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Survey on the management and patient satisfaction levels in individuals with psoriasis and/or psoriatic arthritis

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Dear Editor,

Psoriasis is a chronic, immune-mediated inflammatory dermatosis that affects approximately 3% of the adult population and exerts a substantial impact on health-related quality of life (QoL). The plaque-type variant is the most prevalent clinical form, typically involving the trunk and limbs. The anatomical distribution of psoriatic lesions has been demonstrated to play a critical role in shaping the disease burden, with visible and exposed areas contributing disproportionately to psychosocial distress and functional impairment.¹

Beyond cutaneous manifestations, psoriasis is increasingly recognized as a systemic disorder associated with a wide spectrum of comorbid conditions. These include metabolic syndrome, encompassing diabetes mellitus, hypertension, dyslipidemia, and obesity, as well as cardiovascular diseases, musculoskeletal disorders, and psychiatric conditions such as depression.^{2,3} It is important to note that psoriatic arthritis manifests in more than 25% of individuals diagnosed with psoriasis, while approximately 1% of these patients are also affected by inflammatory bowel disease.

Despite the extensive documentation of the physical and psychological burden of psoriasis on patients, its repercussions on informal caregivers remain an insufficiently explored area. Recent studies have indicated that chronic dermatological diseases may have a significant impact on caregivers' emotional well-being, social functioning, and overall QoL.⁴

In order to further investigate this aspect, an anonymous survey was conducted to assess satisfaction with healthcare services among patients with psoriasis and their caregivers. The survey was conducted as a component of the standard clinical monitoring procedures conducted at Sapienza University of Rome – Polo Pontino and Policlinico Umberto I.

An overall number of 521 completed questionnaires were collected for the study. Of the total number of respondents, 271 (52%) identified as patients, while 250 (48%) identified as caregivers. Demographic characteristics of the population are outlined in Table 1.

The questionnaire addressed three key areas: overall satisfaction with the care provided at the hospital, access to medications, and the disease's impact on daily life. With regard to the provision of medical care, 61% of participants reported being "very satisfied", 33% reported being "satisfied", and 6% reported being "dissatisfied"; none reported being "very dissatisfied". Satisfaction with the nursing staff was equally high, with 66% of respondents indicating that they were "very satisfied", 33% stating that they were "satisfied", and a mere 1% expressing dissatisfaction.

In addition, respondents were invited to identify any disease- or care-related challenges that had had an adverse effect on their daily life (multiple responses were permitted). The most frequently reported difficulties included delayed diagnosis (17%), limited access to hospital facilities (16%), disease

flares (12%), and the need for self-management due to insufficient follow-up by specialists or general practitioners (10%). A total of 5% of respondents reported experiencing difficulties in obtaining medications. In contrast, 40% indicated that they had not encountered any significant difficulties (Figure 1).

Finally, the overall satisfaction with care received at the hospital was high: 66% of participants were “very satisfied”, 31% were “satisfied”, and 3% were “dissatisfied”, with no reports of being “very dissatisfied”.

Furthermore, disease burden appears to be influenced by both age and the presence of metabolic or cardiovascular comorbidities, with older patients or those affected by diabetes, hypertension, or obesity often reporting a more unfavorable course and poorer QoL outcomes compared to younger individuals with fewer or no additional therapies beyond psoriasis management. In addition, disease severity stratification suggests that patients treated with biologic agents, particularly IL-17 and IL-23 inhibitors, may experience a more rapid achievement of lower PASI scores, which is frequently paralleled by a significant reduction in the psychosocial impact of the disease. Conversely, even individuals with milder psoriasis undergoing topical treatment frequently report considerable impairment in daily routines due to treatment fatigue and reduced long-term adherence, reflecting a disproportionate QoL burden relative to their clinical severity.

The survey findings indicate a high level of satisfaction with the care received by patients with psoriasis and their caregivers, particularly with regard to the competence and support provided by medical and nursing staff. Nevertheless, several persistent challenges, such as delayed diagnosis, limited access to healthcare facilities, and the necessity for therapeutic self-management due to insufficient specialist follow-up, continue to adversely affect QoL. These insights underscore the necessity for a comprehensive, multidisciplinary approach to psoriasis care, encompassing timely diagnosis, continuous specialist oversight, and targeted support for caregivers. It is submitted that addressing these key areas may contribute to improved clinical outcomes and a more holistic quality of care for individuals affected by chronic dermatological conditions.

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Figure 1. Distribution of patient-reported challenges in disease management.

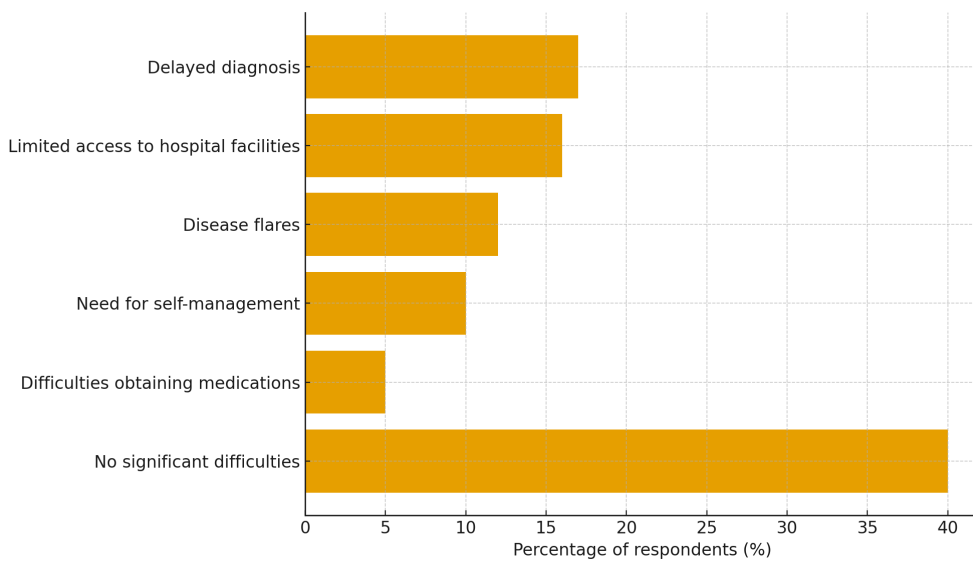


Table 1. Demographic characteristics of the study population.

		Frequency (n)	Percentage (%)
Total questionnaires		521	100
Gender	Male	249	47.8
	Female	272	52.2
Age range (years)	17-29	73	14
	30-70+	448	86
Region of origin	Lazio	464	89
	Campania	57	11