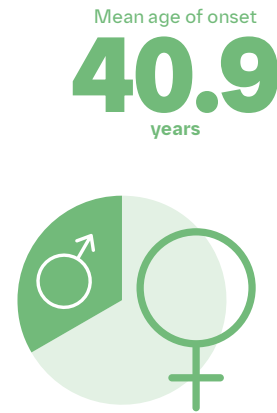


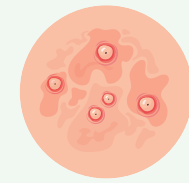
## GPP is a rare, debilitating disease associated with skin and systemic symptoms<sup>1-5</sup>

- The prevalence of GPP varies considerably across geographical regions, ranging from **1.76–124 patients per million** people in reports from France, Japan, Sweden, and South Korea.<sup>6</sup>
- GPP is more common in **women** than men, with an incidence ratio of around **2:1**.<sup>3,7</sup>
- The mean age of disease onset is **40.9** years (range: 21–81 years).<sup>7</sup>
- GPP can be associated with pre-existing **plaque psoriasis**.<sup>3</sup>



## Chronicity is a key feature of GPP<sup>8</sup>

GPP is a chronic disease defined by persistent skin inflammation and periodic flare-ups.<sup>1,5</sup>



### Chronic symptoms:<sup>1,5,9-12</sup>

- Common skin symptoms include persistent scaling, crusting, and/or erythema between flares.
- These may occur with or without systemic symptoms.
- The disease is considered chronic if symptoms persist for more than 3 months.

### Periodic flare-ups:<sup>1,9,10,12</sup>

- Flare-ups are characterised by a widespread eruption of pustules, erythema, and scaling.
- They may occur with or without systemic inflammation.
- Flare-ups can vary in intensity, duration, and frequency: The majority of flares last from 2–5 weeks, but they can persist longer than 3 months.

Approximately  
**50%**  
of patients experiencing a GPP flare may require hospitalisation.<sup>1</sup>

The clinical course and presentation of GPP is unpredictable and highly heterogeneous.<sup>1,7</sup>

The unpredictability of GPP can leave patients in emotional distress.<sup>5,10,13</sup>

- GPP symptoms vary between patients and between flares in the same patient.<sup>1,10</sup>
- Many patients experience chronic symptoms that can last for several months.<sup>1,10</sup>



“What’s going to happen in the next week? Am I going to be able to do my normal routine? Probably not!”

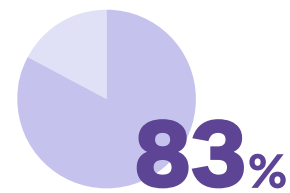
– *Carlie*, person with GPP (Boehringer Ingelheim, Data on file)

In a longitudinal, multicentre case series, **57%** of patients with GPP experienced chronic symptoms.<sup>14</sup>

## Ongoing symptoms are common even after a flare has resolved<sup>10</sup>

Patients may be suffering constantly with **physical** and **emotional** symptoms.<sup>1,5,13</sup>

In a survey from the CorEvitas Psoriasis Registry:<sup>\*\*10</sup>



of dermatologists indicated that patients **still had chronic symptoms** after a flare.

In an analysis of 102 patients with GPP:<sup>†11</sup>



patients experienced chronic symptoms of GPP while on systemic treatment after a flare.<sup>‡</sup>



GPP was shown to have a **very large impact on QoL** during non-flare periods (mean DLQI score, 12.4).

“The burden of not knowing how severe your flare would be like, it’s like having a piercing thing on my head or in my body, it’s like breaking you always reminding you that there could be, that you could have some flare anytime soon.”

– *Emmylou*, person with GPP (Boehringer Ingelheim, Data on file)



\*Dermatologists in the CorEvitas (previously Corrona) Psoriasis Registry (a collaboration with the National Psoriasis Foundation) who had treated adult patients (aged ≥18 years) with GPP within the past 5 years (N=29).<sup>9</sup>

†Based on a retrospective review of 102 patients with adult-onset GPP in a tertiary hospital in Malaysia.<sup>11</sup>

‡Chronic symptoms of GPP included pustular lesions (n=22) and multiple ill-defined erythematous thin plaques (n=10). The specific type of systemic treatment used after a flare was not reported, but treatment of initial GPP flares included retinoids, methotrexate, cyclosporin, adalimumab, doxycycline, dapsone, and prednisolone.<sup>11</sup>

## A long-term care strategy should address the chronic nature of GPP<sup>12</sup>

Patients may face ongoing physical symptoms:<sup>15</sup>



**Pain and discomfort** during flares can limit patients’ physical activity.<sup>5</sup>



Symptoms may escalate quickly, requiring **emergency hospitalisation**.<sup>11,12</sup>



**Systemic symptoms** such as fatigue and joint pain may persist post-flare.<sup>5,12,16</sup>

Patients may suffer with constant emotional distress:<sup>4</sup>



**Emotional distress** is a common trigger of flares.<sup>5</sup>



Patients **worry in anticipation** of their next flare.<sup>5</sup>



GPP is associated with higher rates of **depression** and **anxiety** compared to plaque psoriasis.<sup>13,15</sup>

Care plans for both **physical** and **emotional** symptoms offer integrated support for patients.

Consider a patient-centric approach when building your care plans that encompasses the daily burden of GPP by asking:<sup>5</sup>

Are you experiencing any symptoms in between flares? If so, what and how often?

What concerns do you have about your lifelong GPP diagnosis?

How often do you think about your next flare? And what kinds of concerns do you have?

## Key Takeaways

GPP is a rare disease that **varies widely** between patients; however, one characteristic remains the same: its **chronicity**.<sup>10</sup>

There is a need for **long-term care strategies** that address the chronic nature of GPP by providing **continuous management**.<sup>1,10</sup>

### Abbreviations:

GPP: generalised pustular psoriasis;  
DLQI: Dermatology Life Quality Index;  
QoL: Quality of life.

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