Treatment Goals, Expectations, and Satisfaction Among Psoriasis Patients in Thailand: A Cross-Sectional Study

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ABSTRACT:

Background: Psoriasis is a chronic inflammatory skin disorder that has substantial psychological consequences. Understanding treatment goals and expectations from the patient's perspective is critical to enhancing patient outcomes. However, evidence on Thai patients with psoriasis is limited.

Objectives: To investigate the treatment goals, satisfaction levels, and expectations of Thai psoriasis patients to provide insights for personalized care.

Methods: A questionnaire survey was conducted among 116 psoriasis patients attending the outpatient psoriasis clinic at Siriraj Hospital from December 2023 to December 2024. Data on treatment goals, satisfaction, and expectations were collected.

Results: The most common reported treatment goal was achieving clearer skin (49.1%), followed by eliminating itching or pain (21.6%), reducing scaling (15.5%), and boosting confidence (12.9%). Overall, 73.3% of patients were very satisfied with their treatment, with significantly associated with disease severity (p=0.029). Patients with mild psoriasis reported higher satisfaction (83.1%) than severe psoriasis (57.6%). Before treatment, 31.9% of patients expected complete psoriasis clearance, but during therapy, only 9.5% considered complete clearance essential, indicating a drop in expectations. The top three regions where patients desired to see improvement were the extremities, head, and trunk.

Conclusion: Thai psoriasis patients prioritize clearer skin, itch alleviation, and increased confidence as primary treatment goals. While many initially expected complete clearances, their expectations shifted over time as they realized that entire lesion clearance was not always possible. Disease severity has a considerable influence on satisfaction, highlighting the importance for effective treatment.

Key words: Psoriasis, Treatment goal, Expectation, Perspective, Satisfaction

Introduction

Psoriasis is a chronic inflammatory skin condition linked to various comorbidities, including psoriatic arthritis, inflammatory bowel disease, obesity, diabetes mellitus, and cardiovascular diseases[1,2]. It affects approximately 3% of the adult population in the United States[3] and requires ongoing, lifelong treatment, leading to significant morbidity and reduced quality of life (QoL)[4]. A survey conducted in Thailand on the QoL of psoriasis patients revealed that around 60% of participants experienced social stigmatization and rejection, underscoring the profound psychosocial impact of the condition[5].

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In recent years, treatment strategies for psoriasis have advanced significantly, transitioning from traditional topical therapies, systemic medications, and phototherapy to more innovative options such as biologic therapies and oral small-molecule drugs[6,7]. As patients' demand for treatment outcomes has increased, the demand for biologic treatments has also risen[8]. Dermatologists typically focus on outcome measures such as Body Surface Area (BSA), Psoriasis Area Severity Index (PASI), and Dermatology Life Quality Index (DLQI) to evaluate treatment success, assuming that these metrics hold equal importance to all patients[9]. However, research has shown that the treatment goals of patients and physicians often differ, emphasizing the importance of incorporating patient perspectives to develop a more personalized approach in psoriasis management[10]. Currently, there is little information on the specific treatment goals of Thai psoriasis patients. This study examines their expectations and priorities for the treatment goals.

Materials and methods

Study Design and Subjects

Psoriasis patients who visited the Psoriasis Clinic at Siriraj Hospital, Mahidol University, Bangkok, Thailand, from December 2023 to December 2024 were invited to complete a questionnaire survey. Patients with psoriasis (age ≥18) were considered eligible. Following written informed consent, patients filled out a self-administered paper-based questionnaire during their clinic visit. Researchers were present to clarify questions and review completed surveys for missing responses.

This study-specific survey was developed by the authors (C.C., C.W., L.C., N.S.) based on clinical experience and a comprehensive literature review on treatment goals for psoriasis patients[11,12]. The survey included questions focusing on sociodemographic information, psoriasis characteristics, current treatment, treatment goals, treatment satisfaction, and an assessment of psoriasis treatment goals using a 10-point scale across 11 questions. The Siriraj Research Ethics Committee approved the project. (SI/COI NO. 658/2023).

Statistical Analysis

Descriptive statistics were used to summarize responses for each question. Categorical variables are presented as frequency counts and percentages, while continuous variables are presented as mean values with standard deviation (SD). Statistical significance was set at $P<0.05$. Associations between categorical variables were analyzed using Pearson's Chi-square test, while ordinal variables were evaluated using linear-by-linear association. Crosstab analysis was conducted to examine the relationship between body surface area (BSA) severity and patient expectations for improvement, providing insights into potential correlations. All statistical analyses were performed using IBM SPSS Statistics for Windows, Version 29 (IBM Corp., Armonk, NY).

Results

Study population

This report included 116 patients, and their characteristics are presented in Table 1. The mean age of participants was 50.3 years, and 53.4% were male. The mean age at psoriasis onset was 32.5 years. Regarding healthcare benefits, 83.6% of patients were covered by non-self-funded programs, while 16.4% paid for their costs. University-level education was reported in 43% of cases, and the majority (45.7%) were single.

Table 1 Demographic and clinical characteristics of study participants

Demographics	**N=116**	**(%)**
Age, y (mean±SD)	50.03±16.1	
Age at first symptom, y (mean±SD)	32.5±16.4	
Disease duration, y (mean±SD)	17.6±13.6	
Male	62	(53.4)
Marital status		
Single	53	(45.7)
Married	49	(42.2)
Health benefit		
Government or state enterprise officer	43	(37.1)
Universal coverage scheme	39	(33.6)
Pay on their own	19	(16.4)
Social health insurance	15	(12.9)
Education level		
High school or less	46	(39.7)
Vocational education	20	(17.2)
University education	50	(43.1)
Type of psoriasis		
Vulgaris	108	(93.1)
Erythroderma	4	(3.4)
Guttate	2	(1.7)
Generalized pustular	2	(1.7)
Extent of psoriatic lesion, body surface area (BSA)		
Mild (BSA<5%)	59	(50.9)
Moderate (BSA≥5-10%)	24	(20.7)
Severe (BSA>10%)	33	(28.4)
Comorbidities		
Hypertension	48	(41.4)
Dyslipidemia	32	(27.6)
Psoriasis arthritis	22	(19.0)
Diabetes mellitus	20	(17.2)
Special location		
Scalp	98	(84.5)
Nail	83	(71.6)
Palm and sole	67	(57.8)
Face	53	(45.7)
Intertriginous	34	(29.3)
Genitalia	16	(13.8)
Current treatment		
Oral systemic drugs	84	(72.9)
Biologics	16	(13.8)
Topical therapy alone	15	(12.9)
Phototherapy	1	(0.9)

Disease characteristics of study participants

Detailed clinical characteristics of patients are summarized in Table 1. The most common type of psoriasis was psoriasis vulgaris (93.1%), followed by erythrodermic psoriasis (3.4%), guttate psoriasis (1.7%), and generalized

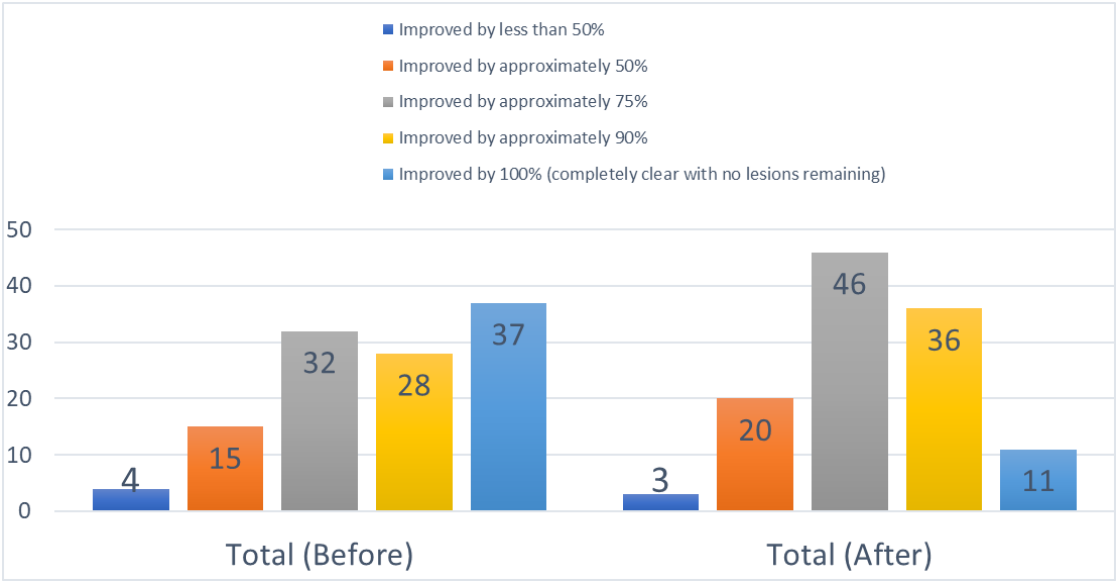
pustular psoriasis (1.7%). Most patients (50.9%) had mild psoriasis [body surface area (BSA) involvement 0-<5%], while 20.7% had moderate severity (BSA ≥5–10%), and 28.4% had severe disease (BSA >10%).

Comorbidities in our cohort included hypertension (48%), dyslipidemia (32%), psoriatic arthritis (22%), and diabetes mellitus (20%). Special site involvement included the scalp (84.5%), nails (71.6%), palms and soles (57.8%), face (45.7%), intertriginous areas (29.3%), and genitalia (13.8%). Most of our patients received oral medications (72.9%), followed by biologic therapies (13.8%) and phototherapy (0.9%). Topical therapy alone was used by 12.9% of patients.

Table 2 Treatment goals of psoriasis patients before initiating therapy

Expected treatment goal	Mild psoriasis N=59	Moderate psoriasis N=24	Severe Psoriasis N=33	Total N=116
To achieve clearer skin	27 (45.8%)	15 (62.5%)	15 (45.5%)	57(49.1%)
To eliminate itching or pain	15 (25.4%)	3 (12.5%)	7 (21.2%)	25 (21.6%)
To reduce scaling or flaking	6 (10.2%)	5 (33.3%)	7 (21.2%)	18 (15.5%)
To boost confidence	10 (16.9%)	1 (4.2%)	4 (12.1%)	15 (12.9%)
Have no specific goal	1 (1.7%)	0 (0%)	0 (0%)	1 (0.9%)

Pearson Chi-square P=0.495



*Before treatment between groups: Linear-by-linear association (P=0.182)
#After treatment between groups: Linear-by-linear association (P=0.007)

Figure 1 Patients' expectation before treatment* and patients' acceptability after treatment# initiation

Treatment goals in psoriasis patients

The treatment goals of 116 psoriasis patients before initiating therapy are outlined in Table 2. The most common goal was achieving clearer skin (49.1%), followed by eliminating itching or pain (21.6%), reducing scaling or flaking (15.5%), and boosting confidence (12.9%). Only 0.9% of patients reported no specific treatment goals. While treatment goals varied slightly by disease severity, no statistically significant association was observed between severity and treatment goals (p=0.495).

Table 3 Satisfaction of psoriasis patients with ongoing treatment

Current Patient Satisfaction	Mild psoriasis N=59	Moderate psoriasis N=24	Severe psoriasis N=33	Total N=116
Very satisfied	49 (83.1%)	17 (70.8%)	19 (57.6%)	85 (73.3%)
Moderate satisfied	10 (16.9%)	7 (29.2%)	14 (42.4%)	31 (26.7%)
Not satisfied	0 (0%)	0 (0%)	0 (0%)	0 (0%)

Pearson Chi-Square P=0.029

Table 3 highlights patient satisfaction with current psoriasis treatment. Overall, 73.3% of patients were very satisfied, while 26.7% were moderately satisfied. No patients reported dissatisfaction. Satisfaction levels varied by disease severity, with 83.1% of patients with mild psoriasis reporting being very satisfied compared to 70.8% and 57.6% of those with moderate and severe psoriasis, respectively. Moderate satisfaction was more common among patients with severe cases (42.4%) than in those with moderate (29.2%) or mild psoriasis (16.9%). The Pearson Chi-square test yielded a p-value of 0.029, indicating a significant association between patient satisfaction and disease severity. Patients with milder psoriasis were significantly more likely to report higher satisfaction compared to those with more severe disease.

Patients' expectations before treatment and patients' acceptability during treatment are summarized in Figure 1. Before treatment, 37 (31.9%) patients expected complete clearance (100%), while during treatment, only 11 (9.5%) considered complete clearance essential, indicating a decrease in expectations. Conversely, satisfaction with a 75% improvement increased from 32 (27.6%, expected) to 46 (39.7%, actual), particularly in moderate and severe cases. Expectations for a 90% improvement remained relatively stable in 28 (24.1%) expected vs. 36 (31%) actual. A significant association between disease severity and expectation was found throughout therapy (p=0.007) but not before the treatment (p=0.182).

The study compared patients' expectations before therapy to their acceptability during treatment for psoriatic lesions. Forty-three percent of patients felt that their actual acceptance was lower than their initial expectations, while 18% reported their improvement exceeded their expectations. Furthermore, 38% of patients stated that their actual acceptability met their expectations. The top three areas where patients most desired improvement were the extremities, followed by the scalp and trunk.

An 11-question survey graded treatment priorities among psoriasis patients on a scale of 0 to 10. According to the average scores, the highest priority for patients is treatment that allows them to maintain normal daily life activity (score 8.2), followed by insurance or healthcare benefits coverage (score 8.0) and increased self-confidence and willingness to socialize (score 7.8). The lowest priority was achieving rapid responses, with an average score of 6.8.

Discussion

To the best of our knowledge, few studies have explored treatment goals among patients with psoriasis in Thailand, and this study addresses that gap. Our findings revealed that achieving clearer skin was the most common treatment goal (49.1%), followed by eliminating itching or pain (21.6%). These findings are consistent with prior studies of patients on biologics with mild disease activity, where treatment goals such as "free of itching" and "healed of all skin defects" were regarded as quite or very important by 78.5% of respondents[13]. Similarly, an Italian study of patients' expectations for their current medication found that the majority (54.9%) prioritized symptom relief, particularly itch

reduction, followed by a desire to reduce desquamation (12.0%) and improve self-esteem (11.1%)[14]. These findings reflect a consistent global pattern, emphasizing that symptom relief and physical appearance are major concerns for psoriasis patients. Findings from a large survey of 4,978 psoriasis patients further reinforce this, revealing that the top personal treatment goal is symptom reduction, followed by minimizing plaque appearance and reducing flaking, respectively[15].

Overall, our findings demonstrated that the majority of patients were very satisfied with their current therapies. Satisfaction levels were significantly related to disease severity (p=0.029), with individuals with mild psoriasis indicating higher satisfaction (83.1%) than those with severe disease (57.6%). This aligns with prior research indicating that a higher disease burden often correlates with lower treatment satisfaction. In a cross-sectional survey of Greek patients with moderate to severe psoriasis, 41.1% expressed little to no satisfaction with their treatment, mostly due to a perceived lack of satisfactory improvement since treatment commencement[16]. Beyond treatment effectiveness, the speed of symptom relief plays a crucial in patients' mental well-being, as a quicker response can significantly improve their outlook and overall quality of life. However, our findings show that patients prioritize long-term disease control over rapid symptom relief. This suggests an awareness of their condition as chronic and a preference for sustained remission to improve quality of life and prevent relapses. While quick relief remains important, patients appear willing to wait for slower improvements if it means better long-term disease stability.

A considerable proportion of patients had high expectations for improvement before starting treatment, with 31.9% expecting complete clearance (100% improvement). Notably, these expectations were similar across all levels of disease severity, as indicated by the non-significant association (p=0.182). This finding highlights that, regardless of disease severity, psoriasis patients often aspire to achieve the best possible outcomes, underscoring the need for clinicians to set realistic expectations during consultations.

This study has several limitations. Access to biologic therapy in Thailand is governed by reimbursement policies that require relatively high disease severity, which may influence patient selection as well as treatment expectations and satisfaction. Consequently, our findings reflect real-world practice within the Thai healthcare system and may not be fully generalizable to settings with different treatment eligibility thresholds. In addition, reliance on self-reported data may introduce recall or social desirability bias. Furthermore, metabolic syndrome and obesity were not systematically assessed, precluding evaluation of their potential influence on treatment goals and outcomes. Future studies should include standardized metabolic assessments, enroll larger and more diverse populations, and explore strategies to better align therapeutic outcomes with patient expectations.

Conclusion

This study highlights the diverse treatment goals, satisfaction levels, and expectations of Thai psoriasis patients, emphasizing the importance of individual care to enhance treatment outcomes and satisfaction. While achieving clearer skin remains the most common goal, factors such as reducing itching, improving self-confidence, and maintaining normal daily life also play a significant role in patient priorities. Treatment expectations are strongly related to disease severity, with individuals with moderate psoriasis having higher patient expectations. These findings underscore the need to align treatment strategies with individual patient goals to enhance satisfaction, adherence, and quality of life. Future research should focus on the long-term

impact of tailored treatment approaches on patient outcomes.

Declaration

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Conflict of Interest The authors declare no conflict of interest related to this study.

Author Contributions

Conceptualization: C.C., C.W., L.C., N.S.; Methodology: C.C., C.W., L.C., N.S.;

Formal analysis and investigation: [N.J., N.S.];

Writing – original draft preparation: [N.J.]; Writing – review and editing: [N.J., C.C., C.W., L.C., N.S.,];

Supervision: [N.S.].

All authors have read and agreed to the published version of the manuscript.

Ethics Statements

This study was conducted in accordance with the Declaration of Helsinki and approved by the Ethics Committee/Institutional Review Board of Siriraj hospital (Protocol code: SI/COI NO. 658/2023, Date of approval: 27th Aug 2023). Informed consent was obtained from all subjects involved in the study.

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Conflict of Interest

The authors declare no conflict of interest None

AI Declaration

During the preparation of this manuscript, the authors used ChatGPT (GPT-4) to assist with language refinement and grammatical corrections. The authors subsequently reviewed and revised the text as appropriate and accept full responsibility for the final content of the published article.

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