

Belgian psoriasis registry "BePso": Objectives, methodology, first inclusion data and perspectives.

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Background

Psoriasis is the most prevalent chronic skin disease worldwide. Often linked with other comorbidities, treatment is challenging. Biotherapies have increased treatment options. The establishment of patient registries worldwide adds to our knowledge-base, although Belgium still lacks an official one.

Objective

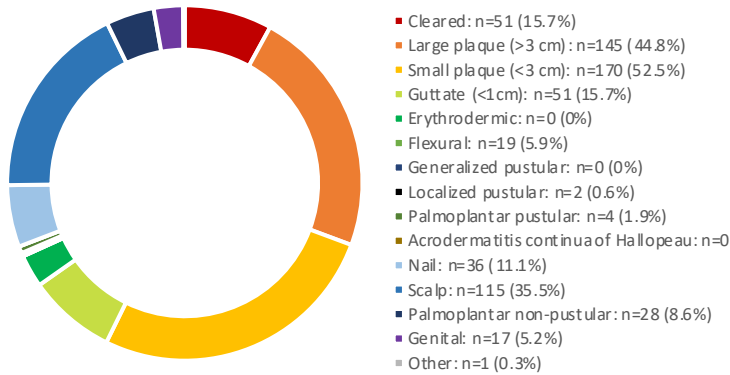
Our goal was to initiate an updated Belgian registry, BePso, while considering different factors such as: comparability, phenotype, pharmacovigilance, personalised and patient-centered care and a multidisciplinary approach.

Material and method

We gathered existing clinical research forms (CRFs) along with an extensive review of literature. Then, a first clinical validation was performed in 2019 with the inclusion of voluntary patients. Collected data included socio-demographic, lifestyle, psoriasis disease, treatment characteristics, associated diseases and patient's quality of life (QoL).

Results

Graph 1: Distribution of psoriasis phenotype (n= 326, 100%)



Graph 2: Current treatment (outside)/ Past treatment (inside) (n=326)

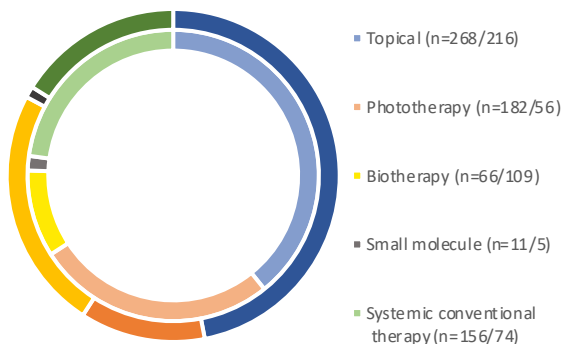


Table 1: Characteristics of the population

Type of characteristics	Patient (n=321, 100 %)
General characteristics	
Male	145 (44.5)
Female	181 (55.5)
Mean age	48.5
Mean BMI	27.71
Comorbidities	
Cardiovascular disease	154 (48.0)
Hypertension	101 (31.5)
Dyslipidemia	106 (10.3)
Type 2 diabetes	33 (10.3)
NAFLD/NASH	21 (15.2)
Psoriatic arthritis	47 (14.6)
IBD	10 (3.1)
Asthma	47 (14.6)
Dermatological disease	75 (23.4)
Atopic dermatitis	14 (4.4)
Hidradenitis suppurativa	7 (11.5)
Skin neoplasia	14 (4.4)
Non-skin neoplasia	25 (7.8)
Psychiatric disease	87 (27.1)

Table 2: Severity scores

Quality of life measurement tool	Patient number	Mean (SD)	[Minimum - Maximum]
PASI	305	5.95 (8.86)	[0.00-60.00]
BSA	307	4.68 (5.38)	[0.00-36.80]
DLQI	200	3.9 (5.8)	[0.00-25.00]

Discussion

BePso, designed from existing registries, serves as a comparable and practical clinical tool for daily use. Inclusion criteria were extended to reflect real-life practice by including all willing patients, regardless of their treatment. BePso emphasizes both a multidisciplinary, patient-centered approach and a phenotype-focused approach. Overall, our data analysis offers a brief overview of the Belgian psoriasis population.

Conclusion

BePso initiation is the first step to establish a Belgian psoriasis registry that may serve as a basis for future changes. Analysis of our growing cohort will advance understanding of the disease and facilitate effective patient/phenotype-specific treatment.

References

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