

Bimekizumab patient-reported real-world impact in moderate to severe plaque psoriasis: Insights from a multi-country online survey

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Objective

To explore patient experiences of moderate to severe plaque psoriasis, including disease burden and the impact of bimekizumab (BKZ) on physical and emotional symptoms and activities impacting daily functioning, through a multi-country online survey.

Introduction

- There are a variety of biologics available for psoriasis and, given the advancing treatment landscape, patients’ expectations of their treatments are rising.^{1,2}
- While high levels of efficacy and good tolerability with bimekizumab (BKZ) have been previously described through 4 years,^{3–7} it is important to understand patients’ perspectives on treatment to encourage shared decision-making.
- Despite the impact of psoriasis on quality of life (QoL),⁸ there are limited real-world data on patients’ perspectives of the impact of biologic treatments, such as BKZ.

Methods

- This study was a cross-sectional, descriptive, non-interventional survey based on patients’ self-reported experience.
- Adults aged 18–64 years diagnosed with moderate to severe plaque psoriasis ≥1 year prior, who had received BKZ for ≥3 months, were invited to complete an anonymous online survey between 20th April and 30th July 2025.
- Participants from Australia, Canada, France, Germany, the UK and the USA were recruited primarily via an online patient panel and secondarily via patient support programmes.
- Participants were asked to select their:
 - Most impactful physical and emotional symptoms, as well as most impacted activities of daily functioning, when their psoriasis was “at its worst”;
 - Level of improvement in symptoms since starting treatment (from no improvement to a large improvement). Participants also could indicate that they were not affected by the symptom in question;
 - Speed of improvement in physical and emotional symptoms, and activities impacting daily functioning, following treatment with BKZ.
- Using a Likert scale, patients also rated statements regarding their overall experience with BKZ.
- Direct wording from survey questions is included in quotation marks.
- Descriptive analyses were performed; missing data were recorded as “prefer not to answer”. No comparator group was included.
- As this is a self-reported survey, the results may be subject to recall and selection bias. As only patients treated with BKZ for ≥3 months were included, additional selection bias may have been introduced through the exclusion of patients who discontinued treatment earlier.

Results

- A total of 207 patients completed the survey. Baseline characteristics are presented in **Table 1**.
 - Overall, 44% of participants had been receiving BKZ for ≥1 year.
 - Before initiating BKZ, 15% of participants were biologic-naïve, 43% had experience with 1 biologic and 42% had experience with ≥2 biologics.
- More than 8 in 10 agreed that BKZ addressed their “most bothersome symptoms” (87%) and “hardest to treat areas” (85%), and “improved [their] QoL” (86%; **Figure 1**).
- A similar proportion were “surprised and delighted” with “the speed with which [BKZ] worked” (75%) and were “glad/wish [BKZ] had been their first treatment” (84%; **Figure 1**).
- Participants also reported that “how often I need to take [BKZ] doesn’t impact my lifestyle” (75%) and were “impressed with how long [BKZ] has been working/[BKZ] continues to work well” (84%; **Figure 1**).
- After BKZ initiation, 72% of participants reported any level of improvement in the percentage of body surface area affected.
- Most participants also saw any level of improvement in their self-reported “most impactful” physical signs/symptoms, including plaques (90%), skin discolouration (89%), skin pain (86%) and skin itching/tightness (86%).
- Between 62–74% of participants reported any level of improvement in each of these physical symptoms within one month of starting treatment (**Figure 2**).
- For emotional symptoms, including those “most impactful” (anxiety that psoriasis will get worse, change to depressive symptoms, social withdrawal/isolation, body consciousness), 42–55% noticed any level of improvement in these symptoms within one month of starting BKZ (**Figure 3**).
- Overall, 79–88% of participants reported any level of improvement following treatment in their “most impacted” activities impacting daily functioning (how skin felt [88%], physical comfort [84%], mental health [83%], self-confidence [85%] and clothing choice [79%]).

Conclusions

In this multi-country survey of adults with moderate to severe plaque psoriasis who had received bimekizumab for ≥3 months, a high proportion of participants reported rapid improvements in physical and emotional symptoms, as well as daily functioning, within 1 month of treatment initiation. The majority were “glad/wish” bimekizumab was their “first treatment”.

These real-world findings may support clinician/patient decision-making and encourage earlier and more optimal treatment.

Summary

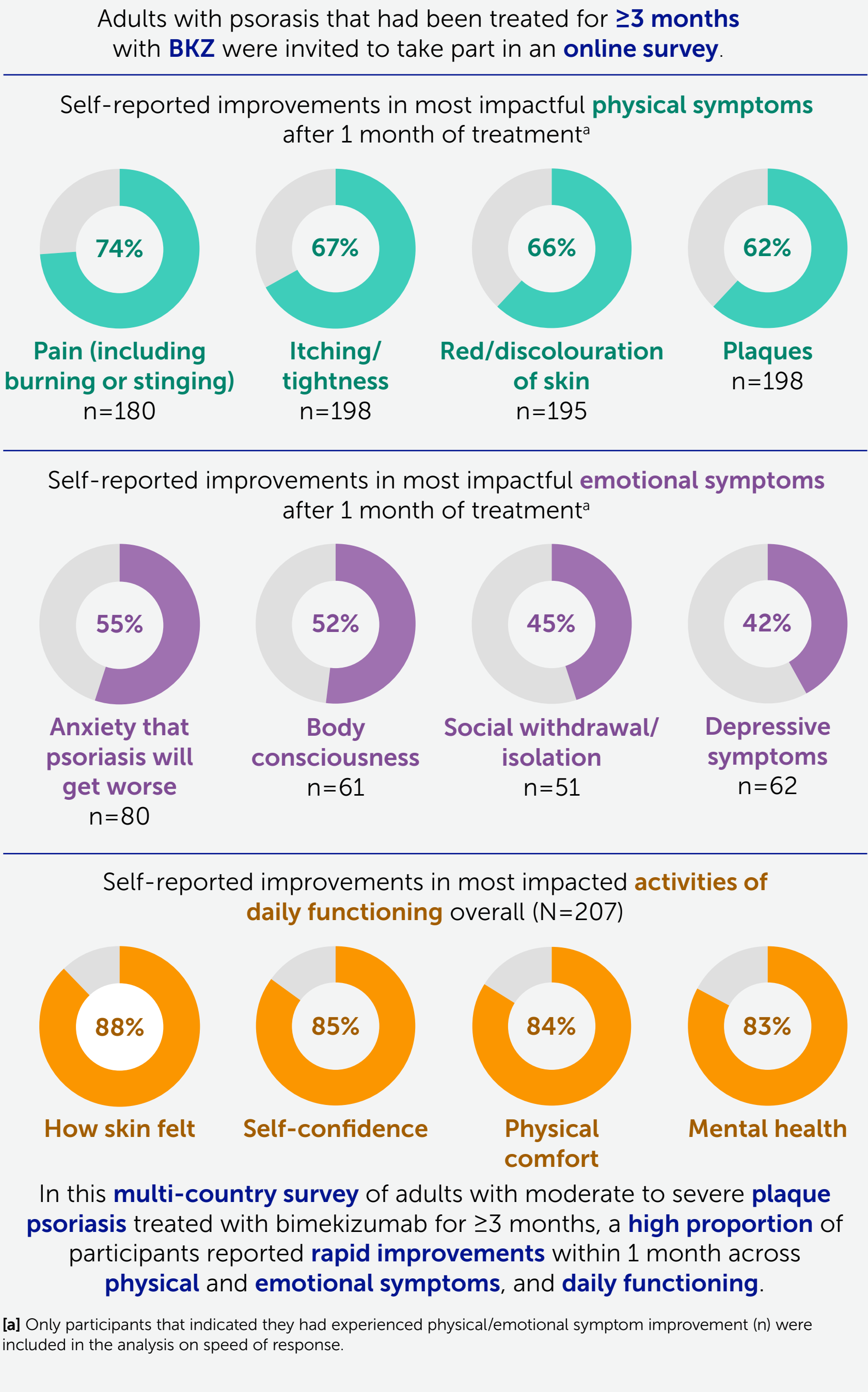


Figure 1 Participants’ overall experience with BKZ

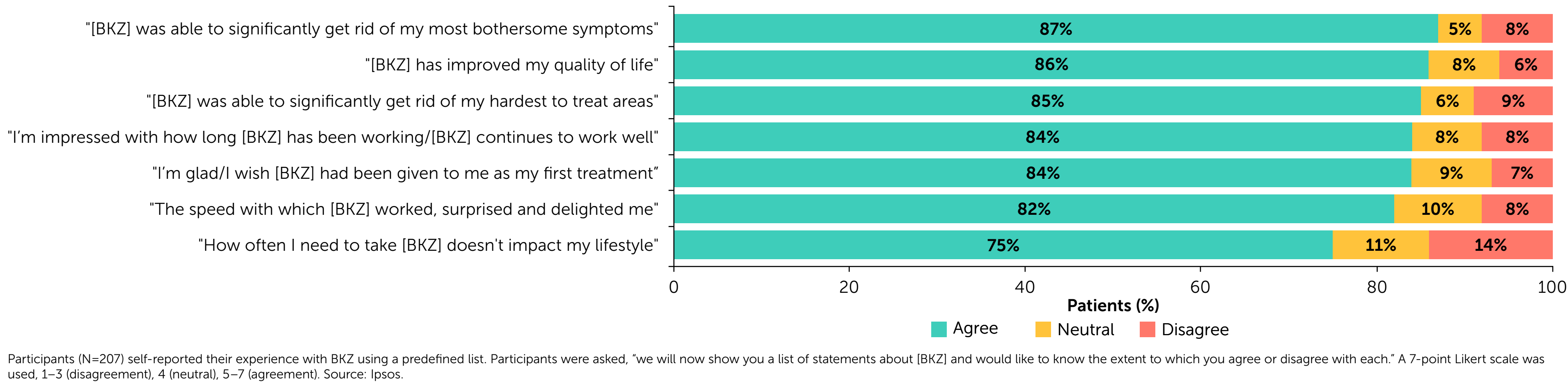


Figure 2 Time to improvement in “most impactful” physical symptoms after initiation of BKZ

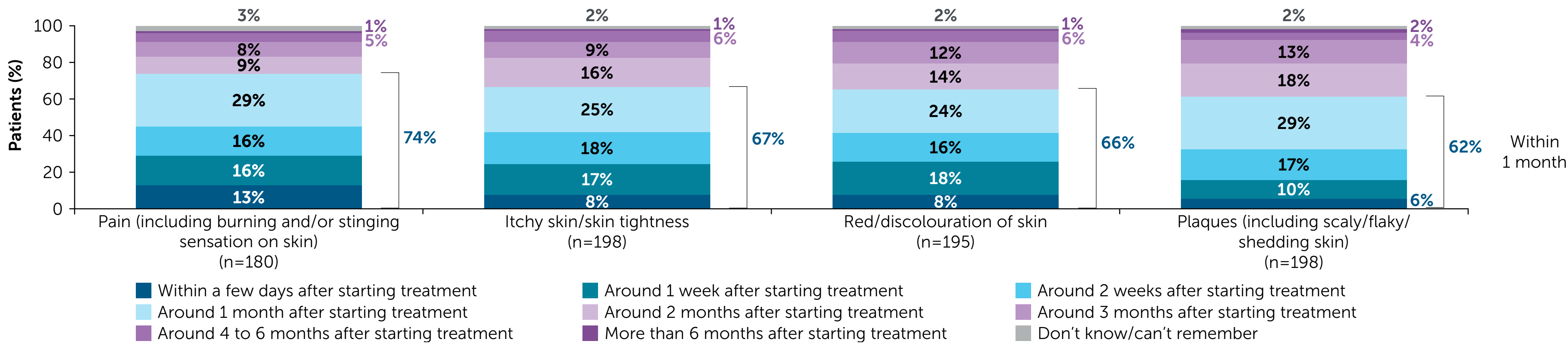
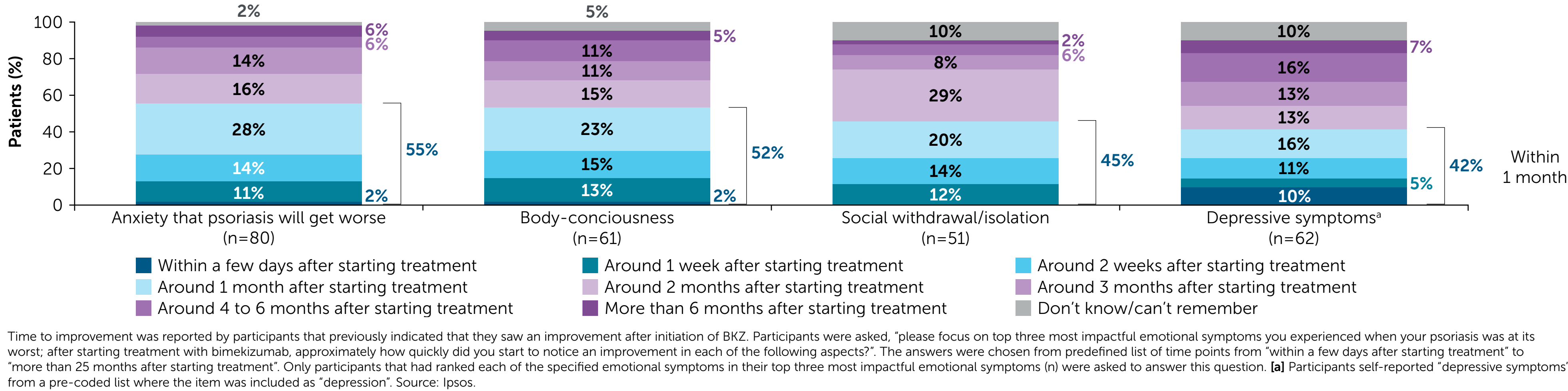


Figure 3 Time to improvement in “most impactful” emotional symptoms after initiation of BKZ



BKZ: bimekizumab; BSA: body surface area; QoL: quality of life; SD: standard deviation; UK: United Kingdom; USA: United States of America.

References: ¹Blauvelt A et al. *Drugs Dermatol* 2020;19:487; ²Ferrara F et al. *Int Immunopharmacol* 2024;143:113388; ³Warren RB et al. *N Engl J Med* 2021;385:130–41 (NCT03412747); ⁴Reich K et al. *Lancet* 2021;397:487–98 (NCT03370133); ⁵Gordon KB et al. *Lancet* 2021;397:475–86 (NCT03410992); ⁶Warren RB et al. *Br J Dermatol* 2025;193:44–55 (NCT03536884); ⁷Blauvelt A et al. *J Am Acad Dermatol* 2025;93:644–53 (NCT03598790); ⁸Ponikowska M et al. *Psoriasis (Auckl)* 2025;15:175–83. **Author Contributions:** Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data: **MAG, HB, EC, EO, BL, ML**. Drafting of the publication, or reviewing it critically for important intellectual content: **MAG, HB, EC, EO, BL, ML**. **Disclosures:** **MAG:** Investigator and/or speaker and/or consultant and/or advisory board member for NIHHR studies, AbbVie, Almiral, Amgen, Argenx, Beiersdorf, Bristol Myers Squibb, Faron, Frezyderm, Galderma, Johnson & Johnson, LEO Pharma, L'Oréal, MSD, Novartis, Orluka Therapeutics, Pfizer, Pharmaserve-Lilly, Sanofi, Skin+Me and UCB. **HB, EC:** Employees of Ipsos. **EO:** Employee and shareholder of UCB. **BL:** Employee of UCB. **ML:** Employee of Mount Sinai; receives research funds from AbbVie, Arcutis, Avotres, Boehringer Ingelheim, Cara Therapeutics, Celixio, Dermavant, Eli Lilly and Company, Incyte, Inozyme, Johnson & Johnson, Pfizer, Sanofi-Regeneron and UCB; consultant for Akkum, Almiral, AlturioBio, Amgen, Apogee, Arcutis, AstraZeneca, Atomwise, Avotres Therapeutics, Boehringer Ingelheim, Bristol Myers Squibb, Castle Biosciences, Celltrion, CorEvitas, Dermavant, Dermasquard, Evmmune, Facilitation of International Dermatology Education, Forte Biosciences, Galderma, Genentech, Incyte, LEO Pharma, Mayne Pharmaceuticals, Meiji Seika Pharma, Mindera, Mirium Pharmaceuticals, Orluka, Pfizer, Revolo, Sanofi-Regeneron, Seanergy, Strata, Sun Pharma, Takeda, Trevi and Verrica. **Acknowledgements:** This market research activity was commissioned by UCB and conducted by Ipsos. The authors thank all participants recruited to answer this survey. The authors also thank Inés Dueñas Pousa, PhD, of UCB, for editorial review during poster development and publication coordination, Maria Grudina, PhD, Costello Medical, UK for medical writing and editorial assistance and the Costello Medical Creative team for design support. All costs associated with development of this poster were funded by UCB.



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