Psoriasis: management of psoriasis

Guideline review questions

Chapter	Review questions	Outcomes
Assessment	In people with psoriasis (all types), which are the most effective tools to assess the (a) severity and (b) impact of disease across all levels of healthcare provision and at any stage of the disease journey?	• Construct validity – convergent and divergent • Inter-rater reliability • Intra-rater reliability • Internal consistency • Repeatability • Practicability • Sensitivity to change
Assessment	In people with psoriasis (all types), which is the most accurate diagnostic tool compared with clinical diagnosis by a rheumatologist to help a non-specialist identify psoriatic arthritis?	• Sensitivity • Specificity • Positive predictive value • Negative predictive value • Likelihood ratios
Assessment	In people with psoriasis (all types) and suspected psoriatic arthritis, how quickly should referral to a specialist be made in order to minimise the impact of disease on symptoms, joint damage and quality of life?	• Quality of life : HAQ, EQ5D • Disease symptoms/signs: pain, tenderness, joint swelling (or second-line therapy as a surrogate) • Joint damage: clinical, radiological (e.g. Sharp, Larsen, Steinbrocker) • Biochemical markers : CRP and ESR • Mortality • Cardiovascular events
Assessment	Are people with psoriasis at higher risk than people without psoriasis for significant comorbidities and are there subgroups within the psoriasis population at a further increased risk?	• Incidence of comorbidities • Incidence of mortality
Assessment	In people with psoriasis (all types) who have been exposed to coal tar, phototherapy (BBUVB, NBUVB and PUVA), systemic therapy or biologic therapy, what is the risk of skin cancer compared with people not exposed to these interventions and which individuals are at particular risk?	• Melanoma skin cancer • Non melanoma skin cancer (stratified as squamous cell carcinoma and basal cell carcinoma)
Topicals	In people with chronic plaque psoriasis of the trunk and/or limbs, what are the clinical effectiveness, safety, tolerability, and cost effectiveness of topical vitamin D analogues, potent or very potent corticosteroids, tar, dithranol and retinoids compared with placebo or vitamin D analogues, and of combined or concurrent vitamin D analogues and potent corticosteroids compared with potent corticosteroid or vitamin D alone?	• Clear/nearly clear or marked improvement (at least 75% improvement on Investigator's assessment of overall global improvement (IAGI) or clear/nearly clear/minimal (not mild) on Physician's Global Assessment (PGA)) • Clear/nearly clear or marked improvement (at least 75% improvement on Patient's assessment of overall global improvement (PAGI) or clear/nearly clear/minimal (not mild) on Patient's Global Assessment)

Chapter	Review questions	Outcomes
		• Percentage change in PASI • Change in DLQI • Duration of remission • Time-to-remission or time-to-maximum effect • Withdrawal due to toxicity • Withdrawal due to lack of efficacy • Skin atrophy
Topicals	In people with psoriasis at high impact or difficult-to-treat sites (scalp, flexures, face), what are the clinical effectiveness, safety, tolerability and cost effectiveness of vitamin D analogues, mild to very potent corticosteroids, combined or concurrent vitamin D analogue and potent corticosteroid, pimecrolimus, tacrolimus, tar, dithranol and retinoids compared with placebo, corticosteroids or vitamin D analogues.	• Clear/nearly clear or marked improvement (at least 75% improvement on Investigator's assessment of overall global improvement (IAGI) or clear/nearly clear/minimal (not mild) on Physician's Global Assessment (PGA)) • Clear/nearly clear or marked improvement (at least 75% improvement on Patient's assessment of overall global improvement (PAGI) or clear/nearly clear/minimal (not mild) on Patient's Global Assessment) • Percentage change in PASI • Change in DLQI • Duration of remission • Time-to-remission or time-to-maximum effect • Withdrawal due to toxicity • Withdrawal due to lack of efficacy • Skin atrophy
Phototherapy	In people with psoriasis (all types), what are the clinical effectiveness, safety, tolerability and cost effectiveness of BBUVB, NBUVB and PUVA compared with each other or placebo/no treatment?	• PASI75 • PASI50 • Change in PASI • Clear or nearly clear (minimal residual activity/PASI>90/0 or 1 on PGA) • Relapse (time-to-event data if available otherwise ordinal data accepted) • Time (or number of treatments) to remission/max response • Change in DLQI • Burn (grade 3 erythema or grade 2 erythema with >50% BSA involved) • Cataracts
Phototherapy	In people with psoriasis (all types), what are the clinical effectiveness, safety, tolerability and cost effectiveness of acitretin plus UVB (NBUVB and BBUVB) and acitretin plus PUVA compared with their monotherapies and compared with each	• PASI75 • PASI50 • Change in PASI • Clear or nearly clear (minimal

Chapter	Review questions	Outcomes
	other?	residual activity/PASI>90/0 or 1 on PGA) • Relapse (time-to-event data if available otherwise ordinal data accepted) • Time to remission/maximum response • Change in DLQI • Burn (grade 3 erythema or grade 2 erythema with >50% BSA involved) • Cataracts • Number of UV treatments (as a surrogate for cumulative dose)
Phototherapy	In people with psoriasis (all types), what are the clinical effectiveness, safety, tolerability and cost effectiveness of UVB (NBUVB or BBUVB) combined with dithranol, coal tar or vitamin D analogues compared with UVB alone or topical therapy alone?	• PASI75 • PASI50 • Change in PASI (mean improvement); • Clear or nearly clear (minimal residual activity/PASI>90/0 or 1 on PGA); • Relapse (time-to-event data if available otherwise ordinal data accepted) • Time to remission/max response; • Change in DLQI • Burn (grade 3 erythema or grade 2 erythema with >50% BSA involved); • Cataracts; • Number of UV treatments (as a surrogate for cumulative dose)
Systemic therapy (second-line, non-biologic)	In people with psoriasis (all types), what are the clinical effectiveness, safety, tolerability and cost effectiveness of systemic methotrexate, ciclosporin and acitretin compared with each other or with placebo?	• PASI75 • PASI50 • Change in PASI • Clear or nearly clear (minimal residual activity/PASI>90/0 or 1 on PGA); • Improvement (for PPP) • Relapse (time-to-event or relapse rate as a surrogate measure) • Time to remission/maximum response • Change in DLQI • Severe adverse events: Methotrexate (MTX): hepatotoxicity, marrow suppression and pneumonitis Acitrein: hyperlipidaemia, hepatotoxicity, skeletal AEs and cheilitis Ciclosporin (CSA): renal impairment, hypertension, gout and

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		hyperuricaemia • Withdrawal due to toxicity
Methotrexate and risk of heptotoxicity	In people with psoriasis (all types) who are being treated with methotrexate, are there specific groups who are at high risk of hepatotoxicity?	• Biopsy grade • Biopsy grade progression • Periportal inflammation • Fatty change • Fibrosis • Cirrhosis • Abnormal liver function tests
Methotrexate and monitoring for hepatotoxicity	In people with psoriasis (all types) who are being treated with methotrexate or who are about to begin treatment with methotrexate, what is the optimum non-invasive method of monitoring hepatotoxicity (fibrosis or cirrhosis) compared with liver biopsy?	• Sensitivity • Specificity • Positive predictive value • Negative predictive value • Likelihood ratios
Sequencing of biologic therapy	In people with chronic plaque psoriasis eligible to receive biologics, if the first biologic fails, which is the next effective, safe and cost effective strategy?	• PASI75 • PASI50 • Change in PASI • Clear or nearly clear (minimal residual activity/PASI>90/0 or 1 on PGA); • Relapse (time-to-event data if available otherwise ordinal data accepted) • Time to remission/maximum response • Change in DLQI • Severe adverse events • Withdrawal due to toxicity
Cognitive behavioural therapy	In people with psoriasis (all types), how effective are cognitive behavioural therapy (group and individual) interventions alone or as an adjunct to standard care compared with standard care alone for managing psychological aspects of the disease in reducing distress and improving quality of life?	• Reduced distress/anxiety/depression (change in Hospital Anxiety and Depression Scale (HADS)/Beck Depression Inventory (BDI)/Speilberger State Trait Anxiety Inventory (STAI)) • Reduced stress (change in Psoriasis Life Stress Inventory (PLSI)) • Improved quality of life (change in Dermatology Life Quality Index (DLQI)/Psoriasis Disability Index (PDI)) • Reduced psoriasis severity (change in PASI)
Self-management	What strategies can best support people with psoriasis (all types) to self-manage the condition effectively?	• Patient satisfaction • Concordance with treatment • Reduced distress/anxiety/depression (change in HADS) • Reduced disease severity (change in PASI)

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		• Reduced stress (PLSI) • Improved quality of life (change in DLQI/PDI) • Service use