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Evaluation of the Impact of Patient Preferences in the Treatment of Psoriasis

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The "Patients Rights in Germany Today" resolution adopted by the Conference of German Health Ministers in 1999 heralded significant advancements in increasing patient participation and empowerment in health care for Germans. Patients' participation has been advocated at three distinct levels: the macro level (e.g. by soliciting patients' views on health care regulation), the meso level (e.g. by increasing institutional responsibility for promoting patient education), and the micro level (e.g. by increasing collaboration in patient-physician encounters). A review of the current scientific evidence on patients' participation in health care delivery in Germany, however, indicates that participation at the macro and meso levels has received considerably more attention than participation at the micro level. This dissertation aims to contribute to evidence at the micro level by evaluating the impact of patients' preferences in the treatment of moderate to severe psoriasis.

Similar to many chronic diseases, numerous management options exist for psoriasis, yet reports of high dissatisfaction and non-adherence with treatment are common. Moreover, while previous work documents psoriasis patients' distinct treatment preferences, physicians often recommend treatments that fail to match these. Given the resulting potential for treatment non-adherence, some have suggested that a closer match between patients' preferences and recommended treatments may lead to better outcomes, although these relationships have not yet been established in psoriasis.

To address this knowledge gap, the following hypotheses were tested: A closer match between physicians' treatment recommendations and patients' treatment preferences may lead to reduction in disease severity (primary hypothesis, H1), less impairment in disease-specific quality-of-life (dsQoL) (H2), and improvement in treatment satisfaction (H3). The following questions were further examined: What is the evidence regarding the elicitation and use of patients' preferences in psoriasis treatment? What preferences do patients have for available psoriasis treatments' features, and what are the correlates of these preferences? How can the level of matching between physicians' treatment recommendations and patients' treatment preferences be assessed quantitatively?

A systematic literature review of the evidence regarding elicitation and use of patients' preferences in psoriasis treatment was completed and a prospective cohort study was conducted. Using data from self-administered, computer-based patient surveys and medical record abstraction, the latter study applied conjoint analysis to measure patients' stated preferences for psoriasis treatment features. Correlates for most and least preferred treatment features were explored. The "Preference Matching Index" was developed to quantify the match between physicians' treatment recommendations and patients' treatment preferences. The association between the Preference Matching Index and treatment-related outcomes was tested.

The systematic literature review revealed that although patient preferences in psoriasis management have been studied since the early 1980s, the association of patient preference use and psoriasis treatment outcomes had not been previously examined. Results from the cohort study's conjoint analysis revealed that the absolute magnitude of preferences was consistently greater for the least preferred psoriasis treatment features compared with those that were most preferred. Further analysis suggested that these preferences were correlated with several patient characteristics. Finally, a closer match between physician treatment recommendation and patients' treatment preferences was found to be significantly associated with greater treatment satisfaction, reduced disease severity, and greater dsQoL.

These results suggest that both negative and positive preferences and inter-individual differences appear important in shared decision-making. Associations between matched preferences and

treatment outcomes suggest an opportunity to improve the patient-centeredness of health care and treatment outcomes by incorporating patients' preferences into treatment decision-making. Taken together, the findings of this work justify future intervention trials to test this more patient-centered approach to care in the management of psoriasis and other chronic diseases.