Adolescents With Psoriasis in the United States: Current Treatment Landscape and Unmet Needs

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Key Takeaways

- **Adolescents report high impacts to quality of life and moderate-to-high levels of stigma due to their PsO**
- **Oral therapy is the most preferred route of administration for treating PsO among US adolescents, caregivers, and HCP**
- **Eighty-five percent of adolescents currently receiving injectables are willing to switch to a safe and equally effective new pill**
- **An unmet need remains for oral PsO treatments that offer high skin clearance and favorable safety profiles, enabling adolescent patients, caregivers, and HCP to achieve optimal outcomes without compromising efficacy, safety, and the preferred oral administration route**

Background

- Psoriasis (PsO) affects approximately 8 million Americans and more than 125 million people worldwide[1,2]
- In the United States (US), the prevalence rate for PsO in the pediatric population, is estimated to be between 0.1% and 1.0%, with 64.0% of cases beginning during adolescence[1,3,4]
- Systemic therapies are underutilized among adolescent patients with PsO, thereby limiting effective disease management[5]
- Understanding adolescent, caregiver, and healthcare provider (HCP) perspectives is essential to optimize care for adolescents living with PsO
- With fewer FDA-approved therapies for adolescents than adults, this population represents a critical area of unmet need and therapeutic innovation

Objectives

- **Characterize the treatment experiences of US adolescents with PsO, who are candidates for systemic therapy, caregivers, and HCPs with the goal of informing patient-centered treatment strategies and disease management approaches**
- **Quantify unmet needs with current treatment options available to adolescents at the time of the study**

Methods

- A web-based US survey (ENCOMPASS) was conducted between March and May 2025 among the following groups:
- US adolescents (12–17 years old) with a self-reported diagnosis of PsO, and eligible for systemic therapy, as defined by one or more of the following 3 categories by the International Psoriasis Council (IPC) guidelines[6,7]
  - PsO lesions on ≥10% of body surface area (BSA)
  - PsO lesions on high-impact sites (e.g., hands/feet, face, genitals, scalp, or nails)
  - Topical therapy that failed to control PsO symptoms
- US caregivers to adolescents (12–17 years old) with a self-reported diagnosis of PsO and eligible for systemic therapy per IPC guidelines
- US dermatologists and advanced practice providers working in dermatology practices, who dedicated at least 50% of their practice to medical dermatology and treated at least 16 adolescent PsO cases in the past year
- To assess the impact of PsO on quality of life, adolescents 16–17 years of age completed the Dermatology Life Quality Index (DLQI), while those 12–15 years of age completed the Children's Dermatology Life Quality Index (cDLQI)
- The PROMIS Stigma-Skin Scale was utilized by adolescents to assess perceptions of self- and publicly enacted negativity, prejudice, and discrimination resulting from disease-related manifestations
- This was a sequential, mixed-methods, non-interventional study employing quantitative surveys and qualitative interviews, with a purposive and quota-based sampling strategy to ensure robust representation of adolescent PsO patients, caregivers to adolescent patients, and HCPs who treat adolescents. Only survey data is reported on for this poster

Results

Figure 1. Sociodemographic Data for Adolescents, Caregivers of Adolescents, and HCPs

Adolescent Patients (N=200)[a]

Average age (years)
15 years

Gender
45.5% Female
54.0% Male
0.5% Genderqueer

BSA% level (n)[b]
10.0% Low: <5% (20)
60.0% Moderate: 5%–9% (120)
30.0% High: ≥10% (60)

PsO Duration
78.0% 3 years or less
16.5% 4–6 years
1.0% 7–9 years
4.5% 10+ years

Current Treatments[c]

Oral pill	44.0%
Topical Steroid	42.5%
Topical non-steroids	24.5%
Injected drug	13.0%
Phototherapy	10.5%
Other	4.0%
Not currently using a treatment	8.0%

Caregivers of Adolescents (N=200)[a]

Average age (years)
42 years

Gender
48.5% Female
51.5% Male

HCPs Treating Adolescents (N=101)

Gender
44.6% Female
53.5% Male
2.0% Prefer not to say

Years in practice (n)

0–5 years (28)	27.7%
6–10 years (39)	38.6%
11–15 years (14)	13.9%
16–20 years (10)	9.9%
21–25 years (7)	6.9%
25+ years (3)	3.0%

Type of provider (n)
90.1% Dermatologist (91)
3.0% Physician assistant (3)
5.0% General practitioner (5)
2.0% Nurse practitioner (2)

[a]Most adolescents (72.5%) self-identified as White, followed by Black (17.5%) and Hispanic (10.5%). Most caregivers (73.0%) self-identified as White, followed by Hispanic (19.5%) and Black (17.5%). [b]BSA% was self-assessed by adolescent patients and caregivers, who were provided a diagram and instructions on how to measure their BSA%. Adolescent survey quota was based on a stratified BSA% sampling of 10% low, 60% moderate, and 30% high. [c]Answers not mutually exclusive; adolescent population is not eligible for intravenous (IV) treatments. ***BSA***=body surface area, ***HCP***=healthcare provider, ***PsO***=psoriasis.

Figure 2. Adolescent-reported PsO Affected Body Areas[a] and Perceived Bother by Body Location (n=200)

Figure 2a. Top Reported Body Areas[a] Affected by PsO

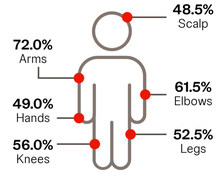
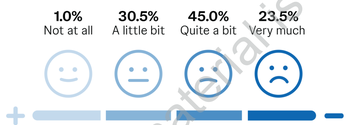


Figure 2b. Being Bothered Because of PsO Locations on Body



[a]Answers not mutually exclusive; select all that apply out of 14 response options. ***PsO***=psoriasis.

Figure 3. Adolescent-reported PsO Symptoms and Itch-related Impacts During the Past Month

Figure 3a. Top Reported PsO Symptoms During the Past Month (N=200)[a]

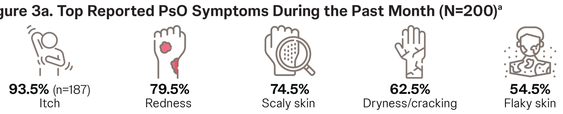
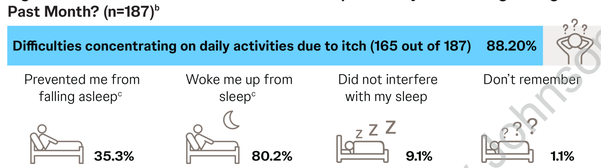
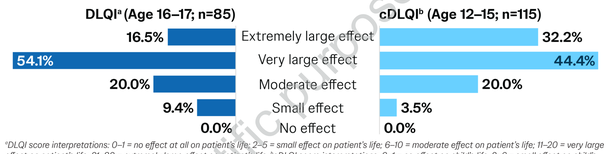


Figure 3b. Did the Itch Interfere with Your Sleep and Daily Functioning During the Past Month? (n=187)[b]



[a]Answers not mutually exclusive; select all that apply out of 13 response options. [b]Answers not mutually exclusive; select all that apply from 4 response options. Percentages are based on participants who reported itch in the past month (n=187 adolescents). [c]Of 168 adolescents who reported itch affected their sleep, 94 (56%) experienced sleep disruption on three or more nights in the past month. ***PsO***=psoriasis.

Figure 4. Adolescent DLQI/cDLQI Scores[a]



[a]DLQI score interpretations: 0–1 = no effect at all on patient's life; 2–5 = small effect on patient's life; 6–10 = moderate effect on patient's life; 11–20 = very large effect on patient's life; 21–30 = extremely large effect on patient's life. [b]cDLQI score interpretations: 0–1 = no effect on child's life, 2–6 = small effect on child's life, 7–12 = moderate effect on child's life, 13–18 = very large effect on child's life, 19–30 = extremely large effect on child's life. ***cDLQI***=Children's Dermatology Life Quality Index, ***DLQI***=Dermatology Life Quality Index.

Figure 5. Adolescent-reported Embarrassement and Stigmatization Due to Skin Conditions (DLQI/cDLQI Q#2 and PROMIS Pediatric Stigma [PPS] -Skin Scores)

Figure 5a. DLQI/CDLQI Question#2: Over the Last Week, How Embarrassed or Self-Conscious Have You Been Because of Your Skin?

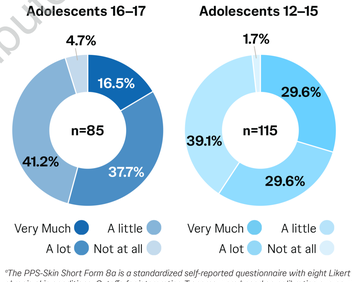
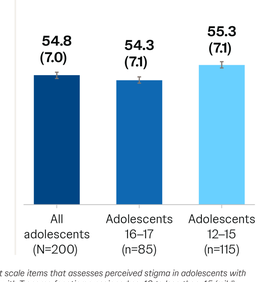
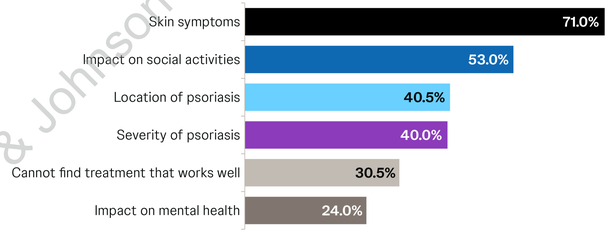


Figure 5b. PPS-Skin Mean T-Score (SD) for All Adolescents[a]



[a]The PPS-Skin Short Form 8a is a standardized self-reported questionnaire with eight Likert scale items that assesses perceived stigma in adolescents with chronic skin conditions; Cutoffs for interpreting T scores were based on calibration curves, with T scores for stigma assigned as 40 to less than 45 (mild), 45 to less than 55 (moderate), and greater than or equal to 55 (high) ***cDLQI***=Children's Dermatology Life Quality Index, ***DLQI***=Dermatology Life Quality Index, ***PPS-Skin***=PROMIS Pediatric Stigma Skin, ***Q***=question, ***SD***=standard deviation.

Figure 6. Caregiver Perspectives on Key Contributors to Adolescent PsO Burden (n=200)[a]

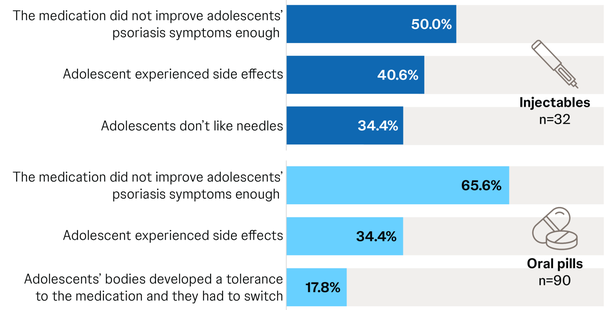


[a]Answers not mutually exclusive; "select up to three" out of 9 response options. ***PsO***=psoriasis.

Figure 7. Caregiver Perspectives: Top Three PsO Treatment Goals (n=200)[a]

[a]Answers are not mutually exclusive; "select up to three" out of 9 response options. ***PsO***=psoriasis.

Figure 8. Caregiver-reported Key Reasons[a] for Adolescents Discontinuing Past Treatment: Injectables vs. Orals[b]



[a]Answers are not mutually exclusive; "select up to three" out of 14 response options for injectables and 13 response options for oral pills. [b]The top three most frequently selected responses are presented for each of the two past treatment categories: injectables and oral pills. Past treatment refers to treatments taken within the previous 5 years (2019–2024).

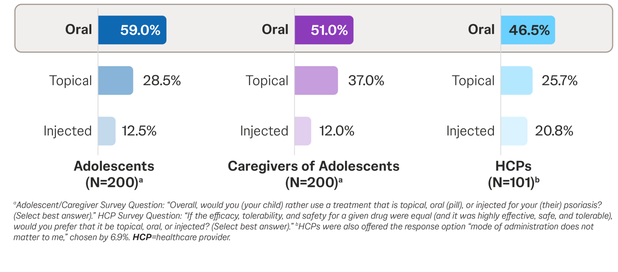
Figure 9. Top Three Factors HCPs Consider When Selecting Adolescent Treatments (n=101)[a]

[a]Answers are not mutually exclusive; "select up to three" out of 10 response options. ***HCP***=healthcare provider.

Figure 10. Top Three Disadvantages of Injectables Reported by HCPs (n=101)[a]

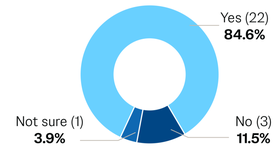
[a]Answers are not mutually exclusive; "select up to three" out of 10 response options. ***HCP***=healthcare provider.

Figure 11. Overall Treatment Preference: Adolescents, Caregivers to Adolescents, and HCPs



[a]Adolescent/Caregiver Survey Question: "Overall, would you (your child) rather use a treatment that is topical, oral (pill), or injected for your (their) psoriasis? (Select best answer)." HCP Survey Question: "If the efficacy, tolerability, and safety for a given drug were equal (and it was highly effective, safe, and tolerable), would you prefer that it be topical, oral, or injected? (Select best answer)." [b]HCPs were also offered the response option "mode of administration does not matter to me," chosen by 6.9%. ***HCP***=healthcare provider.

Figure 12. Adolescent Willingness to Try a Safe and Equally Effective Oral Therapy (n=26)[a]



84.6% of 26 adolescents currently treated with subcutaneous injectables expressed willingness to try a new pill with a favorable safety profile and effectiveness equivalent to their current injectable treatment.

[a]Adolescent Survey Question: "Would you be willing to try a new pill that is safe and offers the same effectiveness (significantly reduces or clears psoriasis symptoms, such as redness, scaling, and itching) as your current injectable treatment? (Select best answer)." Response options (3) were: Yes, No, Not sure.

Limitations

- A purposive and quota-based sampling strategy was used to ensure adequate representation of adolescents and caregivers of adolescents with significant BSA involvement (BSA>5%). Therefore, the findings may not reflect the experiences of the broader US adolescent PsO population, or individuals with mild BSA involvement
- This study included only participants from the US; treatment experiences and unmet needs may differ among adolescents, caregivers to adolescents, and HCPs in other countries

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