

Importance of treatment process and outcomes varies among patients with psoriasis

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Among patients with moderate to severe psoriasis, treatment options that are most compatible with their personal and professional life appear to be most important, and treatment location appears more important than probability and magnitude of treatment outcome, according to a report in the November issue of *Archives of Dermatology*.

"As a chronic debilitating inflammatory disease of the skin and joints, psoriasis can cause considerable [physical impairment](#)," the authors write as background information in the study. "The well-being of patients is influenced not only by the disease but also by its management. Many patients, especially those with severe psoriasis, are dissatisfied with the management of their disease and frustrated by the perceived ineffectiveness of treatments."

Marthe-Lisa Schaarschmidt, of the [Medical Faculty](#) Mannheim, Heidelberg University, Mannheim, Germany, and colleagues conducted a computerized survey of 163 patients age 18 years and older with moderate to severe psoriasis who received treatment at the University Medical Centre Mannheim between December 2009 and September 2010, to explore the relative importance of process attributes and outcome attributes associated with available treatment options for psoriasis. Process attributes measured included treatment location, frequency, duration, [delivery method](#) and individual cost, and outcome attributes measured included probability, magnitude and duration of

benefit; probability, severity and reversibility of [adverse events](#).

Averaged across all [study participants](#), the authors found that the attribute regarded as most important was treatment location (i.e., whether treatment would take place at home, in a physician's office, a clinic, or in the hospital), followed by probability of benefit and method of delivery. Among outcome attributes, participants considered the probability of benefit and magnitude of benefit as most important, followed by the probability of adverse events and duration of benefit. Severity of adverse event and reversibility appeared to be less relevant in the study population. Additionally, older participants appeared to be less concerned with the probability of benefit compared with younger individuals.

Among process attributes, participants reported treatment location, method of delivery, treatment frequency and treatment duration as important. Cost to be covered by the individual appeared to be least relevant. When adjusting for patient sex and marital status, no significant differences were found among treatment preferences; however, analysis showed that women and single participants tended to care more about the probability of improvement compared to men and participants living with a partner. On average, participants with an intermediate monthly household income reported that the duration of benefit was more important, and viewed the severity of adverse events as less important, compared with those participants with lower incomes. The importance of treatment cost covered by the individual did not appear to differ significantly between income groups.

"In conclusion, although patients with psoriasis attach significant importance to the probability and magnitude of benefit, it appears that process attributes, such as location and method of delivery of treatment, may be even more important," the authors write. "Incorporating preferences in shared decision making may facilitate treatment

adherence and optimize outcome."

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