Sir,

Psoriasis is a chronic skin disease that affects the quality of life for its esthetic, psychological and systemic implications.[1,2] Only few studies have investigated how the disease and the patient–physician relationship are perceived by the patient or the dermatologist.[3,4] We conducted a study to assess how psoriasis and its treatment are subjectively experienced by the patient and the dermatologist as well as to identify how to improve the doctor–patient relationship and to satisfy the patient's expectations. In the present survey, a 10-item questionnaire using a 0–10 scale (score 0–3: negative; 4–6: not bad not good; 7–10: positive) was administered to 120 (56 males and 64 females; aged 18–70 years; mean 44.2 years) consecutive outpatients referred to our department of Dermatology from October 2009 to September 2010. All patients were receiving systemic treatments for psoriasis. Informed consent was obtained prior to interview. For each patient, a 10-item complementary questionnaire using a 0–10 scale was filled always by the same dermatologist. Patients completed their questionnaire anonymously after the medical examination such that their answers could not be influenced by the physicians in any way. Data were compared statistically by Student's t and Pearson correlation tests. Ninety-eight patients (81.66%) rated the attention paid by the dermatologist regarding their disease as favorable (score=7–10) [Figure 1a; Table 1a]. Almost the same outcomes were reported for the evaluation of the time spent by the dermatologist for the medical examination [Figure 1b; Table 1b]. Interestingly, 77.50% (n=93) of the patients were satisfied with the treatment they received (score=7–10) [Figure 1c; Table 1c], while 69.16% (n=83; score = 7–10) reported high well-being after treatments [Figure 1d; Table 1d]. 45.81% of the patients (n=55; score=0–3) reported that side-effects did not represent a significant obstacle to continue the systemic therapies [Figure 1e; Table 1e]; 106 patients (88.33%) related they will continue to consult the same dermatologists (score=7–10) [Figure 1f; Table 1f]. We found a statistically significant negative correlation between Psoriasis Area Severity Index (PASI) and the score of items regarding treatments (Are you satisfied about treatments you are doing for psoriasis?) (P=0.0003; Figure 2a) and evaluation of well-being after treatments (How do you rate your well-being after treatment?) (P=0.0001; Figure 2b), indicating that the persistence of psoriatic skin manifestations instead of treatments could deeply influence the patient attitude toward the disease. As regards the 10-item questionnaire filled by the physician, in all the cases (100%; n=120), the dermatologist considered more than sufficient the attention paid to the disease (score = 7–10) [Table 2a], and in 99.15% (n=119) of the cases more than sufficient the time dedicated to the patient (score = 7–10) [Table 2b]. Following the dermatologist's answers, 10.83% (n=13) of the patients were absolutely not satisfied about the therapy they were undergoing (score = 0–3) [Table 2c], while in 5% (n=6) of the cases the physician rated very insufficient the improvement on patient's well-being (score=0–3) [Table 2d]. Moreover, the dermatologist reported that the therapeutic choice was influenced by side-effects in 100 cases (83.33%; score=7–10) [Table 2e] and that 110 patients (91.66%; score=7–10) will continue the follow-up [Table 2f]. Attractive outcomes were produced by comparing physicians and patients answers among the same themes: attention paid to the disease/patient (mean patients=8,494 ± 0,1654, n=120; mean physician=9,158 ± 0,06900, n=120), time spent for the medical examination (mean patients=7,892 ± 0,1863, n=120; mean physician=9,217 ± 0,07313, n=120) and improvement on well-being after treatment (mean patients=7,400 ± 0,2353, n=120; mean physician=8,350 ± 0,1722, n=120) were overestimated by physicians in a statistically significant way (P=0.0001, P=0.0001 and P=0.0007, respectively). Difference in perception regarding satisfaction about the therapy (mean patients = 8,219 ± 0,1821, n=120; mean physician = 8,433 ± 0,2279, n=120) was not significant. This comparison seems to underline the most common factors altering the doctor–patient relationship, forming the basis of patient's dissatisfaction and "doctor-shopping." Patient's perspective is important not only in terms of symptoms but also on the well-being impact. In fact, it is known that the importance of patient expectations as it is expressed by "patient-centered

Table 1: Questionnaires

Score	1a		1b		1c		1d		1e		1f	
	% of patients (number of patients)		% of patients (number of patients)		% of patients (number of patients)		% of patients (number of patients)		% of patients (number of patients)		% of patients (number of patients)	
0	0 (n=0)	5 (n=6)	0.83 (n=1)	3.33 (n=4)	1.66 (n=2)	6.66 (n=8)	2.50 (n=3)	7.5 (n=9)	10.83 (n=13)	45.81 (n=55)	0.83 (n=1)	3.33 (n=4)
1	3.33 (n=4)		0 (n=0)		2.50 (n=3)		2.50 (n=3)		16.66 (n=20)		1.66 (n=2)	
2	1.66 (n=2)		1.66 (n=2)		1.66 (n=2)		1.66 (n=2)		14.16 (n=17)		0.83 (n=1)	
3	0 (n=0)		0.83 (n=1)		0.83 (n=1)		0.83 (n=1)		4.16 (n=5)		0 (n=0)	
4	0.83 (n=1)	13.33 (n=16)	2.50 (n=3)	18.33 (n=22)	1.66 (n=2)	15.82 (n=19)	3.33 (n=4)	23.33 (n=28)	6.66 (n=8)	28.32 (n=34)	1.66 (n=2)	8.33 (n=10)
5	7.50 (n=9)		8.33 (n=10)		7.50 (n=9)		11.66 (n=14)		15 (n=18)		2.50 (n=3)	
6	5 (n=6)		7.50 (n=9)		6.66 (n=8)		8.33 (n=10)		6.66 (n=8)		4.16 (n=5)	
7	13.33 (n=16)	81.66 (n=98)	11.66 (n=14)	78.32 (n=94)	17.50 (n=21)	77.5 (n=93)	13.33 (n=16)	69.15 (n=83)	4.16 (n=5)	25.81 (n=31)	5 (n=6)	88.32 (n=106)
8	16.66 (n=20)		20.83 (n=25)		14.16 (n=17)		14.16 (n=17)		9.16 (n=11)		11.66 (n=14)	
9	20 (n=24)		20 (n=24)		18.33 (n=22)		13.33 (n=16)		3.33 (n=4)		18.33 (n=22)	
10	31.66 (n=38)		25.83 (n=31)		27.50 (n=33)		28.33 (n=34)		9.16 (n=11)		53.33 (n=64)	

| Score	2a		2b		2c		2d		2e		2f	
	% (number)		% (number)		% (number)		% (number)		% (number)		% (number)	
0	0 (n=0)	0 (n=0)	0 (n=0)	0 (n=0)	1.66 (n=2)	10.83 (n=13)	1.66 (n=2)	5 (n=6)	8.33 (n=10)	12.50 (n=15)	0 (n=0)	0 (n=0)
1	0 (n=0)		0 (n=0)		1.66 (n=2)		0.83 (n=1)		4.16 (n=5)		0 (n=0)	
2	0 (n=0)		0 (n=0)		4.16 (n=5)		0 (n=0)		0 (n=0)		0 (n=0)	
3	0 (n=0)		0 (n=0)		3.33 (n=4)		2.50 (n=3)		0 (n=0)		0 (n=0)	
4	0 (n=0)	0 (n=0)	0 (n=0)	0.83 (n=1)	0 (n=0)	2.50 (n=3)	0 (n=0)	7.50 (n=9)	0 (n=0)	4.16 (n=5)	0 (n=0)	8.33 (n=10)
5	0 (n=0)		0 (n=0)		0 (n=0)		0.83 (n=1)		0 (n=0)		0 (n=0)	
6	0 (n=0)		0.83 (n=1)		2.50 (n=3)		6.66 (n=8)		4.16 (n=5)		8.33 (n=10)	
7	0.83 (n=1)	100 (n=120)	1.66 (n=2)	99.15 (n=119)	0 (n=0)	86.66 (n=104)	9.16 (n=11)	87.50 (n=105)	12.50 (n=15)	83.33 (n=100)	4.16 (n=5)	91.66 (n=110)
8	19.16 (n=23)		13.33 (n=16)		16.66 (n=20)		17.50 (n=21)		16.66 (n=20)		0 (n=0)	
9	43.33 (n=52)		42.50 (n=51)		25 (n=30)		30.83 (n=37)		14.16 (n=17)		20.83 (n=25)	
10	36.66 (n=44)		41.66 (n=50)		45 (n=54)		30 (n=36)		40.83 (n=49)		66.66 (n=80)	

Patient Questionnaire: (1a) How do you rate the attention paid by the doctor to your disease? **(1b)** How do you rate the time spent by the doctor with you? **(1c)** Are you satisfied about treatments you are doing for psoriasis? **(1d)** How do you rate your well-being after treatment? **(1e)** Do side effects represent an obstacle to continue the therapy? **(1f)** Do you think you will consult the same physician? **Physician Questionnaire: (2a)** How do you rate the attention you have paid to the disease? **(2b)** How do you rate the time you have dedicated to the patient? **(2c)** Is the patient satisfied about the therapy? **(2d)** How do you rate the improvement on patient's well-being? **(2e)** Do contraindications and side effects influence your therapeutic choice? **(2f)** Do you think the patient will come back for next visit?

medicine" sets a strong focus on patient participation in clinical decision making.[5] Consequently, clinician's role also includes finding out patient expectations in order to help them to get the right information and supporting them in the decision-making process. The current study might therefore provide an indication
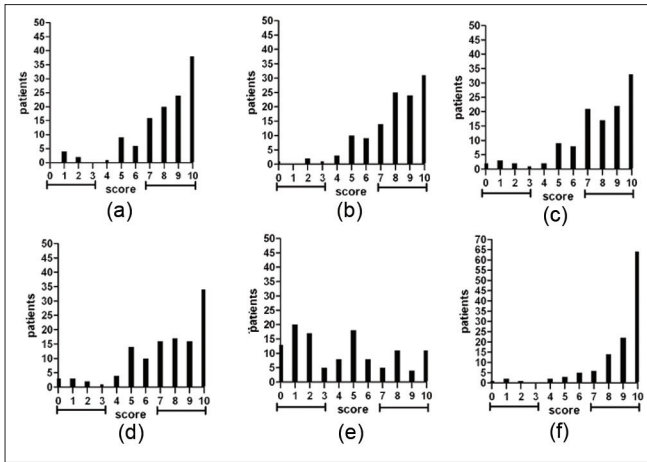
Figure 1: Patient questionnaire: (a) How do you rate the attention paid by the doctor to your disease? (b) How do you rate the time spent by the doctor with you? (c) Are you satisfied about treatments you are doing for psoriasis? (d) How do you rate your well-being after treatment? (e) Do side effects represent an obstacle to continue the therapy? (f) Do you think you will consult the same physician?
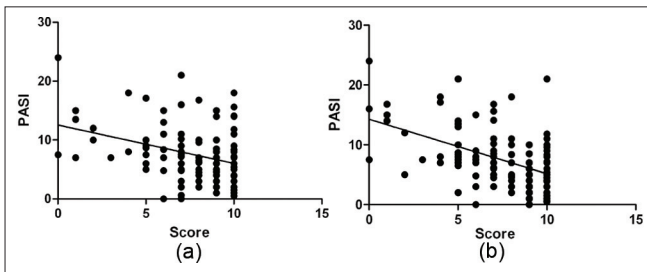
Figure 2: Correlation between Psoriasis Area Severity Index (PASI) and patient's answers: (a) Correlation between PASI and patient's answers to question no. 3 (Do you consider treatments you are doing are good enough for the severity of your disease?) (P=0.0003) (b) Correlation between PASI and patient's answers to question no. 7 (How do you rate your well-being after treatment?) (P=0.0001)

on how to direct future qualitative research in order to improve psychological and relational aspects in the management of psoriasis.

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