

## Perception and Satisfaction with Calcipotriol and Betamethasone Dipropionate PAD-Cream in Patients with Plaque Psoriasis: Results From a Survey

Paolo Gisondi<sup>1</sup>, Noemi Brigenti<sup>1</sup>, Francesco Bellinato<sup>1</sup>, Giampiero Girolomoni<sup>1</sup>

<sup>1</sup> Section of Dermatology and Venereology, University of Verona, Verona, Italy

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**Corresponding Author:** Noemi Brigenti, Section of Dermatology and Venereology, Department of Medicine, University of Verona, Italy. E-mail: [noemibrigenti@gmail.com](mailto:noemibrigenti@gmail.com)

### Introduction

Topical therapies remain fundamental in the management of chronic plaque psoriasis, both for patients with mild disease and as add-on treatments alongside systemic agents [1,2]. However, adherence to topical medications is frequently suboptimal. Factors such as texture, absorption rate, greasiness and visibility after application may influence patients' satisfaction and willingness to be adherent to topicals [3]. Fixed-dose combinations of calcipotriol and betamethasone dipropionate (CAL/BDP) have been widely used due to their synergistic therapeutic effects [4]. Over time, several formulations—including ointment, foam, and gel—have been developed. More recently, a cream based on polyaphron

dispersion (PAD) technology was introduced to improve cosmetic acceptability, ease of use and consequently adherence [5]. Real-world data on patient satisfaction with this formulation in Italy are not yet available. This study aimed to evaluate patients' perceptions and satisfaction with CAL/BDP PAD-cream in a routine clinical setting.

### Findings

This observational survey was conducted at the University Hospital of Verona between January and May 2025. Adult patients with plaque psoriasis who had used CAL/BDP PAD-cream for at least four weeks were invited to complete a structured questionnaire adapted from a previously

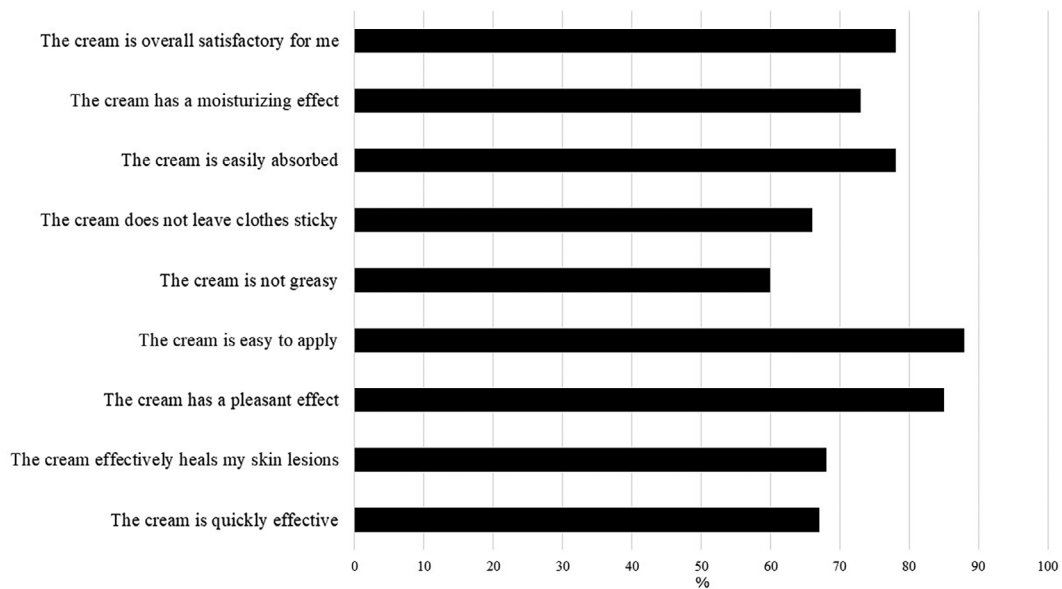
**Table 1.** Demographics, clinical data of the study population and body areas where the cream was applied, with feedback on the product's cosmetic acceptability.

|  |   |   |
|--|---|---|
| N. of patients   |   | 103   |
| Gender, male (%)   |   | 58 (56.3)   |
| Age, years (mean ± SD)   |   | 52.6 ± 17.1   |
| Psoriasis duration, years (mean ± SD)                              |   | 16.8 ± 13.7   |
| PASI (mean ± SD)   |   | 4.6 ± 2.7   |
| CAL/BDP PAD cream used as, N (%)                                   | Monotherapy<br>Combination with nb-UVB phototherapy<br>combination with oral therapies <sup>^</sup><br>combination with biologics <sup>^^</sup> | 36 (35.0)<br>6 (5.8)<br>13 (12.6)<br>48 (46.6)  |
| CAL/BDP PAD cream treatment duration, N (%)                        | <2 months<br>2-6 months<br>>6 months  | 36 (35.0)<br>32 (31.1)<br>35 (34.0)   |
| Body sites in which CAL/BDP PAD-cream has been applied, N (%)      | Scalp<br>Elbows<br>Hands<br>Arms<br>Chest<br>Back<br>Abdomen<br>Buttocks<br>Knees<br>Feet<br>Legs   | 20 (19,6)<br>64(62,7)<br>20(19,6)<br>21(20,6)<br>12(11,8)<br>34(33,3)<br>22(21,6)<br>27(26,5)<br>63(61,8)<br>12(11,8)<br>27(26,5) |
| How long did it take for the cream to dry, N (%)                   | <2 minutes<br>2-5 minutes<br>>5 minutes   | 31 (30.7)<br>41 (40.6)<br>31 (28.7)   |
| Does the cream stain clothes after application? N (%)              | Yes<br>No<br>Sometimes  | 20 (19.4)<br>75 (72.8)<br>8 (7.8)   |
| Is the cream visible after application? N (%)                      | Yes<br>No   | 14 (13.6)<br>89 (86.4)  |
| Have you applied the cream on the scalp and/or hairy areas? N (%)  | Yes (scalp and/or hairy areas)<br>No  | 48 (36.9)<br>55 (63.1)  |
| Was it easy to apply on the scalp and/or hairy areas? N (%)        | Yes<br>No   | 16 (80)<br>4 (20)   |
| Was it easy to remove it from the scalp and/or hairy areas? N (%)* | Yes<br>No   | 18 (90)<br>2 (10)   |

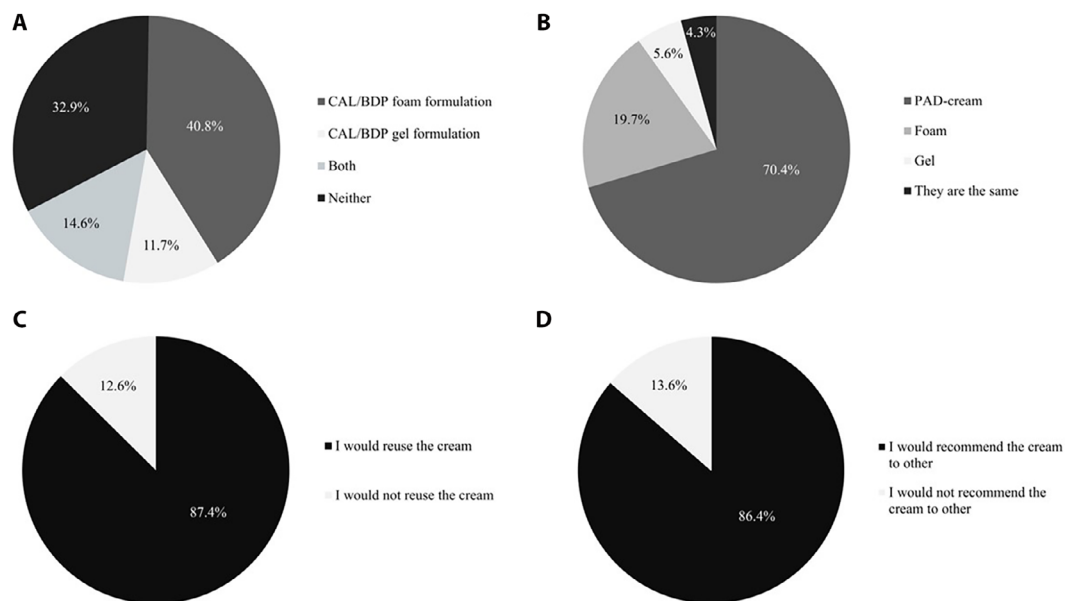
CAL/BDP PAD: calcipotriol-betamethasone combination based on polyaphron dispersion technology

<sup>^</sup> methotrexate (n=8), cyclosporine (n=3), apremilast (n=1)

<sup>^^</sup>TNF-inhibitor (n=21), IL-17 inhibitors (n=11), IL-23 inhibitors (n=7), IL12/23 inhibitor (n=9)



**Figure 1.** The proportion of patients who rated the agreement to each statement as 8-10 using a numeric rating scale from 0 (“do not agree at all”) to 10 (“completely agree”). Rounded percentages calculated based on the total number of patients who completed the survey (n=103). Abbreviations: CAL: calcipotriol; BDP: betamethasone dipropionate; PAD: polyaphron dispersion.



**Figure 2.** The proportion of patients who previously used CAL/BDP foam and/or gel formulation or neither (A); the formulation rated as more satisfying (B); the proportion of patients who would reuse CAL/BDP cream (C) and would recommend to other acquaintances (D). Rounded percentages calculated based on the total number of patients who completed the survey (n=103). Abbreviations: CAL: calcipotriol; BDP: betamethasone dipropionate; PAD: polyaphron dispersion.

validated tool [6]. Demographic, clinical characteristics and patient-reported outcomes regarding cosmetic acceptability and satisfaction were collected.

A total of 103 patients participated. Fifty-eight were male, with a mean age of 52.6 years (SD 17.1). The mean disease duration was 16.8 years (SD 13.7), and the mean Psoriasis Area and Severity Index (PASI) score was 4.6 (SD 2.7). Thirty-six patients (35%) used CAL/BDP PAD-cream as monotherapy, while the others received concomitant treatment. The cream was applied to all body areas, most commonly elbows and knees, followed by back, legs, and buttocks. Application on the scalp involvement was also frequent, and the PAD-cream was considered easy to apply on the scalp by 80% of patients and easy to remove by 90%. Patient-reported satisfaction was high. The most positively rated attributes were that the cream was “easy to apply” (88%), had a “pleasant texture” (85%), was “quickly absorbed” (78%), and provided “overall satisfaction” (78%). Among patients with prior experience using other CAL/BDP formulations (foam or gel), 70.4% perceived greater efficacy with the PAD-cream. A large majority indicated they would reuse the product (87.4%) and would recommend it to others (86.4%). Adverse events were infrequent, reported by 7 patients (6.8%), and consisted mainly of transient burning or folliculitis.

## Conclusions

In this real-world Italian cohort, CAL/BDP PAD-cream demonstrated high levels of patient satisfaction, particularly regarding cosmetic acceptability, ease of use, and perceived effectiveness. This formulation was appreciated for its ease of application, pleasant texture and rapid absorption, underscoring the importance of cosmetic characteristics in promoting adherence to topical therapy. These findings are consistent with real-world surveys conducted in other European countries [6].

The study has limitations, including its single-centre design, modest sample size, and the inclusion of patients receiving systemic therapies, which may influence perceived efficacy. However, the primary objective was to assess patient experience with the PAD-cream formulation rather than clinical effectiveness. Overall, these results support CAL/BDP PAD-cream as a patient-preferred topical option in the management of plaque psoriasis.

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