SCORAD & POSCORAD

Between Evidence Based Medicine (EBM) and Patient Oriented Medicine (POM) ?

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Les modèles de pensée de la médecine moderne

Modern medicine is dominated by two paradigms (Bensing-2000)

Evidence Based Medicine: médecine par les preuves

Patient Oriented Medicine: médecine centrée sur le patient

EBM / PCM : combler la brèche: « bridging the gap »
Two separate worlds

EBM= 17500 citations

POM= 678 citations

EBM+POM= 167 références

From EBM to SCORAD

• A useful tool for assessing atopic dermatitis
• Widely used and validated in more than 400 publications

BUT:
• only a doctor assessment
• at a given time
Limits of a doctor’s evidence score

• Is scoring assessment (SCORAD) a reliable approach for chronic disease?
• When you evaluate a patient at a given time you can’t assess the course of a chronic disease
• The SCORAD doesn’t reflect the real course of the atopic disease
Two different points of view

This ball is yellow

This ball is blue
**POSCORAD which rational?**

- Different health organisations (FDA, EMEA) take into account the patient’s point of view (quality of life assessment).

- Self-assessment is a useful second step in the context of chronic skin disease.
POS CORAD

• What were the specifications for creating a new score?
  – To create an EBM score, taking into account the patient’s position
  – To align the patient’s score with the validated doctor’s score
  – To use a common terminology to facilitate sharing of experience and assessment
Feasability study

• Prospective preliminary monocentric pilot study (n=34, 50% under the age of 15y)

• Primary end point:
  – Acceptability of a dedicated score for patient (PO-SCORAD) based on the SCORAD index.
  – Feasability by a questionnaire given to patient after patient/physician scoring at D0 and D 18 without referential

• Secondary end point:
  – Reliability by comparison/correlation of the SCORAD/ PO-SCORAD after the D0 and D 18 visits
Correlation between SCORAD and PO-SCORAD at D18

**Fig. 2.** Correlation curves between PO-SCORAD and SCORAD – all visits combined. Correlations between PO-SCORAD and SCORAD (all visits combined) were moderate but significant ($r = 0.46; p < 0.005$).

**Fig. 3.** Correlation curves between PO-SCORAD and SCORAD on D18. On D18, the correlation between SCORAD and PO-SCORAD was high and significant ($r = 0.61; p < 0.005$).
Patient-Oriented SCORAD: A Self-Assessment Score in Atopic Dermatitis

A Preliminary Feasibility Study

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- self-assessment in AD: is feasible and easy to perform for the patient
- correlation (albeit modest), between the physician and the patient scores.
- possible improvement by providing explanatory material

\textit{A first step before European validation}
A tool to assess your eczema: PO-SCORAD

- Adaptation of the SCORAD items terminology to the public language
- Creation of an illustrated referential dedicated to patient
- Better understand your disease
- Better recognize the symptoms
- Better communicate with your doctor
The extent of your eczema

- Shade in the areas on the outline drawing which correspond to where your eczema is situated.
Appearance, severity of your eczema:

Are the eczema zones red?

- Slightly red
- Fairly red
- Extremely red
Objectives: To validate the PO-SCORAD in a large European population of patients exhibiting all forms of AD severity

Patients/methods: 185 adults and 286 children from 9 European countries

severity of the patients’ AD was assessed at the inclusion (D0) and at the follow-up visit (D28) by the investigator using the SCORAD, and by the patient using the PO-SCORAD.
PO-SCORAD and SCORAD scores were significantly correlated at D0.
Consistency was confirmed at D28, with a stronger linear correlation ($r=0.79$)
Results

• PO-SCORAD and SCORAD scores were significantly correlated at D0 \((r=0.67 \ p<0.0001)\).
• Consistency was confirmed at D28, with a stronger linear correlation between both scales \((r=0.79 \ p<0.0001)\).
• Absolute changes from baseline in SCORAD and PO-SCORAD scores were also significantly correlated \((r=0.71 \ p<0.0001)\).
• Consistency of the correlations was similar in adult and children groups
From the experts to the patients…

• POSCORAD is now available as software program

• After installing the program on their computer the patient can record his/her own score (each week?) and give to the doctor information in the form a printed curve

POSCORAD facilitates communication with the patient
A: Affected surface
On the picture on the screen, click on the areas that correspond to your eczema.

B: Intensity of the symptoms

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dryness*</td>
<td>1</td>
</tr>
<tr>
<td>Redness</td>
<td>1</td>
</tr>
<tr>
<td>Swelling</td>
<td>1</td>
</tr>
<tr>
<td>Oozing / Crusts</td>
<td>1</td>
</tr>
<tr>
<td>Scratch marks</td>
<td>1</td>
</tr>
<tr>
<td>Thickening</td>
<td>1</td>
</tr>
</tbody>
</table>

* Dryness should be assessed on the areas not affected by eczema

C: Subjective symptoms: itching + sleep disturbance
Analogical visual scale (mean of the last 3 days or nights) (from 0 to 10)

Itching: 0 - 10
Sleep disturbance: 0 - 10

PO-SCORAD 22.6
Value 0 = Absence of oozing / crusts
C: Subjective symptoms: Pruritus + sleep disturbance

- Pruritus: 0
- Sleep disturbance: 7.6

SCORAD: 49.6  SCORAD objective: 42
From SCORAD to POSCORAD
bridging the gap between EBM and POM

Patient Oriented Management:
the only way
for a better therapeutic adherence
and long term result
THERAPEUTIC EDUCATION IN ATOPIC DERMATITIS: WORLDWIDE EXPERIENCES

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