

Psoriasis

What is Psoriasis?

Psoriasis, categorized as a noncommunicable disease (NCD), is a chronic, painful, disfiguring and disabling disease for which there is no cure. It negatively impacts on patients' quality of life. It can occur at any age, and is most common in the age group 50–69 years(1). The reported prevalence of psoriasis in countries ranges between 0.09% (2) and 11.4% (3), making psoriasis a serious health concern. Psoriasis involves the skin and nails, and is associated with a number of comorbidities. Skin lesions are localized or generalized, mostly symmetrical, sharply demarcated, red papules and plaques, and usually covered with white or silver scales. Lesions cause itching, stinging and pain. Between 1.3% (4) and 34.7% (5) of individuals with psoriasis develop chronic, inflammatory arthritis (psoriatic arthritis) that leads to joint deformations and disability. Individuals with psoriasis are reported to be at increased risk of developing other serious clinical conditions such as cardiovascular and other NCDs. (6–8).

What is known about the aetiology of Psoriasis?

The etiology of psoriasis remains unclear, although there is evidence for genetic predisposition (9). The role of the immune system in psoriasis causation is also a major topic of research. Although there is a suggestion that psoriasis could be an autoimmune disease, no autoantigen that could be responsible has been defined yet. Psoriasis can also be provoked by external and internal triggers, including mild trauma, sunburn, infections, systemic drugs and stress (7).

Impact on health-related quality of life

Psoriasis causes a great physical, emotional and social burden. Quality of life in general is often significantly impaired. The most frequent symptoms of psoriasis reported by individuals are (10):

- scaling of the skin: 92%
- itching: 72%
- erythema: 69%
- fatigue: 27%
- swelling: 23%
- burning: 20%
- bleeding: 20%

There is also a significant cost to mental well-being, such as higher rates of depression (11,12). Psoriasis can affect relationships at home, school or work as well as sexual relationships. Patients are frequently stigmatized and excluded from normal social environments, including schools, workplaces and swimming pools. As a result, they often avoid social activities and commonly report experiencing loneliness, isolation, feelings of being unattractive and frustration. In patients with psoriasis, disability, lost opportunities in professional life and high treatment expenses can add to significant socioeconomic burden on an individual level. The costs of psoriasis are significant for both patients and the health care system.

Diagnosis and management of psoriasis

The diagnosis of psoriasis is usually based on the presence of typical skin lesions. There are no special blood tests or diagnostic procedures. A skin biopsy or scraping may be needed to exclude other disorders.

Treatment of psoriasis is based on controlling the symptoms. Topical and systemic therapies as well as phototherapy are available. In practice, a combination of these methods is often used. Treatment also involves reducing pain and disability from arthritis and other manifestations. The need for treatment is usually lifelong and is aimed at remission. Management of psoriasis also includes screening at regular intervals for associated diseases such as metabolic and cardiovascular disorders, as well as depression, anxiety and suicidal ideation.

Patients with psoriasis, like those with many other NCDs, often have multiple comorbidities and complex needs. The long-term management of psoriasis requires tailoring therapy to the individual. Management algorithms can be adapted to the needs of local health-care environments. Psychosocial interventions and patient education may be helpful. Ensuring a healthy diet and appropriate levels of physical activity and management of other risk factors including obesity are important elements of care. Weight reduction may enhance the efficacy of psoriasis treatment in people who are overweight. Patient empowerment is a central component of successful programmes (13), as has been demonstrated in the management of other chronic skin diseases (14).

What action is needed?

Key actions to improve the lives of people with psoriasis include:

- **Ensuring care for patients with psoriasis is included in universal health coverage schemes.** Early diagnosis and appropriate therapy give the best chance to prevent patients from unnecessary suffering, and irreversible disability. Optimum therapy also reduces societal costs of the disease.
- **Improving access to essential medicines for psoriasis.** At a minimum, public and private facilities should provide the drugs included on the WHO Model List of Essential Medicines, including systemic therapies. Universal health coverage schemes should cover the costs of these treatments.
- **Providing coordinated, people-centred care.** Services that integrate the input from multiple professionals around the needs and preferences of the individual are essential, not only to improve the lives of people with psoriasis, but also for those who suffer other chronic complex conditions.
- **Training for health professionals, especially in primary care settings.** Education on common chronic skin conditions should be included in undergraduate medical and nursing curricula and in-service training for physicians in primary care, to increase early diagnosis and prevent disability.
- **Developing standardised guidelines** for the diagnosis of psoriasis and its treatment, including collection of epidemiological data using a unified methodology.
- **Reducing stigma and discrimination.** Active steps include campaigns to raise awareness of psoriasis among the population and efforts to end discrimination of patients with psoriasis, including through anti-discrimination legislation and enforcement of existing legislation.
- **Empowering patients.** Patients' organizations have a key role in empowering people suffering from psoriasis, through creating networks to foster mutual support and exchange of experiences, and fighting discrimination against people with psoriasis. Health education, counselling and other programmes can help people with psoriasis manage their own condition.
- **Priority areas for research.** There are many unmet research needs for psoriasis, including epidemiology, etiology, association with comorbidities, treatment and ways to improve health care services. Research on new treatments should focus on options which can be applicable globally, on a large scale. There is a need for comparative effectiveness research in order to identify the benefits and efficiency of treatments.

What is WHO doing?

- The 67th World Health Assembly endorsed a resolution (WHA 67.9) on the need to raise awareness of psoriasis, and fight stigmatization.

- WHO has developed a *Global report on psoriasis* and included information about psoriasis on the WHO website to help raise awareness of the range of ways that psoriasis can affect peoples' lives. It intends to empower policy-makers with practical solutions to improve the health care and social inclusion of people living with psoriasis in their populations.

Links:

- [WHO Global report on psoriasis](#)
- [World Health Assembly resolution \(WHA 67.9\) on "Psoriasis"](#)

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