

# TOUCH DEPRIVATION AND PLAQUE PSORIASIS

## About the Plaque Psoriasis Touch Deprivation Survey

We conducted two online surveys, one with 800 adults in the U.S. with plaque psoriasis and another with 800 adult family members (including spouses and partners) of patients with plaque psoriasis.

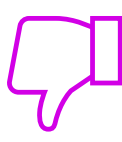
The goal was to gather insights on the emotional impact of touch deprivation on both adults with plaque psoriasis and their family members. The survey focused on the impact of the disease on patients' well-being, how it affects their physical and emotional connections, its impact on sexual intimacy and the limitations imposed by the disease. KRC Research fielded the surveys between July 14 – August 1, 2023.<sup>1</sup>

## Key Findings<sup>1</sup>



**75%**

of adult patients with plaque psoriasis reported feeling deprived of physical touch from others because of their plaque psoriasis.



**80%**

of partners of adult patients with plaque psoriasis surveyed revealed that plaque psoriasis has negatively impacted their relationships.



**39%**

of adult patients with plaque psoriasis reported that they feel comfortable engaging in physical intimacy with a partner.



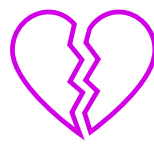
**67%**

of adult patients with plaque psoriasis said their treatment makes them more uncomfortable with intimacy.



**68%**

of adult patients with plaque psoriasis reported being less likely to initiate touch during a flare-up.



**47%**

of adult patients with plaque psoriasis reported a loved one has rejected or avoided engaging in physical touch with them because of their plaque psoriasis.



**54%**

of adult patients with plaque psoriasis said they have avoided physical touch and intimate encounters because of their plaque psoriasis.

## Plaque psoriasis treatments are not “one-size-fits-all.”<sup>2</sup>

When it comes to finding the right treatment, many people with plaque psoriasis endure a frustrating trial-and-error process.<sup>3</sup>

Treatment of plaque psoriasis in sensitive areas can be particularly challenging due to the limited number of topical treatments available for long-term use.<sup>4,5</sup>

Some topical treatments can be challenging to use due to limitations on where they can be applied and for how long they can be used – creating a need for a treatment that can be used anywhere on the affected skin, including in sensitive areas.<sup>6</sup>

With the availability of VTAMA® (tapinarof) cream, 1%, adult patients have a non-steroidal, prescription topical cream as a treatment option for plaque psoriasis.<sup>7</sup>

## About Psoriasis

Psoriasis is an immune-mediated inflammatory disease, with a chronic relapsing-remitting course, which impacts approximately 8 million Americans and 125 million people worldwide.<sup>8</sup>

In people with light skin, plaque psoriasis is characterized by raised red or pink patches of skin with silvery-white scales. People with black or brown skin are more likely to have brown or violet-colored patches with silvery-white or gray scales. The scales can be itchy, painful and disfiguring.<sup>9</sup>

In addition to physical symptoms, psoriasis can have a significant impact on a person's quality of life and psychological health.<sup>10</sup>

## About VTAMA (tapinarof) cream, 1%

**INDICATION:** VTAMA (tapinarof) cream, 1% is a prescription medicine used on the skin (topical) to treat plaque psoriasis in adults.

## IMPORTANT SAFETY INFORMATION

**VTAMA cream is for use on the skin (topical use) only.** Do not use VTAMA cream in your eyes, mouth, or vagina.

**Most Common Side Effects:** In people treated for plaque psoriasis, the most common side effects included: red raised bumps around the hair pores (folliculitis), pain or swelling in the nose and throat (nasopharyngitis), skin rash or irritation (including itching and redness, peeling, burning, or stinging), headache, and flu.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](https://www.fda.gov/medwatch) or call 1-800-FDA-1088.

**Please read the Prescribing and Patient Information for VTAMA cream and discuss it with your doctor.**

## References

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3. Nielsen ML, Petersen TC, Maul JT, Wu JJ, Rasmussen MK, Bertelsen T, Ajgeiy KK, Skov L, Thomsen SF, Thyssen JP, Egeberg A. Multivariable Predictive Models to Identify the Optimal Biologic Therapy for Treatment of Patients With Psoriasis at the Individual Level. *JAMA Dermatol*. 2022 Oct 1;158(10):1149-1156.
4. Merola JF, Qureshi A, Husni ME. Underdiagnosed and undertreated psoriasis: Nuances of treating psoriasis affecting the scalp, face, intertriginous areas, genitals, hands, feet, and nails. *Dermatol Ther*. 2018;31(3):e12589.
5. Mayo Clinic. Psoriasis – Diagnosis and Treatment. Available at: <https://www.mayoclinic.org/diseases-conditions/psoriasis/diagnosis-treatment/drc-20355845#:~:text=Long%2Dterm%20use%20or%20overuse,%20%E2%80%94%20slow%20skin%20cell%20growth>.
6. Armstrong AW, McConaha JL. Tapinarof cream 1% once daily for the treatment of adults with mild to severe plaque psoriasis: A novel topical therapy targeting the aryl hydrocarbon receptor. *Journal of Managed Care & Specialty Pharmacy*. 2023 Dec 5;29(12).
7. VTAMA (tapinarof) cream, 1%. Prescribing Information. Organon; 2024.
8. National Psoriasis Foundation. Psoriasis statistics. Available at: <https://www.psoriasis.org/psoriasis-statistics/>.
9. National Psoriasis Foundation. Plaque psoriasis. Available at: <https://www.psoriasis.org/plaque/>.
10. Mukhtar R, Choi J, Koo J. Quality-of-life issues in psoriasis. *J Am Acad Dermatol*. 2003;49(2 Suppl):S57-61.