

Five Lessons Learned from Canadians Living with Psoriatic Arthritis

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July 2021 – Published in The Hill Times

Psoriatic arthritis (PsA) is a chronic inflammatory disease that attacks the skin and joints, and it can lead to irreversible joint and tissue damage if not addressed early. Most people who have been diagnosed with PsA are affected by psoriasis symptoms first, although some can experience joint pain before the skin patches appear.

Psoriatic arthritis usually appears in people between the ages of 20 to 50. The exact number of people with PsA in Canada is unknown, but the disease impacts 50 million people worldwide, affecting men and women in equal numbers. Between 10% and 30% of people with psoriasis develop psoriatic arthritis.¹

Marilyn Porth is one Canadian who lives with both PsA and psoriasis. Over the past 30 years of living with these diseases, the pain and fatigue have often been overwhelming, requiring her to use hand and knee braces, and walk with canes.

To better understand how psoriatic arthritis affects Canadians like Marilyn, AbbVie Canada recently commissioned independent research firm, Leger, to conduct a disease impact survey of 104 people living with PsA. Results show that this lifelong autoimmune disease has a significant impact on the physical and mental health of Canadians.

Here are five lessons we learned:

1) Canadians living with PsA are missing out on life

Pain is the number one symptom of PsA, with 45% of people always experiencing joint pain, and 32% of people always experiencing throbbing, aching joints or joint tenderness. Because of the pain and other symptoms frequently experienced, nearly half (45%) of respondents constantly or often have a hard time performing day-to-day activities and miss out on activities because of their disease. One in four people constantly or often miss out on social engagements, and two-thirds (67%) have had to change the expectations they had of themselves because of their disease.

2) PsA affects mental health

Living with psoriatic arthritis takes a huge toll on mental health. Overall, more than half (54%) say their mental well-being has been negatively affected by their disease; however, only 54% of these respondents have sought help. Two-in-10 people have had suicidal thoughts because of their illness.

3) Enhanced patient-physician dialogue is important

Roughly four-in-10 people (37%) living with PsA admitted that sometimes they tell

their physician that they are feeling okay even if they are not, which illustrates a clear need for honest dialogue between patients and physicians. And yet unfortunately, as a result of the pandemic, 34% of respondents have had difficulties accessing their healthcare team, which does not make it easier for people to have this honest dialogue.

4) PsA is not widely understood

Most respondents (86%) believe people do not understand what PsA is. Half the respondents believe their friends and family members have no idea of what they are going through. And nearly one-in-four people (24%) keep their PsA hidden from their boss or colleagues at work. Disease awareness and education would benefit people living with psoriatic arthritis, their friends and family, as well as the community at large.

5) Treatment innovation is critical

Just 36% of respondents were satisfied with the treatment options currently available, and one quarter does not believe their symptoms are under control. More than seven in 10 people (72%) think it is possible to feel better than they currently do, and 85% wished there were better or new treatment options available.

While there is a demonstrated need for innovative new treatments, unfortunately there is often a delay in accessing these new therapies. According to Innovative Medicines Canada, Canadians wait over 18 months for access to new medicines approved by Health Canada, which is almost twice as long as the delay experienced in other comparable countries.ⁱⁱ

This delay in accessing innovative treatments is troubling, especially considering early intervention in PsA is critical — a delay in diagnosis and effective disease management can lead to irreversible joint damage and disability. People who are experiencing symptoms should have an open dialogue with their doctor about finding the best care possible for them.

It is clear we must do more for people, like Marilyn, who live with chronic diseases such as psoriatic arthritis. We must enhance communication and dialogue, define disease management targets, provide timely access to new treatments, and empower Canadians with chronic disease to speak out and share their experiences and needs so they can live a more enjoyable, pain-free life. The time to help Canadians living with PsA is now.



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