Psoriasis (PsO) is an inflammatory skin disease associated with a variety of psychiatric comorbidities such as anxiety and depression. Psychiatric comorbidities are associated with poor treatment adherence in PsO patients, resulting in worse quality of life and increased economic burden.

**Objectives**

- To estimate the healthcare utilization, direct costs, and indirect costs due to absenteeism or short-term disability associated with treated anxiety and/or depression among moderate-to-severe PsO patients in the US

**Methods**

**Study Design and Data Sources**

- The study was conducted from the Truven Health MarketScan Commercial Claims and Encounters (Commercial) database and Health and Productivity (HPM) database.
- **Commercial** database provides detailed outcome measures including charges, utilization, and health care services performed in ambulatory and hospital setting.
- **HPM** database contains detailed absenteeism and short-term disability data for a subset of enrollees in the Commercial databases.

**Study Cohorts**

- Moderate to severe PsO: Adults with ≥1 PsO diagnosis plus ≥1 prescribed systemic or biologic medication prescription for moderate-to-severe PsO from 1/1/2014 to 12/31/2014.
- **Psychiatric comorbidities**: such as anxiety and depression.

**Study Measures**

- All-causes healthcare costs were defined as the sum of plan-paid and patient-paid costs, associated with any condition, including inhospital admissions, emergency room visits, outpatient services, and outpatient pharmacy prescriptions.
- PsO-related healthcare costs were defined as the sum of plan-paid and patient-paid costs, associated with PsO and all PsO-related conditions.
- Pharmacoeconomic analyses included costs associated with PsO and all PsO-related conditions, such as anxiety, insomnia, and depression.
- All-cause and PsO-related costs were compared between those with anxiety/depression and those without.
- PsO-related costs were compared between those with anxiety/depression and those without.

**Results**

- The all-cause difference was due to medical services and 12% due to prescriptions (Table 2).
- Compared with controls, patients with treated anxiety/depression had a significantly higher overall burden of comorbidity, as measured by the Depression Anxiety Stress Scale (DASS-21) (p<0.01).
- All-cause and PsO-related Healthcare Costs:
  - PsO patients with treated anxiety/depression had a significantly higher percentage of patients with hypertension, hyperlipidemia, and prediabetes (all p<0.01) and use of concomitant medications (including opioids) (Figure 2) than the control cohorts.

**Clinical Characteristics**

- Compared with controls, PsO patients with treated anxiety/depression had a significantly higher overall burden of comorbidity, as measured by the Depression Anxiety Stress Scale (DASS-21) (p<0.01).

**Conclusions**

- This study was supported by Janssen Scientific Affairs, LLC.
- The results may not be generalizable to PsO patients with other or no insurance coverage.
- The study was conducted from the Truven Health MarketScan Commercial Claims and Encounters (Commercial) database and Health and Productivity (HPM) database.
- **Commercial** database provides detailed outcome measures including charges, utilization, and health care services performed in ambulatory and hospital setting.
- **HPM** database contains detailed absenteeism and short-term disability data for a subset of enrollees in the Commercial databases.

**References**


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