

# Treatment patterns among patients with generalized pustular psoriasis

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## Treatment patterns for patients with newly diagnosed GPP vary over time, reflecting the absence of standardised care for patients



### PURPOSE

- The aims of this claims-based study were to describe the types of medications prescribed for patients with GPP following incident diagnosis and the variances in treatment over time

### INTRODUCTION

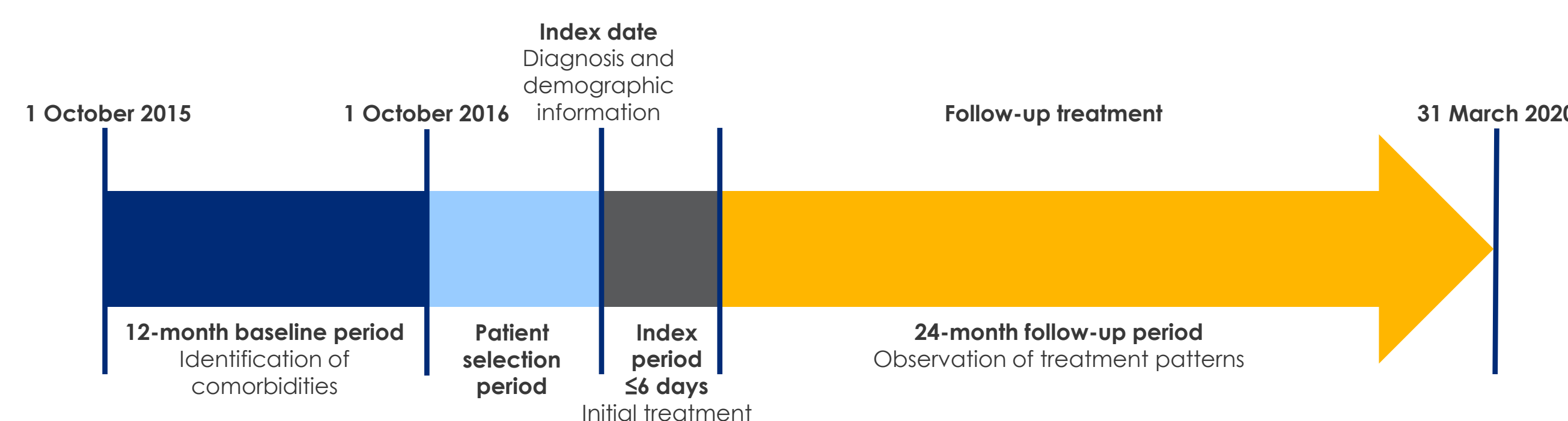
- GPP is a rare, potentially life-threatening neutrophilic skin disease, characterised by widespread eruption of sterile pustules that coalesce to form lakes of pus, which significantly impairs patient quality of life<sup>1,2</sup>
- Complications of GPP, such as septic shock, cholangitis and respiratory abnormalities, including pneumonia and acute respiratory distress syndrome, may lead to mortality<sup>3</sup>
- With no approved treatments in Europe or the USA, and no standard guidelines for GPP management, patients may be prescribed topical corticosteroids, oral retinoids or other systemic treatments<sup>4</sup>

### CONCLUSIONS

- The majority of patients with GPP did not receive systemic treatment within the first month of diagnosis
- Oral steroid use increased from Month 1 to Month 24, while biologics only increased from Months 1 to 3, but decreased thereafter
- No single treatment dominated, with treatment for most patients changing over time
- Limitations of the present study are inherent to the use of claims-based data; the potential for inaccurate, incomplete or missing data
- These results indicate that the absence of standardised care for patients with GPP contributes towards the unmet needs of these patients

### METHODS

- Design: observational, retrospective cohort study using health claims data from the Optum Clinformatics Data Mart database. Optum is a large commercial health insurer comprising >65 million patients in the USA
- Inclusion criteria: patients aged ≥18 years, with a new diagnosis of GPP (ICD-10 L40.1), 12 months' insurance enrolment prior to diagnosis, with ≥1 inpatient or ≥2 outpatient claims ≥30 and ≤180 days apart, but no GPP claims during the 12-month baseline period
- Analysis: descriptive, no statistical comparisons



### RESULTS

Baseline demographics			
Measures	N=528	Measures	N=528
<b>Age, years</b>		<b>US census region, n (%)</b>	
Mean ± SD	61.1 ± 15.3	Midwest	106 (20.1)
Range	19–89	Northeast	73 (13.8)
<b>Age group, n (%)</b>		South	261 (49.4)
18–64 years	268 (50.8)	West	88 (16.7)
≥65 years	260 (49.2)	<b>Insurance payer, n (%)</b>	
<b>Gender, n (%)</b>		Commercial	235 (44.5)
Female	336 (63.6)	Medicare*	293 (55.5)

\*Medicare is a national health insurance programme in the USA provided by the US Federal Government for persons aged ≥65 years, younger persons with disabilities, and those with end-stage renal disease.

Of the 528 patients, most patients were women, with Medicare as the most common insurance payer

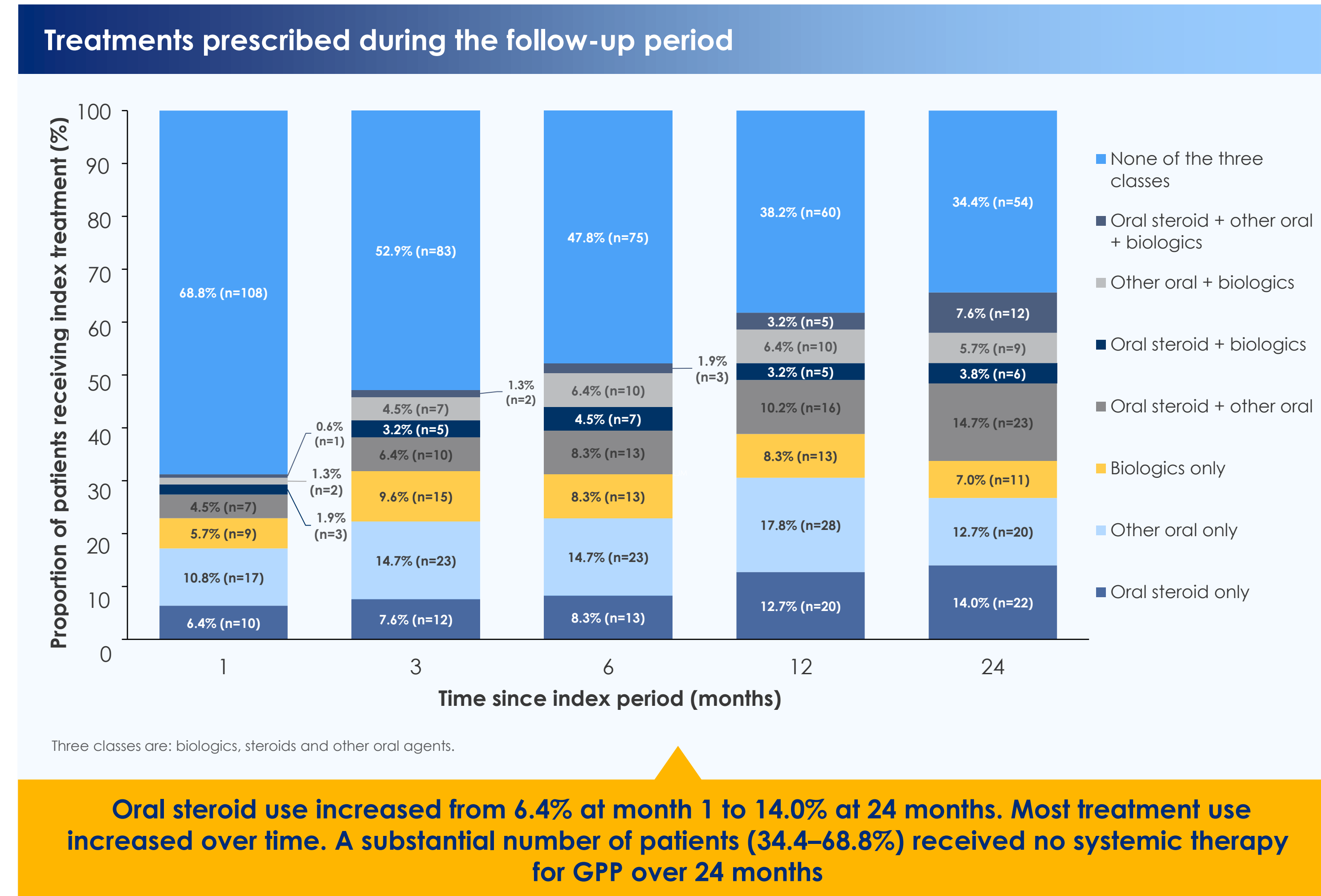
Baseline comorbidities		
Comorbidities	N=528	
	n	%
<b>Diabetes (ICD-10 E11)</b>	131	24.8
<b>Diabetes (ICD-10 E11+ anti-diabetic agents)</b>	88	16.7
<b>Anxiety</b>	79	15.0
<b>Plaque psoriasis</b>	76	14.4
<b>Depression</b>	68	12.9
<b>Psoriatic arthritis</b>	60	11.4
<b>Obesity</b>	53	10.0
<b>Rheumatoid arthritis</b>	32	6.1

Table shows comorbidities occurring in ≥5% of patients; other comorbidities included: Crohn's disease (1.1%), ulcerative colitis (0.9%), hidradenitis suppurativa (0.8%) and ankylosing spondylitis (0.4%).

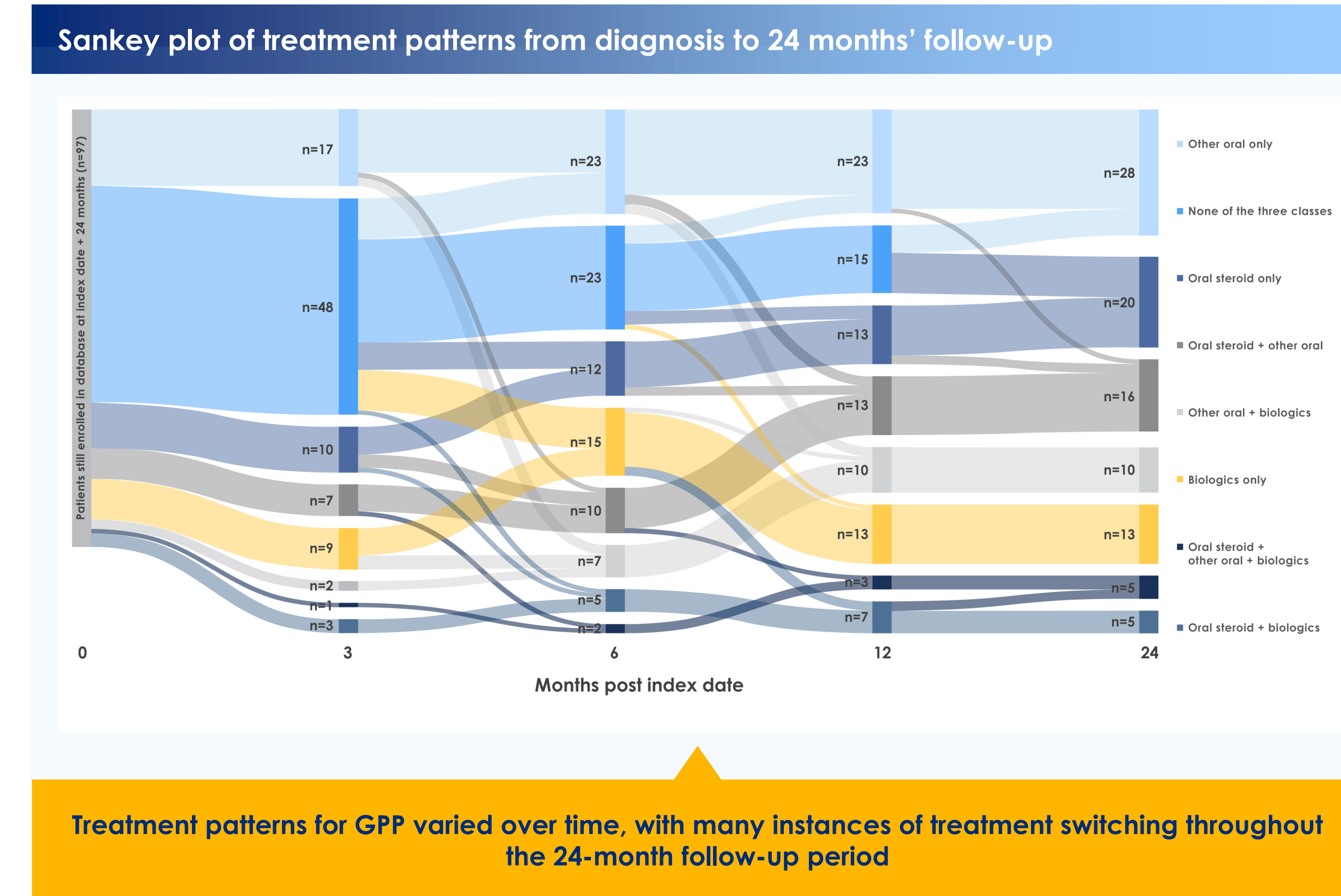
The most common comorbidities were diabetes, anxiety and plaque psoriasis

Initial treatment (index period)		
Treatment	N=528	
	n	%
<b>Topical agents</b>	135	25.6
Topical corticosteroids	124	23.5
Topical non-corticosteroids	25	4.7
<b>Oral systemic steroids</b>	38	7.2
<b>Other oral (systemic/DMARDs)</b>	46	8.7
<b>Biologic agents</b>	18	3.4
TNF-α inhibitors	15	2.8
IL inhibitors	3	0.6
<b>Phototherapy</b>	22	4.2
<b>Steroid injections</b>	31	5.9

The most common treatments were topical corticosteroids and oral systemic steroids



Oral steroid use increased from 6.4% at month 1 to 14.0% at 24 months. Most treatment use increased over time. A substantial number of patients (34.4–68.8%) received no systemic therapy for GPP over 24 months



Treatment patterns for GPP varied over time, with many instances of treatment switching throughout the 24-month follow-up period

**Abbreviations**  
DMARD, disease-modifying anti-rheumatic drug; GPP, generalized pustular psoriasis; ICD-10, International Classification of Diseases 10<sup>th</sup> revision; IL, interleukin; SD, standard deviation; TNF, tumour necrosis factor.

**References**  
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