Findings from a 2022 Survey of People with Psoriatic Disease in Canada and their Caregivers
Information for Decision Makers

Canadian Psoriasis Network
Réseau canadien du psoriasis

About the survey

The Canadian Psoriasis Network (CPN) commissioned a survey focused on exploring the experiences of people with psoriatic disease and their caregivers with accessing care, treatment, and other support and on understanding the health priorities that matter most to them.

About survey participants (n=809)

502 patients
307 caregivers

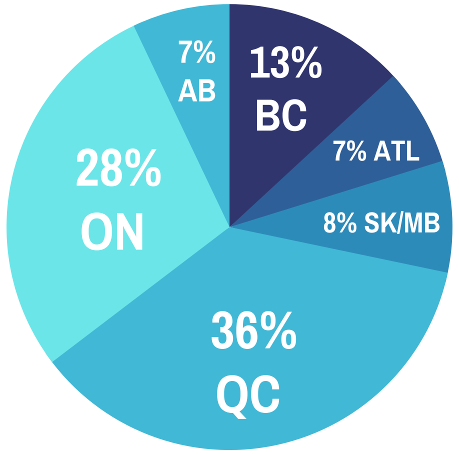
- 55+ 59%
- 35-54 30%
- <35 10%

- Urban 45%
- Suburban 34%
- Rural 20%

56% have plaque psoriasis

33% have psoriatic arthritis

64% ♀
36% ♂



- 33% <$60K
- 28% $60K-$100K
- 23% $100K+
- 16% Other

- 42% Retired
- 34% Full-time
- 11% Other
- 7% Part-time
- 6% Unemployed

Priorities

Top priorities reported by participants with **psoriasis**:

Improving skin issues	Improving my current condition	Clearing my skin	Reducing feelings of discomfort
87%	85%	84%	81%

Other areas participants with **psoriasis** wished to improve include:

- 69% Reducing pain
- 64% Reducing anxiety
- 59% Reducing sleep disturbances
- 51% Addressing treatment side effects
- 44% Improving ability to work

Younger participants are more likely to place importance on social aspects

Symptoms

Most common symptoms:

- 70% Itching, burning, or painful skin
- 66% Silvery, scaly plaques
- 58% Dry skin that may crack or bleed

63% of participants say the disease has made their **quality of life worse**

Younger participants and **women** are significantly more likely to say their quality of life is worse

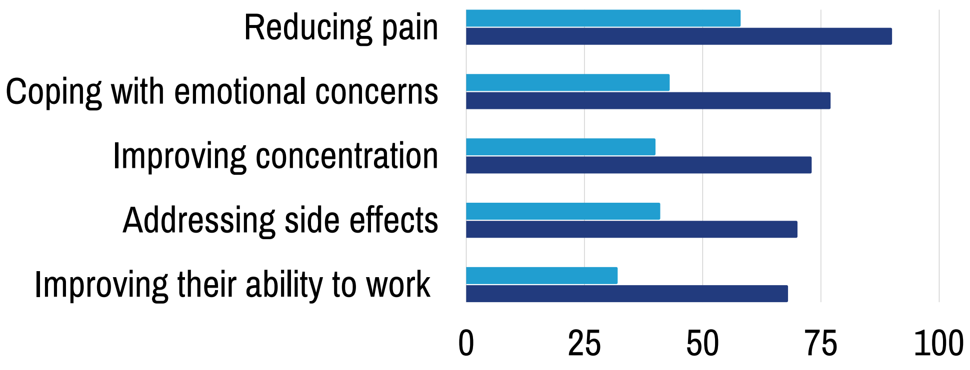
To improve the quality of life of people with psoriatic disease federal and provincial/territorial governments should:

- Support public awareness about psoriasis and psoriatic arthritis to help challenge stigma and to help people and their caregivers access the help they need by working with patient organizations like CPN.
- Ensure that government policies related to employment, income security, and disability reflect chronic episodic disabilities in their criteria and their scope as detailed in www.workingitout.ca.

For participants with **psoriatic arthritis**, the majority want to:

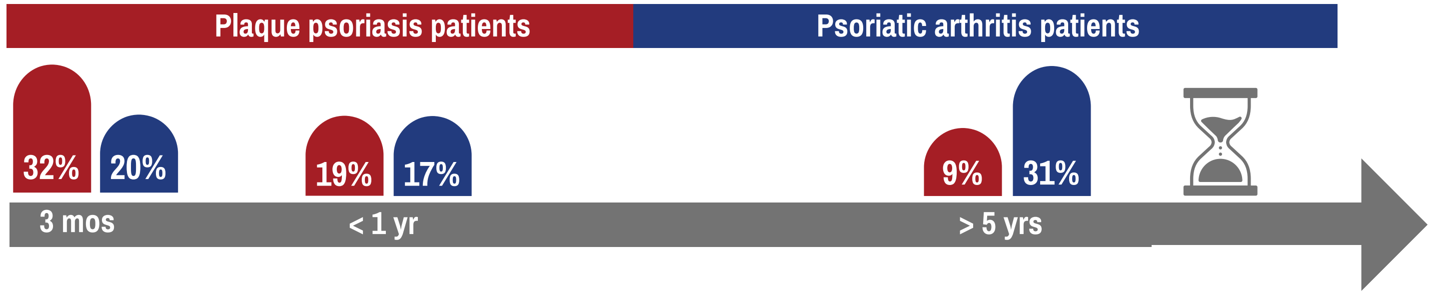
90%	89%	84%
Reduce pain & discomfort	Reduce risk for more inflammatory conditions	Maintain current condition

Participants with **PsO only** v participants with **PsO & PsA**:



Experiences with Getting a Diagnosis

Less common forms of psoriasis were more likely to report **longer delays** for a diagnosis



31% experienced some kind of challenge in receiving their PsO or PsA diagnosis

& those <55 yrs old are significantly more likely to encounter any type of challenges

Top Challenges:

- Wrong/delayed diagnosis or prescription
- Lack of access/long wait to see a specialist

Accessing Care

Participants most commonly received care from:

- **36%** Dermatologist
- **33%** Family Doc
- **19%** Rheumatologist

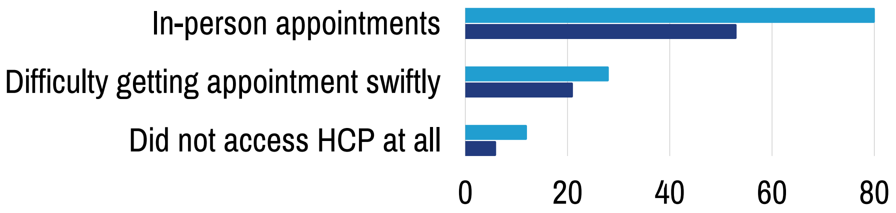
13% Rural | Those without a primary care provider | **5%** Urban

⅓ have also accessed an allied health professional

most commonly a mental health professional

Effects of Pandemic on Care:

Pre-pandemic v **post-pandemic**



3 x increase in telehealth following the pandemic

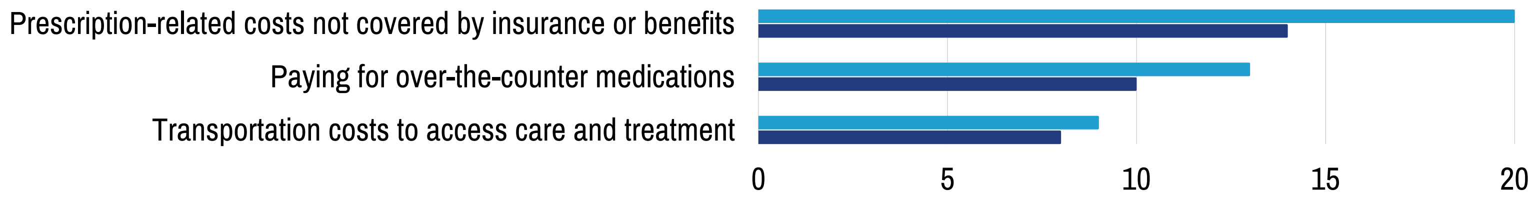
Accessing Treatment

75% of participants have some form of benefits:

30%	Employer benefits
27%	Out of pocket
28%	Public drug plan
15%	Partner's benefits

Some of the **issues with access** to treatments identified by survey participants include:

Pre-pandemic v **post-pandemic**



Experiences with Treatment:

Does participant feel successful **managing symptoms**?

75% YES — 54% due to effective medication

24% NO — 35% ineffective treatment; 10% waiting for care

To improve access to care for people with psoriatic disease:

- **The Federal government** should increase Canada Health Transfer funding to provinces and territories to address challenges with accessing care that were exacerbated by, and continue to persist beyond the pandemic.
- **Provincial and territorial governments should prioritize investment in:**
  - Expanding virtual care, including teledermatology, as part of a comprehensive healthcare system.
  - Strengthening primary care by increasing access to interdisciplinary primary care teams.

To improve access to treatment, federal, provincial, and territorial (FPT) governments should work together toward designing and delivering a pan-Canadian, universal pharmacare program. Without further delay, FPT governments should:

- Offer easy access to robust, tailored, treatment options, including prescription medications and cost-effective home-based phototherapy for people with psoriatic disease.
- Establish formulary rules that make it easy for patients to access treatments and that reflect the unique needs of sub-populations like women and people with darker skin types who may have specific treatment considerations.
- Address cost-related barriers like co-payments that may prevent people from filling their prescription.

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Methodology: An online survey, gathered from an open link (n=210) and Leger's online panel (n=603) reached 813 Canadians who are either (a) living with psoriasis / psoriatic arthritis (n=502) or (b) a caregiver for someone living with psoriasis /psoriatic arthritis (n=307). There were also n=4 patients who diagnosed themselves and were skipped to a question near the end of the survey. The survey was completed between June 1 and 16, 2022. No margin of error can be associated with a non-probability sample (i.e., an open link and a web panel in this case). For comparative purposes, though, a probability sample of 502 patients would have a margin of error of ±4.4%, 19 times out of 20, while a probability sample of 307 patients would have a margin of error of ±5.6%, 19 times out of 20.

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