

LETTERS TO THE EDITOR

Letter to the editor regarding the article “Oguz Topal I, Kara Polat A, Zindancı İ, et al. Adherence to systemic therapy in patients with psoriasis during the COVID-19 pandemic: A multicenter study. *J Cosmet Dermatol.* 2021;10.1111/jocd.14610.”

Dear Editor,

We read with great interest the article published by Oguz Topal et al.¹ titled “Adherence to systemic therapy in patients with psoriasis during the COVID-19 pandemic: A multicenter study” reporting that 157 out of 342 (45.9%) patients completely discontinued psoriasis systemic treatment during the COVID-19 pandemic. Twenty-one patients (6.1%) referred to the irregular use of medication. In particular, the rate of adherence among patients treated with injection therapy (263, 76.9%) was 84%.

In our experience at the Dermatology Centre of the University of Naples Federico II, only 16 of 965 patients with psoriasis (1.6%) interrupted the biologic treatment during the early pandemic period (February 2020–June 2020).^{2,3} In particular, 13 of 16 patients (81.3%) voluntarily stopped biologic therapy while the remaining (3/16, 18.8%) after medical advice. Moreover, only 7 of 965 subjects (7.3%) voluntarily delayed the biologic administration. Finally, only one patient (0.1%), undergoing treatment with adalimumab, contracted SARS-CoV-2 infection. Even if asymptomatic, the patient suspended biologic treatment for 6 weeks and restarted it after two negative swab results. A comparison between Oguz Topal et al.'s study population and ours is reported in [Table 1](#). Student's t-test and chi-squared test were used to assess statistical differences for continuous and categorical variables, respectively (p values <0.05 were considered to be statistically significant). GraphPad Prism 4.0 was used to perform statistical analysis (GraphPad Software Inc.).

Our investigated sample was bigger than that of Oguz Topal et al.,¹ being comparable for sex and mean age. Moreover, a higher rate of treatment adherence was found in our cohort than in Oguz Topal et al. (97.6% vs. 48.0%). Differently for Oguz Topal et al., higher DLQI and PASI values were not linked to decreased treatment adherence. Telemedicine and informatic support systems developed in our Clinic during the pandemic period (patients were

daily contacted by e-mails and/or phone calls and informed about the safety and effectiveness of psoriasis treatment during the pandemic period),³⁻⁵ the differences between Italian and Turkish government strategies, as well as in COVID-19 infection incidence rate and the introduction of COVID-19 vaccination campaign may explain these results.

Certainly, the strategy of continuous telephone consultations and the telemedicine system was adopted in our department during the COVID-19 pandemic period, which has increased and strengthened patients' adherence to treatment during the COVID-19 pandemic burden.⁴

In our opinion, our telemedicine system allowed the continuous monitoring of patients with psoriasis leading to the reduction in fake news spreading and increasing patients' compliance to treatment and knowledge about the relationship between COVID-19, psoriasis, and biologic treatment.^{5,6}

Even if our cohort was bigger than that of Oguz Topal et al.,¹ patients treated with other systemic treatments (acitretin, cyclosporine, and methotrexate) were not considered; this factor may influence study results and should be considered a limitation.

To the best of our knowledge, psoriasis treatment adherence, particularly biologics, was evaluated during the COVID-19 pandemic,⁷ confirming the safety and efficacy of these drugs during this period. Thus, suggesting preventive treatment discontinuation is absolutely not advisable.

Moreover, clinicians should continuously guide and assist patients in order to increase the compliance to treatment avoiding autonomous decisions. This attitude should be confirmed also in COVID-19 vaccination campaign.⁸

In conclusion, clinicians should keep in mind their role also in patients' compliance to treatment considering telemedicine as a useful tool during the COVID-19 pandemic period.

TABLE 1 Comparison between Oguz Topal et al.'s population and ours

	Our study (n = 965)	Oguz Topal et al. (n = 342)	p
Time of observation	February 2020– June 2020	May 2021–August 2021	
Demographic features			
State	Italy	Turkey	
Sex, M (%)	565 (58.5)	182 (53.2)	ns
Mean age (years)	52.5	45.9	N/A
Mean disease duration (months)	---	192	N/A
Ongoing systemic treatment n (%)			
Anti-TNF			
Adalimumab	238 (24.7)	38 (11.1)	<0.001
Etanercept	72 (7.5)	9 (2.6)	<0.05
Infliximab	1 (0.1)	4 (1.1)	<0.05
Certolizumab	0 (0)	8 (2.3)	<0.001
Anti-IL12/23			
Ustekinumab	244 (25.3)	37 (10.8)	<0.001
Anti-IL23			
Guselkumab	51 (5.3)	0 (0)	<0.001
Risankizumab	13 (1.3)	2 (0.5)	ns
Tildrakizumab	0 (0)	0 (0)	ns
Anti-IL17			
Brodalumab	5 (0.5)	0 (0)	ns
Ixekizumab	189 (19.6)	25 (7.3)	<0.001
Secukinumab	152 (15.7)	76 (22.2)	<0.001
Other treatments	0 (0)	143 (44.1)	<0.001
Treatment compliance n (%)			
Continuation	942 (97.6)	164 (48.0)	<0.001
Temporary suspension, dose reduction, and interval extension	7 (0.7)	21 (6.1)	<0.001
Interruption	16 (1.6)	110 (32.2)	<0.001
Patients with COVID-19 infection n (%)	1 (0.1)	20 (5.8)	<0.001

Abbreviations: DLQI, Dermatology Life Quality Index; PASI, Psoriasis Area Severity Index.

PATIENT CONSENT

Not required.

KEYWORDS

biologic treatment, COVID-19, psoriasis, psoriasis management

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CONFLICT OF INTEREST

None.

AUTHOR CONTRIBUTIONS

Potestio Luca: data curation, formal analysis, investigation, visualization, writing-original draft preparation. Camela Elisa: data curation,

investigation, methodology, visualization, writing-original draft preparation. Tajani Andrea: data curation, investigation, methodology, visualization, writing-original draft preparation. Fabbrocini Gabriella: conceptualization, validation, visualization, writing-review & editing, supervision. Megna Matteo: conceptualization, validation, visualization, writing-original draft preparation, writing - review & editing. All authors read and approved the final version of the manuscript.

ETHICAL APPROVAL

Not required.


DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

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