Psoriasis is a common, chronic, inflammatory, multisystem disease that can significantly impair quality of life. It affects approximately 2% of US adults, and this condition was recently classified as a global health priority by the World Health Organization. Approximately 20% of patients experience moderate to severe disease, which constitutes having up to 10% of their body surface area covered and includes involvement of the hands, feet, facial, or genital regions, which may interfere significantly with activities of daily life. However, in a recent survey that included more than 5600 patients with psoriasis, more than half were dissatisfied with their treatment; this continues to remain a challenge, despite the availability of newer treatment options. In addition, many patients often discontinue therapy due to loss of efficacy or adverse effects, and the recurring nature of this disorder along with the current quality of care may lead to significant psychological distress. The goals of this study were to determine physicians’ current barriers in the management of moderate to severe psoriasis and to identify areas of continuing medical education (CME) need.

**Methods**

- A 10-question online survey was administered by an accredited CME provider to assess management approaches for moderate to severe psoriasis, knowledge of emerging therapies, and preferences for future CME opportunities.
- Physicians members of the website participated without monetary compensation or charge and only those who treat at least 1 patient with psoriasis each week were included in the analysis.
- The survey was launched online on October 15th, 2014 and data were collected for 1 month.

**Results**

- A total of 50 physicians completed the survey.
- 41% reported treating 4 to 6 cases of moderate to severe psoriasis per week and 38% reported treating 7 or more cases per week (Figure 1).
- Half of the physicians reported prescribing biologics for only 20% of their patients with moderate to severe psoriasis, and their preferences for treatment in these cases were as follows: 49% anti-TNF alpha inhibitor, 48% oral methotrexate, 10% topical corticosteroid therapy, and 4% anti-IL-12/23 (Figures 2 and 3).
- The cited barriers to improving patient care were in order of importance, 29% financial, 28% adherence/tolerability, 15% undertreatment, and 14% each for early diagnosis and management of comorbidities (Figure 4).
- When participants were asked to rate their knowledge of emerging psoriasis therapies and mechanisms using a Likert scale (1 = no knowledge; 7 = in-depth knowledge), only 8% reported having in-depth knowledge (mean ± SD was 4.9 ± 1.3) (Figure 5).
- Concerns about emerging therapies included cost (73%), safety (67%), lack of knowledge of available data (43%), lack of real-world data (25%), and efficacy (20%) (Figure 6).
- Approximately one-third of the participants reported using an online source to answer at least 6 psoriasis-related patient inquiries per month.
- Future CME needs, in order of highest importance, were individualizing first-line therapies, managing comorbidities, strategies for overcoming nonadherence, second-line therapy selection, and therapy mechanisms in the context of psoriasis pathophysiology.

**Conclusions**

Outside of cost, undertreatment with biologics and managing adherence were the key issues reported among physicians treating patients with moderate to severe psoriasis. Physicians would benefit from foundational and case-based CME – which could be delivered online – on therapy selection and personalization, clinical data on current and emerging biologics, and comprehensive management of psoriasis including comorbidities.

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