

EVALUATION OF THERAPEUTIC RESPONSE OF METHOTREXATE AND CALCIPOTRIOL COMBINATION COMPARED WITH METHOTREXATE ALONE IN PLAQUE PSORIASIS

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comment:

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We write to express our concerns on the adoption of only physician-rated outcome measurement, namely the Psoriasis Area and Severity Index, in this otherwise exceptionally well conducted randomised controlled trial, without the adoption of any patient-rated outcome variable, such as quality of life (QOL) indexes.

Skin diseases might cast very significant impacts on the quality of life of patients. However, symptoms and impacts on the QOL are known to be not necessarily correlate directly with disease severity as rated by physicians for skin diseases [1, 2], including psoriasis vulgaris [3].

QOL indexes, such as the Dermatology Life Quality Index [4] and the Children Dermatology Life Quality Index [5], have been constructed, validated, and validly translated into a large number of languages [1, 6, 7]. A vast range of skin disease-specific instruments from acne vulgaris [8] to autoimmune bullous diseases [9] is also available. Treatment options would be tailored-made for individual patients based on such evaluations. For psoriasis specifically, it has been recommended that Psoriasis Area and Severity index and Dermatology Life Quality Index should be measured at the same frequency in daily clinical practice [10].

As for clinical trials, it has been found that the high-quality Cochrane systematic reviews in skin diseases included significantly more QOL as outcome measures than non-Cochrane non-Cochrane systematic reviews [11]. Moreover, Cochrane skin reviews usually adopt QOL indexes as primary outcome measures in randomised controlled studies.

We therefore cast hopes that future clinical trials on psoriasis and other skin diseases would incorporate QOL measurements as outcome measures, so that the symptoms, the impacts on daily activities and self image, and the negative impacts exerted by treatments could be validly and reliably compared for different therapeutic approaches.

Lastly, we congratulate the success of Vasanthada D et al again in reporting this study which will affect treatment decisions for patients with psoriasis vulgaris necessitating systemic immunosuppressive therapies.

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