

Psoriasis Supplement

Psoriasis is a persistent chronic inflammatory skin condition with severity that can range from a few dandruff-like scales to widespread patches that cover large areas of skin. Psoriasis may flare up then go into remission. During flare-ups, psoriasis causes itchiness and pain in the inflamed skin.

Psoriasis affects up to an estimated 1 million Canadians and 125 million people globally. There is no cure for psoriasis but advances in treatment mean many people with psoriasis can control their symptoms.

Psoriasis affects the regeneration of skin cells. In psoriasis, overactive signals in the body's immune system trigger new skin cells to form in three to four days instead of the usual cycle that takes 28 to 30 days. These new skin cells accumulate on the skin surface creating painful and itchy red lesions called plaques, which can form silvery scales.

While psoriasis can appear anywhere on the body, the most common sites include the elbows, knees and scalp, but can also occur on the palms of the hands, soles of the feet, nails, genitals and torso. There are five main forms of psoriasis with the most common being plaque psoriasis that affects an estimated 90% of people with psoriasis.

Psoriasis can develop at any age, although it is typically seen in adults with onset commonly being seen between the ages of 15 and 25.

Psoriasis occurs equally among men and women.

Psoriasis has a genetic basis and about one-third of people with psoriasis have at least one family member with the disease. While the exact cause of psoriasis has not yet been determined, researchers believe it involves a combination of genetic, environmental and immune factors.

Up to 30% of patients with psoriasis will develop psoriatic arthritis (PsA), a chronic form of arthritis that causes joint inflammation.

People with psoriasis and PsA are at risk of other health conditions including metabolic disease, cardiovascular disease, and depression.

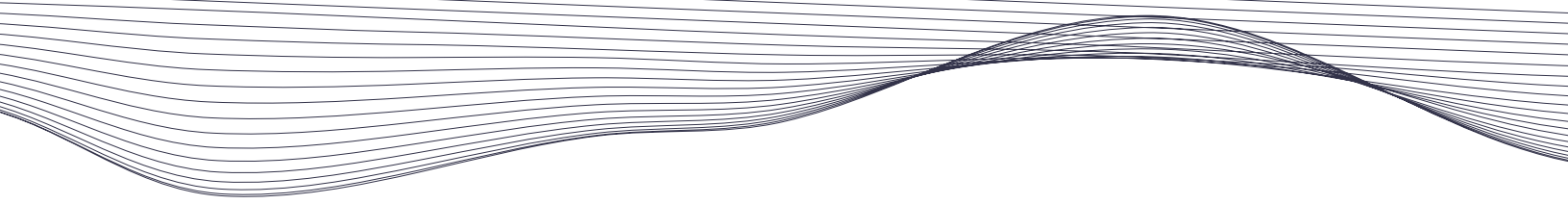
Psoriasis has a broad impact on patients that extends beyond the cosmetic or physical aspects. It can negatively affect a person's quality of life due to physical pain and discomfort. Psoriatic lesions can be itchy, painful and bleed, making it difficult to sleep, dress or engage in various daily activities. If the person has PsA with joint involvement, the pain can also make it challenging for the individual to function physically. **People with psoriasis have an increased risk of depression, anxiety and suicide.**

Access to Psoriasis Care

Access to specialists (dermatologists and rheumatologists) to help manage their psoriasis or PsA is an ongoing concern for patients. Access to phototherapy services and to new medications are also ongoing challenges.

A report from CAPP published in 2018—PsoSerious—documented that there are still problems with access, but many Canadian dermatologists interviewed for the report indicated that, in their view, patients with psoriasis who have moderate or severe disease can usually be seen in a timely manner especially if referred by a family physician. (CAPP, 2018).

The number of dermatologists and rheumatologists per capita in Canada has remained stable over the past quarter of a century, according to statistics from the Canadian Medical Association. However, the number of dermatologists being trained at Canadian medical schools continues to increase. In 2020/2021 there were 189 funded postgraduate training positions in dermatology in Canada. This is an increase from 177 in 2017/18 and 155 who were in training in 2014/15 (CAPER, 2020-21).



The Canadian Skin Patient Alliance (CSPA) recommends a five-week benchmark for initial non-urgent consultation for dermatologic services based on the national median wait time. In 2012 the CSPA found that 11 out of 13 provinces struggled to meet the five-week benchmark, with 12 out of 13 having wait times double this standard. [The Journey to Stability report](#) from CAPP and CPN found that wait times to see dermatologists reported by patients were on average one to three months for 47% of respondents, followed by 20% taking four to six months. Thirteen percent took more than seven months for their first appointment.

Access to Psoriasis Treatments

Treatment for psoriasis and PsA requires a proper diagnosis and appropriate management.

A wide spectrum of treatments is available depending on the severity of the condition and individual patient characteristics. Many patients with mild or moderate psoriasis can manage their condition well with lifestyle strategies and the use of topical ointments and creams. A number of oral drugs can help to manage psoriasis systemically and are usually reserved for the treatment of more severe and/or widespread symptoms. Phototherapy is another option for treating psoriasis.

Patients with psoriasis and PsA whose condition is not well controlled by topical treatments, systemic drugs or phototherapy may be eligible for biologics (including biosimilars). Given either by injection or infusion, these medications are large molecules that block very specific inflammation pathways and can be highly effective for more serious psoriasis. In Canada, patients cannot receive biologics for psoriasis or PsA through the publicly funded system or through private insurance unless they have failed to improve with other types of treatment. Biosimilar policies have been introduced in a num-

ber of jurisdictions in Canada and among private insurers that prioritize the use of biosimilars to save money.

Patient Support Programs (PSPs) are designed by pharmaceutical companies to help patients who have been prescribed a particular medication or treatment. These programs exist for biologics for various diseases including psoriasis and PsA.