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P107 Clinical priorities when treating psoriasis: insights from a real-world data study of tildrakizumab
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Achieving clear skin when treating psoriasis is the clinical priority for some clinicians, but it may not be the priority for all patients; wellbeing may be more important. To gain insights into the relative importance of clear skin for wellbeing, we retrospectively reviewed real-world data from four specialist dermatology departments in England and Scotland. We assessed the evolution in absolute Psoriasis Area and Severity Index (PASI) and Dermatology Life Quality Index (DLQI) scores in 122 adults treated with tildrakizumab for plaque psoriasis, to determine whether a reduction in PASI scores to <3 or <1 was needed to achieve a DLQI of 1 or 0.

Mean age was 49 years (range 17–82). Median time since diagnosis was 18 years (range 4–67). Median time on treatment with tildrakizumab was 9 months (range 1–21). At baseline, the median PASI score was 12 (range 0–40) and median DLQI was 20 (range 0–30). The proportion of patients with PASI <3 increased from 6% at baseline to 60% at final visit, and with PASI <1 from 3% to 48%. The proportion of patients with PASI <1 was greater for patients having >52 weeks of data (61%) than for patients having >28 weeks of data (52%). The median DLQI score at baseline was 20 (range 0–30) and that at final visit was 1 (range 0–22). The proportion of patients with a DLQI of 0 or 1 increased from 4% at baseline to 54% at final visit. The proportion of patients with a DLQI of 0 or 1 was no different for patients having >52 weeks of data (52%) than for patients having >28 weeks of data (66%). An improvement in the PASI score to <1 or <3 was accompanied by a reduction in DLQI to 1 or 0, but it was not a requirement. Tildrakizumab demonstrated substantial improvement in psoriasis signs and in patient quality of life comparable with other interleukin (IL)-23 inhibitors in UK clinical practice. The PASI score decreased and was maintained in line with the thinking that IL-23p19 antagonists such as tildrakizumab have good survival. An improvement in the PASI score to <1 or <3 may not be necessary for a patient to feel that their life is unaffected by their psoriasis. It may be prudent for clinicians to prioritize patient wellness and durability of treatment rather than aim for clear skin in every patient.

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