SIMPLIFIED PSORIASIS INDEX   Introduction for health care professionals

History

The Simplified Psoriasis Index (SPI) is a tool which has been developed to enable either health care professionals or patients with psoriasis to make regular assessments of disease severity and its impact on well-being. It also incorporates a summary of past behaviour and treatment.

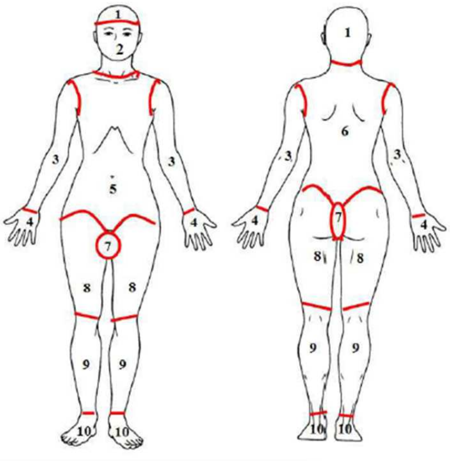
It was developed at the Dermatology Centre, Salford, Greater Manchester, UK, based on an earlier prototype, the Salford Psoriasis Index, but was made much simpler to score using a novel scoring system. Unlike the former tool, the Simplified Psoriasis Index is available in two complementary versions, one for use by health care professionals (proSPI) and one for self-assessment by psoriasis sufferers (saSPI). The two versions are essentially the same except that technical language is avoided for the patient self-assessment version.

Description

SPI incorporates separate domains for current severity **(SPI-s)** and its psychosocial impact **(SPI-p)**. Its third domain **(SPI-i)** is a summary score providing insight into the patient's history, including a summary of interventions received in the past.

DOMAIN 1: CURRENT SEVERITY (SPI-s)

The current severity domain (SPI-s) accords extra weight to certain functionally or psychosocially important body sites (scalp, face, anogenital area, hands, feet, with nail psoriasis contributing to scores for the latter two sites if appropriate). It consists of two components:



Psoriasis extent (part 1A)

The **extent** of psoriasis in each of 10 unequally sized body sites (Fig. 1) is scored on a 3-point scale:

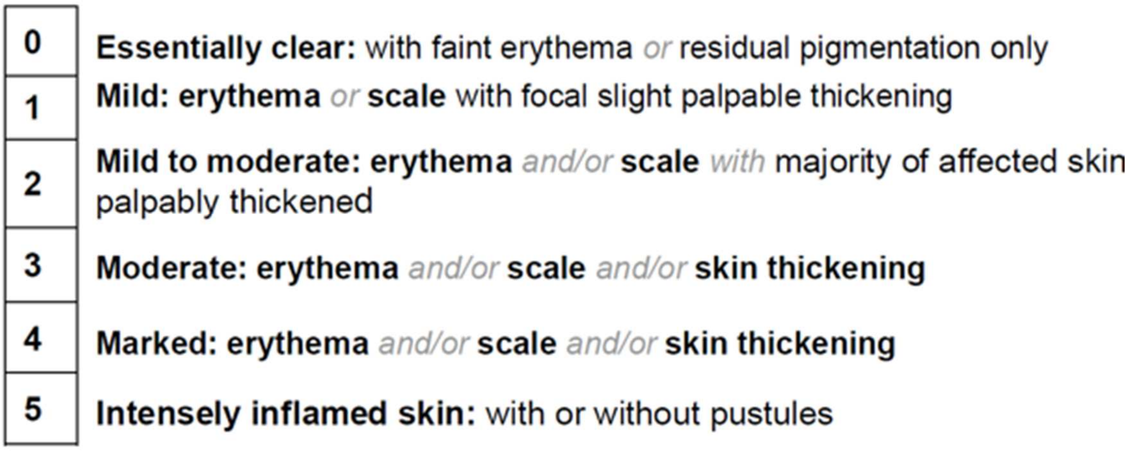
0 : absent or minimal
0.5 : noticeable (±)
1 : extensive

The score is based on the distribution of psoriasis across each of the ten areas and does not require estimation of percentage body surface area involvement.

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)§

Overall average plaque severity (part 1B)

The **average severity** of psoriasis across **all** involved areas is scored on a **6-point scale** ranging from **0 (essentially clear)** to **5 (intensely inflamed skin)**. Studies have shown that little extra benefit is obtained by scoring severity separately in each of the 10 areas rather than scoring an overall average.



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

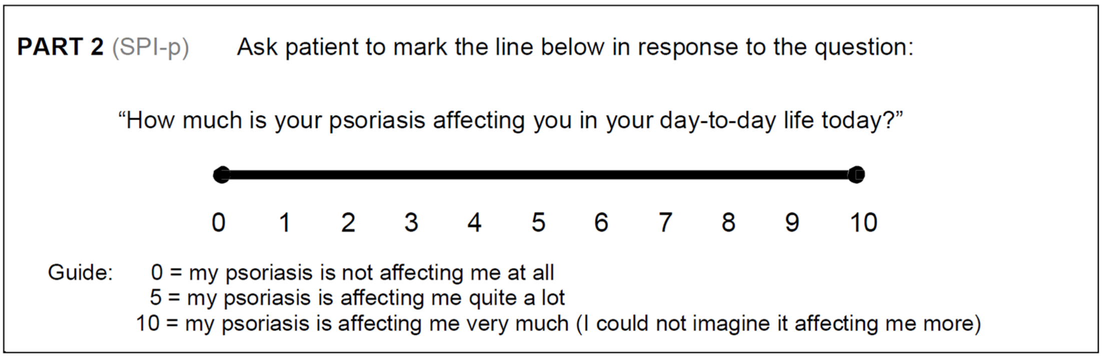
SPI-s is the product of the scores for parts **1A (maximum 10)** and **1B (maximum 5)**, giving a **maximum current severity score** of **50**.

The two versions of SPI differ only in that technical language present in the **professional version for assessment by a doctor or nurse (proSPI)** is avoided for the **patient self-assessment version** (**saSPI**). The current severity score is designated by the suffix **-s** as **proSPI-s** or **saSPI-s** according to who has undertaken the scoring.

DOMAIN 2: PSYCHOSOCIAL IMPACT (SPI-p)

This patient-reported assessment is the same for both versions of SPI (proSPI-p and saSPI-p). The current impact of psoriasis on patient well-being is marked by the patient on a numbered visual analogue scale:

0 My psoriasis is not affecting me at all
to
10 My psoriasis is affecting me very much – I could not imagine it affecting me more



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

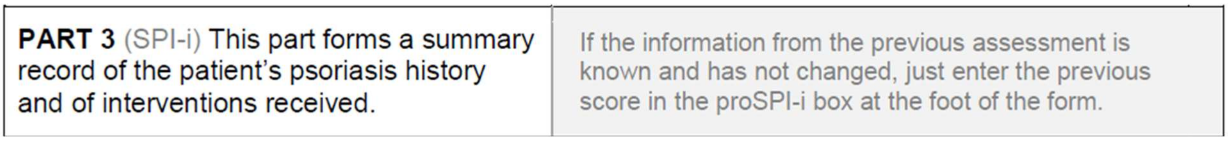
"How much is your psoriasis affecting you in your day-to-day life today?"

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)

SPI-p is determined as the integer on the scale closest to the patient's mark (11-point Likert scale).

DOMAIN 3: HISTORICAL COURSE AND INTERVENTIONS (SPI-i)

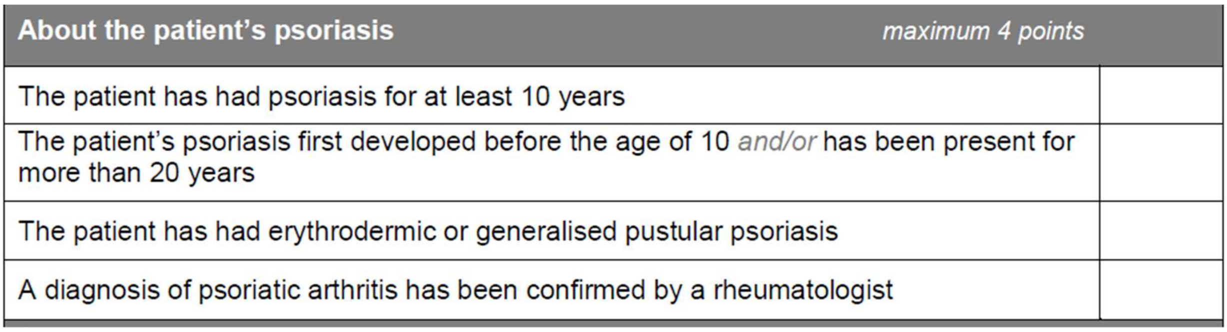
The historical course and interventions score (SPI-i) is assessed by 10 questions, four relating to disease course and six to previous interventions received.



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.

Historical course

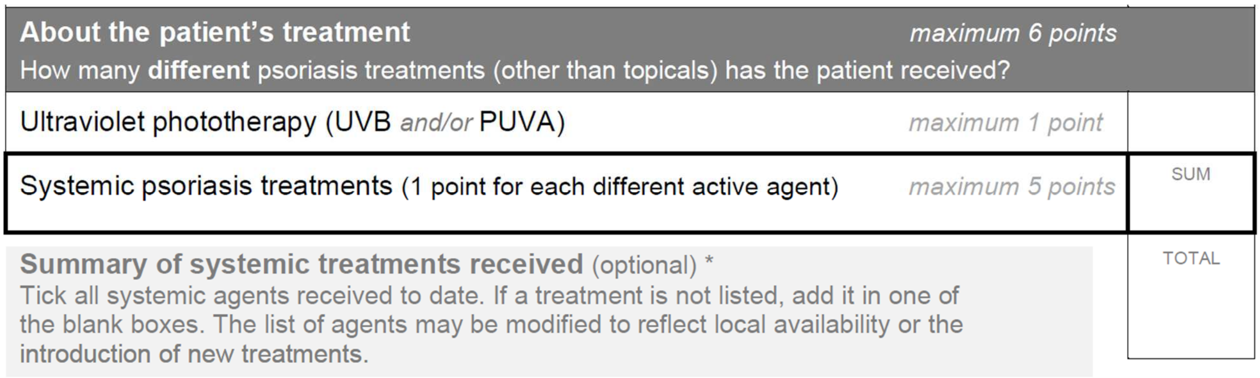
This provides a simple summary of the patient's past psoriasis history with a maximum score of four points.



About the patient's psoriasis *maximum 4 points*	
The patient has had psoriasis for at least 10 years	
The patient's psoriasis first developed before the age of 10 *and/or* 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	

Interventions score

This gives an indication of the difficulty or otherwise of management of the patients' psoriasis. The need for a large number of different systemic agents would imply that it has not always been easy to control the disease whereas a low score could be observed in a patient whose psoriasis has been well controlled for many years with a drug such as methotrexate.



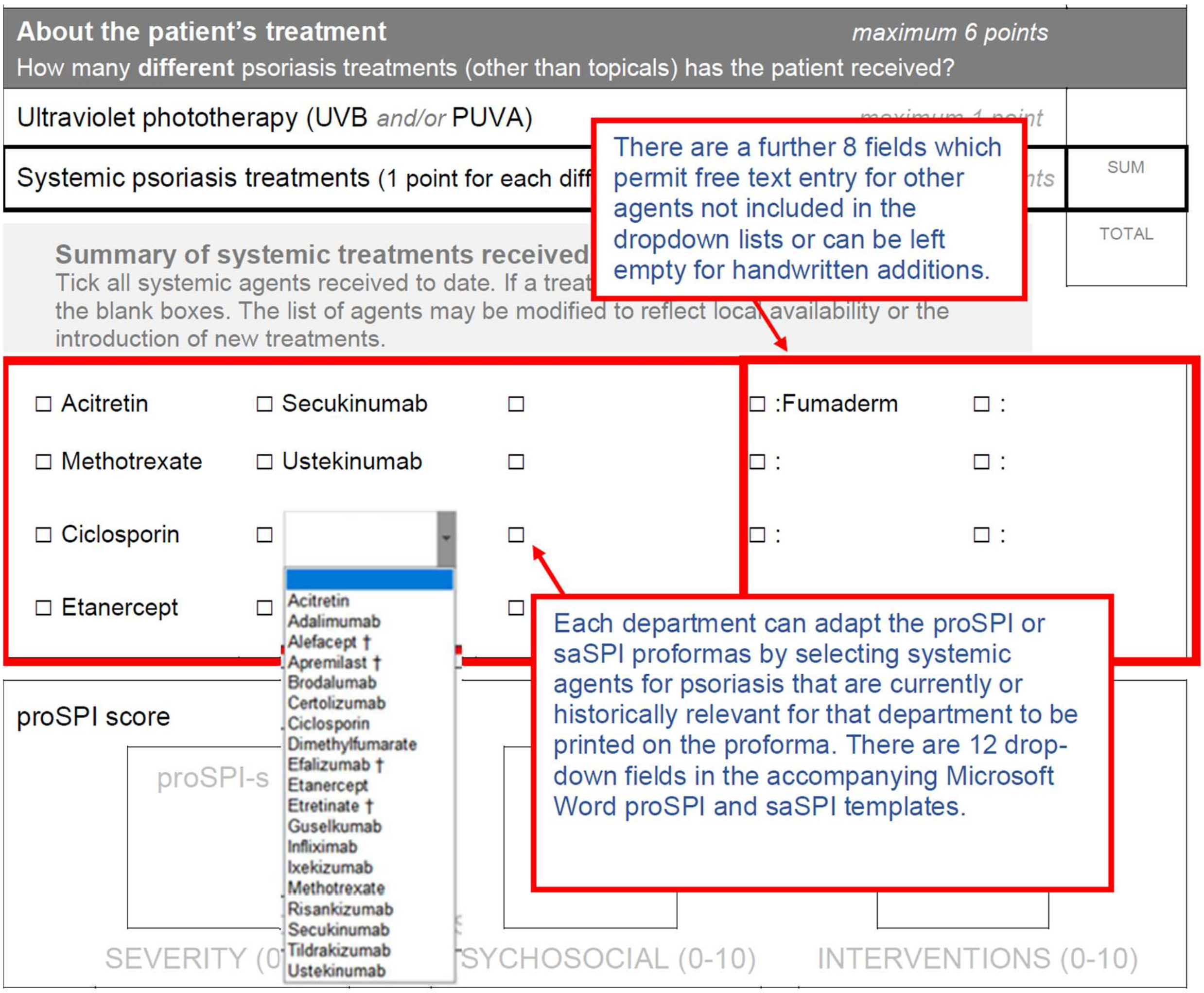
About the patient's treatment *maximum 6 points* How many **different** psoriasis treatments (other than topicals) has the patient received?		
Ultraviolet phototherapy (UVB *and/or* PUVA)	*maximum 1 point*	
Systemic psoriasis treatments (1 point for each different active agent)	*maximum 5 points*	SUM
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

Previous ultraviolet phototherapy is allotted a single point; one point up to a maximum of five may be allotted for each different systemic agent with which the psoriasis has been treated. There is an option to record details of what these agents were. Each treatment centre has the facility to specify the agents which have most commonly been used by its local population.

Proformas designated for health professionals (proSPI) or for self-assessment by people with psoriasis (saSPI) can be customised to take into account the differing use of systemic agents in different settings.

Microsoft Word templates with both drop-down and free text fields allow each treatment centre to select those agents most relevant to their practice (historically as well as in current use) for addition to the proformas from which electronic pdf master copies may be kept for wider distribution either on paper or electronically.

The templates include 12 drop-down fields enabling the majority of historical and current systemic agents to be selected for inclusion in the customised proforma which can be saved as a pdf document from which to print copies for use either in clinic or remotely by patients from their homes.



About the patient's treatment *maximum 6 points*

How many **different** psoriasis treatments (other than topicals) has the patient received?

Ultraviolet phototherapy (UVB *and/or* PUVA) *maximum 1 point*

Systemic psoriasis treatments (1 point for each diff

SUM

TOTAL

There are a further 8 fields which permit free text entry for other agents not included in the dropdown lists or can be left empty for handwritten additions.

Summary of systemic treatments received

Tick all systemic agents received to date. If a treat
the blank boxes. The list of agents may be modified to reflect local availability or the introduction of new treatments.

☐ Acitretin ☐ Secukinumab ☐ ☐ :Fumaderm ☐ :
☐ Methotrexate ☐ Ustekinumab ☐ ☐ : ☐ :
☐ Ciclosporin ☐ ☐ ☐ : ☐ :
☐ Etanercept ☐ ☐

Acitretin
Adalimumab
Alefacept †
Apremilast †
Brodalumab
Certolizumab
Ciclosporin
Dimethylfumarate
Efalizumab †
Etanercept
Etretinate †
Guselkumab
Infliximab
Ixekizumab
Methotrexate
Risankizumab
Secukinumab
Tildrakizumab
Ustekinumab

Each department can adapt the proSPI or saSPI proformas by selecting systemic agents for psoriasis that are currently or historically relevant for that department to be printed on the proforma. There are 12 drop-down fields in the accompanying Microsoft Word proSPI and saSPI templates.

proSPI score

proSPI-s

SEVERITY (0

PSYCHOSOCIAL (0-10)

INTERVENTIONS (0-10)

Further information

The **Simplified Psoriasis Index (SPI)** was developed at the Dermatology Centre, University of Manchester, Manchester, UK. The current Version 2 dates from 2019 when PART 3 was revised to take into account the greatly increased range of agents now available for treating psoriasis.

SPI may be used and reproduced freely. Access to the most up-to-date versions is available from the **Global Psoriasis Atlas** at https://globalpsoriasisatlas.org/ under RESOURCES.

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