Psoriasis is a chronic skin disease characterized by inflamed scaly patches and plaques with variable degree of severity. It causes significant physical, psychosocial and economic impact. The Malaysian Psoriasis Registry (MPR) is the first skin disease clinical registry under the National Dermatology Registry project. It was established in 1998 and extensively revised in 2007.

OBJECTIVES
This registry aims to study the socio-demographic characteristics, clinical manifestation, comorbidities, treatment, outcome, and quality of life issues of patients with psoriasis.

METHODOLGY
The MPR is a prospective systematic collection of data for patients with psoriasis. All patients who are clinically diagnosed to have psoriasis by registered dermatologist or by medical practitioner under the supervision of a dermatologist are included. Confirmation of diagnosis by histopathologic examination is optional. Patients whose diagnosis is in doubt are excluded.

Data are collected on the patient’s first visit to the participating centre and thereafter every 6 months during follow-up visits. The case report form consists of a clinical data form and multilingual Dermatology Life Quality Index (DLQI) forms. A centralised electronic database with a web application is implemented to facilitate online data entry.

RESULT AND DISCUSSION
During the period from October 2007 to December 2008, a total of 2,499 patients with psoriasis from 13 dermatology centres (12 government and 1 private) were notified to the registry.

Male-to-female ratio was 1:1.27.

Ethnic distribution: Malay 49.9%, Chinese 25.3%, Indian 14.6%, other ethnic groups 9.2%, foreigners 0.7%.

Mean age of onset was 33.3 ± 16.6 (range 1 - 81 years).

18.9% of the patients had family history of psoriasis. Positive family history was more common among patients with younger onset of disease (aged 40 and below) 21.7% vs 13.6%, OR 1.77, 95% CI 1.40-2.24, p<0.001. Family members affected were either of their parents (73.7%), siblings in 28.5% and children in 10.4%.

Plaque psoriasis was the commonest clinical type (83.7%). This was followed by guttate psoriasis (4.8%), erythrodermic psoriasis (3.4%), psoriatic arthritis (1.2%) and flexural psoriasis (0.6%) (Figure 1).

The majority of patients (64.2%) had body surface area involvement of 10% or less (Figure 2).

Psoriatic arthropathy was reported in 16.1% of patients. The commonest clinical pattern was oligo-monoarthropathy (45.6%) (Figure 3). Joint involvement was more common in erythrodermic psoriasis (>90% body surface area involvement) compared to patients who had less extensive skin lesions (Figure 4).

A number of patients had one or multiple concomitant diseases. Prevalence of the common comorbidities in psoriasis patients aged 18 and above were overweight 33.1%, obesity 20.7%, hypertension 25.1%, diabetes mellitus 17%, hyperlipidaemia 16.5%, and ischaemic heart disease 5.5%. Compared to the normal population, psoriasis patients had higher prevalence of diabetes mellitus (OR 2.83, 95% CI 2.51-3.19, p<0.001), obesity (OR 1.21, 95% CI 1.10-1.33, p<0.001) and obesity (OR 1.61, 95% CI 1.44-1.80, p<0.001).

Treatment for psoriasis received by the patients within 6 months prior to notification was recorded and analysed.

All patients were using topical treatment. The most popular mode of topical treatment was tar preparation (78.9%), followed by topical steroids and emollients. 4.3% of patients received phototherapy. Narrowband UVB was the most commonest phototherapy used (67.3%). Systemic therapy was required in 20.9% of patients. The most frequently used systemic therapy was methotrexate (15.6%), followed by acitretin, sulphasalazine and cyclosporin (Figure 8).

Measurement of quality of life using Dermatology Life Quality Index (DLQI) was performed in 2,244 adult patients and 180 children/adolescent patients. The mean DLQI score was 8.3 ± 6.51 (range 0 - 30) for adult patients and 7.5 ± 5.6 (range 0 - 26) for children/adolescent patients (Figure 7).

CONCLUSION
This registry provides a platform for future clinical research in various aspects of psoriasis. With a larger cohort and longer follow-up period, cost-effectiveness and outcome of various treatments as well as potential associations with other diseases can be investigated.

REFERENCES

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