

Online Continuing Medical Education Is Effective in Improving Management of Moderate-to-Severe Psoriasis

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STUDY OBJECTIVES

Gaps still exist in management of moderate to severe psoriasis, although this disease affects 1-5% of the global population. This study assessed effects of 3 online continuing medical education (CME) programs on addressing clinical knowledge of dermatologists and primary care physicians (PCPs), about psoriasis comorbidities, patient-centered care, and targeted and emerging therapies.

METHODS

Dermatologists and PCPs participated in 3 online CME activities, presented in text-based, expert commentary and video lecture formats, designed to address practice gaps in biologic therapy selection for patients with moderate to severe psoriasis, management of comorbidities, and clinical updates on anti-TNF and anti-interleukin agents.1,2,3 Casebased scenarios and corresponding survey questions were administered to measure effect of education by comparing knowledge and performance of physicians who participated in the online CME versus demographically-matched nonparticipants. Differences between groups were analyzed using chi-square tests; educational effect size, which represented the degree of non-overlap in answers between participants and non-participants, was calculated using Cohen's d formula. The CME activities launched on 12/20/13 and data were collected for 173 days.

RESULTS

Overall, CME participants (n=300) were more likely to make evidence-based practice choices compared to non-participant controls (n=300), as detailed below:

- Following a CME video lecture
 "Contemporary Issues in Psoriasis Care:
 A Call to Action" 37% more participants
 recognized anti-IL-12/23 agents as
 approved biologics (P < .001) and selected
 anti-TNF blockers for severe psoriasis
 versus non-participants (P = .005)
 (d=0.58; moderate effect size). (Table 1;
 Figure 1)
- Following a text-based and patient interview CME "Psoriasis and Quality of Life: Listening to the Patient's Story"
 34% more participants considered biologic therapy when topical therapy was ineffective versus non-participants (P < .001; d=0.52; moderate effect size). (Table 1; Figure 2)
- Following expert panel discussion and text-based CME "New Research on Moderate to Severe Psoriasis" 39% more participants were aware of negative perceptions associated with systemic agents versus non-participants (P < .001; d=0.62; moderate effect size). (Table 1; Figure 3)

TABLE 1:

CME Participation Improves Clinical Decisions in Psoriasis Management

Activity and Learning Objectives

Clinical knowledge/decisions of dermatologists and PCPs participating in CME vs nonparticipants

Activity 1: Contemporary Issues in Psoriasis Care: A Call to Action

Learning Objectives

- Outline the presentation and pathophysiology of psoriasis
 Review how evolving knowledge about the pathophysiology of psoriasis has informed the
- agents for the treatment of the disease
 Review the factors that should be considered in the development of individualized treatment plans

development of increasingly targeted and effective

Identify the comorbidities associated with psoriasis

for moderate to severe plaque psoriasis

Participants were more likely than nonparticipants to:

- Recognize that an anti-IL-12/23 agent is an approved biologic therapy for psoriasis and psoriatic arthritis (dermatologists and PCPs)
- Appropriately select a TNF-blocker as initial therapy for a patient with severe psoriasis and psoriatic arthritis (dermatologists and PCPs)
- However, PCPs and dermatologists still lack awareness that TNF-blockers can decrease CVD risk in patients with severe psoriasis

Activity 2: Psoriasis and Quality of Life: Listening to the Patient's Story

Learning Objective

- Describe the impact of moderate to severe psoriasis on patient quality of life and how qualityof-life issues influence the treatment plan
- Elicit quality-of-life information from psoriasis patients during treatment visits

Participants were more likely than nonparticipants to:

- Appropriately consider a biologic therapy for a patient whose psoriasis does not fully respond to topical agents and is causing quality of life issues (dermatologists and PCPs)
- Recognize that anti-TNF therapies can be continued during pregnancy (dermatologists)

Activity 3: New Research on Moderate to Severe Psoriasis

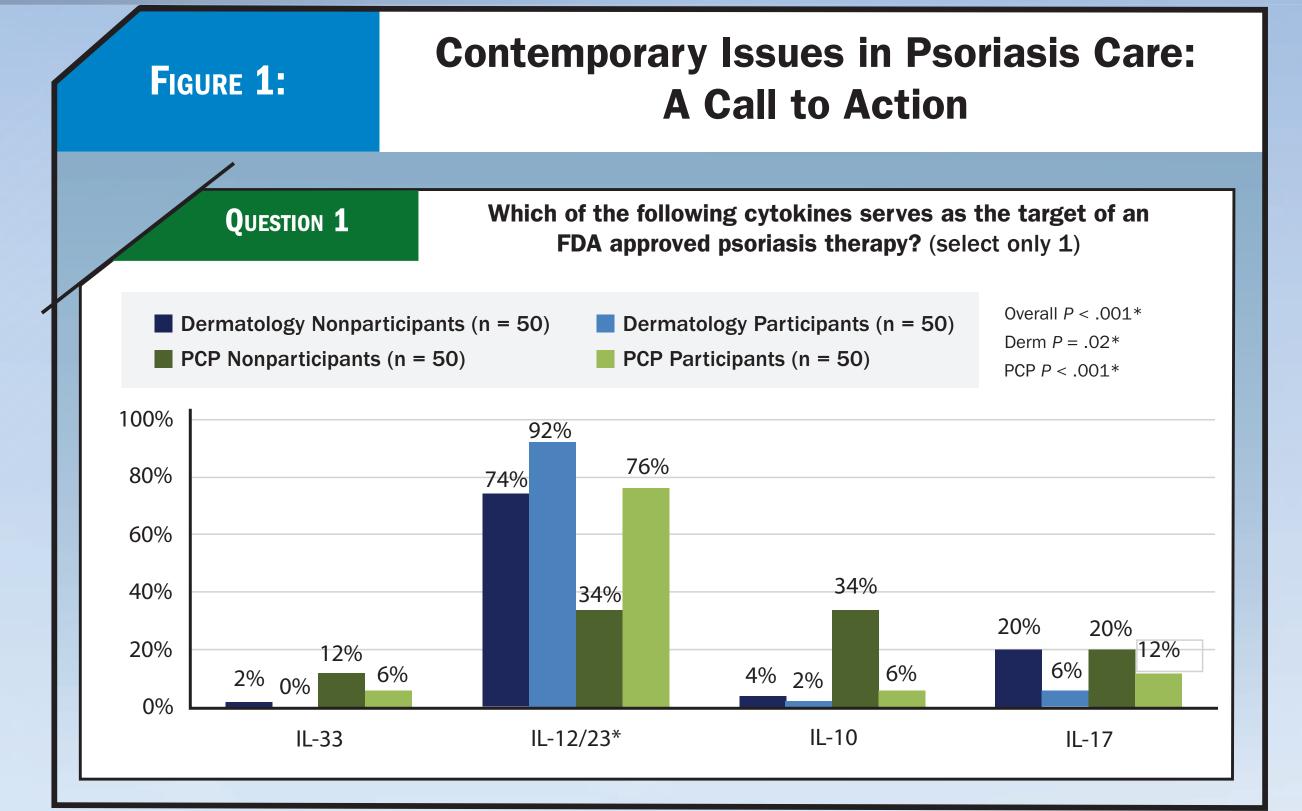
Learning Objectives

- Review the comorbidities associated with psoriasis and the need for comprehensive screening and treatment plans that recognize these comorbidities
- Identify emerging therapies for the treatment of moderate to severe plaque psoriasis

Participants were more likely than nonparticipants to:

- Be aware of tendency of dermatologists to prescribe topical rather than systemic agents due to negative perceptions with systemic agents (dermatologists and PCPs)
- Understanding the need to consider systemic options for patients with severe psoriasis and several other chronic comorbidities (PCPs)
 Recognize that a patient with severe
- psoriasis, hypertension, dyslipidemia, and T2DM needs to be treated with a TNF inhibitor (PCPs)
- Be aware of recent evidence of the decreased MI risk in patients with psoriasis who take a TNF inhibitor
- Appropriately select ustekinumab as treatment for a patient with psoriasis and psoriatic arthritis uncontrolled with a TNF inhibitor and methotrexate (PCPs)

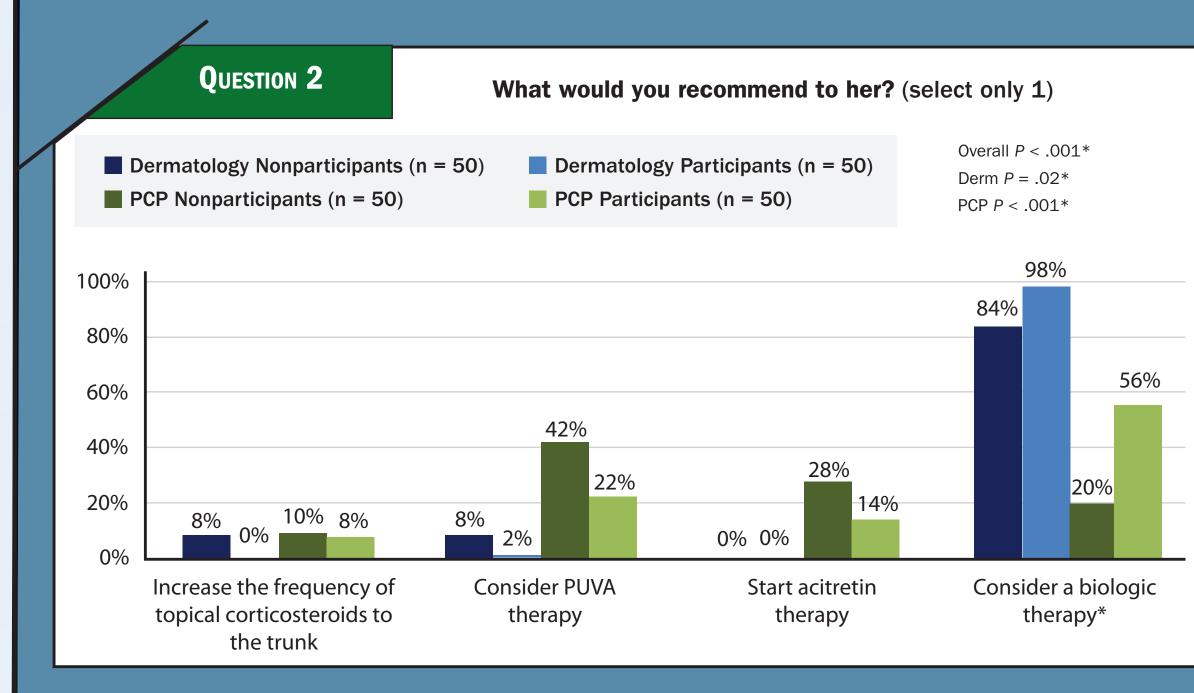
Selected Question from Activity 1:



Patient Case and Selected Question from Activity 2:



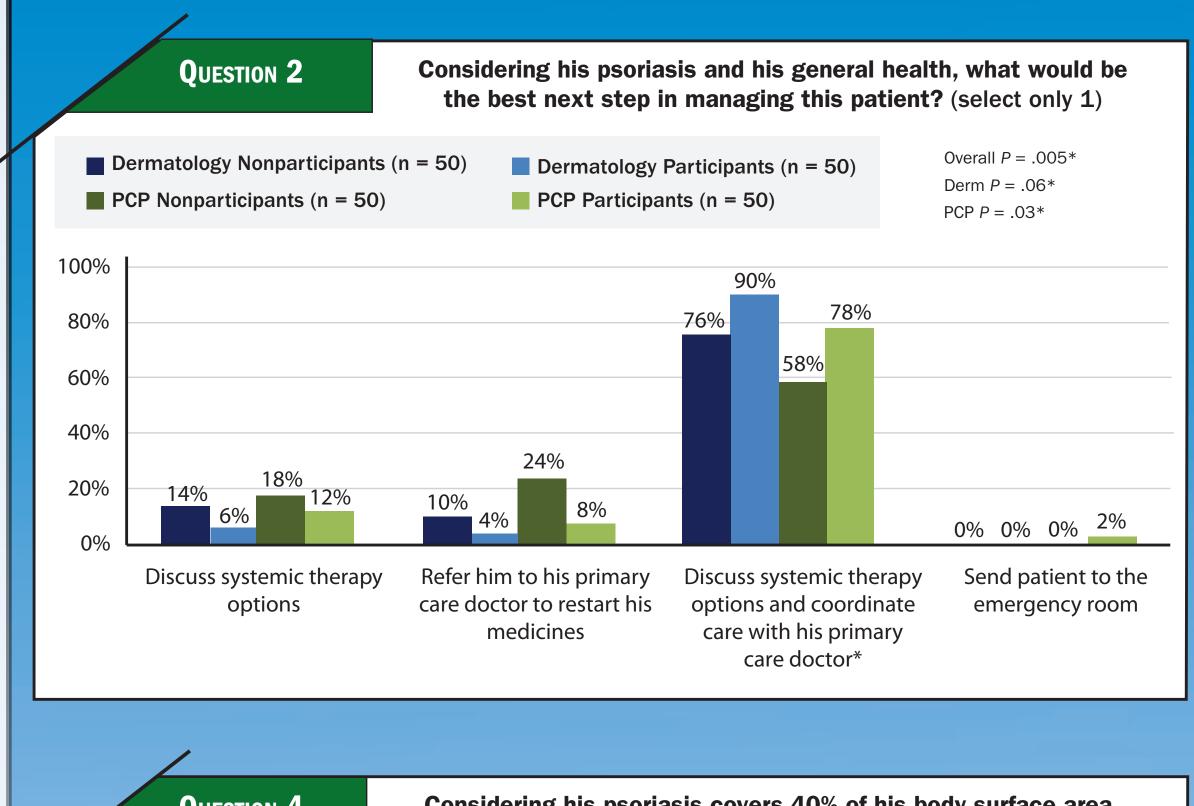
Case #1: After discussing treatment options including phototherapy, conventional systemic therapies and biologics, she declines systemic treatment and instead decides to use topical therapy. Her regimen consists of moderately potent topical corticosteroid creams, topical Vitamin D analogues and moisturizers for her skin, and a tar shampoo for her scalp. She returns to your office three months later. She states overall her psoriasis is improved on her body, but her scalp remains a problem. She has found a job as a teaching assistant, and some of her students and co-workers have commented about her "dandruff." She confides that she has missed work because of her scalp. You examine her and note extensive plaques in her scalp with exuberant scale. The psoriasis on her elbows and knees is improved, and her involved body surface area is now approximately 15%.

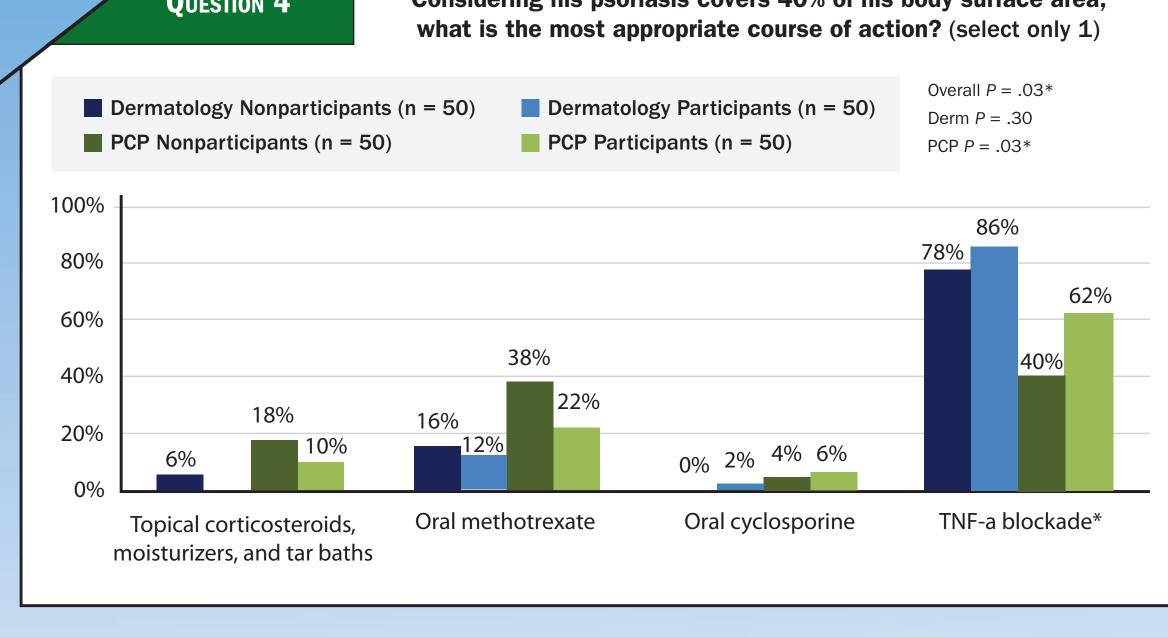


Patient Case and Selected Question from Activity 3:



psoriasis (approximately 40% body surface area [BSA]) is self-referred to your practice. He is morbidly obese, with a body mass index greater than 40 kg/m². He also has a history of hypertension, type 2 diabetes mellitus (T2DM), and evaluated triglycerides and cholesterol. He has a primary care doctor, and has not been evaluated for his hypertension and T2DM for over a year. When taking his vital signs today, his blood pressure is 160/100. He is not taking his medications for these medical conditions because his prescriptions are expired. He comes to your office asking about his options for treating his psoriasis. He has been to other dermatologists for psoriasis therapy, and has used topical corticosteroids without any significant improvement in his skin disease.





REFERENCES

- 1. Contemporary Issues in Psoriasis Care: A Call to Action Available at: http://www.medscape.org/viewarticle/814038 CME Released: November 19, 2013; Available for credit through November 19, 2014. Medscape designated this educational activity for a maximum of 0.50 AMA PRA Category 1 Credits.
- 2. Psoriasis and Quality of Life: Listening to the Patient's Story Available at: http://www.medscape.org/viewarticle/817917 CME Released: December 20, 2013; Available for credit through December 20, 2014. Medscape designated this educational activity for a maximum of 0.50 AMA PRA Category 1 Credits.
- 3. New Research on Moderate to Severe Psoriasis Available at: http://www.medscape.org/viewarticle/819560 CME Released: February 7, 2014; Available for credit through February 7, 2015. Medscape designated this educational activity for a maximum of 0.75 AMA PRA Category 1 Credits.

CONCLUSIONS

Online CME participation in various formats, including text-based, expert commentary, and video lecture formats, was effective in improving evidence-based decisions of dermatologists and PCPs treating moderate to severe psoriasis, which may translate into clinical practice and patient care. More physicians would benefit from online CME participation on current and emerging management strategies for psoriasis.

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