



Uploaded to the VFC Website

▶▶▶▶ 2016 ◀◀◀◀

This Document has been provided to you courtesy of Veterans-For-Change!

Feel free to pass to any veteran who might be able to use this information!

For thousands more files like this and hundreds of links to useful information, and hundreds of "Frequently Asked Questions, please go to:

[Veterans-For-Change](#)

If Veterans don't help Veterans, who will?

Note:

VFC is not liable for source information in this document, it is merely provided as a courtesy to our members & subscribers.



Economic and racial barriers impact treatment of moderate to severe psoriasis

Published on December 9, 2015 at 6:54 AM

In the first known study to examine the prevalence and treatment of psoriasis in older Americans, experts from the Perelman School of Medicine at the University of Pennsylvania have found that black patients receiving Medicare are less likely to receive biologic therapies - medications derived from human or animal cells or tissues - for the treatment of moderate to severe psoriasis than white patients. Additional results show that psoriasis patients who do not have low income subsidy (LIS) - additional coverage provided for prescription drugs, also known as Medicare Extra Help - as part of their Medicare prescription drug coverage (Part D) plan are less likely to receive biologics than Medicare recipients with full low income subsidy benefit. The findings, presented in the December issue of the *Journal of Investigative Dermatology*, are the first to suggest the presence of economic and racial barriers that impact the treatment of moderate to severe psoriasis.

Psoriasis is a common chronic inflammatory disorder, primarily of the skin. In the past decade, several targeted biologic therapies have been approved for the treatment of moderate to severe psoriasis, greatly increasing the therapeutic options for this skin disorder that has no cure. Yet most psoriasis patients remain inadequately treated or unsatisfied with their therapies. Despite being effective treatments for psoriasis, access to biologics, which are given by injection or intravenous infusion, remains a challenge for many patients due to various factors including limited insurance coverage and high out-of-pocket costs.

"Previous studies have shown that psoriasis is associated with major physical and psychosocial health burdens that increase proportionally with more severe disease," lead author **Junko Takeshita, MD, PhD**, a dermatologist at Penn Medicine, said. "Although the biologics are generally regarded as being highly effective treatments for patients with moderate or severe psoriasis, our results suggest that out-of-pocket costs and race may impact who receives these treatments."

Using data from a nationally representative sample of Medicare beneficiaries in 2011 to identify patients with psoriasis, the researchers aimed to identify the prevalence of psoriasis among Medicare beneficiaries who are actively receiving medical care, examine their clinical characteristics, and determine the prevalence of psoriasis therapies, specifically focusing on identifying factors that may make it more or less likely for a patient to receive biologic medications.

Among the population studied, 71 percent were considered to have mild psoriasis, while 27 percent had moderate to severe psoriasis, based on treatment modality. Of the total population with psoriasis, only 10 percent were receiving biologics. Additional results showed that Medicare beneficiaries without LIS are 70 percent less likely to receive biologic treatment for their condition than those with LIS. Similarly, black patients are roughly 70 percent less likely to receive these treatments than white beneficiaries. These findings are consistent with similar studies examining use of biologic therapies among patients with rheumatoid arthritis, but the authors say further studies are necessary to better understand why the disparities exist.

"Our study is the first to identify such potential barriers among Medicare patients with psoriasis," senior author **Jalpa A. Doshi, PhD**, associate professor of Medicine at the Perelman School of Medicine, said. "Future studies are needed to determine if these barriers exist among psoriasis patients with Medicaid or private insurance. Additionally, further study should focus specifically on identifying the causes of such barriers, whether they are patient-centric variables such as treatment preferences and varying levels of understanding the disease, or physician factors including the frequency with which certain treatments are being offered."

Using the same representative sample of Medicare beneficiaries from 2011, the Penn team also measured the claims-based prevalence of psoriasis among this elderly and disabled population using medical claims. In Medicare recipients, the prevalence of medical claims for psoriasis ranged from 0.51 percent to 1.23 percent, depending on criteria used to identify the disease. However, according to the National Psoriasis Foundation, approximately 7.5 million Americans are affected by psoriasis, a prevalence rate of two percent to four percent. The authors say the apparent difference in psoriasis prevalence between the elderly in this study and the broader population should be interpreted with caution since Medicare claims only count those patients who are seeking medical care for their psoriasis. Nevertheless the finding is intriguing and should be explored further.

Source:
Penn Medicine
