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## Challenging "Good Enough" in Psoriasis Care: The Call for Clear Skin

### Announcer:

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Personal opinions and thoughts are Dr. Armstrong's own. Dr. Armstrong serves as a paid consultant for AbbVie.

### Dr. Armstrong:

There is an ongoing risk of miscommunication between us and our psoriasis patients, and we see it take shape in our shared treatment goals and expectations.

Our patients have a strong desire to attain clear skin, and we know this based on an increasing recognition of both physical and psychosocial burdens of disease. But patients can be reluctant to verbalize this need to us, and in some cases, they may not actually be aware of the very real possibility of attaining almost to completely clear skin.

Likewise, on our end, clinicians can sometimes become passive to the expectation that our patients will speak up if they're dissatisfied with their treatment, and we may be reluctant to disrupt a treatment plan to achieve clearer skin without an active complaint.

But, here is what we do know: Our psoriasis patients have reported that having clear skin would allow them to take part, with greater comfort, in activities such as lying on a beach, swimming, wearing whichever clothes they like, or exercising in public. And when patients choose not to do these things because of their psoriasis, they may experience feelings of stigmatization, depression and social isolation.

So, with that in mind, we need to set concrete therapeutic goals for our patients with moderate to severe psoriasis, so that they can achieve clear or almost clear skin.

Clinical trials of systemic therapies have shown a clear correlation between a reduction in psoriasis severity and a reduction in the negative impact to the patient's health-related quality of life, as measured by the Dermatology Life Quality Index, or DLQI. And to a patient, the difference between clearer skin, such as PASI 75, versus clear or almost clear skin, such as PASI 90 to 100, is significant, not only in terms of how their skin looks, but also in terms of the impact on their quality of life.

And the difference between PASI 90 and PASI 100 is significant as well. For instance, studies have shown 30% more patients reporting their psoriasis having no effect on quality of life after achieving completely clear skin, compared to those who achieved almost clear skin.

So, this isn't just a subtle difference to our patients, and hopefully it shouldn't be one to us either.

And over the recent decades, as our understanding of psoriasis immunology has increased, the psoriasis treatment landscape has evolved. Until the 1990's, psoriasis was thought to be a disease of disordered keratinocyte proliferation and differentiation, but continuing evidence supports the concept that psoriasis is a T-cell mediated, inflammatory skin disease, affecting genetically predisposed individuals. The IL-23/Th17 axis has since been shown to be a key pathway of psoriatic pathology, leading to the development of psoriasis treatments that specifically target this axis.

And, there is now a wider acceptance of clear or almost clear skin as an achievable treatment target, so much so that both national and international guidelines have revised the recommended treatment goals. For the first time, PASI 100 response has been noted in a guideline, and clear or almost clear skin is now a unifying target.

So, when we put all of this together, it makes sense as to why traditional expectations of treatment are becoming outdated in psoriasis care, for both dermatologists such as myself, and our patients. Whenever we can, we need to make clear or almost clear skin an achievable target, and a shared therapeutic outlook.

**Announcer:**

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VERSION 1.0 | APRIL 2021 | ABBV-US-00444-MC