

Epidemiological and Clinical Aspects of Psoriasis in the Elderly in Malaysia

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INTRODUCTION

Psoriasis is a chronic inflammatory disease that affects the skin and in certain cases the joints. It affects 1-3% of the general population. However little information is available about psoriasis in the elderly. Furthermore, because the disease is persistent and patients with psoriasis have a similar life expectancy to the general population, prevalence of psoriasis is expected to increase with age.

OBJECTIVE

Here we aim to describe the epidemiological and clinical aspects of psoriasis in elderly

MATERIALS AND METHODS

Study design : retrospective observational study

Study sample : All psoriasis patient aged over 70 registered in Malaysian Psoriasis Registry(MPR) from January 2014 to December 2018. (n=772) Psoriasis severity assessment tools used are 1) Body Surface Area (BSA) 2)Dermatology Life Quality Index (DLQI).

Method : Data were analyzed using SPSS for descriptive analyses.

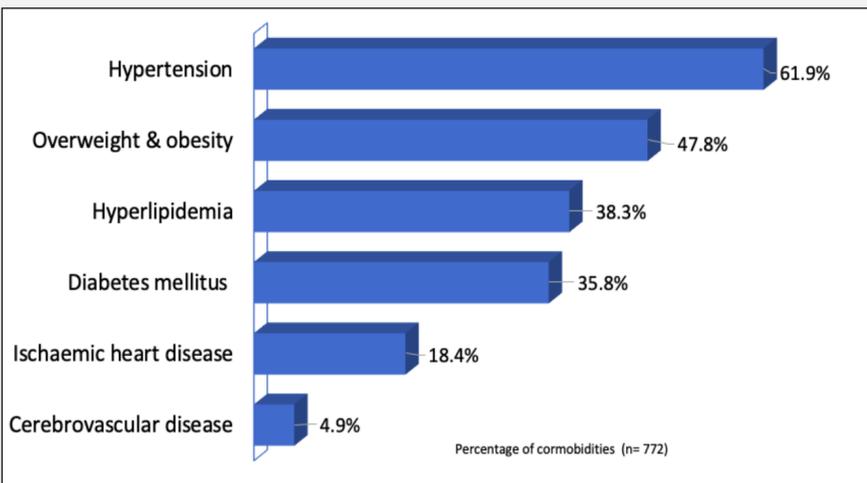
RESULTS

Table 1 : Demographic data n=772

Characteristics	n (%)
Gender	
Male	526 (68.1%)
Female	246 (31.9%)
Ethnic	
Malay	288 (37.3%)
Chinese	332 (43.0%)
Indian	90 (11.7%)
Others	62 (8.0%)
Mean age of onset	61 yo ± 15
With family history	114 (14.8%)
Types of psoriasis	
Plaque	655 (84.8%)
Guttate	8 (1.0%)
Erythrodermic	22 (2.8%)
Flexural	6 (0.8%)
Pustular	5 (0.6%)
Palmoplantar non-pustular	1 (0.1%)
Psoriatic arthropathy	73 (9.5%)
Nail involvement	423 (54.8%)

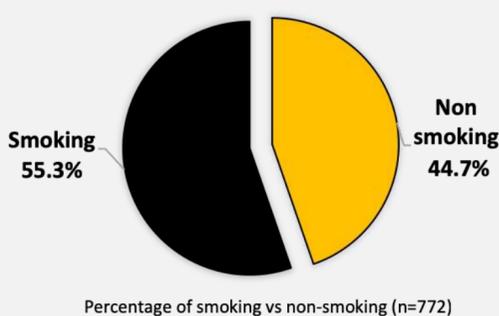
- From our study, there was a male preponderance with predominance (52.8%)¹ratio 2:1. This vary from a large scale study in France, with female.
- Plaque psoriasis constitutes the most common form of psoriasis seen in elderly patients. Few studies have found higher incidence of flexural psoriasis in elderlies, mainly contributed by friction from skin to skin, sweating, urinary and faecal incontinence with probably Koebner's phenomenon observed in these group of patients.³
- More than half of the patients had nails involvement; only 9.5% had psoriatic arthropathy.

Chart 1 : Comorbidities



- Multiple comorbidities were observed in the cohort.
- They are predisposed to polypharmacy as the result which it may aggravate the psoriasis.
- Around half of patients(47.8%) were overweight and obese.
- In our cohort, only hypertension was found to be associated with severity of psoriasis in terms of body surface area (BSA) ($p < 0.05$).

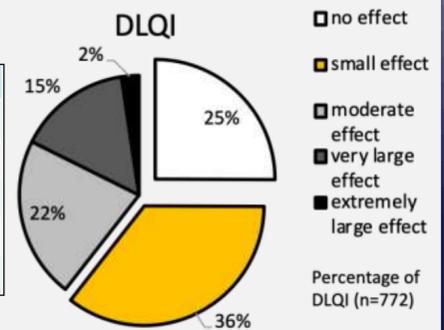
Chart 2 : Smoking history



- More than half of patients (55.3%) had smoking history. This is comparable to other studies.^{1, 5}
- Lifestyle modification includes weight loss and smoking cessation must be the part of the psoriasis treatment.

Table 2 : Psoriasis severity

Disease severity	n (%)
BSA	
<5%	311 (64.8%)
5-10%	93 (19.4%)
>10%	64 (13.3%)
erythrodermic >90%	12 (2.5%)



- Majority had mild to moderate disease (64.8% BSA<5%), only 2.5% had BSA involvement > 90%
- Regarding Dermatology Life Quality Index (DLQI), two-third of the patients (61%) reported no effect or small effect . Only 2.3% had an extremely large effect on their personal life.
- Several studies showed that quality of life is not necessarily related to disease severity. For a same clinical severity (PASI), the quality of life (DLQI) is less impaired in elderlies.⁴

Table 3 : Treatments

Treatments	n (%)
Topical therapy	685 (88.7%)
Phototherapy	8 (1.0%)
Systemic therapy	113 (14.6%)
MTX	64 (56.6%)
acitretin	38 (33.6%)
sulphasalazine	2 (1.8%)
cyclosporin	4 (3.5%)
biologics	1 (0.9%)
systemic corticosteroids	4 (3.5%)

- Majority of the patients were given only topical treatments. This is consistent with the majority of the patients having mild disease with only BSA < 5%. 14.6% required systemic therapy, and half of them on Methotrexate (56.6%), only one patient was on biologic therapy.
- Only 1% patients underwent phototherapy, this may be difficult for elderlies especially those not physically capable to stand and come to hospital regularly. Minimal erythema dose testing is recommended to ensure safe delivery of UV dosage as xerosis and pruritus may be more severe and unbearable in elderly patients.

DISCUSSION

- The prevalence of comorbidities were very high in our cohort. This could be due the old age, psoriasis, male preponderance, smoking and overweight. Severity of the psoriasis (BSA) was not significantly associated with all the comorbidities except hypertension.
- Although overall DLQI was better than expected in the elderly group, however this should be taken into consideration with other diseases burden.
- The less frequent use of systemic treatments in these patients could not only be explained by the lesser clinical and psychological severity of psoriasis but also by the reluctance of physicians to use systemic treatment because of the fragility of geriatric patients due to their comorbidities or the frequency of drug interactions.

CONCLUSION

- Managing psoriasis in elderly can be very challenging due to high prevalence of comorbidities. Thus, clinician must focus on their issues such as polypharmacy, comorbidities and psychosocial impacts.

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