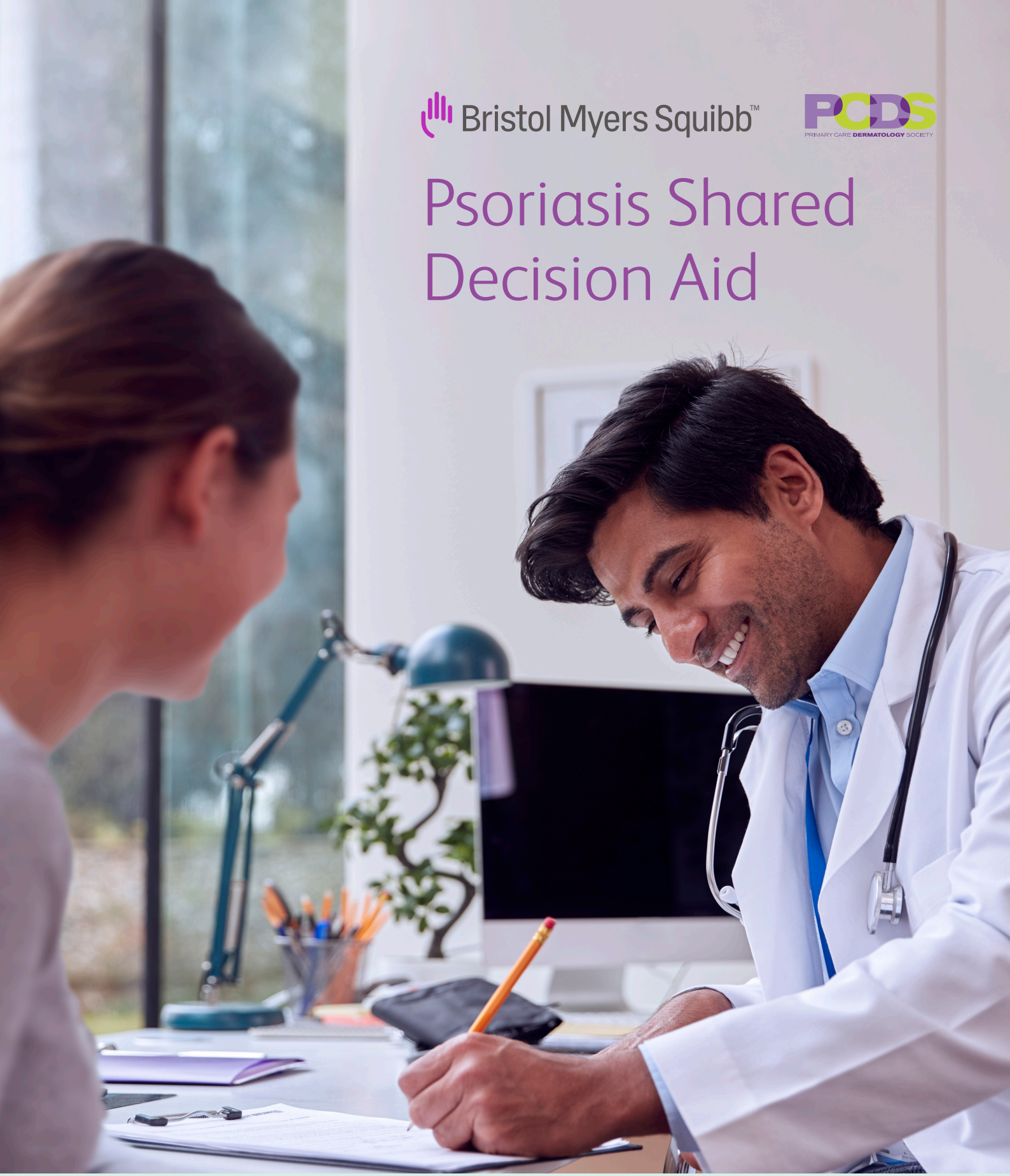
Psoriasis Shared Decision Aid



This project was initiated and funded by Bristol Myers Squibb. This shared decision aid is for patients who have been diagnosed with psoriasis, when talking to their healthcare professionals. The decision on what to prescribe lies with the relevant healthcare professional at all times. This shared decision aid has been endorsed by The Primary Care Dermatology Society (PCDS).

Document number: IMM-GB-2300081 Date of preparation: February 2023

Bristol Myers Squibb™

Table of Contents

The objective of this shared decision aid is to support people living with psoriasis, and their healthcare professionals, to prepare for joint, informed discussions around care and treatment*

What is shared decision making?[1]

A shared decision aid can be used to support conversations with your healthcare professionals, working together to reach a joint decision about care[1]. Its aim is to make decisions about the treatment and care that is right for you at that time through better understanding of the benefits, harms, and outcomes of different options.

This aid is to assist you in preparation for appointments, giving opportunity to reflect on your own thoughts and experiences to decide what is most important for you to discuss during the appointment.
This will help you to get the most out of your care.

This shared decision aid will help your healthcare professional to understand your personal medical history and treatment plan. A tailored care plan will help to place you on treatment that works for you more quickly.

To read more about shared decision making, look at the NICE guidelines here.

*Disclaimer: You should not use this guide instead of talking to your doctor. Always ask your doctor or nurse if you are unsure about anything to do with your health or treatment.

Document number: IMM-GB-2300081 Date of preparation: February 2023

Bristol Myers Squibb™

Please consider the impact your psoriasis has on your life and complete the information below to refer back to.

Patient's details

Name:

Diagnosis Classification:

- ☐ Mild,
- ☐ Moderate,
- ☐ Severe

Healthcare team details

Name of HCP:

Telephone Number:

Duration of illness

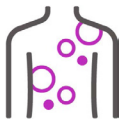
Date of Diagnosis:

Frequency of flare ups

How many flare ups have you had since being diagnosed?

When was your last flare up?

Impact on your daily lifestyle:



Your previous treatment challenges:

What you want your treatment to achieve:

Document number: IMM-GB-2300081 Date of preparation: February 2023

Your Psoriasis Appointment

Key things to consider for your appointments with a healthcare professional

- It is important to prepare for your appointments
- Appointments are often time-limited
- Share how your psoriasis is affecting your life

Preparing for your appointment

Making notes and preparing ahead of your appointments will enable you to use the time available to discuss what is most important to you and reach shared agreements on your care.

- Consider keeping a **diary** to track your symptoms over time. Record clear descriptions of the symptom and how it made you feel. Remember to date your entries
- Identify the **key issues** you would like to communicate during your appointment
- Make a note of recent changes to your **health and lifestyle**, including any impact from your diet and alcohol intake
- Record details of any **recent medication** prescribed for other conditions, or that you are buying over the counter or in the pharmacy
- Gather **supporting documents** that may be helpful to share (such as prescriptions and notes)
- Note down any **questions** you would like to ask during your appointment

Understanding the current status of your psoriasis and your hopes for the future across your treatment, care and lifestyle will help you prepare for your appointment.

Some prompt questions are listed below for you to think about areas of your life that have been affected by your psoriasis and what you are hoping to achieve from treatment.

Treatment:

What treatment are you currently receiving? What do you hope the treatment will achieve?

Lifestyle:

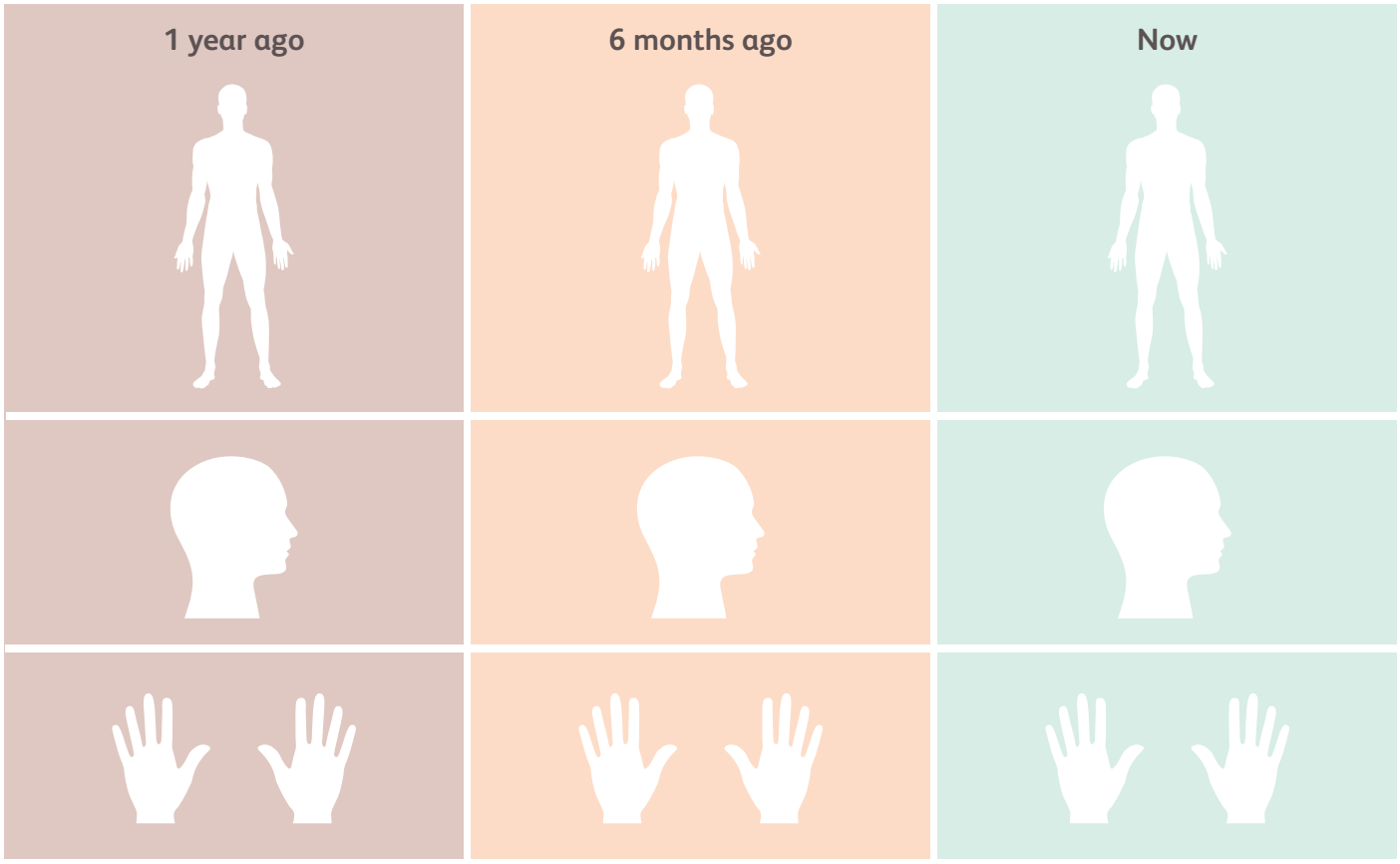
How does your psoriasis impact your lifestyle? What is the ideal situation you would like to achieve?

Document number: IMM-GB-2300081 Date of preparation: February 2023

Bristol Myers Squibb™

Snapshot

How has your psoriasis affected you? Circle the areas affected on the diagrams below.



It is important to note below how your psoriasis has impacted you in intimate, or private areas of your body. Talking about this in your appointments may be uncomfortable, but it will help your doctor to understand your psoriasis and ensure you receive the correct treatment.

Considering any potential flare ups that you may have experienced, it may be helpful to compare the intensity, duration, and variation over time.

Record a flare up:

Date: _____

Area: _____

Intensity from 1-10 (10 being severe):

How has this impacted your life?
(mental health, work, relationships etc.)

Document number: IMM-GB-2300081 Date of preparation: February 2023

Working Out What Matters To You.

Use this section to think about how your psoriasis is currently impacting your daily activities and broader lifestyle. You might like to note down what is important to you in each of these areas, and therefore, where you may want additional support. You can raise the areas that you find most disruptive with your healthcare professional.

How does your psoriasis impact your lifestyle? What would having ideal control of your psoriasis mean for your lifestyle?

Work and education

Are there parts of your job or study that are impacted by your psoriasis? What support does your employer, school or institution have available? Is there additional support that you require? How would you like your treatment to fit into your routine around work and education?

Family and relationships

Does psoriasis impact your family life or relationships? Is psoriasis impacting your sex-life? How does psoriasis affect those that support you with your care?

Activities

What are the hobbies or activities that you enjoy, and does your psoriasis impact your enjoyment of these activities? These could be gardening, walking the dog, visiting family, eating out, DIY, travel, sports, or exercising. Do you need any support to engage in these activities because of your psoriasis?

Document number: IMM-GB-2300081 Date of preparation: February 2023

Making Decisions About Your Treatment

Your healthcare team can help you achieve your goals for your psoriasis treatment. It is important that you understand your current treatment, and the options available to you.

Considering your treatment

How does your current treatment make you feel, physically and mentally? Does your current treatment support the priorities you wrote in the previous section?

Your priorities for your treatment

Rank these statements from 1-6 in order of importance

How often treatment is delivered	Low	2	3	4	5	High
Where treatment is delivered	Low	2	3	4	5	High
Side-effects from treatment	Low	2	3	4	5	High
Familiarity of treatment	Low	2	3	4	5	High
Treatment is easy to use	Low	2	3	4	5	High
Care plan is suited to your daily lifestyle	Low	2	3	4	5	High
Other	Low	2	3	4	5	High

An understanding of what is most important to you when it comes to choosing a treatment may influence how you would like to approach discussions around treatment with your healthcare professional.

Available treatments

The following page has an overview of the types of treatments currently available in the UK for psoriasis.
You are encouraged to discuss these treatment options with your healthcare team to help you understand your care.

Use this space to note down any information from discussions with your healthcare team about available treatments in which you are interested:

Document number: IMM-GB-2300081 Date of preparation: February 2023

Treatment Options For Psoriasis

Psoriasis can be treated by different healthcare professionals, including a GP or a dermatologist. Treatments are determined by the type and severity of your psoriasis, and the area of skin affected. You may begin on mild treatment, such as topical creams applied to the skin, and then move on to stronger treatments if necessary.[2]
Some information on treatments is provided below. This information is not medical advice and not does replace the advice from healthcare professionals.

Treatments fall into three categories[3]: topical, phototherapy or systemic treatments. Sometimes a combination of topical and phototherapy treatments can be used at the same time.

Topical

There are a variety of topical creams and ointments applied directly onto the skin to treat psoriasis.

Emollients - moisturising treatments applied directly to the skin to reduce water loss and cover it with a protective film. Emollients can be bought over the counter from a pharmacy or prescribed by your GP.

Steroid creams or ointments (topical corticosteroids) - creams that reduce inflammation, which slows the production of skin cells. Topical corticosteroids range in strength from mild to very strong.

Vitamin D analogues creams - a topical medication. That means it is available as a cream or ointment that you put directly on affected skin. It binds with vitamin D receptors on specific genes to slow down the rapid skin cell production and build up that triggers itchy and scaly psoriatic patches.

Calcineurin inhibitors - ointments or creams that reduce the activity of the immune system and help to reduce inflammation in sensitive areas, such as the face, the genitals, and folds in the skin, if steroid creams are not effective.

Coal tar - a thick, heavy oil to reduce scales, inflammation, and itchiness.

Dithranol - suppresses the production of skin cells. Dithranol is delivered under hospital supervision and left for 10 to 60 minutes before being washed off.

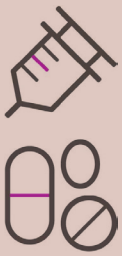
Phototherapy

Phototherapy uses natural and artificial light to treat psoriasis. Artificial light therapy can be given in hospitals and some specialist centres, usually under the care of a dermatologist.

Ultraviolet B (UVB) phototherapy - uses a wavelength of light invisible to human eyes, which slows down the production of skin cells. Each session only takes a few minutes, but you may need to go to hospital 2 or 3 times a week for 6 to 8 weeks.

Psoralen plus ultraviolet A (PUVA) – psoralens, compounds which make skin more sensitive to light, are first provided via a tablet or topical treatment applied directly to the skin. Skin is then exposed to ultraviolet A (UVA) light to slow down the production of skin cells. Long-term use of this treatment is not encouraged as it can increase your risk of developing skin cancer.

Systemic



Systemic treatments refer to oral and injected medications prescribed for severe psoriasis.

Non-biological - usually given as tablets or capsules, that slow down the skin cell production and reduce inflammation.

Biological - usually given as injections that reduce inflammation by targeting overactive cells in the immune system.

Document number: IMM-GB-2300081 Date of preparation: February 2023

How To Talk To Your Doctor Or Nurse

It is important to understand that psoriasis impacts individuals differently, both depending on your lifestyle and how you are affected by symptoms.

A multidisciplinary team (MDT) is a team of healthcare professionals that can evaluate your condition and give you the best possible treatment. You may be directed to different healthcare professionals depending on how you are impacted by your psoriasis, such as to a **dermatologist, rheumatologist, psychologist, and a nutritionist.**

The list below sets out the different roles that make up the MDT.[4]

You may not need every member of this team. Understanding their roles will be helpful if you and your doctor to agree you should be referred to a specialist. You may wish to consider each of these roles and circle any that you do not know or understand, or to which you do not currently have access so that you can discuss if this would be an available option for you.

Dermatologist

A doctor who specialises in the diagnosis and treatment of the skin, scalp, hair, and nails. Your dermatologist will recommend treatments based on the severity of your psoriasis, your health history and overall health and your experience with previous treatments.[5]

Rheumatologist

Specialises in the diagnosis and treatment of arthritis and other diseases of the joints, muscles, and bones. Some people with psoriasis may develop psoriatic arthritis (PsA). A rheumatologist can support you with this condition.

Psychologist or Counsellor

Psychological stress can be associated with the onset or exacerbation of psoriasis. A psychologist or counsellor can assist you to manage this, you can request a referral to a psychologist through Improving Access to Psychological Therapies (IAPT). IAPT services can be accessed through your GP.

Nutritionist

An advisor on matters of food and nutrition, which can impact the manifestation of psoriasis and overall health. It is important to speak with a fully qualified nutritionist before making any adjustments to your diet.

Emergency Care

If you have an urgent problem that requires emergency care (such as erythrodermic psoriasis) outside of normal clinical hours, it is important to go straight to A&E. Ensure you make a note of any advice you may receive while in A&E to share with your regular healthcare professional at subsequent appointments.

Document number: IMM-GB-2300081 Date of preparation: February 2023

Useful Terms

You may come across the following terms in your appointments and in resources giving information about psoriasis. Please refer to the table below for definitions.[6]

Term	Definition
Autoimmune disease	A disease where the immune system attacks healthy cells
Erythrodermic psoriasis	A type of psoriasis that impacts the body's ability to control temperature, and can cause dehydration or heart failure. If you think you are experiencing this, visit A&E immediately
Plaque psoriasis	The most common type of psoriasis that appears as raised, inflamed, red patches with silvery, white, or red scaly skin, most often on the elbows, knees, lower back, and scalp
Guttate psoriasis	The second most common type, mostly found on children and young adults. The affected areas can be smaller or not as thick as plaque psoriasis
Psoriatic arthritis	A type of arthritis that may occur in someone with psoriasis, most commonly affecting the fingers and toes are most often affected
Pustular psoriasis	Symptoms of pustular psoriasis include pustules (white or yellow, pus-filled, painful bumps) that may be surrounded by inflamed or reddened/discolored skin. The pus in pustules is caused by inflammation and is not contagious. People with plaque psoriasis or other types of psoriasis may also develop pustular psoriasis.[7]

Document number: IMM-GB-2300081 Date of preparation: February 2023

Further Resources

Please consult the following pages for further information, guidance, and support on psoriasis

Psoriasis Association[8]

The Psoriasis Association provides detailed information about psoriasis and hosts a helpline and peer-to-peer support network

https://www.psoriasis-association.org.uk/about-psoriasis

Primary Care Dermatology Society (PCDS)[9]

This information page gives an overview of the common triggers of psoriasis along with recent clinical findings and comorbidities, such as Psoriatic arthritis and cardiovascular disease (CVD)

https://www.pcds.org.uk/clinical-guidance/psoriasis-an-overview

NHS England Psoriasis information page[10]

This page shares information about psoriasis including:

- Why it happens
- How psoriasis is diagnosed
- Treating psoriasis
- Living with psoriasis

https://www.nhs.uk/conditions/psoriasis/

NHS England Shared Decision-Making page[11]

This page discusses the importance of shared decision making in healthcare and offers guidance to both healthcare professionals and patients. The information detailed on the website includes:

- A section outlining the key components of shared decision making
- Details on why shared decision making is important
- Guidance on how to implement shared decision making in healthcare

https://www.england.nhs.uk/shared-decision-making/

NHS Constitution for England guidance[12]

https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england

Rethink Mental Illness[13]

This charity works to support people who are severely affected by mental illness, providing expert information and a network of local support groups and services

https://www.rethink.org/

SANE[14]

This independent charity works to raise awareness of the condition, provides emotional support, and has current research available. SANEline helpline is a phone messaging service for immediate support, providing a national out-of-hours mental health helpline for specialist emotional support, guidance, and information to anyone affected by mental illness, including family, friends, and carers

https://www.sane.org.uk/how-we-help/emotional-support

NHS Choose and Book[15]

NHS choose and book is an initiative that allows you to choose an appointment that suits you, with options from different hospitals and clinics.

https://www.cddft.nhs.uk/media/99506/an%20introduction%20to%20choose%20and%20book.pdf

Document number: IMM-GB-2300081 Date of preparation: February 2023

Endnotes

1 NICE. Shared Decision Making. Available at: https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-guidelines/shared-decision-making. [August 2022]
2 NHS. 2022. Psoriasis Overview. Available at: https://www.nhs.uk/conditions/psoriasis/. [Accessed August 2022]
3 NHS. 2022. Psoriasis Treatment. Available at: https://www.nhs.uk/conditions/psoriasis/treatment/. [Accessed August 2022]
4 National Psoriasis Association. Your Care Plan. Available at: https://www.psoriasis.org/your-care-team/. [Accessed August 2022].
5 National Psoriasis Foundation. Dermatologist. Available at: https://www.psoriasis.org/dermatologist/. [Accessed August 2022].
6 WebMD. 2021. Psoriasis Glossary. Available at: https://www.webmd.com/skin-problems-and-treatments/psoriasis/psoriasis-glossary. [Accessed August 2022]
7 National Psoriasis Foundation. Pustular Psoriasis. Available at: https://www.psoriasis.org/pustular/. [Accessed October 2022]
8 Psoriasis Association. 2019. About Psoriasis. Available at: https://www.psoriasis-association.org.uk/about-psoriasis. [Accessed September 2022]
9 Primary Care Dermatology Society (PCDS). 2022. Psoriasis, An overview. Available at: https://www.pcds.org.uk/clinical-guidance/psoriasis-an-overview. [Accessed September 2022]
10 NHS England. 2022. Psoriasis. Available at: https://www.nhs.uk/conditions/psoriasis/. [Accessed September 2022]
11 NHS England. 2022. Shared Decision Making. Available at: https://www.england.nhs.uk/shared-decision-making/. [Accessed September 2022]
12 NHS constitution for England. 2021. Available at: https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england. [Accessed September 2022]
13 Rethink. Homepage. Available at: https://www.rethink.org/. [Accessed September 2022]
14 SANE. Emotional Support. Available at: https://www.sane.org.uk/how-we-help/emotional-support. [Accessed September 2022]
15 NHS Choose and Book leaflet. Available at: https://www.cddft.nhs.uk/media/99506/an%20introduction%20to%20choose%20and%20book.pdf [Accessed October 2022]

Document number: IMM-GB-2300081 Date of preparation: February 2023