



THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS

The Australasian College of Dermatologists Consensus Statement

Treatment goals for psoriasis:

The Australian Psoriasis Treatment Goals Project

Purpose: to provide recommendations on treatment goals for psoriasis

Audience: Health professionals

Acknowledgement: This statement has been adapted from Baker C, et al. *Treatment goals for moderate to severe psoriasis: An Australian consensus*. Australas J Dermatol. 2013 May;54(2):148-54 by The Australasian College of Dermatologists with permission from the authors.

The Australasian College of Dermatologists acknowledges the Australian Psoriasis Treatment Goals Project, an initiative of the [Skin and Cancer Foundation Inc.](#)

Endorsement: This consensus statement has been approved by the ACD Board of Directors.

Disclaimer: This consensus statement reflects the general views of The Australasian College of Dermatologists at the date of release and may be subject to amendment to reflect emerging clinical and scientific evidence. This information provides educational information and is not intended as a substitute for individual patient assessment. Practitioners are advised to interpret and apply recommendations according to the needs and circumstances of each patient.

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Purpose

The Australasian College of Dermatologists provides information, advocacy and advice on dermatological practice in Australia to health professionals, the community and government. Our focus is to train and maintain highly qualified specialists who work to improve outcomes in skin health of individuals and communities.

The purpose of this consensus statement is to:

- Identify and articulate treatment goals for psoriasis in the Australian health care setting, incorporating both physical scoring and quality of life measures
- Assist dermatologists and general practitioners in psoriasis treatment decision-making to enhance the availability and appropriate use of therapies and increase patient satisfaction with their care.

Background

Once viewed as a benign dermatological disorder, psoriasis is now recognised as a systemic disease associated with an increased risk of various comorbidities, poor health-related quality of life and high prevalence of psychological difficulties.

Despite the complications associated with severe psoriasis, this condition is often less than optimally treated, reflected in high levels of patient dissatisfaction with therapy received. An appropriate treatment framework to guide clinicians will help to improve therapeutic outcomes for psoriasis patients.

Context

Establishing specific goals for treatment in routine clinical care has been shown to improve patient outcomes in several disease settings. In 2010, recommendations on specific treatment goals for plaque psoriasis were developed by a European consensus program,¹ signalling a new treatment paradigm for this condition.

Using the European consensus as a reference point, treatment goals appropriate to the Australian health care context were developed via the Australian Psoriasis Treatment Goals Project to guide therapeutic decision-making and improve clinical and quality of life outcomes for patients with psoriasis.

Methodology

Recommended treatment goals for psoriasis were produced by a consensus panel comprising 12 representatives from across Australia involved in psoriasis and psoriatic arthritis management. Recommendations were developed using available evidence-based treatment goals and relevant literature and a questionnaire relating to psoriasis assessment and specific treatment outcomes. Consensus for each recommendation was reached when $\geq 90\%$ of panellists were in agreement.

The resulting publication (Baker C, et al. *Treatment goals for moderate to severe psoriasis: An Australian consensus*. Australas J Dermatol. 2013 May;54(2):148-54)² has been adapted for use by health professionals by The Australasian College of Dermatologists.

ACD Consensus Recommendations for Health Professionals

Definitions: Disease severity

Psoriasis may be separated in two main groups: **mild to moderate** and **severe**.

Assessment of disease severity incorporates:

- Grading of psoriasis symptoms based on area coverage and plaque appearance (Psoriasis Area Severity Index [PASI] score), and
- Quality of life indicators (Dermatology Life Quality Index [DLQI]).

Note that PASI score and paediatric DLQI is adequate for use with paediatric patients.

Body Surface Area (BSA) should not be used as an assessment measure for treatment goals within the Australian setting. BSA is utilised as an outcomes instrument in other regions.^{1,3}

Mild to moderate plaque psoriasis PASI ≤ 10 and DLQI ≤ 10

Treatment recommendations

According to current treatment guidelines, mild to moderate psoriasis should be treated with topical agents.

If PASI ≤ 10 but DLQI > 10, psoriasis can be considered severe. Systemic therapy may be initiated when the patient's disease cannot be controlled by topical treatment.

The presence of one or more features may significantly impair quality of life and alter the classification of mild to moderate disease to severe disease, thus indicating the possible need for phototherapy and/or systemic treatment. These include:

- involvement of visible areas
- involvement of major parts of the scalp
- involvement of genitals
- involvement of palms and/or soles
- onycholysis or onychodystrophy of at least two fingernails
- pruritus leading to excoriation.

Severe plaque psoriasis PASI > 10 and/or DLQI > 10

Treatment recommendations

According to current treatment guidelines, severe psoriasis warrants the use of phototherapy or systemic treatments.

A PASI >10 indicates severe disease, irrespective of the DLQI, and also indicates the likely need for phototherapy or systemic therapy.

ACD Consensus Recommendations for Health Professionals

Definitions: Treatment goals

Induction phase: *treatment period until week 16. However, depending on the type of drug and dose regimen used, induction phase can be extended until week 24 according to the decision of the treating dermatologist.*

Treatment success after induction phase

If at the end of the induction phase a reduction in PASI of $\geq 75\%$ ($\Delta\text{PASI} \geq 75\%$) compared to disease severity at the time of treatment initiation has been achieved, continuing with the treatment regimen is recommended.

Treatment failure after induction phase

If at the end of induction phase an improvement of PASI of $\geq 50\%$ ($\Delta\text{PASI} \geq 50\%$) compared to disease severity at the time of treatment initiation has not been achieved, modification of treatment regimen is recommended.

Intermediate response to treatment after induction phase

In situations where a reduction in PASI of ≥ 50 per cent but < 75 per cent was achieved, the DLQI and patient preference should be used in deciding whether to continue or modify the treatment regimen.

If at the end of the induction phase an improvement of PASI of $\geq 50\%$ but $< 75\%$ ($\Delta\text{PASI} \geq 50 < 75\%$) as compared to disease severity at the time of treatment initiation has been achieved, but DLQI ≤ 5 has not been achieved, modification of the treatment regimen is recommended.

If at the end of the induction phase a reduction in PASI of $\geq 50\%$ but $< 75\%$ ($\Delta\text{PASI} \geq 50\% < 75\%$) as compared to disease severity at the time of treatment initiation and DLQI ≤ 5 has been achieved, continuing with the treatment regimen is recommended.

Maintenance phase: *the treatment period after the induction phase. Therapeutic success should be assessed in intervals according to recommendations in the available guidelines.*

Treatment success during maintenance phase

If during maintenance therapy an improvement of PASI of $\geq 75\%$ ($\Delta\text{PASI} \geq 75\%$) compared to disease severity at the time of treatment initiation has been achieved, continuing with the treatment regimen is recommended.

Treatment failure during maintenance phase

If during maintenance therapy an improvement of PASI of $\geq 50\%$ ($\Delta\text{PASI} \geq 50\%$) compared to disease severity at the time of treatment initiation has not been achieved, modification of treatment regimen is recommended.

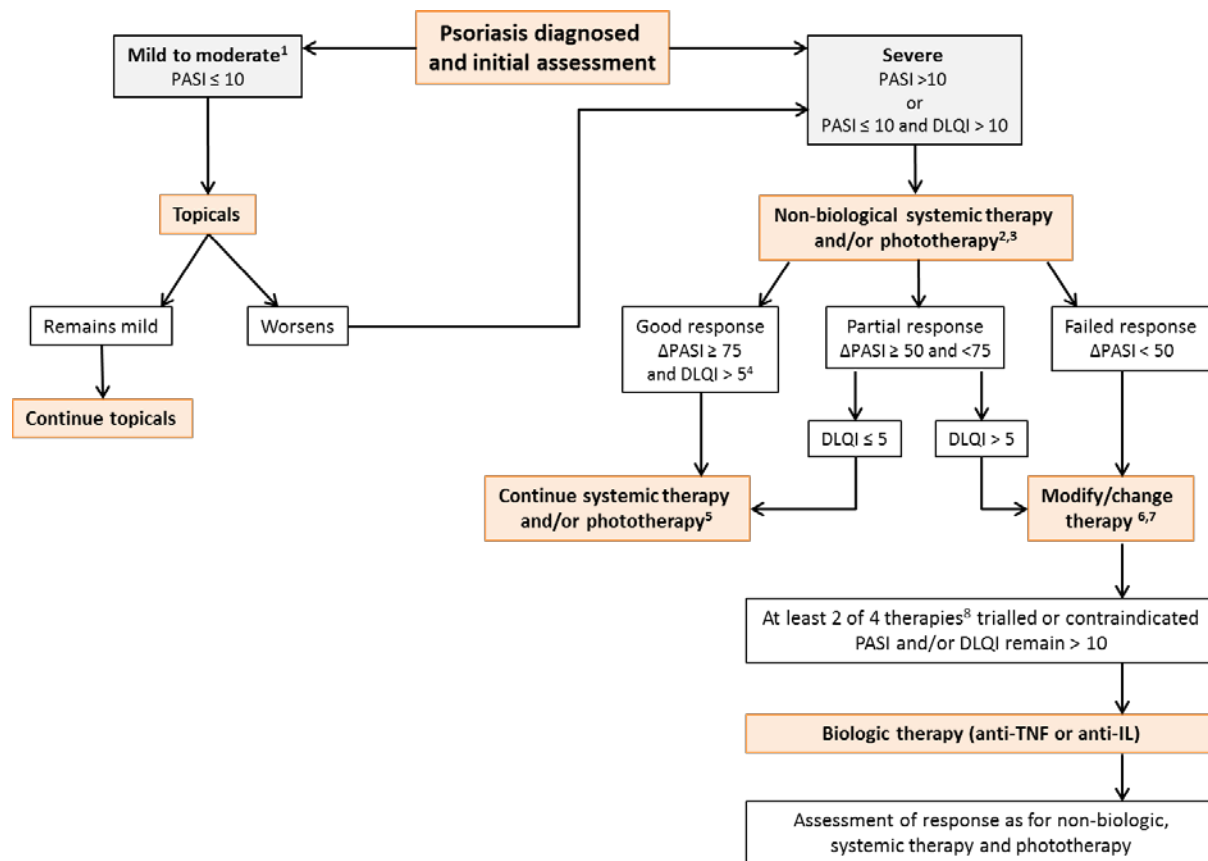
Intermediate response to treatment during maintenance phase

If during maintenance therapy an improvement of PASI of $\geq 50\%$ but $< 75\%$ ($\Delta\text{PASI} \geq 50\% < 75\%$) as compared to disease severity at the time of treatment initiation can be maintained, but DLQI ≤ 5 has not been achieved, modification of the treatment regimen is recommended.

If during maintenance therapy an improvement of PASI of $\geq 50\%$ but $< 75\%$ ($\Delta\text{PASI} \geq 50\% < 75\%$) as compared to disease severity at the time of treatment initiation can be maintained and DLQI ≤ 5 has been achieved, continuing with the treatment regimen is recommended.

ACD Consensus Recommendations for Health Professionals

Treatment goals algorithm for patients with psoriasis in Australia



Notes

1. In absence of modifying features such as visible site, genital, palmoplantar, nails involvement, pruritus with excoriation (see definition on Page 3).
2. Appropriate time to review varies with each treatment and the range is 6 – 24 weeks.
3. Non-biologic therapies include methotrexate, cyclosporin and acitretin.
4. Psoriasis area severity index (Δ PASI) ≥ 75 but dermatological quality of life index (DLQI) ≥ 5 may occur if modifying features such as the visible site, genital, palmoplantar, nail involvement or pruritus are present or the response is discordant with patient's expectations. Physician assessment whether to continue, modify or change therapy.
5. Continuation/discontinuation is modulated by toxicity and contraindication.
6. Treatment change to take into account patient wishes.
7. In addition to change of treatment, modify may include adding topicals, adding other systemic treatment, increasing dose or frequency or hospital admission.
8. The Australian consensus group propose that two of four therapies as reasonable and best practice. The current requirement of the Australian reimbursement body, the Pharmaceutical Benefits Scheme, is three of four therapies.

ACD Consensus Recommendations for Health Professionals

References

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2. Baker C, Mack A, Cooper A, Fischer G, Shumack S, Sidhu S, Soyer HP, Wu J, Chan J, Nash P, Rawlin M, Radulski B and Foley P. Treatment goals for moderate to severe psoriasis: An Australian consensus. *Australas J Dermatol.* 2013 May;54(2):148-54.
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