

Editorial

Never forget the patients' perspective

We, as dermatologists, understand that psoriasis is a debilitating disease. However, this view may not be shared by non-dermatologist physicians, or the policy maker. One of the reasons to measure the impact of psoriasis on the patient's quality of life is to use the data to fight for more resources. To get the data that is useful for this purpose, a means for general health measurement, such as SF-36 can be used to measure for all diseases. Early studies successfully showed that the disability caused by psoriasis as measured by SF-36 was comparable to that of cancer and heart disease.¹

While this kind of general health measurement is useful for comparing diseases, they are not specific to psoriasis and therefore cannot fully reflect the negative impact of psoriasis on patient's lives. Dermatologists traditionally rely on physical signs, such as the Psoriasis Area Severity Index score, to assess the physical severity of psoriasis. Although this objective assessment allows clear communication among dermatologists, they cannot replace the measurement of the impact of the quality of life. The physical signs only document a snapshot of physical severity. They are not useful for measuring the disability of a chronic relapsing disease such as psoriasis. Moreover, the total area of skin involvement is not an accurate parameter for estimating the emotional disability because some areas of skin such as the scalp, face and hands are more cosmetically sensitive than the others. To make it more complicated, individuals with different personality traits and social settings may react differently to the same physical

condition. As a result, dermatologists cannot accurately assess the impact of psoriasis on the patient. Of 6194 patients with severe psoriasis who responded, a survey showed that 32% reported that treatments given were not aggressive enough.² There is a potential danger for dermatologists, like the policy maker, to be over-cautious about the costs and adverse effects of systemic drugs and therefore under-estimate the impact of psoriasis on patients, thus denying them of effective treatment. It is clear that dermatologist needs to understand the impact on quality-of-life from the patients' perspective and incorporate the quality-of-life tool in decision-making and the treatment plan.

In this issue, Dr. Koo highlighted the important aspects of quality-of-life measurement in psoriasis. The more we use the quality-of-life tool in our clinical setting, the better we understand our patients' needs from their own perspective and hopefully this allow us to tackle the debilitating disease more appropriately.

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References

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2. Krueger G, Koo J, Lebwohl M, Menter A, Stern RS, Rolstad T. The impact of psoriasis on quality of life. *Arch Dermatol* 2001;137:280-4.