IFPA
FORUM
EUROPE 2022

Theme 2

Access to care (early diagnosis and finance for care)

Psoriatic disease is an autoimmune disease that includes two specific inflammatory conditions. The two conditions, psoriasis and psoriatic arthritis, result from an overactive immune system.

There is no cure for psoriatic disease, but multiple treatments are available to manage the disease effectively. People with psoriatic disease can be spared much of the suffering caused by this common and complex condition. Dismantling the barriers to early and effective treatment is crucial for changing the prospects of people living with psoriatic disease[1]. Improving access to early diagnosis and suitable treatment for people with psoriatic disease requires universally accessible healthcare systems that provide people-centred care for patients with complex, lifelong conditions[1]. Without appropriate financing, providing appropriate care is improbable.

What is at stake?

Early diagnosis of inflammatory rheumatic diseases, such as psoriasis or psoriatic arthritis, is essential to reduce the risk of irreversible structural damage and the deterioration of physical function and improve long-term health outcomes[2]. Moreover, early diagnosis and interventions in psoriatic disease are important, as they can help avoid negative psychosocial consequences commonly associated with the condition[3]. Delays in the treatment of psoriatic arthritis may negatively impact mental health due to increased functional limitations and decreased quality of life[4]. Therefore, early diagnosis, routine depression screening and suicidality monitoring are crucial to reducing future psychiatric morbidity and mortality in patients with psoriatic disease[5]. Yet, many cases of psoriatic disease remain undiagnosed.

A lack of adequate screening tools can cause diagnostic delays, under-diagnosis, referral systems or long waiting times for rheumatology specialists[6,7,1]. Despite recent improvements in detection in Poland, which is on par with other European

About the thematic briefs

The 2022 IFPA Forum will bring together stakeholders from the psoriatic community to develop a roadmap for action and promote regional uptake and implementation of the recommendations put forward in the World Health Organization (WHO)'s Global Report on Psoriasis. The Forum discussion will focus on the most pressing unmet needs of people with psoriatic disease and the quality of care. It will be structured around the following five themes:

- **Psoriatic disease, mental health, stigma, and quality of life**
- **Health workforce**
- **Access to early diagnosis, proper treatment, and financing for psoriatic disease**
- **Involving patients and patient organisations in decision-making processes**
- **Digital transformation and telemedicine**

countries, it is estimated that one out of two psoriatic arthritis cases remain undiagnosed[8]. Around 1.1 million people, or 1.7% of the population in the UK, are diagnosed with psoriasis[9]. The figure rises to 2.78% when considering the estimated number of self-reported and undiagnosed cases[9]. In Europe, estimates of undiagnosed psoriatic arthritis among people with psoriasis vary between 10.9% and 29%[10].

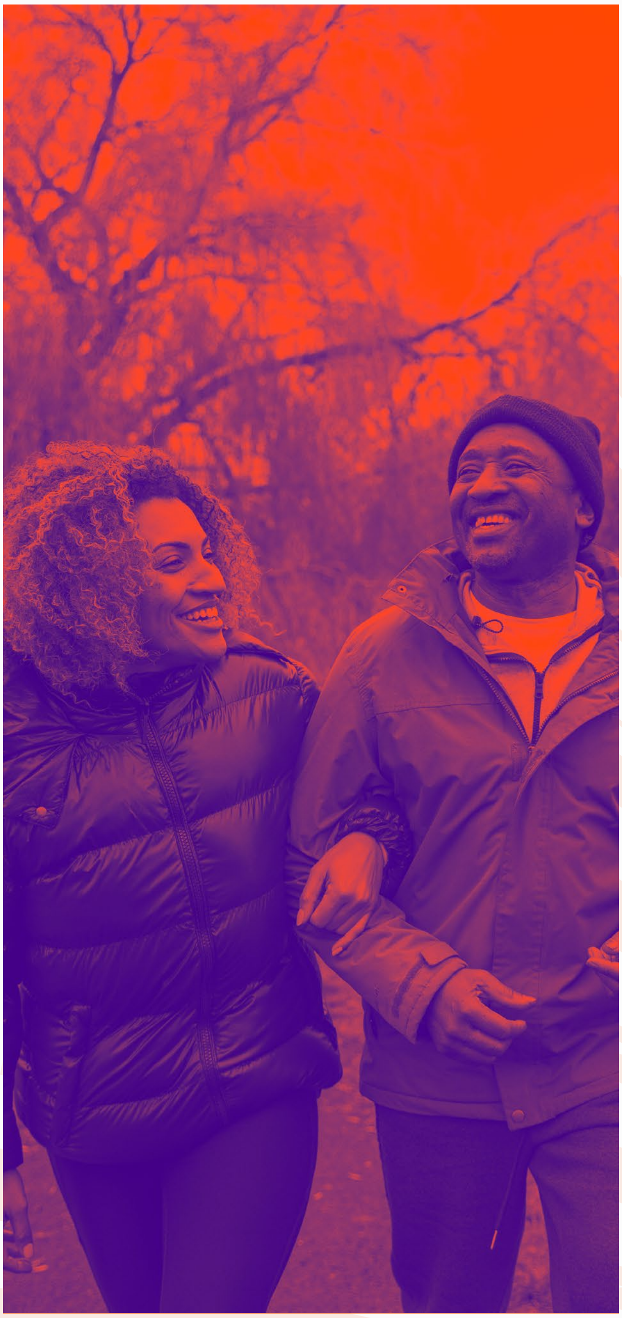
To improve early diagnosis and treatment, awareness of the importance of early detection and the early signs of the disease is vital. Recent improvement in awareness of psoriatic arthritis in Denmark is associated with a marked improvement in early diagnosis and treatment[6]. Generally, however, a lack of awareness among both patients and healthcare professionals remains common[6].

Policy and practice in Europe

In Europe, each country sets its guidelines, adapting the guidelines from the European League Against Rheumatism (EULAR) and/or the Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA)[11]. However, each country in Europe has a distinct health insurance or reimbursement system, which further complicates establishing unified, regional recommendations[12]. Reimbursement for pharmaceutical treatments for psoriasis also differs considerably between treatment options[13].

There are also several biological and biosimilar products approved for the treatment of psoriasis and psoriatic disease, contributing to improved treatment[14]. Biosimilar drugs significantly influence the reimbursement systems of most European countries[15]. They are approved for use because they have a highly similar safety and effectiveness profile to an originator or reference medicine. However, these biologic products are usually more affordable than the original drug and are often discounted[15]. As result, expenditure on the reimbursement of biosimilars is increasing as they are becoming more accessible to patients[15]. Even with insurance, some patients cannot afford psoriatic disease treatment. Economic disparities result in many patients not being adequately diagnosed and treated for financial reasons[11]. Available as a lower-cost to originator biologic products, biosimilars have the potential to lessen the economic burden and may offer cost savings that can be reinvested into the development of innovative treatment solutions for patients with psoriatic disease[14].

Biologic treatment of patients with psoriasis without psoriatic arthritis can reduce the occurrence of psoriatic arthritis[11]. At the same time, the disease course of psoriatic arthritis is not simple and knowing when to treat with it disease modifying antirheumatic drugs (DMARDs) remains contested[11]. It is further important to distinguish those who need early intervention with biologic drugs from those who do not so as not to overtreat mild disease patients and save costs[11]. There are no procedures or tests to quickly provide information about how psoriatic arthritis develops and how the disease will progress. Cases often remain undiagnosed, resulting in delayed treatments, poorer treatment outcomes, and long periods of suffering for patients. Diagnostic tools to evaluate disease phases and progression are required.



Actions for improving access to care

- There is a need to develop guidelines regarding the early detection and diagnosis of psoriatic disease. Furthermore, some standards regarding the adequate assessment of the phase of the disease should be established using uniform tools to assess and detect the severity of the disease[1].

- The use of digital technologies for health (eHealth) could help close the gap in care by enabling faster, more targeted, and more streamlined access to rheumatological care for people with psoriatic disease. eHealth solutions mainly include telemedicine and mobile technologies[16]. Guidelines for symptom checkers to direct people who need further medical attention should be established to minimise the diagnostic delay.

- Associations of medical specialists have a role in seeking consensus on the classification of psoriatic disease and standardisation of the definition of the disease phases using a unified methodology.

Key takeaway

Interventions for earlier diagnoses of psoriatic disease could improve monitoring and better disease control while simultaneously increasing the capacity of referral centres.

About IFPA

Founded in 1971, IFPA is the international federation of psoriatic disease associations. We are the psoriatic disease community. Our members represent over 60 million people living with psoriatic disease. Together, we advocate for progress.

1. World Health Organization. Global Report on Psoriasis. 2016. **2.** Global Psoriasis Atlas. Annual Report Year3:April 2019 - March 2020. 2020. 3.Haugeberg G, Lund Nilsen TI, Kavanaugh A, Thomsen RS, Gulati AM, Hoff M. Physical and Psychosocial Burden of Psoriatic Arthritis: Longitudinal Data From a Population- Based Study in Norway. Arthritis Care & Research. 2021;73(1):138-145. 4. Haroon M, Gallagher P, FitzGerald O. Diagnostic delay of more than 6 months contributes to poor radiographic and functional outcome in psoriatic arthritis. Annals of the rheumatic diseases. 2015;74(6):1045-1050. **5.!!! INVALID CITATION !!! 5.** **6.** Sørensen J, Hetland ML. Diagnostic delay in patients with rheumatoid arthritis, psoriatic arthritis and ankylosing spondylitis: results from the Danish nationwide DANBIO registry. Annals of the rheumatic diseases. 2015;74(3):e12. **7.** Belinchón I, Salgado-Boquete L, López-Ferrer A, et al. Dermatologists' role in the early diagnosis of psoriatic arthritis: expert recommendations. Actas Dermo-Sifiliográficas (English Edition). 2020;111(10):835-846. **8.** Tłustochowicz M, Wierzba W, Marczak M, et al. Trends in psoriatic arthritis epidemiology in Poland. Rheumatology international. 2021;41(1):139-145. **9.** The University of Manchester. New figures show Psoriasis affects 1.1 million people in Uk. https://www.manchester.ac.uk/discover/news/new-figures-show-psoriasis-affects-around-11-million-people-in-uk/. Published 2019. Accessed. **10.** Damiani G, Bragazzi NL, Karimkhani Aksut C, et al. The Global, Regional, and National Burden of Psoriasis: Results and Insights From the Global Burden of Disease 2019 Study. Front Med (Lausanne). 2021;8:743180. **11.** Hioki T, Komine M, Ohtsuki M. Diagnosis and Intervention in Early Psoriatic Arthritis. Journal of Clinical Medicine. 2022;11(7):2051. **12.** Kawalec P, Stawowczyk E, Tesar T, et al. Pricing and Reimbursement of Biosimilars in Central and Eastern European Countries. Frontiers in pharmacology. 2017;8:288-288. **13.** Souliotis K, Golna C, Kani C, Litsa P. Reducing patient copayment levels for topical and systemic treatments in plaque psoriasis as a case for evidence-based, sustainable pharmaceutical policy change in Greece. Journal of Medical Economics. 2016;19(11):1021-1026. **14.** Carrascosa J-M, Jacobs I, Petersel D, Strohal R. Biosimilar Drugs for Psoriasis: Principles, Present, and Near Future. Dermatology and therapy. 2018;8(2):173-194. **15.** Kawalec P, Stawowczyk E, Tesar T, et al. Pricing and Reimbursement of Biosimilars in Central and Eastern European Countries. Frontiers in Pharmacology. 2017;8. **16.** Gottlieb AB, Wells AF, Merola JF. Telemedicine and psoriatic arthritis: best practices and considerations for dermatologists and rheumatologists. Clinical Rheumatology. 2022;41(5):1271-1283.