

Addressing NCDs: Psoriasis and its Co-morbidities

SHARED OPPORTUNITIES FOR ACTION



Introduction

Noncommunicable diseases (NCDs) are now widely recognized as a major challenge to health and sustainable human development in the 21st century. NCDs are the leading cause of death and disability worldwide, responsible for 70% of global mortality¹, exacting a heavy and growing toll on the health and economic security of all countries. Notably, it is low- and middle-income countries (LMICs) and the poorest and most vulnerable populations which are hardest hit by these largely preventable diseases.



The primary focus of the global NCD response has been on four major diseases – namely cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases – and four risk factors – tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol – identified by the World Health Organization (WHO) and the UN as those responsible for the greatest burden. There is, however, a range of diseases and conditions - including mental and neurological disorders, autoimmune diseases such as psoriasis, bone and joint conditions such as osteoporosis and arthritis, and renal, oral, eye and ear diseases that

are linked to the four most prominent NCDs. Driven by similar risk factors, together with demographic changes including rapid urbanisation and ageing populations, these diseases are closely interconnected. Often, two or more NCDs manifest in the same individual, referred to as 'NCD co-morbidities'. NCD co-morbidities can occur because diseases share the same risk factors, or because some diseases predispose individuals to developing others. As a result, these conditions can benefit from a comprehensive and integrated response.

The Compounded Challenge of NCD Co-morbidities

NCD co-morbidities impose years of disability and compounded financial burden on those affected, their families, health systems, and national economies. While the prevalence of co-morbidities varies, it increases substantially with age in all countries, with higher rates in urban than rural areas², and disproportionately affecting those who are poorest. Social-economic inequalities are exacerbated for people living with co-morbidities, with the most drastic implications for those living in developing countries enduring a double burden of NCDs and chronic infectious diseases. NCD co-morbidities are associated with greater healthcare utilisation and financial burden including, in most cases, higher out-of-pocket expenditures - often more than double for NCD co-morbidities than for a single NCD. Globally, health systems are ill-equipped to respond to the challenges posed by NCD co-morbidities. In the first instance, health systems have evolved to address acute issues, rather than to provide the continuous care required for chronic conditions, including NCDs. Furthermore, many health systems are configured to

treat singular diseases in a siloed, vertical approach, which is inappropriate and ineffective for people living with NCD co-morbidities. Given the complexities involved in clinical management decisions, developing clinical practice guidelines on managing co-morbidities for primary care practitioners is vital. Stronger health systems underpinned by primary health care (PHC) are crucial to effectively manage NCDs. PHC is often the first gateway to health services for people with NCDs and plays a central coordinating role in the prevention, diagnosis and long-term management of chronic diseases. In order to address NCD co-morbidities, concerted efforts are needed not only for treatment of chronic diseases but also to reduce population risk factors for NCDs. This can be achieved through intersectoral health promotion and other primary and secondary prevention

Interconnected Diseases, Common Solutions

Since the UN Political Declaration on NCDs in 2011, governments have adopted a series of bold political commitments to guide the response and an ambitious global goal of achieving a 25% reduction in premature NCD mortality by 2025. However, progress to date has been insufficient and uneven. Of 174 countries featured in the 2015 WHO Progress Monitor on NCDs, only 29% have guidelines for the management of major NCDs, which is an essential first step towards provision of effective care. Even once this is achieved, there is an urgent need to move away from single-disease approaches, and to reorient health systems to integrate

care packages across multiple chronic conditions, through a holistic person centred approach. Health services need to be reorganised to address populations' needs holistically and effectively, and to make best use of resources, especially in settings where these are most limited. Within the broader context of universal health coverage (UHC), investment for health and adequate health insurance for all should be at the core of policies to promote better access to health services across populations and reduce out-of-pocket expenditures.

¹ WHO Global Health Estimates 2015: Deaths by Cause, Age, Sex, by Country and by Region, 2000-2015. World Health Organization, Geneva, 2016

² Lee JT et al. Impact of Noncommunicable Disease Multimorbidity on Healthcare Utilisation and Out-Of-Pocket Expenditures in Middle-Income Countries: Cross Sectional Analysis. PLoS ONE 2015; 10(7): e0127199

Psoriasis: A Noncommunicable Disease

Psoriasis is a severe chronic, noncommunicable, disabling, disfiguring and painful disease for which there is no cure. It affects over **125 million people** around the world, or nearly 3% of the world's³ population. Due to its complexity and impact, psoriasis is considered alongside other NCDs by WHO and reflected on when discussing the management of NCDs.⁴

People with psoriasis are at a greater risk of developing NCD co-morbidities, such as psoriatic arthritis (affecting around 30% of people with psoriasis⁵), diabetes, cardiovascular diseases, Crohn's disease, depression, cancer, metabolic syndrome and more.

PSORIASIS is an NCD that **affects**
125 MILLION PEOPLE
AROUND THE WORLD



PSORIATIC ARTHRITIS **30%** of PEOPLE LIVING
affects around **30%** WITH PSORIASIS

Global Policy Response

WHO Resolution on Psoriasis (WHA 67.9)⁶

In 2014, the advocacy on psoriasis, led by International Federation of Psoriasis Associations (IFPA), enabled achievement of a key milestone by having the WHO to adopt a Resolution on Psoriasis. The WHO and 194 Member States recognised psoriasis as a serious NCD. The Resolution encourages the Member States to take further advocacy actions on psoriasis, and fight stigmatization suffered by people with psoriasis. However, awareness about psoriasis, treatment, support and, in particular, equality of access to support and effective treatment remain to be critical areas of improvement.

WHO Global Report on Psoriasis⁷

The Global Report was adopted in 2016, as a direct follow up of the Resolution. The Report focuses on the public health impact of psoriasis and empowers decision makers and other stakeholders to take action on psoriasis.

³ **Psoriasis Media Kit.** National Psoriasis Foundation (USA). Online: <https://www.psoriasis.org/for-media/media-kit>

⁴ As per **WHO website** – 'Management of Non-Communicable Diseases'. Online: www.who.int/ncds/management/en/

⁵ **Strohal R et al.** on behalf of the Psoriasis Expert Panel. Psoriasis beyond the skin: an expert group consensus on the management of psoriatic arthritis and common co-morbidities in patients with moderate-to-severe psoriasis. *J Eur Acad Dermatol Venereol.* 2014 Dec;28(12):1661-9

⁶ **Resolution WHA67.9:** Psoriasis. World Health Organization, Geneva, May 2014. Available online: <https://ifpa-pso.com/wp-content/uploads/2017/01/WHO-Resolution-on-Psoriasis-WHA67.9-1.pdf>

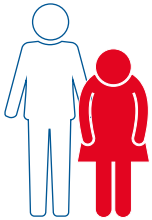
⁷ **WHO Global Report on Psoriasis.** World Health Organization, Geneva, 2016. Available online: <https://ifpa-pso.com/wp-content/uploads/2017/01/WHO-Global-Report-on-Psoriasis.pdf>

COMMON **MYTHS** ABOUT PSORIASIS

Psoriasis is a **SKIN DISEASE**

Symptoms of psoriasis are mostly visible on the skin; however, psoriasis is not only a skin condition.

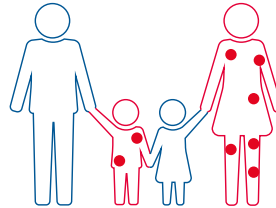
PSORIASIS IS A SEVERE, CHRONIC NCD



Psoriasis is **CONTAGIOUS**

PSORIASIS IS HIGHLY VISIBLE, BUT NOT CONTAGIOUS

It is not transmittable to/from another person by touch or close contact.



Psoriasis is **CAUSED BY POOR HYGIENE**

PSORIASIS HAS NOTHING TO DO WITH POOR HYGIENE

Among the factors that affect the onset of psoriasis are genetics, the immune system or external factors (stress, infection, skin injury, some medications etc.).



Psoriasis is **EASY TO DIAGNOSE**

MANY CONDITIONS THAT AFFECT THE SKIN LOOK ALIKE

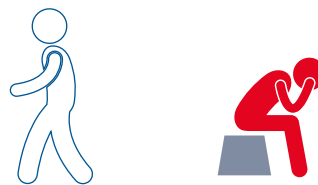
For example, early symptoms of psoriasis can look the same as eczema or atopic dermatitis. This sometimes hinders diagnosis.



Psoriasis only **AFFECTS PEOPLE PHYSICALLY**

Aside from the physical burden, psoriasis brings a strong emotional, social and economic impact.

PEOPLE WITH PSORIASIS OFTEN EXPERIENCE STIGMA, DISCRIMINATION AND EXCLUSION



Psoriasis **IMPOSES LOW COSTS on people and society**

Often, the economic impact of psoriasis increases with psoriasis severity. Severe psoriasis symptoms can force people to stay home from work or school. Also, medication for treating psoriasis can be expensive or not covered by health insurance, causing high out-of-pocket expenses for people with psoriasis.

PSORIASIS TREATMENTS CAN BOTH REQUIRE A LOT EFFORT AND BE TIME CONSUMING

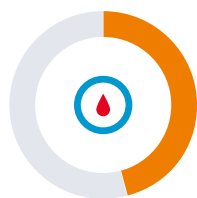
Psoriasis Co-morbidities – High on the NCD Agenda⁸

People with psoriasis are at greater risk of developing co-morbid conditions. What is notable about psoriasis co-morbidities is that all are NCDs. Psoriasis also shares the same risk factors - tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol – as other NCDs.

Diabetes and cardiovascular diseases are among the most severe psoriasis co-morbidities. At the same time, **diabetes** and **cardiovascular diseases** are two out of the four 'main NCDs' listed in the Global Action Plan for the Prevention and Control of NCDs (2013-2020), together with cancer and chronic respiratory diseases.

Due to the risk of co-morbidities, it is essential that psoriasis is addressed early, closely, holistically and efficiently. Below are examples on the connection between psoriasis and diabetes and cardiovascular disease, but the list is not exhaustive.

Psoriasis and DIABETES



People with
SEVERE PSORIASIS face a
46% higher risk of
DEVELOPING TYPE 2 DIABETES⁹

Because of this, it is recommended that people with psoriasis be screened regularly for diabetes, especially if their psoriasis is severe

Psoriasis and CARDIOVASCULAR DISEASES



People with
SEVERE PSORIASIS are
58% more likely to have a
MAJOR CARDIAC EVENT¹⁰

Treating the disease, regular screening and good lifestyle choices are prerequisites to reduce the risk of heart attack.

Recent research also reflects on the connection between psoriasis and cancer and psoriasis and chronic respiratory diseases. Studies are showing an increased risk among people with psoriasis for developing certain types of cancer (lung cancer, lymphoma and non-melanoma skin cancer)¹¹ as well as increased risk for developing chronic obstructive pulmonary disease (COPD)¹².

⁸ WHO Global Action Plan on Prevention and Control of Noncommunicable Diseases (2013-2020). World Health Organization, Geneva, 2013

⁹ Azfar AS *et al.* Increased Risk of Diabetes and Likelihood of Receiving Diabetes Treatment in Patients with Psoriasis. Archives of Dermatology 18: 1 - 6 Jun 2012

¹⁰ Mehta NN *et al.* Attributable Risk Estimate of Severe Psoriasis on Major Cardiovascular Events. Am J Med. 2011 Aug; 124(8): 775.e1–775.e6

¹¹ Chiesa Fuxench ZC *et al.* The Risk of Cancer in Patients With Psoriasis: A Population-Based Cohort Study in the Health Improvement Network. JAMA Dermatol. 2016 Mar;152(3):282-90

¹² Li X *et al.* Association between Psoriasis and Chronic Obstructive Pulmonary Disease: A Systematic Review and Meta-analysis. PLoS One. 2015 Dec 23;10(12):e0145221



Global Policy Response

The burden of NCDs represents a global challenge. Recognising that need, the United Nations convened the first UN High-Level Summit on NCDs, which resulted in a political declaration and a set of commitments. This was followed by a UN Review in 2014, to evaluate progress and identify gaps. The next report on the progress is expected in 2017 and the next UN High Level NCD Review is set for 2018.

To assist this work, a **Global Action Plan for the Prevention and Control of NCDs (2013-2020)** was adopted. The Action Plan focuses on four types of NCDs – diabetes, cardiovascular diseases, cancer and chronic respiratory diseases. These four types of NCDs make up the largest share of morbidity and mortality. The Plan also focuses on shared common risk factors – tobacco use, physical inactivity, unhealthy diet and harmful use of alcohol.

How Taking Action now makes a difference in 2018 and 2020

The forthcoming 2018 UN High Level NCD Review and Assessment provides an opportunity to explore new avenues which will bring us closer to achieving the targets set in the Global Action Plan for the Prevention and Control of NCDs (2013-2020).

The review will bring an additional political incitement for Member States to implement national action plans on psoriasis and propose psoriasis guidelines. Given the connection between psoriasis and other NCD co-morbidities, taking structured action on psoriasis is beneficial for the Member States' national NCD agendas.



Taking action on psoriasis is one of those avenues

Subject to the submission of additional evidence, a future update of Appendix III of the WHO Global NCD Action Plan could provide an opportunity to include early screening of psoriasis patients for diabetes and cardiovascular disease as a cost-effective intervention. A recent Social Return on Investment (SROI) study from Spain¹³ reveals that each euro invested in the ideal psoriasis management could yield a total social return of 5.04 EUR; 6.90EUR in diagnosis, 15.81 EUR in mild psoriasis, 1.95 EUR in moderate psoriasis and 2.05 EUR in severe psoriasis.

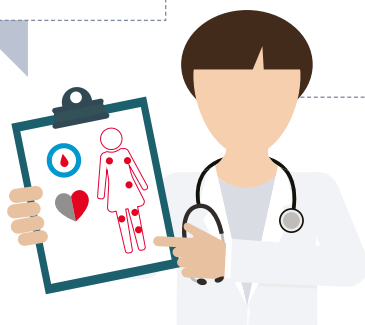
Taking action on psoriasis, globally, nationally and locally, is a cost-effective solution and a step in the right direction towards making health systems sustainable

¹³ González A *et al.* 'Retorno Social de la Inversión de un abordaje ideal de la psoriasis'. Instituto Max Weber, Madrid, May 2016

Why Action on Psoriasis is a Cost-Effective Solution

1 There is a **CONNECTION** between psoriasis and **diabetes** and psoriasis and **cardiovascular diseases**

2 Early **DIAGNOSIS** of diabetes and cardiovascular diseases is **beneficial for reducing their severity and the general NCD burden**



3 MEDICAL PROFESSIONALS who are able to perform early screening for psoriasis patients are inclined to screen for diabetes and cardiovascular diseases, thus going one step closer to **early diagnosis of both psoriasis and its co-morbidities**

4 FINANCING NCDs is one of the **biggest challenges in moving forward to reducing their burden**. Sustainable financing for NCDs is therefore a key priority for enabling a long term and integrated response to addressing psoriasis and other NCDs

Global Policy Response

The Global Psoriasis Coalition was set up as an outcome of the recommendations in the WHO Global Report on Psoriasis. **The overarching objective of the Coalition is to promote psoriasis in the NCD policy agenda 2018-2020, through research, policy, communication and advocacy.**



The Coalition is open to non-governmental organisations, professional societies, foundations, institutions, corporate partners and other relevant actors.

To join the cause and read more information about the Coalition, visit www.ifpa-pso.com

KEY FACTS

NCDs are
responsible for



**EARLY SCREENING OF
PSORIASIS PATIENTS
COULD HELP IN THE EARLY
DETECTION OF DIABETES
AND CARDIOVASCULAR
DISEASES AND HAS THE
POTENTIAL TO **REDUCE THE
BURDEN OF NCDs****



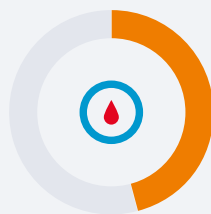
Each **euro invested** in the
ideal psoriasis management
could yield a total **social
return** of **5.04 €**

PSORIASIS is an NCD that **affects**

125 MILLION PEOPLE
AROUND THE WORLD



PSORIATIC ARTHRITIS **30%** of PEOPLE LIVING
affects around **30%** WITH PSORIASIS



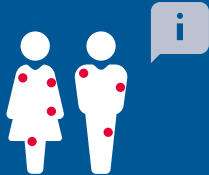
People with
SEVERE PSORIASIS face
46% higher chances of
DEVELOPING **DIABETES**



People with
SEVERE PSORIASIS are
58% more likely to have a
SERIOUS **CARDIAC EVENT**

KEY ACTIONS

FOR
PATIENTS/
INDIVIDUALS



CONTACT local psoriasis patient organisation to obtain information regarding possibilities for involvement, community support and activism

BECOME AN ADVOCATE for psoriasis and NCDs in your country

MOTIVATE behavior change in your community

SEEK SUPPORT, INFORMATION AND TREATMENT OF PSORIASIS

FOR NGOs



AT **NATIONAL LEVEL**, take part in joint initiatives on NCDs and raise the profile of psoriasis to your country's decision makers

AT **REGIONAL LEVEL**, approach WHO Regional Offices for the possibility to organise side events or other actions to raise the level of understanding about psoriasis

AT **GLOBAL LEVEL**, follow the developments around the global NCD agenda and be an active voice on NCDs and psoriasis

AT **ALL LEVELS**, work towards achieving behavior change among stakeholders regarding psoriasis and its importance in addressing the burden of NCDs

FOR
DECISION
MAKERS



IMPLEMENT the recommendations stated in the WHO Resolution on Psoriasis (WHA 67.9), WHO Global Report on Psoriasis and WHO Global Action Plan on NCDs

CREATE national guidelines / psoriasis action plans and reflect the needs of people with psoriasis in the discussions at global level

DEVOTE resources to support early screening of psoriasis patients within your country's health systems

TAKE ACTION on World Psoriasis Day (WPD) and take steps to promote WPD in international dialogue



NCD Alliance is a unique civil society network, uniting 2,000 organisations in more than 170 countries, dedicated to improving NCD prevention and control worldwide.

Today, our network includes national and regional NCD alliances, member associations of our seven steering group members, joined with global and national civil society organisations (CSOs), scientific and professional associations, academic and research institutions, and dedicated individuals. We have a diverse supporter base, including the International Federation of Psoriasis Associations. Together with strategic partners, including the WHO, the United Nations (UN) and governments, NCD Alliance works on a global, regional and national level to bring a united civil society voice to the global campaign on NCDs.

www.ncdalliance.org



INTERNATIONAL FEDERATION
OF PSORIASIS ASSOCIATIONS

IFPA is a non-profit umbrella organisation based in Stockholm, Sweden, gathering 56 national and regional psoriasis associations from all over the world.

For the past 45 years, IFPA has continuously sought to resolve the challenges facing the international psoriasis community.

In recent years, IFPA has seen some of the most inspiring developments ever in the history of psoriasis advocacy. A milestone in IFPA's advocacy work was the adoption of the WHO Psoriasis Resolution in 2014 (which officially recognised psoriasis as a chronic, noncommunicable, painful, disfiguring, and disabling disease for which there is no cure) and the publication of the WHO Global Report on Psoriasis in February 2016.

To keep up this advocacy momentum, and to answer to the developments with the global NCD agenda, IFPA recently launched the Global Psoriasis Coalition.

www.ifpa-pso.com