

# Patient Perspectives on the Prevalence and Burden of Intertriginous Psoriasis: Results From a National Survey of Adults With Psoriasis in the United States

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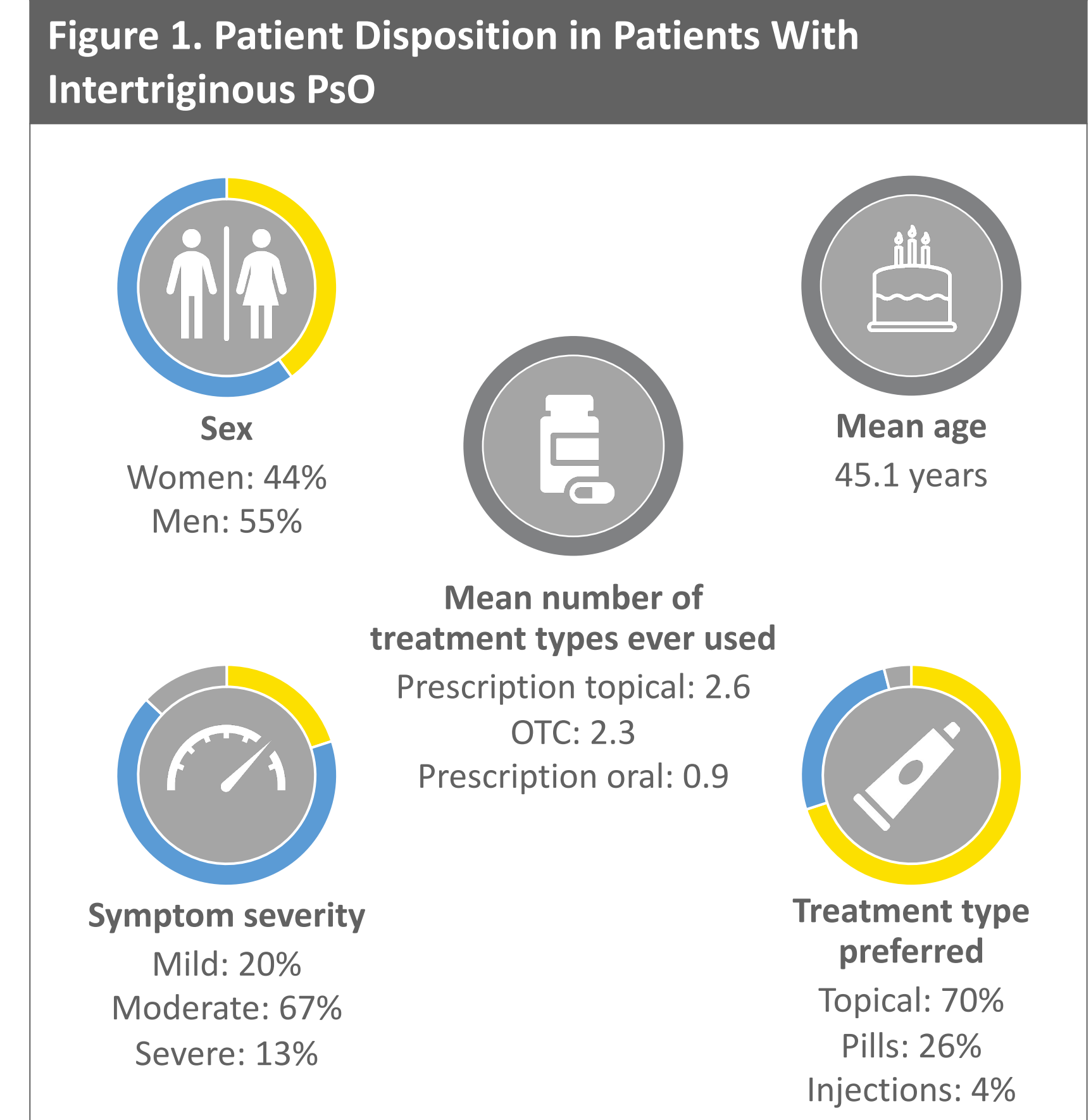
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## INTRODUCTION

- Psoriasis affects about 3% of adults,<sup>1</sup> with prevalence of intertriginous involvement estimated at 3.2%–36%<sup>2</sup>
- A survey was conducted by the Harris Poll in the U.S. to understand the perspectives and burden of patients with plaque psoriasis (PsO) who use topical treatments to manage their disease
- This poster presents results from the subset of patients with psoriasis involvement in intertriginous areas

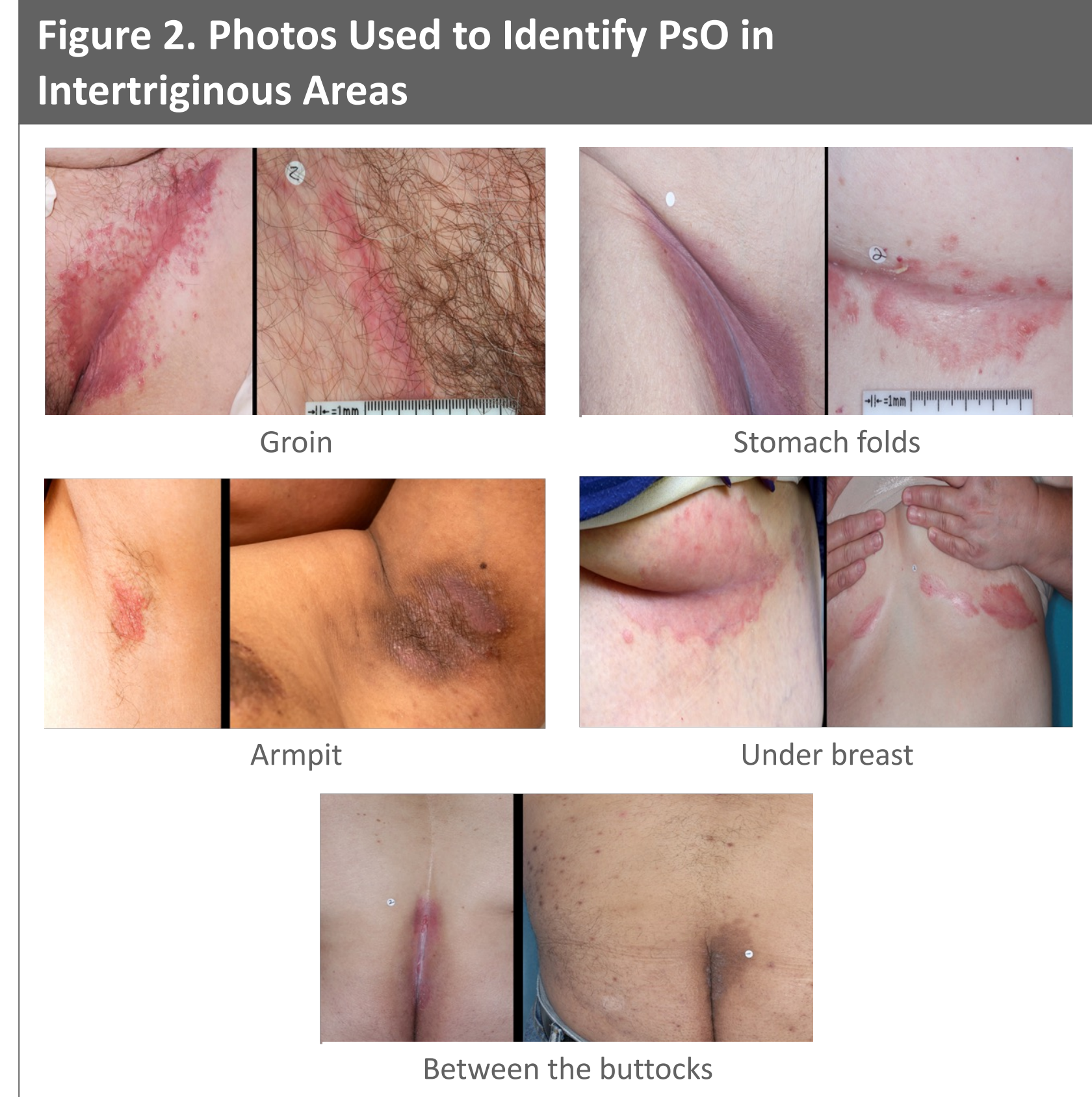
## METHODS

- The survey was conducted online October 21 through November 24, 2021, among 507 U.S. adults aged 18+ years diagnosed with psoriasis by a healthcare provider (Figure 1)



OTC: over the counter; PsO: plaque psoriasis. Patients with intertriginous area psoriasis, n=320.

- Participants had to use a topical treatment and not use a prescription injectable treatment for their psoriasis
- Response percentages were adjusted using a propensity score variable to adjust for respondents' propensity to be online and a model using ranked weights and Random Iterative Method weighting
- Patients with psoriasis in intertriginous areas were those who reported exhibiting symptoms in intertriginous areas when presented with a list of areas of the body or when aided with pictures in this area (Figure 2)
  - 10% of patients overall reported having genital psoriasis, but genital involvement is not included in the intertriginous assessment



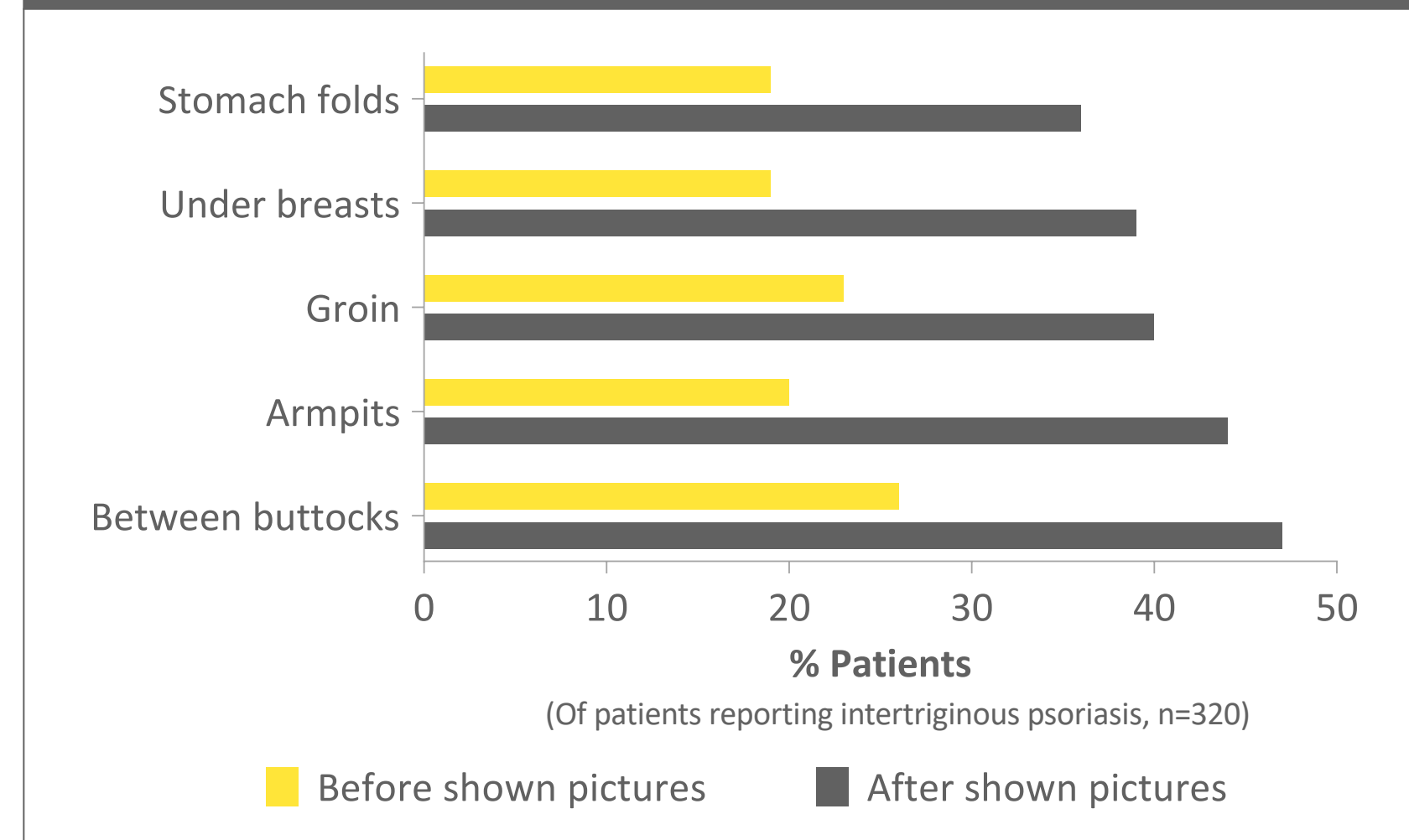
PsO: plaque psoriasis.

## RESULTS

### Patient-Reported Psoriasis Signs and Symptoms in the Intertriginous Area

- Of the 507 respondents, 320 (64%) patients with PsO reported having had symptoms in intertriginous areas during the course of their disease, with between buttocks and armpits being the most commonly affected
- 40% of patients with psoriasis intertriginous area involvement did not report their PsO involved intertriginous areas until after they saw pictures of PsO in these areas (Figure 3)

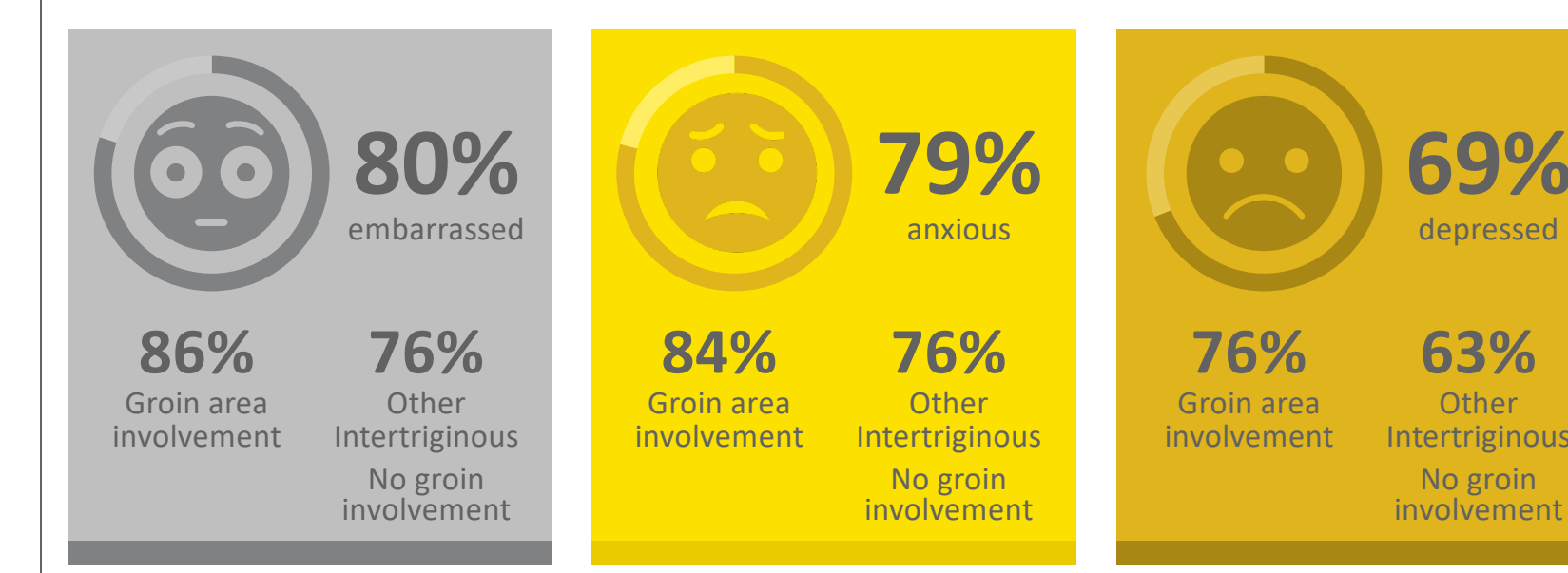
### Figure 3. Patients Reporting Symptoms in Intertriginous Areas Before Versus After Being Shown Pictures



### Patient-Reported Burden of Intertriginous Psoriasis

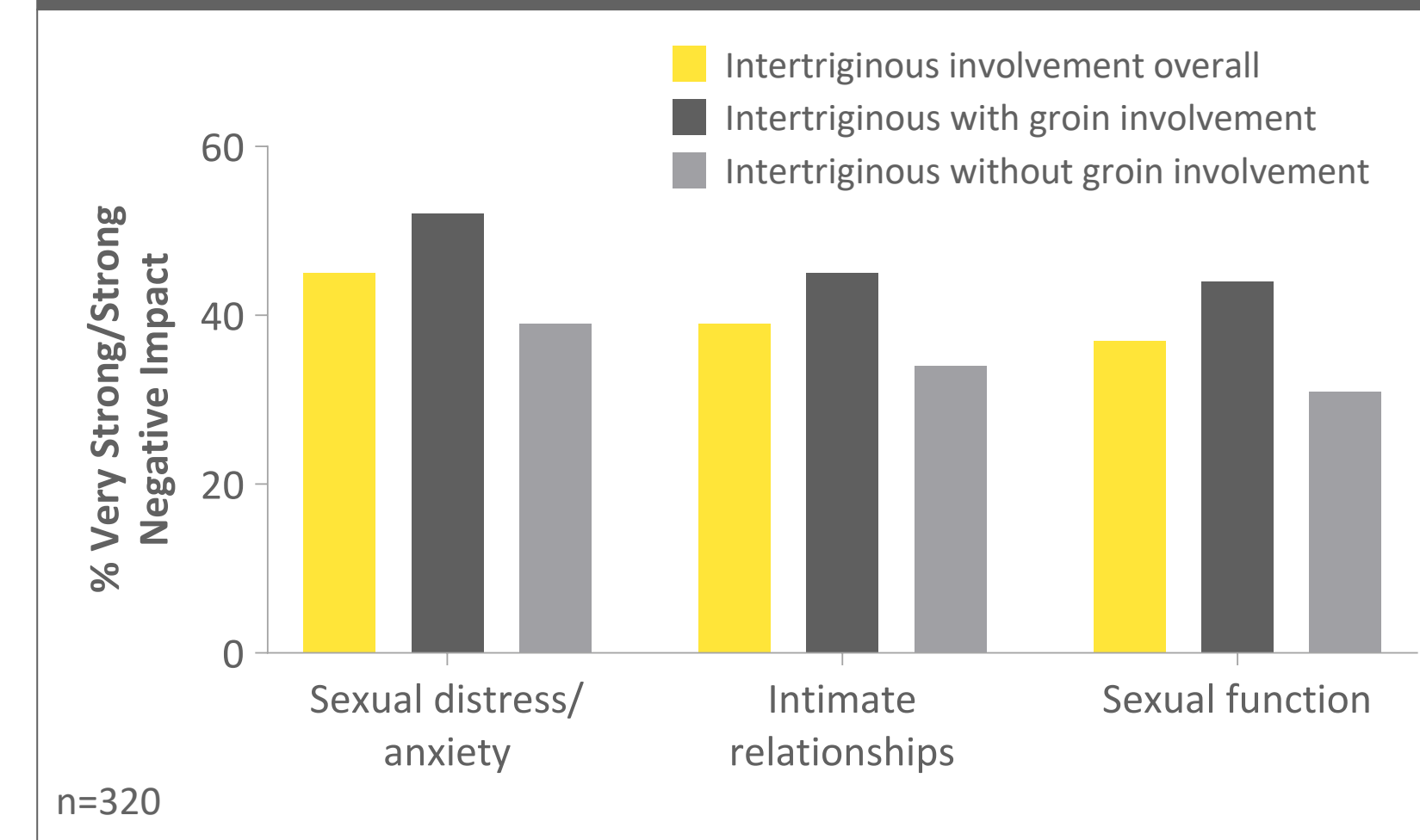
- PsO in intertriginous areas has a negative impact on patients' lives, particularly their emotional well-being and their sex lives
- In the subset of patients with intertriginous psoriasis (n=320)
  - Patients with PsO in intertriginous areas reported that it makes them feel embarrassed (80%), anxious (79%), or depressed (69%)
  - Reported rates of emotional impact were numerically higher in patients with groin involvement (Figure 4)

### Figure 4. Patient-Reported Burden of Intertriginous Psoriasis



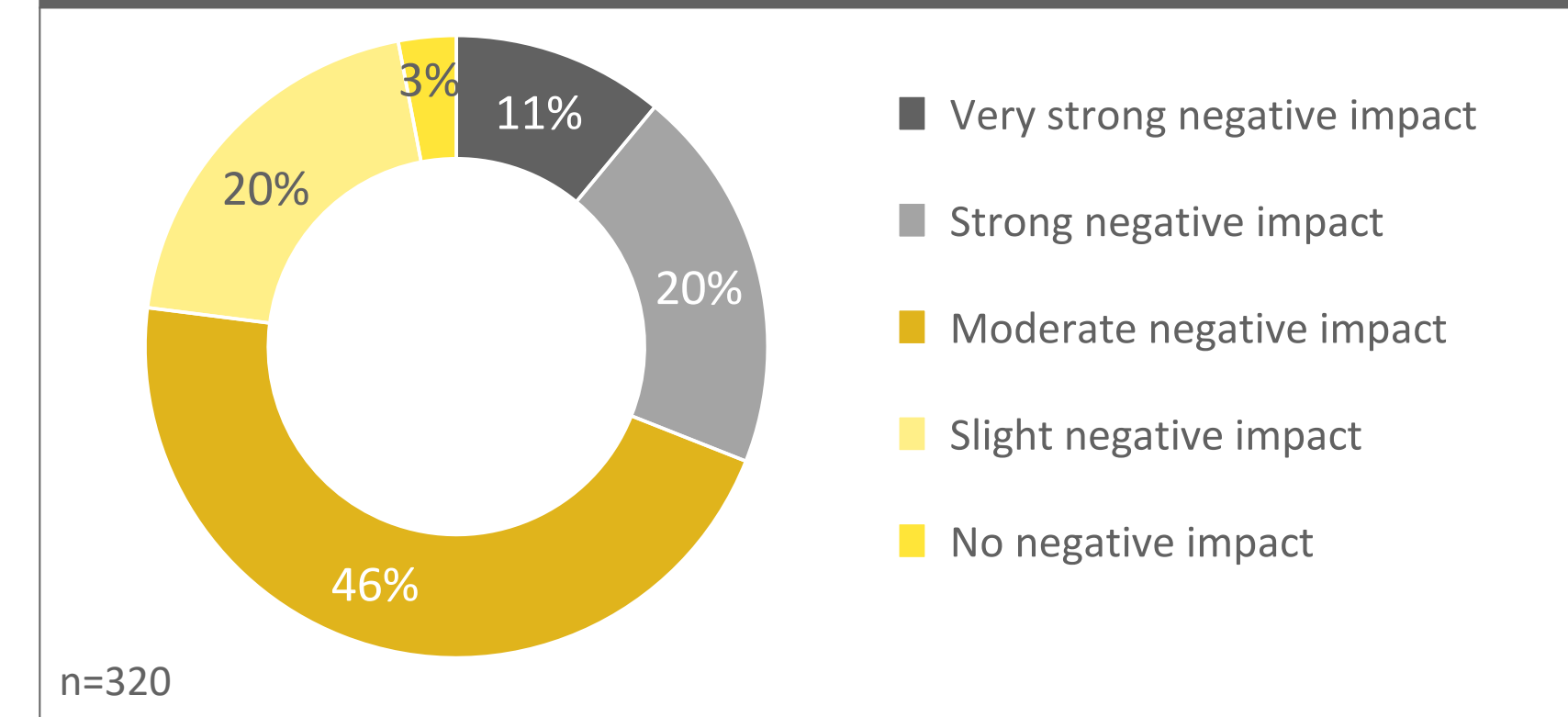
- Intertriginous area PsO (n=320) particularly impacts patients' intimate and sexual relationships
  - Patients reported intertriginous PsO having a very strong or strong negative impact on sexual distress/anxiety (45%), intimate relationships (39%), and sexual function (37%; Figure 5)
  - Patients with groin involvement reported numerically higher rates of impact

### Figure 5. Patient-Reported Very Strong/Strong Negative Impact of Intertriginous Area Psoriasis on Sexual Health



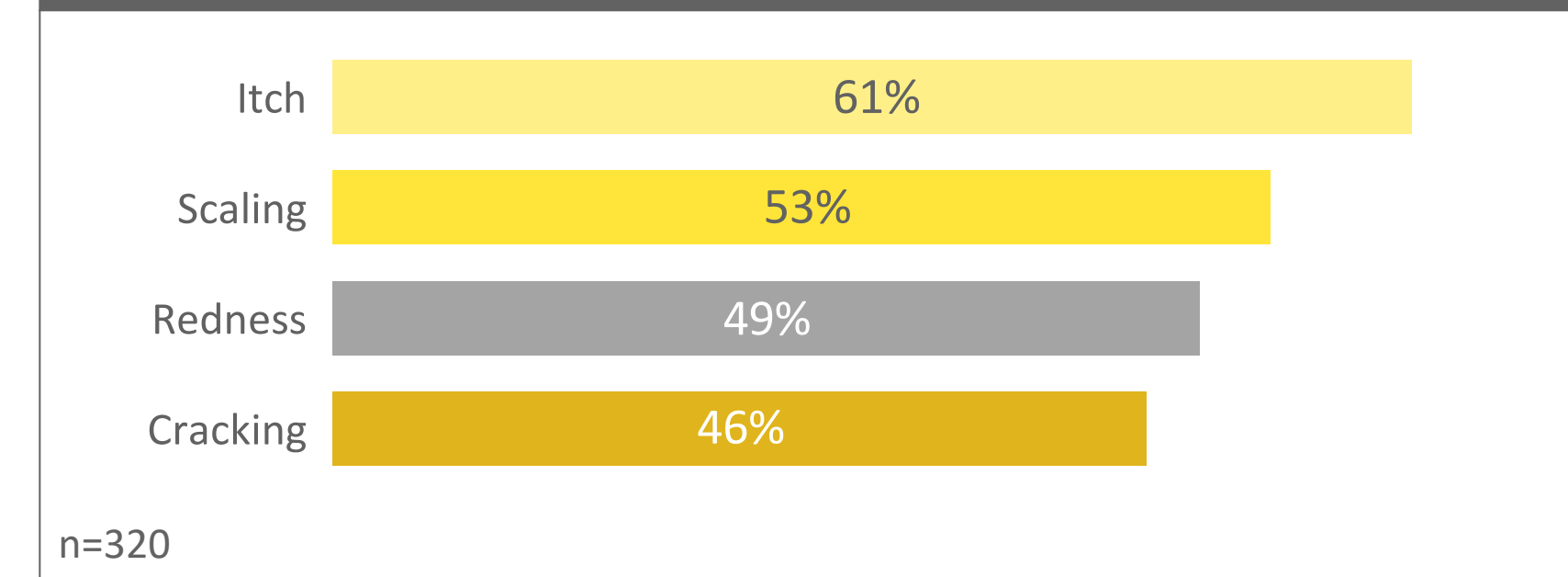
- Nearly all participants (97%) say their intertriginous PsO has some effect on their overall quality of life, and most (66%) say this impact is slightly or moderately negative (Figure 6)
  - Patients reporting a "very strong negative impact" on their quality of life was numerically higher in patients with groin involvement (16%) versus no groin involvement (6%) and in females (15%) versus males (6%)

### Figure 6. Level of Negative Impact of Psoriasis in Intertriginous Areas on Overall Quality of Life



- Symptoms that cause the largest negative effects on the quality of life of those with PsO in intertriginous areas are itching (61%), scaling (53%), redness (49%), and skin cracking (46%) (Figure 7)

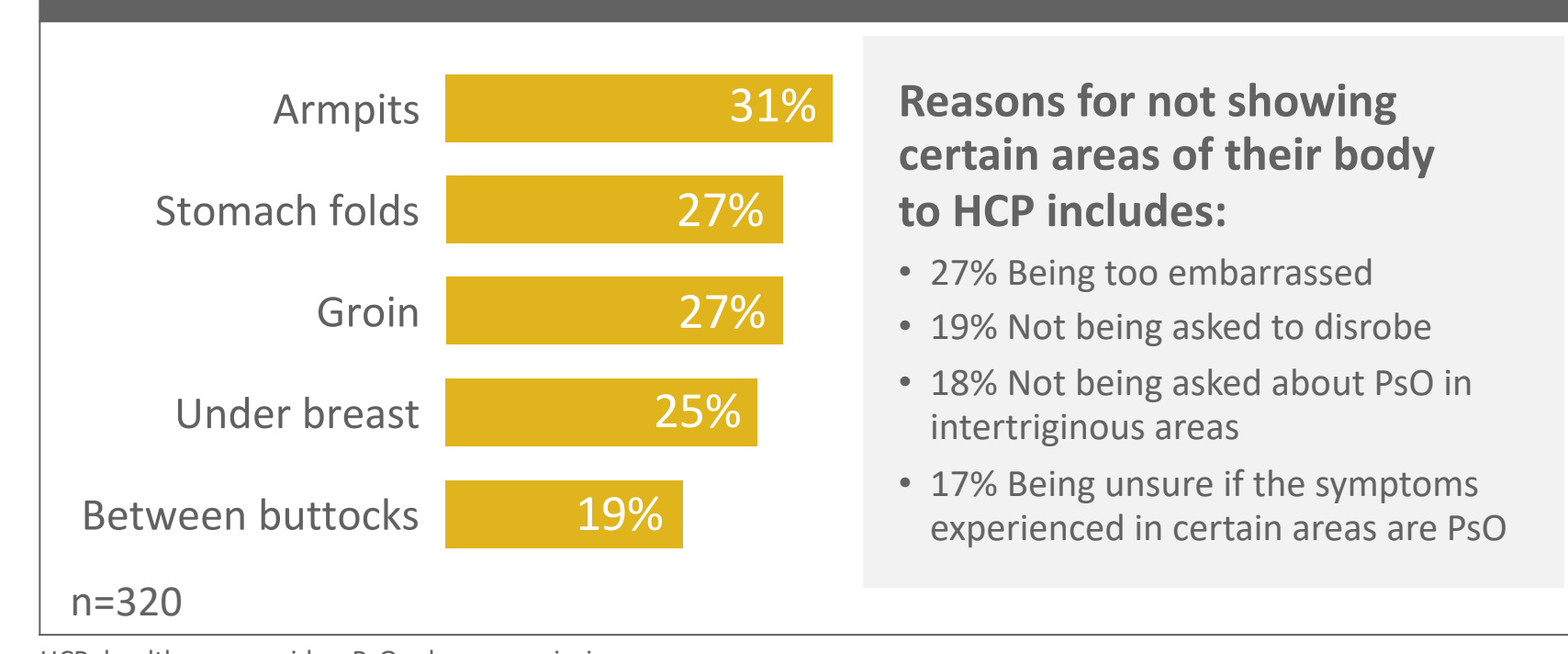
### Figure 7. Patients' Psoriasis Signs and Symptoms Negatively Impacting Quality of Life



### Patients' Perspective on Healthcare Provider (HCP) Visits

- Typical patient visits with HCPs about PsO vary, with some patients disrobing and others remaining fully clothed
  - Although 70% of patients with intertriginous area involvement showed their psoriasis to HCPs, the most common area of intertriginous involvement was least likely to be shown to an HCP
  - Of patients reporting intertriginous involvement, between the buttocks was the most common area (47%)
    - Yet only 19% of patients showed this area of their body to their HCPs (Figure 8)

### Figure 8. Most Common Intertriginous Areas Shown to HCPs

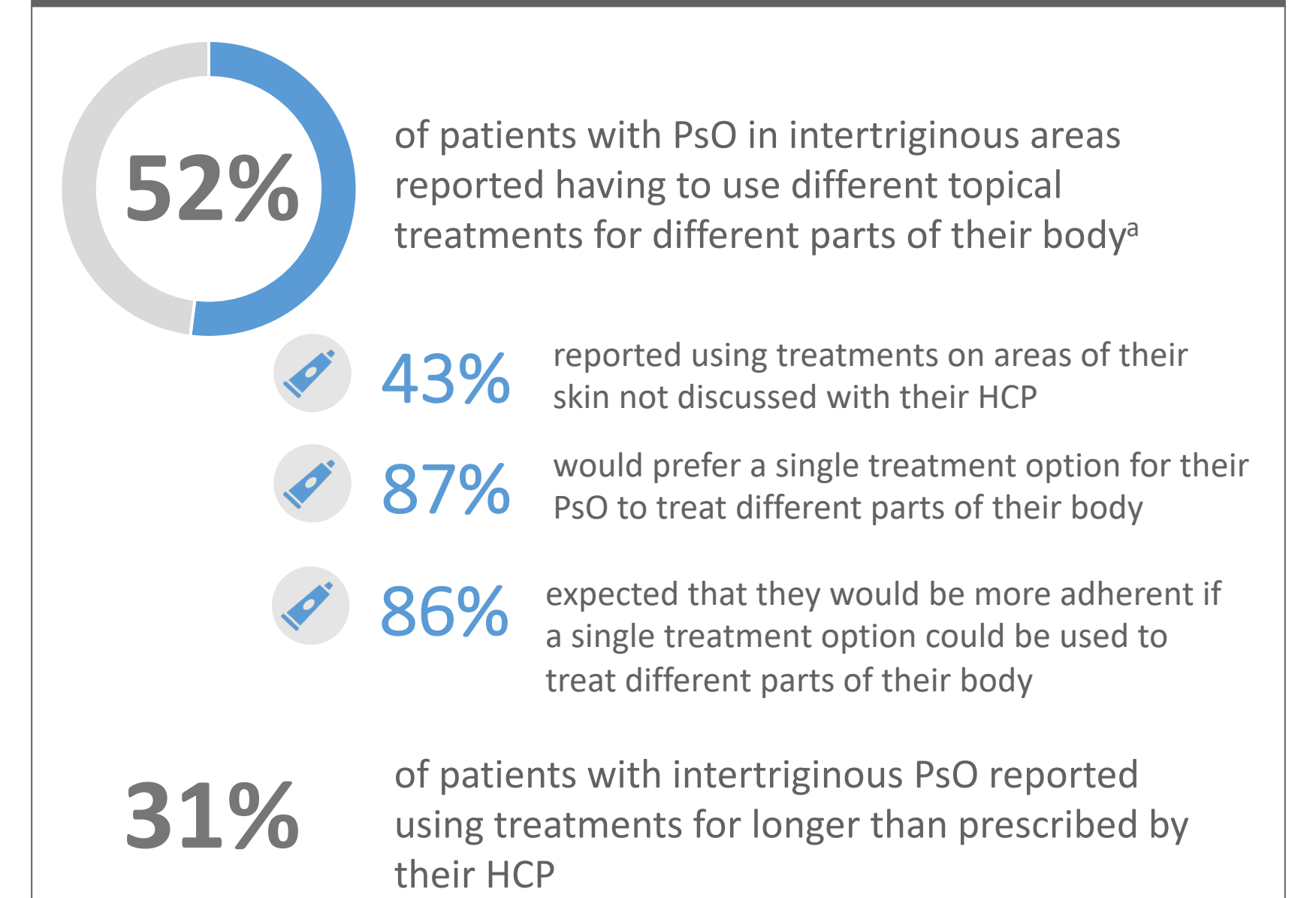


HCP: healthcare provider; PsO: plaque psoriasis.

**Reasons for not showing certain areas of their body to HCP includes:**

- 27% Being too embarrassed
- 19% Not being asked to disrobe
- 18% Not being asked about PsO in intertriginous areas
- 17% Being unsure if the symptoms experienced in certain areas are PsO

### Figure 9. Treatment Patterns and Preferences of Patients With Intertriginous Involvement



<sup>a</sup>Patients with intertriginous plaque psoriasis (PsO; n=320); patients with intertriginous PsO using multiple treatments for different body areas (n=168).

## CONCLUSIONS

- Almost 2 in 3 patients with PsO reported symptoms in intertriginous areas at some point in the course of their disease
- PsO in intertriginous areas has a negative impact on patients' lives, particularly their emotional well-being and their sexual health
- Typical protocols for HCP visits seem to range from some patients disrobing, whereas others remained fully clothed
- Intertriginous areas where patients are most likely to exhibit symptoms are also the areas that they are least likely to show an HCP
- Most patients with PsO in intertriginous areas who are using different topical treatments for different parts of their body feel that the ability to use a single treatment would be beneficial and increase adherence (Figure 9)

## REFERENCES

- Armstrong AW, et al. *JAMA Dermatol* 2021;157:940–946.
- Dopytalska K, et al. *Reumatologia* 2018;56:392–398.

## DISCLOSURES

AA is an investigator and consultant for Arcutis Biotherapeutics, Inc. and received grants/research funding and/or honoraria; RCH is an employee of Arcutis Biotherapeutics, Inc. Additional disclosures can be provided on request.

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