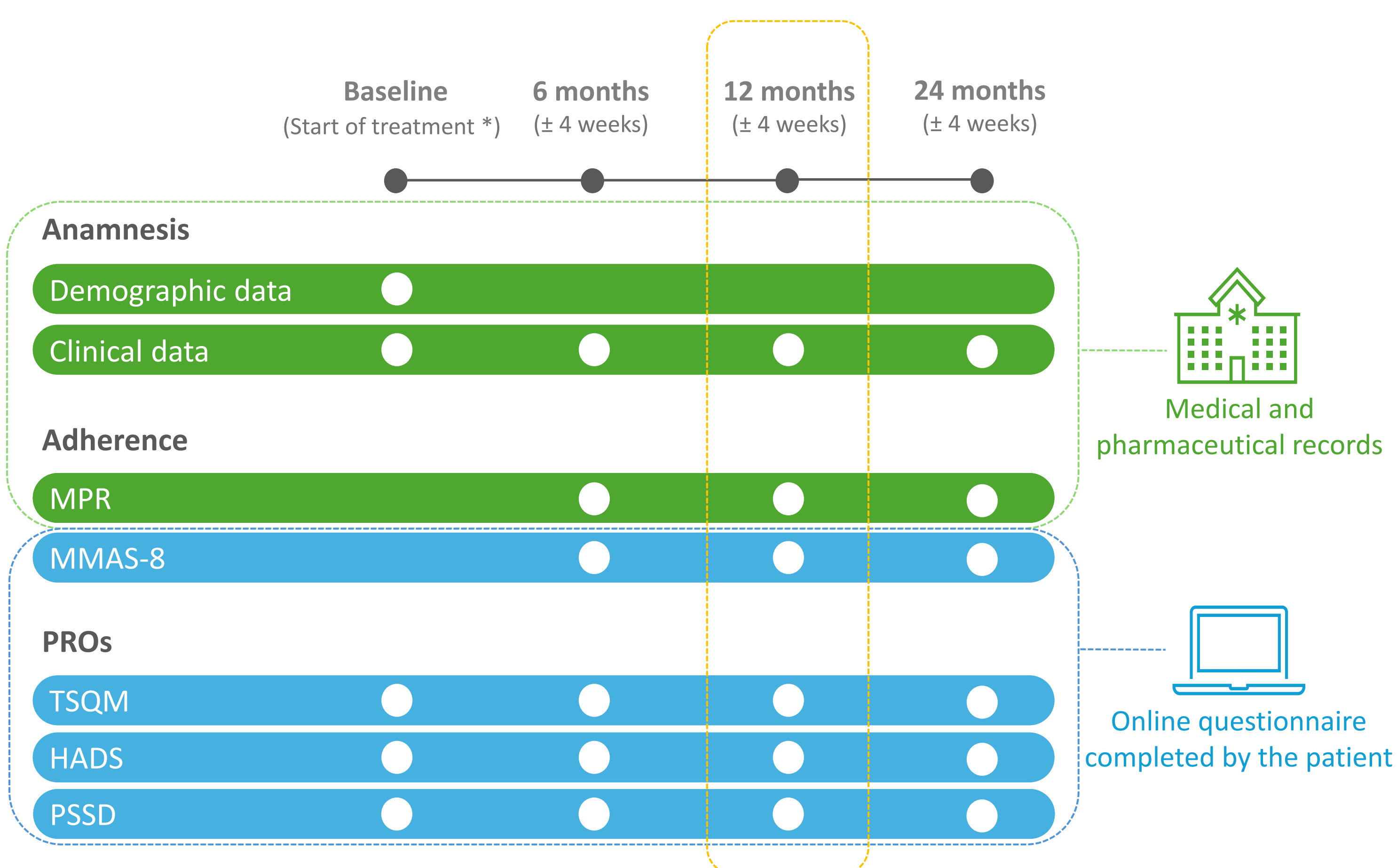


Figure 1. Study design.

\* Informed consent signature

MPR: Medication Possession Ratio<sup>1</sup>; MMAS-8: Morisky Medication Adherence Scale<sup>2</sup>; PROs: patient-reported outcomes; TSQM: Treatment Satisfaction Questionnaire for Medication<sup>3</sup>; HADS: Hospital Anxiety and Depression Scale<sup>4</sup>; PSSD: Psoriasis Symptoms and Signs Diary<sup>5</sup>;

## Materials and Methods

- Observational, prospective, multicentre study (39 centres) including adult patients with **moderate-to-severe psoriasis** who started **guselkumab** treatment.
- Baseline assessments included **psoriasis area severity index (PASI)**, **body surface area (BSA)** and **dermatology life quality index (DLQI)**.
- We present a **12-month interim analysis** at 09/2025 (Figure 1).

## Results

- Of 269 patients (mean age 50.8, SD 11.9), 142 (52.8%) completed the 12-month visit.
- At baseline, mean psoriasis duration was 16.5 years (SD 13.5 n=182), 35.3% had psoriatic arthritis, and 81.6% had previously received biologics. Mean basal PASI was 10.1 (SD 7.7, n=193) and mean basal DLQI was 9.8 (SD 6.5, n=107) (Table 1).

Table 1. Demographic and clinical data at baseline

Demographic and clinical data	N=269	
Sex, n (%)	n=269	
Male	145	(53.9)
Female	124	(46.1)
Age (years), mean (SD)	n=269	50.8 (11.5)
BMI (Kg/m <sup>2</sup> ), mean (SD)	n=256	28.7 (6.1)
Comorbidities, n (%)	n=269	
Hypertension	73	(27.1)
Dyslipidaemia	88	(32.7)
Psoriatic Arthritis	95	(35.3)
Anxiety/ Depression	62	(23.0)
Time since the first symptoms (years), mean (SD)	n=182	16.5 (13.5)
Bio-experience treatment for psoriasis, n (%)	n=266	217 (81.6)
BSA ≥ 10 %, n (%)	n=211	95 (45.0)
PASI, mean (SD)	n=193	10.1 (7.7)
PASI > 5, n (%)	n=193	137 (71.0)
DLQI, mean (SD)	n=107	9.8 (6.5)

- **At 12 months**, mean MPR was 96.7% (SD 14; range 46–229; n=142). **Adherence** according to MPR≥90%, MMAS-8≥6 and combining criteria is portrayed in Table 2.

- **Observed agreement** between MPR≥90% and MMAS-8≥7 was **84.1%** (95/113); There was no systematic difference between methods (McNemar p=0.804); κ=0.123.

Table 2. Patients adherent to treatment according to different criteria

Adherence	n	n (%)
MPR ≥ 90%	n=142	124 (87.3)
MMAS-8 ≥ 7	n=113	104 (92.0)
<b>Combined</b>		
MPR ≥ 90% + MMAS-8 ≥ 7	n=113	95 (84.1)

- **At baseline**, PROs were similar between adherent and non-adherent patients, except for HADS-anxiety (6.6 vs. 10.2; p=0.003) and HADS-depression (5.0 vs. 7.7; p=0.016) (Figure 2).

- **At 12 months**, trends favored adherent patients in HADS-anxiety (5.4 vs. 8.7; p=0.002), HADS-depression (4.4 vs. 7.2; p=0.019), PSSD-symptoms (17.2 vs. 31.6; p=0.026) and PSSD-signs (20.3 vs. 33.6; p=0.016) (Figure 2).

## Conclusion and Relevance

- **High adherence (>80%)** to guselkumab was observed over 12 months treatment.
- Our **preliminary findings** suggest a potential **association** between **adherence** and **improved patient-perceived outcomes**, particularly, psoriasis signs and symptom burden.
- Combining objective and subjective adherence measures may enhance sensitivity in detecting these differences. **These insights** may inform strategies to **optimize long-term psoriasis management**.

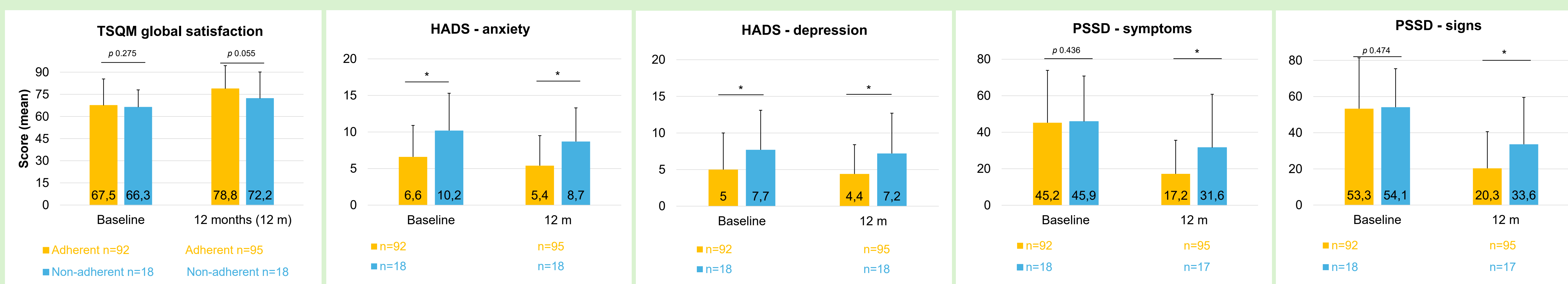


Figure 2. Mean scores of patient-reported outcomes (TSQM, HADS and PSSD) at baseline and after 12 months of guselkumab treatment in adherent and non-adherent patients, as determined by the combination of MPR and MMAS-8 criteria (MPR ≥ 90% and MMAS-8 ≥ 7). \*p < 0.03, with Mann-Whitney U test.

**References:** 1. Sperber, C., et al. Patient Prefer. Adherence Volume 11, 1469–1478 (2017). 2. Morisky, D. E., et al. J. Clin. Hypertens. 10, 348–354 (2008). 3. Atkinson, M. J. et al. Health Qual Life Outcomes 2 (2004). 4. Zigmond, A. S., et al. Acta Psychiatr. Scand. 67, 361-370 (1983). 5. Feldman, S. R. et al. J. Dermatology Dermatologic Surg. 20, 19–26 (2016).

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