A clearer view of psoriasis

Separating fact from fiction in the treatment of this autoimmune disorder

Ev a Borkenhagen is confident and articulate, and she loves her work. In addition to working part time at Arete Human Resources Inc. in Calgary, the 28-year-old puts in more than 30 hours a week at a counselling centre as part of her training to become a psychologist. She volunteers, keeps fit and stays healthy. She is, in a word, happy.

But Borkenhagen says she wouldn’t be so content if she were still struggling with the management of her psoriasis, which literally prevented people from seeing her for who she really is. Instead, they would stare at the unsightly patches that used to be on her skin.

Borkenhagen was four years old when she was diagnosed with psoriasis. By the time she was a teenager, the itchy, scaly patches on her arms, legs, scalp and face “definitely affected my confidence and mental health.”

“During flare-ups, the psoriasis definitely affected my confidence and mental health.”

ask what was wrong with me. Some wanted to touch my skin, like I was an object. And then there were the people who visibly avoided me.”

As for treatments, Borkenhagen says she tried “the whole gamut” of what was available at the time. Eventually, as an undergraduate student in Quebec, she participated in a clinical trial for a biologic.

Borkenhagen moved back to Alberta during the five-year trial and when it ended a few years ago, the provincial drug plan began covering the cost of the medication. “I got support from the pharmaceutical manufacturer’s patient assistance program. Borkenhagen pays a monthly premium to the province, which her employer reimburses. Borkenhagen knows she’s lucky to have the coverage, as well as “an employer who is really understanding. He tells me that my productivity means a lot to the company.”

As one of just 10 employees at head office, her contributions are valued, says Allan Stordy, the president and CEO of Arete Human Resources. Reimbursement of the monthly premium is the least he can do; should another employee require a biologic mediation, he will do whatever he can to help co-ordinate coverage through the province, his insured plan and the manufacturer’s assistance program.

While Stordy is a strong proponent of access to treatment no matter the cost, as an employer Stordy knows “the higher cost of biologics presents a challenge for traditional insurers. “Some related diseases include psoriatic arthritis, Crohn’s disease, cardiovascular disease, atherosclerosis, eye inflammation, obesity, high blood sugar, depression and other psychiatric disorders.”

Research also documents the disease’s impact on quality of life. “Patients with psoriasis have a reduction in their quality of life similar to, or worse than, patients with other chronic diseases, such as ischaemic heart disease and diabetes. Recent work has identified that pathological worry and anxiety occur in at least a third of psoriasis patients and that psychological interpersonal difficulties impinge on all aspects of the patient’s daily life.”

Psoriasis is chronic and symptoms tend to flare up for days, weeks, or even months at a time. Approximately one million Canadians have psoriasis, nearly 3% of the population. Of those, about a third have moderate or severe psoriasis, which affects their daily quality of life.

“One reason why there is so little awareness is due to the stigma,” says Janus. “Very few people will tell their co-workers or employers. Instead, they’ll take two weeks off work to cope with and hide the flare-ups.”

ACCESS TO TREATMENTS

Last year, the Alliance published Skin Deep, a report card on access to dermatological care and treatment in Canada. This year, it’s publishing its first report card dedicated to psoriasis, due out in December. In addition to raising awareness about the seriousness of the condition, the report card addresses payers’ resistance to covering biologic treatments.

For example, some plans restrict coverage to the lowest-cost biologic. “Perhaps employers see these drugs as interchangeable, but they’re not,” says Janus. “Patients react differently to different biologics. If forced to take a drug that isn’t as well suited, the patient could still end up missing work, as well as feeling frustrated and resentful. Also, the employer ends up paying for a drug that the doctor didn’t want to prescribe and that didn’t treat the patient effectively.”

It’s also not unusual for a biologic to lose effectiveness after a number of years. Normally, a physician would switch the patient to another biologic, but that may not be possible with a plan that limits coverage to a single drug.

Even step therapy, which requires patients to use less costly medications first, needs to be revisited for plan members with severe psoriasis. It can take years of failed treatments, wasted medications and absences from work before physicians and patients finally reach the point where the plan allows the use of a biologic.

At the very least, Janus hopes that raising awareness will prompt HR staff to ask their advisors and carriers if their plan covers choice in treatments for psoriasis. “Right now it appears that money is affecting what a doctor can or cannot prescribe for something that can have serious repercussions in the workplace. Employers are trying to save money at the wrong end.”

P soriasis facts for the workplace

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