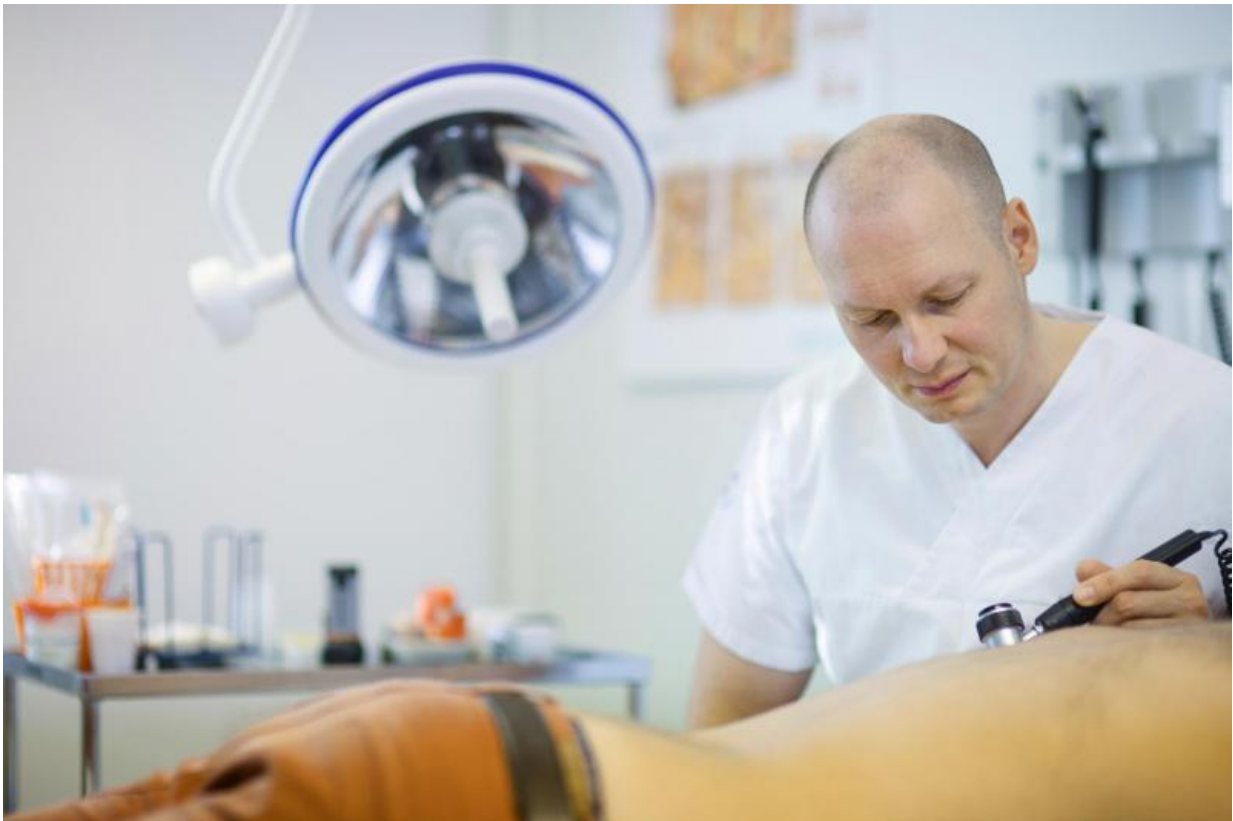


Psoriasis patients have reduced access to efficient treatment method with age

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Marcus Schmitt-Egenolf is a professor of Dermatology and Venereology at Umeå University in Sweden. Credit: Mattias Pettersson

A new study from Umeå University in Sweden shows that age plays a huge role when it comes to patients' access to psoriasis treatment.

Researchers who have examined if patients of varying ages have the same access to the most efficient psoriasis treatment, found that an age increase of 30 years resulted in an average 65 per cent reduction in likelihood of obtaining treatment with biologics. The study is described in an article published in the *British Journal of Dermatology*.

A group of researchers led by Marcus Schmitt-Egenolf at Umeå University has, in a cohort study, investigated the effects of ageing in terms of access to modern pharmaceuticals in psoriasis healthcare. The study, which is the first of its kind, found that elderly patients have reduced access to the relatively new [treatment](#) of psoriasis using biologics. Biologics are medications that either target T-cells or block [immune system protein](#) and is more efficient but also more expensive than the corresponding, conventional and systematic treatment. The study shows that the patient's access to this treatment method was reduced with every year of ageing.

"This result indicates that there are huge differences in access of treatments with biologics between patients who seem the same in all other aspects apart from age," says Marcus Schmitt-Egenolf, professor of dermatology at the Department of Public Health and Clinical Medicine at Umeå University and senior author of the article.

"The differences are becoming increasingly clear if you compare a mother to her daughter and supposes that there is a 30-year age difference. The chances for the mother to start a treatment with biologics are then a third in comparison to the daughter and the only reason for this is her age."

The unequal access to the treatment method shows that improvements are needed in order to reduce the inequality in clinical praxis. Further research is needed to investigate how much of this is affected by the patient's own choice.

By analysing health data from 1,465 patients with psoriasis, researchers involved in the study have been able to use a model which measured what effect ageing had on the probability of starting a treatment with biologics. The study took into account variables such as gender, BMI, comorbidity (having other illnesses than psoriasis), assessed severity of psoriasis, and the educational level of the patient. These variables are known to affect prescription of biologics and were chosen to enable researchers to objectively assess the effects of age alone.

Psoriasis is a long-lasting autoimmune disease characterised by patches of abnormal skin. It affects around 2-4 per cent of the population. In contrast to mild psoriasis, which can be treated with creams. Patients with moderate to [severe psoriasis](#) often need regular and systematic treatment, and many of these [patients](#) start treatment with biologics when other medicines show no effect. The first treatment with biologics, which in general either targets T-cells or block immune system protein, was approved for [psoriasis](#) treatment in Sweden in 2004. Its medications are highly efficient, but expensive.

More information: K. Geale et al. Evaluating equity in psoriasis healthcare: a cohort study of the impact of age on prescription biologics, *British Journal of Dermatology* (2015). [DOI: 10.1111/bjd.14331](https://doi.org/10.1111/bjd.14331)

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