

COVID-19 Statement

The Global Psoriasis Coalition recognizes the ongoing focused efforts undertaken by the international community to address the COVID-19 crisis, declared a pandemic by the World Health Organization on March 11, 2020.¹ This unprecedented challenge is creating severe disruptions to societies and economies, testing health systems worldwide, and profoundly impacting the lives of the most vulnerable.

People living with psoriasis and psoriatic arthritis are at risk of feeling the effects of COVID-19 in several areas:

- **Disease Impact.** Early evidence suggests that those living with certain non-communicable diseases (NCDs) such as diabetes, cardiovascular disease, and kidney disease are at higher risk of developing serious complications after having contracted COVID-19. Consequently, since psoriatic disease is often linked with the above mentioned co-morbidities along with others, COVID-19 could cause people living with psoriatic disease to be more susceptible to developing complications after infection.

At the time of this statement, it is still largely unknown, even in absence of a co-morbidity, whether people living with psoriasis and psoriatic arthritis have a higher risk of becoming seriously ill. Similarly, the scientific community has yet to determine whether or not treatments for psoriasis and psoriatic arthritis put patients at higher risk of becoming infected with COVID-19. However, it's important to note that some treatments for psoriasis and psoriatic arthritis target the immune system and some evidence suggests that those with compromised immune systems (e.g. due to psoriatic disease treatments, diabetes, etc.) might be at a higher risk of developing complications from COVID-19.²

- **Access to Care Impact.** People living with psoriatic disease and other NCDs are experiencing disruptions in access to care as a result of the shifted focus of hospitals to manage the pandemic. Psoriatic disease patients have reported concerns over accessing health care facilities and may delay seeking care over fears of entering hospitals and outpatient facilities. In alignment with these arguments is the WHO's rapid assessment report³ which indicates that people living with NCDs are experiencing severe disruptions in prevention and treatment services during the ongoing pandemic.
- **Quality of Life Impact.** People living with psoriasis and psoriatic arthritis can experience a burden on their mental health. A poor mental state can be further

¹ Rolling updates on coronavirus disease (COVID-19). World Health Organization. June 2020. ([link](#))

² Briefing Note: Impacts of COVID-19 on people living with NCDs. NCD Alliance. April 2020. ([link](#))

³ Rapid assessment of service delivery for NCDs during the COVID-19 pandemic. World Health Organization. May 2020. ([link](#))

exacerbated due to isolation and social distancing as it limits their ability to carry out social activities and connect with others. Moreover, physical isolation and distancing measures could increase their exposure to harmful environmental factors, such as over consumption of alcohol and tobacco, decreased access to physical activity, and decreased access to affordable fresh foods. These factors can directly or indirectly raise the risk of developing psoriasis or exacerbating its severity.

As the pandemic evolves, health authorities should consider further measures to support people living with NCDs such as psoriatic disease. The below recommendations should be taken to safeguard patients during this crisis and to mitigate the impact of the pandemic. These recommendations include:

- Continue to provide accurate, consistent, and up-to-date information together with patient groups that could better reach vulnerable populations and high-risk groups;
- As new data becomes available, promote the timely adoption of science- and evidence-based measures to safeguard public health, especially vulnerable segments of the population;
- Work with relevant stakeholders to address the needs of people with NCDs, such as psoriasis and psoriatic arthritis and their associated co-morbidities, in relation to disruptions in their continuum of care; and
- Address the unintended consequences of isolation measures on psoriasis and psoriatic arthritis risk factors, and foster an inclusive culture to reduce the impact of social distancing on mental health, ensuring access to support services to these vulnerable segments of the population.