

Journal Pre-proof

[[Translated article]] Application of the Simplified Psoriasis Index in the Routine Clinical Practice: A Pilot Study

A. Vidal Ruiz Á. Sánchez Leiro N. Eiris Salvado A.M. Carrizosa Esquivel D. Moreno Ramírez



PII: S0001-7310(24)00903-7

DOI: <https://doi.org/doi:10.1016/j.ad.2024.11.013>

Reference: AD 4181

To appear in: *Actas dermosifiliograficas*

Received Date: 1 February 2024

Accepted Date: 11 March 2024

Please cite this article as: Vidal Ruiz A, Sánchez Leiro Á, Eiris Salvado N, Carrizosa Esquivel AM, Moreno Ramírez D, [[Translated article]] Application of the Simplified Psoriasis Index in the Routine Clinical Practice: A Pilot Study, *Actas dermosifiliograficas* (2024), doi: <https://doi.org/10.1016/j.ad.2024.11.013>

This is a PDF file of an article that has undergone enhancements after acceptance, such as the addition of a cover page and metadata, and formatting for readability, but it is not yet the definitive version of record. This version will undergo additional copyediting, typesetting and review before it is published in its final form, but we are providing this version to give early visibility of the article. Please note that, during the production process, errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

© 2024 AEDV. Published by Elsevier España, S.L.U.

Refers to AD_3922

ORIGINAL

Aplicación del Simplified Psoriasis Index en la práctica clínica habitual: estudio piloto

[[Translated article]] Application of the Simplified Psoriasis Index in the Routine Clinical Practice: A Pilot Study

A. Vidal Ruiz¹, Á. Sánchez Leiro¹, N. Eirís Salvado¹, A. M. Carrizosa Esquivel¹, D. Moreno Ramírez¹.

¹Unidad de Dermatología Médico-Quirúrgica y Venereología. Hospital Universitario Virgen Macarena, Sevilla

Autor de correspondencia:

Alba Vidal Ruiz

alba.vidalhuv@gmail.com

RESUMEN:

Antecedentes y objetivo: El Simplified Psoriasis Index (SPI) es una herramienta recientemente validada al español¹, que mide la gravedad de la psoriasis integrando tres esferas: gravedad clínica (SPI-s), impacto psicosocial (SPI-p) e historia natural (SPI-i). Nuestro objetivo fue estudiar la validez y equivalencia de esta nueva escala con las escalas que usamos rutinariamente (Psoriasis Area and Severity Index, PASI, y Dermatology Life Quality Index, DLQI).

Material y método: estudio observacional de corte transversal, con 45 pacientes de edades comprendidas entre los 18 y 74 años. Se recogieron sus datos demográficos y datos relativos a la gravedad de la psoriasis y a la calidad de vida de los pacientes, utilizando simultáneamente estas escalas (PASI, DLQI y SPI). Se estudió la correlación de las escalas de referencia (PASI y DLQI) con el SPI. Se estudió el grado de concordancia entre las dos versiones del SPI: versión cumplimentada por el médico (proSPI) y versión autocumplimentada por el paciente (saSPI). **Resultados:** La edad media fue de 51 años, con un tiempo de evolución media de la psoriasis de 14,05 años. Se obtuvo una buena correlación entre PASI y proSPI-s ($r=0,89$) y entre DLQI y SPI-p ($r=0,89$), y una correlación moderada entre PASI y saSPI-s ($r=0,52$). El grado de concordancia entre proSPI-s y saSPI-s fue moderado.

Conclusiones: estos datos suponen los primeros resultados de uso en práctica clínica real del SPI en su versión en español validada, y hacen que el uso de esta escala sea prometedor en la práctica clínica habitual.

ABSTRACT:

Background and objective: the Simplified Psoriasis Index (SPI) is a recently validated tool in Spanish that measures psoriasis severity by integrating 3 different spheres: clinical severity (SPI-s), psychosocial impact (SPI-p), and natural history (SPI-i). Our objective was to study the validity and equivalence of this new scale compared to routinely used scales such as the Psoriasis Area and Severity Index, PASI, and the Dermatology Life Quality Index (DLQI).

Materials and methods: this was a cross-sectional and observational study that included 45 patients aged 18 to 74 years. Demographic data and information associated with psoriasis severity and the patients' quality of life were collected, using PASI, DLQI, and SPI simultaneously. The correlation of reference scales (PASI and DLQI) with SPI was examined. The degree of agreement between the 2 versions of SPI completed by the physician (proSPI-s) and self-administered by the patient (saSPI-s), was also studied.

Results: the mean age of the study population was 51 years, with a mean psoriasis history of 14.05 years. A strong correlation was found between PASI and proSPI-s ($r = 0.89$), as well as between DLQI and SPI-p ($r = 0.89$), with a moderate correlation being reported between PASI and saSPI-s ($r = 0.52$). The degree of agreement between proSPI-s and saSPI-s was moderate.

Conclusions: these findings represent the initial results of real clinical practice using the validated Spanish version of SPI, making its use truly promising in the routine clinical practice.

PALABRAS CLAVE: psoriasis, PASI, SPI, DLQI, herramientas de medición, escalas, puntuación.

KEYWORDS: Psoriasis, PASI. SPI. DLQI. Measurement tools. Scale. Score.

Introduction

Psoriasis produces a wide variety of clinical signs and has a considerable impact on the patients' quality of life, which requires tools that accurately reflect the severity of the disease and its implications.

The Psoriasis Area and Severity Index (PASI), defined by Fredriksson and Pettersson in 1978¹, has become the reference method for measuring the severity of psoriasis. It allows for standardized therapeutic decision-making in psoriasis that require systemic treatment and evaluates the response to treatment. However, this scale has never been adequately validated² and presents limitations such as the lack of inclusion of the symptoms caused by the disease, the absence of utility in forms such as pustular psoriasis, arithmetic complexity, the need to estimate body surface area—with high intra- and inter-observer variability—lack of standardization of cutoff values for mild, moderate, and severe psoriasis, the need to resort to other scales to understand its psychosocial impact (Dermatology Life Quality Index, DLQI), and the limited importance it places on the distribution of lesions in areas with greater psychosocial or functional burden.

All this makes requires a new tool that allows for a more objective, simple, and comprehensive assessment of patients with psoriasis. The Simplified Psoriasis Index (SPI), developed in the United Kingdom², has been translated and validated into several languages^{3–6}, with promising results that encourage its use in our routine clinical practice for both children and adults⁷.

This scale does not require numerical calculation of the affected body surface area, includes an assessment of the patient's psychosocial sphere, and is easily reproducible. Additionally, it allows for better assessment of "special locations"; even if the patient has a small diseased surface area, these location will be categorized into the moderate or severe psoriasis group when lesions affect visible, bothersome, or hard-to-treat areas, such as face, palmoplantar area, axillary and groin folds, or genital area.

For all these reasons, this study aims to assess the clinical applicability of the SPI by studying the results obtained from using its Spanish-translated version in our real clinical practice.

Materials and Methods

Study Design

We conducted a cross-sectional observational study of patients who attended the Psoriasis Unit of Hospital Universitario Virgen Macarena, Seville, Spain over a period of 2 weeks in November. After the clinical interview and physical examination of the patient, demographic variables were collected, and the PASI, DLQI, and SPI questionnaires were completed in their physician version (proSPI) and in their self-completed version by the patient (saSPI) for subsequent statistical analysis.

Instruments: Simplified Psoriasis Index

The SPI includes 3 domains:

Severity Component (SPI-severity, SPI-s): Its value range goes from 0 up to 50. It is categorized into 2 parts (1A and 1B). In the first part (1A), the extent of the lesions is assessed by assigning a score (0; 0.5 or 1) to each of the 10 locations in the questionnaire, according to the diseased surface area in each one. In the second part (1B), the mean clinical severity of the lesions is evaluated according to their characteristics.

Psychosocial Component (SPI-p): This is assessed using a 10 cm analog scale that allows the patient's response to be transformed into a score from 0 to 10.

Natural History and Interventions (SPI-i): Its value range goes from 0 to 10. Points are added based on the years of disease progression, the presence of severe clinical forms—erythroderma or pustulosis—joint symptoms, and the modality and number of treatments used.

Additionally, there are 2 versions available—saSPI and proSP—that differ in the absence of technical language in the patient version (figs. 1 and 2).

Evaluated Criteria

With this instrument, criterion validity and concordance are evaluated. Criterion validity is the degree to which a specific instrument adequately reflects the reference scale. To achieve this, we compared the degree of correlation of the SPI domain that assesses clinical severity (proSPI-s and saSPI-s) with the PASI, and similarly, the degree of correlation of the SPI psychosocial domain (SPI-p) with the DLQI. On the other hand, concordance quantifies the degree of reliability among multiple evaluators. To do this, the correlation between the professional's assessment and the patient's self-assessment was measured: proSPI-s and saSPI-s, in a generalized manner and broken down by body areas.

Statistical Analysis

The collected data were analyzed using the IBM® SPSS® version 21 software. Spearman rank correlation coefficient was calculated across various measurement tools for the physical and psychosocial severity of psoriasis—proSPI, saSPI, PASI, SPI-p, DLQI—while the intraclass correlation coefficient was calculated for each of the body areas presented in the SPI-s, using the values obtained from the proSPI-s and saSPI-s scales.

Results

The study included a total of 45 patients, with a mean age of 51 years (95%CI, 46.11-55.90) and a mean duration of psoriasis of 14.05 years (95%CI, 9.07-19.03). Additionally, 26.6% exhibited associated psoriatic arthritis. Regarding clinical severity, they had mean PASI values of 4.51 (95%CI, 2.72-6.30) and mean proSPI-s and saSPI-s scores of 3.78 (95%CI, 2.36-5.21) and 5.12 (95%CI, 3.11-7.13), respectively. The mean DLQI value was 6.62 (95%CI, 4.21-9.03) and the SPI-p was 2.95 (95%CI, 2.23-3.68).

To evaluate criterion validity, the Spearman rank correlation coefficient was calculated between the gold standard and the SPI different modalities: a good correlation was observed between the PASI and proSPI-s ($r = 0.89$) and between the DLQI and SPI-p ($r = 0.89$). However, the correlation level between PASI and saSPI-s ($r = 0.52$) was only moderate in the obtained sample (table 1).

To evaluate the concordance of the 2 modalities of the SPI scale, the intraclass correlation coefficient (ICC) was calculated between the proSPI-s and saSPI-s values of each of the studied locations, yielding values < 0.75 (moderate reliability) in the face, neck, and ears (0.72); arms and armpits (0.63); chest and abdomen (0.74); anogenital area (0.68); buttocks and thighs (0.72); knees, lower legs, and ankles (0.74).

Discussion

The use of the validated Spanish version of the SPI scale in then routine clinical practice allows for a comprehensive assessment of psoriasis by simplifying the calculation of the diseased surface area in each location by giving equal weight to each. Additionally, it includes an assessment of the psychosocial impact in the form of a visual analog scale, which is simple and quick. In the initial development by Chularojanamontri et al., a good correlation between the proSPI—criterion validity—and the reference criterion—PASI—was observed, as well as a good correlation between SPI-p and the DLQI, which is consistent with the results seen in this study. However, the correlation observed between saSPI-s and PASI is not as intense, not even compared to the validation study of the scale in Portuguese (table 2).

To understand these results, we considered the possibility that some locations were being systematically undervalued by the professional. The SPI scale breaks down into 10 body areas, allowing special locations to have a greater weight than in PASI. When calculating the ICC between proSPI-s and saSPI-s for each of the studied locations, we obtained moderate reliability values in certain locations. Notably, the ICC was lower, on one hand, in the anogenital area (0.68), a region that is often not thoroughly explored in the routine clinical practice despite the impact it has on disease severity; and on the other hand, although less expected due to being a much more accessible location for examination, in arms and armpits (0.63). This disparity could partly justify the lower correlation reported between saSPI-s and PASI, although the published evidence to date does not include this information, so further studies with a larger number of patients and a breakdown by locations would be necessary to corroborate this hypothesis.

Limitations include the small number of patients included in the study sample and the lack of prospective follow-up, which prevents us from studying the scale across the patient's clinical progression. Additionally, the good disease control that the participants included in the study generally present implies that they have a relatively low PASI. This circumstance may have partly conditioned the results obtained.

Conclusions

This study describes the first results of the use of the validated Spanish version of the SPI

in real clinical practice, showing a good correlation between the SPI-s performed by the professional and the PASI scale, and between the psychosocial assessment and the DLQI. The simplicity of its calculation and its integrative nature, along with the evaluation of the disease natural history make the use of this scale promising for our clinical practice. The use of the saSPI scale could be a useful tool for remote monitoring of patients with psoriasis, although its poorer correlation with the PASI poses a limitation.

Conflicts of interest

None declared.

References

- ¹Barquero-Orias DE, Armellini E, Anderson AJ, Armellini A, Ortega-Loayza AG, Helbling I, Chalmers RJG. Translation into Spanish and field-testing of a new score for evaluating psoriasis severity: The Simplified Psoriasis Index (SPI). *Actas Dermosifiliogr.* 2022 Apr;113(4):363-369. English, Spanish. doi: 10.1016/j.ad.2021.11.004. Epub 2021 Nov 19. PMID: 35623726.
- ²Fredriksson T, Pettersson U. Severe psoriasis- oral therapy with a new retinoid. *Dermatology.* 1978;157(4): 238-44. doi:10.1159/000250839
- ³Chularojanamontri L, Griffiths CE, Chalmers RJ. The Simplified Psoriasis Index (SPI): a practical tool for assessing psoriasis. *J Invest Dermatol.* 2013 Aug;133(8):1956-62. doi: 10.1038/jid.2013.138. Epub 2013 Mar 20. PMID: 23807685.
- ⁴Morais MR, Martins GA, Romiti R, Tonoli RE, Carvalho AVE. Translation and validation of the Simplified Psoriasis Index (SPI) into Brazilian Portuguese. *An Bras Dermatol.* 2018 Nov/Dec;93(6):813-818. doi: 10.1590/abd1806-4841.20186477. PMID: 30484524; PMCID: PMC6256203.
- ⁵Meah N, Alsharqi A, Azurdia RM, Owens LC, Parslew R, Chularojanamontri L. Assessing the validity and response distribution of the simplified psoriasis index in patients receiving phototherapy. *Australas J Dermatol.* 2018 Feb;59(1):41-47. doi: 10.1111/ajd.12549. Epub 2016 Oct 12. PMID: 27730628.
- ⁶Chabchoub I, Litaiem N, Gara S, Jaber K, Dhaoui MA, Zeglaoui F. Assessing the validity and interpretability of the Simplified Psoriasis Index in Tunisian patients. *Tunis Med.* 2022 Janvier;100(1):49-55. PMID: 35822332; PMCID: PMC9002850.
- ⁷van Geel MJ, Otero ME, de Jong EM, van de Kerkhof PC, Seyger MM. Validation of the Simplified Psoriasis Index in Dutch children and adolescents with plaque psoriasis. *Br J Dermatol.* 2017 Mar;176(3):771-776. doi: 10.1111/bjd.15120. Epub 2016 Dec 8. PMID: 27718521.

Figure 1. SPI version for professionals (proSPI). It includes the above-mentioned 3 domains. A) Parts 1A and 1B: severity component (proSPI-s). B) Part 2: psychosocial component (SPI-p). Part 3: history and interventions (SPI-i).

Índice de psoriasis simplificado
Versión profesional (proSPI)

ETIQUETA o ID: _____ Sexo: _____
Nombre: _____
Apellidos: _____

Fecha: _____

PARTE 1A Marque con un círculo la opción que mejor describa la extensión actual de psoriasis en cada zona corporal. 0 ± +

0 Ausente/mínima con no más de pocas placas delgadas dispersas (0)
± Obvia pero aún con abundante piel normal (0.5)
+ Ampliamente distribuida e involucrando gran parte del área afectada (1.0)

§ Tener en consideración que este enunciado no es lo mismo que el porcentaje de compromiso del área de superficie corporal; el puntaje de extensión toma en consideración la distribución de las placas.

	0	±	+
1 Cuello, cabeza y líneas de implantación del pelo	0	±	+
2 Cara, cuello y orejas	0	±	+
3 Brazos y axilas	0	±	+
4 Manos, dedos y uñas de las manos*	0	±	+
5 Pecho y abdomen	0	±	+
6 Espalda y hombros	0	±	+
7 Área anogenital	0	±	+
8 Glúteos y muslos	0	±	+
9 Rodillas, parte inferior de las piernas y tobillos	0	±	+
10 Pies, dedos y uñas de los pies*	0	±	+
TOTAL			

* Extensión de dedos con ≥ 2 uñas (0.5) o ≥ 6 uñas (1.0)
Puntuación de extensión total: máximo 10 puntos

1A

PARTE 1B Seleccione la opción que mejor describa la severidad promedio actual de psoriasis. Debe tener en consideración todas las áreas afectadas anteriormente señaladas, no sólo las más comprometidas. Consultar clave fotográfica de severidad si está disponible.

0 Casi ausente: con eritema leve o pigmentación residual aislada
1 Leve: eritema y/o escamosidad con leve engrosamiento focal palpable
2 Leve-a-moderado: eritema y/o escamosidad con mayoría de piel afectada con engrosamiento palpable
3 Moderado: eritema y/o escamosidad y/o engrosamiento cutáneo
4 Marcado: eritema y/o descamación y/o engrosamiento cutáneo
5 Inflamación cutánea intensa: con o sin pustulación

Puntuación de severidad promedio: máximo 5 puntos

1B

proSPI-s
(1A x 1B)

Puntaje de extensión x severidad (evaluación profesional: proSPI-s) = 1A x 1B (máximo 50)

(c) The University of Manchester, all rights reserved. proSPI v. 2 2019: 02.12.2020

PARTE 2 (SPI-p) Pedir al paciente que marque la línea inferior con relación a la pregunta:

"¿Qué tanto le afecta la psoriasis en su vida diaria (actualmente)?"

0 1 2 3 4 5 6 7 8 9 10

Guía: 0 = mi psoriasis no me afecta en nada
5 = mi psoriasis me afecta bastante
10 = mi psoriasis me afecta muchísimo (No puedo imaginarme estar más afectado)

PARTE 3 (SPI-i) Esta parte representa un resumen de la historia de la psoriasis del paciente o intervenciones recibidas. Si la información de la evaluación previa es conocida y no ha sufrido cambios desde entonces, simplemente ingrese el puntaje SPI-i anterior en el cuadro SPI-i abajo.

Acerca de la psoriasis del paciente	máximo 4 puntos
El paciente ha tenido psoriasis por al menos 10 años	
La psoriasis del paciente comenzó antes de los 10 años de edad o ha estado presente por más de 20 años	
El paciente ha tenido psoriasis pustular generalizada o entodérmica	
Un reumatólogo ha confirmado el diagnóstico de artritis psoriásica	
Acerca del tratamiento del paciente	máximo 6 puntos
¿Cuántos tratamientos para psoriasis diferentes (no tópicos) ha recibido el paciente?	
Fototerapia Ultravioleta (UVB y/o UVA con psoralenos)	máximo 1 punto
Tratamientos sistémicos (1 punto por cada agente activo diverso)	máximo 5 puntos
Resumen de tratamientos sistémicos recibidos (opcionales)* <small>Introduzca todos los agentes sistémicos recibidos a la fecha. Si el tratamiento no se encuentra en la lista, añádelo en los espacios en blanco. La lista de agentes puede ser modificada de acuerdo a la disponibilidad local o introducción de nuevos tratamientos.</small>	TOTAL

<input type="checkbox"/> Acetecina <input type="checkbox"/> Adalimumab <input type="checkbox"/> : <input type="checkbox"/> : <input type="checkbox"/> : <input type="checkbox"/> :	<input type="checkbox"/> Metotrexato <input type="checkbox"/> Infliximab <input type="checkbox"/> : <input type="checkbox"/> : <input type="checkbox"/> : <input type="checkbox"/> :	<input type="checkbox"/> Ciclosporina <input type="checkbox"/> Secukinumab <input type="checkbox"/> : <input type="checkbox"/> : <input type="checkbox"/> : <input type="checkbox"/> :
<input type="checkbox"/> Etanercept <input type="checkbox"/> Ustekinumab <input type="checkbox"/> : <input type="checkbox"/> : <input type="checkbox"/> : <input type="checkbox"/> :		

Puntuación proSPI

proSPI-s SEVERIDAD (0-50)	SPI-p PSICOSOCIAL (0-10)	proSPI-i INTERVENCIÓN (0-10)
------------------------------	-----------------------------	---------------------------------

(c) The University of Manchester, all rights reserved. proSPI v. 2 2019: 02.12.2020

Page 7 of 15

Figure 2. SPI version for self-assessment by the patient (saSPI). It includes the above-mentioned 3 domains. A) Parts 1A and 1B: severity component (saSPI-s). B) Part 2: psychosocial component (SPI-p). Part 3: history and interventions (SPI-i).

Índice de psoriasis simplificado
 Fecha : _____
 Versión de autoevaluación (saSPI)

ETIQUETA o ID: _____ Sexo : _____
 Nombre: _____
 Apellidos: _____

Gracias por completar este cuestionario, el cual nos ayudará a comprender más acerca de usted y su psoriasis. Si necesita ayuda para llenar el formulario, por favor pregunte. El cuestionario contiene tres partes y nos da información acerca de cómo está su psoriasis actualmente, cómo le afecta a nivel personal y cómo se ha comportado en el pasado.

PARTE 1A Para cada una de estas 10 áreas corporales marque con un círculo la opción que mejor describa su psoriasis al día de hoy.

		0	±	+
0	Ausente o menor sin ser molesto para usted (0)			
±	Obvio pero aún con mucha piel normal (1)			
+	Ampliamente distribuida e involucrando gran parte del área afectada (2)			

	0	±	+
1	0	±	+
2	0	±	+
3	0	±	+
4	0	±	+
5	0	±	+
6	0	±	+
7	0	±	+
8	0	±	+
9	0	±	+
10	0	±	+

Incluso si la piel de las manos o pies no está afectada puede puntuar ± para psoriasis severa de al menos 2 uñas ±+ para 6 o más uñas de manos o pies. Puntuación de extensión total: máximo 10 puntos.

1A SUM

PARTE 1B Por favor marque con un círculo la opción que mejor describa el estado general de su psoriasis al día de hoy. Su puntuación debe reflejar el promedio de toda su psoriasis, no sólo las áreas más afectadas.

0	Ausente o enrojecimiento ligero o pigmentación leve
1	Enrojecimiento o escamoidad leve con engrosamiento ligero
2	Enrojecimiento, escamoidad o engrosamiento definido
3	Enrojecimiento, escamoidad o engrosamiento de gravedad moderada
4	Muy rojo e inflamado, muy escamoso o muy engrosado
5	Inflamación de piel intensa con o sin pústulas (puntos de pus)

Puntuación de severidad promedio: máximo 5 puntos **1B**

Se pueden proporcionar imágenes fotográficas para ayudarlo a puntuar su psoriasis.

Puntaje de extensión x severidad = 1A x 1B (máximo 50)

saSPI-s
(1A x 1B)

© The University of Manchester, all rights reserved. saSPI v. 2 2019 - 28.12.2020

PARTE 2 (SPI-p) Marque en la línea de abajo qué tanto su psoriasis le afecta en su vida diaria en el día de hoy.

0 1 2 3 4 5 6 7 8 9 10

Guía: 0 = mi psoriasis no me afecta en nada
 5 = mi psoriasis me afecta bastante
 10 = mi psoriasis me afecta muchísimo (No puedo imaginarme estar más afectado)

PARTE 3 (SPI-i) Esta parte incluye un historial de usted y su psoriasis. Si la información de su evaluación anterior es conocida y no ha cambiado, simplemente ingrese el puntaje SPI-i anterior en el cuadro SPI-i (abajo a la derecha).

Acerca de su psoriasis Dar un punto por cada enunciado correcto **máximo 4 puntos**

He tenido psoriasis por al menos 10 años	
Mi psoriasis comenzó antes de mis 10 años y/o ha estado presente por más de 20 años	
He tenido psoriasis rojo brillante o muy inflamada (con o sin puntos de pus) cubriendo toda mi piel (psoriasis eritrodérmica o pustular generalizada)	
Un reumatólogo (especialista en artritis) ha confirmado que tengo artritis psoriásica	

Acerca del tratamiento de su psoriasis **máximo 6 puntos**

¿Cuántos tratamientos para psoriasis diferentes (no incluye cremas etc.) ha tenido?

Tratamiento con luz ultravioleta (UVB) y/o UVA con psoralenos	máximo 1 punto	
Tabletas o inyecciones (1 punto por cada droga activa diferente)	máximo 5 puntos	NÚMERO
Resumen de tratamientos recibidos (opcional)* Seleccione cada tratamiento que alguna vez haya recibido. Si un tratamiento no está en la lista, añádale. Favor consultar a su médico o enfermera si no está seguro.		TOTAL

<input type="checkbox"/> Acitretina	<input type="checkbox"/> Etanercept	<input type="checkbox"/> Ustekinumab	:	:
<input type="checkbox"/> Ciclosporina	<input type="checkbox"/> Adalimumab	<input type="checkbox"/> Risankzumab	:	:
<input type="checkbox"/> Metotrexato	<input type="checkbox"/> Dimetil fumarato	:	:	:
<input type="checkbox"/> Infliximab	<input type="checkbox"/> Secukinumab	:	:	:

Puntuación saSPI

Número entero más cercano

Si no existen cambios, utilice puntuación de SPI-i previo

saSPI-s	SPI-p	saSPI-i
SEVERIDAD (0-50)	PSICOSOCIAL (0-10)	INTERVENCIÓN (0-10)

© The University of Manchester, all rights reserved. saSPI v. 2 2019 - 28.12.2020

Table 1. Correlations

Correlation (Spearman's rho)	proSPI-s	saSPI-s	PASI	SPI-p	DLQI
proSPI-s			0.89		
saSPI-s			0.52	0.66	0.71
PASI	0.89	0.52			0.40
SPI-p		0.66			0.89
DLQI	0.40	0.71		0.89	

The highlighted values correspond to the most important values discussed in the text.

DLQI: Dermatology Life Quality Index; PASI: Psoriasis Area and Severity Index; proSPI-s: severity component of the Simplified Psoriasis Index completed by the professional; saSPI-s: severity component of the Simplified Psoriasis Index self-completed by the patient; SPI-p: psychosocial impact of the Simplified Psoriasis Index.

Table 2. Comparison of correlation values between PASI/proSPI-s and saSPI-s, and DLQI/SPI-p across different published series

Series	Correlation (Spearman's rho)
Chularojanamontri et al. (2013) ³ Original scale in English	PASI/proSPI-s: 0.91
	PASI/saSPI-s: 0.70
	DLQI/SPI-p: 0.89
Morais et al. (2018) ⁴ Validation in Portuguese	PASI/proSPI-s: 0.79
	PASI/saSPI-s: 0.66
Vidal Ruiz et al. (2022) Validation in Spanish	PASI/proSPI-s: 0.89
	PASI/saSPI-s: 0.52
	DLQI/SPI-p: 0.89

Journal Pre-proof

TRADUCCIÓN DE LA FIGURA 1 AL INGLÉS

<p>Simplified Psoriasis Index</p> <p>Date : <input style="width: 150px; height: 20px;" type="text"/></p> <p>Professional assessment (proSPI)</p>	LABEL or Record no :	Sex :
	First name :	
	Surname :	

PART 1A Circle the option which most closely describes the current **extent** of psoriasis in each body area

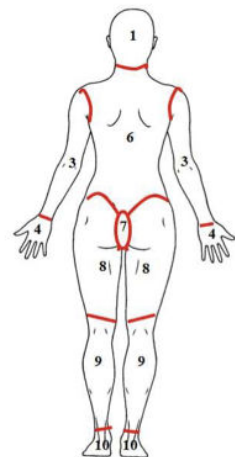
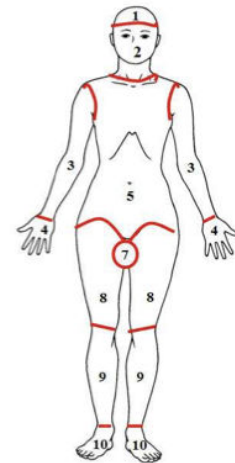
0	clear or minimal with no more than a few scattered thin plaques (0)
±	obvious but still leaving plenty of normal skin (0.5)
+	widespread and involving much of the affected area (1.0) [§]

§ Please note that this is not the same as percentage body surface area (BSA) involvement: the extent score takes into account how dispersed the plaques are

	0	½	1	
1	Scalp & hairline	0	±	+
2	Face, neck & ears	0	±	+
3	Arms & armpits	0	±	+
4	Hands, fingers & fingernails*	0	±	+
5	Chest & abdomen	0	±	+
6	Back & shoulders	0	±	+
7	Anogenital area	0	±	+
8	Buttocks & thighs	0	±	+
9	Knees, lower legs & ankles	0	±	+
10	Feet, toes & toenails*	0	±	+
1A				TOTAL

* score severe dystrophy of ≥ 2 nails as 0.5 and ≥ 6 nails as 1.0

Total extent score: maximum 10 points



PART 1B Select the option which best describes the current **average severity** of psoriasis. This should take into account **all** affected areas identified above, not just the worst areas. Please refer to photographic severity key if available.

0	Essentially clear: with faint erythema <i>or</i> residual pigmentation only
1	Mild: erythema <i>or</i> scale with focal slight palpable thickening
2	Mild to moderate: erythema <i>and/or</i> scale <i>with</i> majority of affected skin palpably thickened
3	Moderate: erythema <i>and/or</i> scale <i>and/or</i> skin thickening
4	Marked: erythema <i>and/or</i> scale <i>and/or</i> skin thickening
5	Intensely inflamed skin: with or without pustules

Average severity score: maximum 5 points

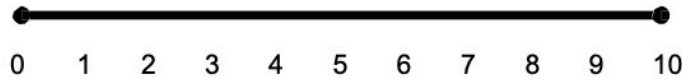
1B

proSPI-s
(1A X 1B)

Professionally-assessed current extent and severity score (proSPI-s) = **1A** x **1B** (maximum 50)

PART 2 (SPI-p) Ask patient to mark the line below in response to the question:

“How much is your psoriasis affecting you in your day-to-day life today?”



Guide: 0 = my psoriasis is not affecting me at all
 5 = my psoriasis is affecting me quite a lot
 10 = my psoriasis is affecting me very much (I could not imagine it affecting me more)

PART 3 (SPI-i) This part forms a summary record of the patient’s psoriasis history and of interventions received.

If the information from the previous assessment is known and has not changed, just enter the previous score in the proSPI-i box at the foot of the form.

About the patient’s psoriasis	<i>maximum 4 points</i>	
The patient has had psoriasis for at least 10 years		
The patient’s psoriasis first developed before the age of 10 <i>and/or</i> has been present for more than 20 years		
The patient has had erythrodermic or generalised pustular psoriasis		
A diagnosis of psoriatic arthritis has been confirmed by a rheumatologist		
About the patient’s treatment	<i>maximum 6 points</i>	
How many different psoriasis treatments (other than topicals) has the patient received?		
Ultraviolet phototherapy (UVB <i>and/or</i> PUVA)	<i>maximum 1 point</i>	
Systemic psoriasis treatments (1 point for each different active agent)	<i>maximum 5 points</i>	SUM
Summary of systemic treatments received (optional) * Tick all systemic agents received to date. If a treatment is not listed, add it in one of the blank boxes. The list of agents may be modified to reflect local availability or the introduction of new treatments.		TOTAL

<input type="checkbox"/> Acitretin	<input type="checkbox"/> Adalimumab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Methotrexate	<input type="checkbox"/> Infliximab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ciclosporin	<input type="checkbox"/> Secukinumab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Etanercept	<input type="checkbox"/> Ustekinumab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

proSPI score

proSPI-s SEVERITY (0-50)	to nearest whole number SPI-p PSYCHOSOCIAL (0-10)	If no changes, just enter the previous SPI-i score here proSPI-i INTERVENTIONS (0-10)
---------------------------------	---	---

TRADUCCIÓN DE LA FIGURA 2 AL INGLÉS

Simplified Psoriasis Index Date : <input type="text"/> Self-assessment version (saSPI)	LABEL or Record no :	Sex :
	First name :	
	Surname :	

Thank you for completing this questionnaire which will help us understand more about you and your psoriasis. If you need help with filling in the form, please ask for assistance. The questions are in three parts and tell us a little about how your psoriasis is now, how it is affecting you personally and how it has behaved in the past.

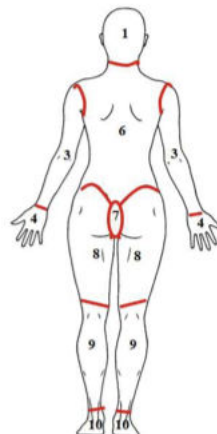
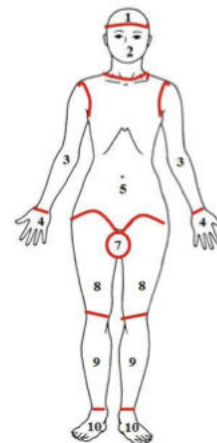
PART 1A For each of these 10 body areas please **circle** one choice which best describes your psoriasis **today**

0	clear or so minor that it does not bother me (0)
±	obvious but still leaving plenty of normal skin (½)
+	widespread and involving much of the affected area (1)

	0	½	1
1 Scalp and hairline	0	±	+
2 Face, neck and ears	0	±	+
3 Arms and armpits	0	±	+
4 Hands, fingers and fingernails*	0	±	+
5 Chest and abdomen	0	±	+
6 Back and shoulders	0	±	+
7 Genital area and/or around anus (back passage)	0	±	+
8 Buttocks and thighs	0	±	+
9 Knees, lower legs and ankles	0	±	+
10 Feet, toes and toenails*	0	±	+
1A			SUM

* even if the skin of the hands or feet is unaffected you can score ± for severe psoriasis of at least 2 and + for 6 or more finger or toenails

Total extent score: maximum 10 points



PART 1B Please **circle** whichever of these choices best describes the overall state of your psoriasis **today**. Your score should reflect the average of **all** of your psoriasis, not just the worst areas.

0	Clear <i>or just</i> slight redness or staining
1	Mild redness <i>and/or</i> scaling <i>with no more than</i> slight thickening
2	Definite redness, scaling <i>and/or</i> thickening
3	Moderately severe <i>with</i> obvious redness, scaling <i>and/or</i> very thick
4	Very red and inflamed, very scaly <i>and/or</i> very thick
5	Intensely inflamed skin <i>with or without</i> pustules (pus spots)


Average severity score: maximum 5 points **1B**

You may be given some photographic images to help you score your psoriasis.

saSPI-s (1A X 1B)

Patient self-assessed current extent and severity score (proSPI-s) = **1A** x **1B** (maximum 50)

PART 2 (SPI-p) Please make a mark on the line below to show how much your psoriasis is affecting you in your day-to-day life **today**.



0 1 2 3 4 5 6 7 8 9 10

Guide: 0 = my psoriasis is not affecting me at all
 5 = my psoriasis is affecting me quite a lot
 10 = my psoriasis is affecting me very much (I could not imagine it affecting me more)

PART 3 (SPI-i) This part forms a record about you and your psoriasis.

If the information from your previous assessment is known and has not changed, just enter the previous SPI-i score in the SPI-i box (bottom right)

About your psoriasis	<i>Please tick each true statement</i>	<i>maximum 4 points</i>
I have had psoriasis for at least 10 years	<input type="checkbox"/>	
My psoriasis first developed before I was 10 years old <i>and/or</i> has been present for more than 20 years	<input type="checkbox"/>	
I have had bright red and very inflamed psoriasis (with or without pus spots) covering all my skin (erythrodermic or generalised pustular psoriasis)	<input type="checkbox"/>	
A rheumatologist (arthritis specialist) has confirmed that I have psoriatic arthritis	<input type="checkbox"/>	
About your psoriasis treatment	<i>Please tick each true statement</i>	<i>maximum 6 points</i>
How many different psoriasis treatments (excluding creams etc.) have you ever had?		
Ultraviolet light treatment (UVB <i>and/or</i> PUVA)	<input type="checkbox"/>	<i>maximum 1 point</i>
Psoriasis tablets or injections (1 point for each different active drug)	<input type="checkbox"/>	<i>maximum 5 points</i>

<p>Summary of treatments received (optional) * Please tick each treatment you have ever received. If a treatment is not listed, add it. <i>Please ask doctor or nurse if unsure.</i></p>	TOTAL
--	-------

<input type="checkbox"/> Acitretin	<input type="checkbox"/> Infliximab	<input type="checkbox"/>	<input type="checkbox"/> :	<input type="checkbox"/> :
<input type="checkbox"/> Ciclosporin	<input type="checkbox"/> Adalimumab	<input type="checkbox"/>	<input type="checkbox"/> :	<input type="checkbox"/> :
<input type="checkbox"/> Methotrexate	<input type="checkbox"/> Secukinumab	<input type="checkbox"/>	<input type="checkbox"/> :	<input type="checkbox"/> :
<input type="checkbox"/> Etanercept	<input type="checkbox"/> Ustekinumab	<input type="checkbox"/>	<input type="checkbox"/> :	<input type="checkbox"/> :

saSPI score

	Enter the nearest whole number	If no change, enter score from previous assessment
saSPI-s	SPI-p	saSPI-i
SEVERITY (0-50)	PSYCHOSOCIAL (0-10)	INTERVENTIONS (0-10)

#

ELSEVIER

Journal Pre-proof