P2150

Persistent psychological burden of psoriasis after one year of systemic treatment in 1,246 patients from the french prospective multicenter OMCCI cohort who achieved a PASI ≥90

Flore Vanlerberghe[1], Mallaury Ripolles[1], Armand Le Louet[1], Christian Dorado Cortez[1], François Maccari[2], Jean-Luc Perrot[1]
1Chu Nord Saint-Étienne, Dermatology, Saint-Priest-en-Jarez, France, 2La Varenne Saint-Hilaire, Private office , Saint-Maur-des-Fossés, France

INTRODUCTION

Psoriasis is a chronic inflammatory skin disease that significantly impacts patients'quality of life beyond its physical symptoms. Clinical improvement, often defined as achieving a Psoriasis Area and Severity Index (PASI) ≥90, is commonly used as a therapeutic success marker, but may not reflect the persistence of psychological burden. This study aimed to assess the persistence of psychological burden in patients with moderate-to-severe psoriasis who achieved a PASI ≥90 after one year of systemic treatment.

MATERIALS and METHODES

This was a prospective, observational, descriptive study based on data from the French multicenter OMCCI cohort. A total of 566 patients with moderate-to-severe psoriasis at baseline who reached PASI ≥90 at 12 months were included. We analyzed clinical outcomes (PASI, SPI) and patient-reported outcomes (DLQI, I-BOP, SF-12 physical and mental scores, global disease burden) as well as sociodemographic data. Correlations between PASI/SPI and quality-of-life scores were assessed.

RESULTS and DISCUSSION

Among the 566 patients achieving PASI ≥90, 5.1% had moderate-to-severe DLQI scores, 2.1% had I-BOP scores in the same range, and 8% continued to perceive their psoriasis as bothersome. Additionally, 19.5% and 48.3% had physical and mental SF-12 scores below the general population average. The most impacted dimensions included body image, fear of relapse, and mood. PASI showed weak correlations with psychosocial scores, while SPI was more strongly associated with quality of life indicators.

CONCLUSION

A major clinical response (PASI ≥90) does not guarantee psychological remission. A persistent psychological burden remains in a notable proportion of patients, impacting quality of life despite clinical clearance. Routine use of DLQI, I-BOP, and global patient-reported burden assessments is crucial to detect this residual suffering.

These findings support the integration of psychosocial evaluation and care into standard psoriasis management.

	PASI ≥ 90 at baseline	**PASI ≥ 90 at 12 months N = 566**
Age (years)		47,1
Age at diagnosis (years)		27,7
Disease duration (years)		19,4
Sex (% male)		62,7*
PASI (mean)	15,2	0,4
SPI (mean)	14,15	0,35
Mean DLQI (% with a score of 6-30)	11,3 (77,2)°	1,2 (5,1)°
Mean SF12 physical dimension (% <50)	49,5 (44)°	53,49 (19,5)°
Mean SF12 mental dimension (% <50)	39,81 (80,2)°	48,68 (48,3)°
Mean I-BOP (% with a score of 35-70)	23,6 (15,8)°	10,4 (2,1)°
Overall perception (% reporting moderate or severe burden)	89,9°	8°

Table 1: 12-month patient characteristics. Significant difference (p = 0.006).°All p-values < 0.001.*