

MALAYSIAN PSORIASIS REGISTRY

PRELIMINARY REPORT OF A PILOT STUDY USING A NEWLY REVISED REGISTRY FORM



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INTRODUCTION

Psoriasis is a common chronic inflammatory disease affecting the skin, nails and joints with significant physical, psychosocial and economic impact. Thus far, published reports of successful clinical registries on psoriasis are few worldwide.

The Malaysian Psoriasis Registry (MPR) is the first skin disease clinical registry in Malaysia. Pioneer efforts were started in 1998 by a group of dermatologists under the umbrella body of Dermatological Society of Malaysia, and a preliminary report was published in August 2005.

With strong financial and technical support from the Ministry of Health and Clinical Research Centre, MPR was given a new lease of life in 2007. The registry case report form was extensively revised. A total of 10 government dermatologic centres voluntarily participated in the pilot data collection.



OBJECTIVES

Primary objective:

To obtain more accurate data on various aspects of psoriasis in Malaysia.

Secondary objectives:

1. To determine the socio-demographic profiles of patients with psoriasis
2. To determine the disease burden attributed to psoriasis
3. To provide information for planning of medical services, facilities, manpower and training related to the management of psoriasis

METHODOLOGY

The MPR is an ongoing systematic collection of data pertaining to patients who have psoriasis.

All patients who are clinically diagnosed to have psoriasis by a registered dermatologist or by a 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.

The study involves collection of data on the patient's first visit to the participating centre and thereafter every 6 months on follow-up visits.

The Case Report Form consists of a clinical data form and multilingual Dermatology Life Quality Index (DLQI) forms separately for adult and children.

CONCLUSION

This pilot study provides a great opportunity to evaluate the newly revised registry form, and provides an excellent starting point for what will be a large scale nationwide continuous data collection effort.

Apart from revealing several interesting findings about psoriasis, more importantly the study helped to identify short-comings in the implementation of this registry. Our next steps should focus on resolving these issues in order to ensure greater benefit and future success of the registry.

RESULTS & DISCUSSION

This preliminary report contains the results and analysis of a three-month period from 1st Oct to 31st Dec 2007.

A total of 509 patients with psoriasis (80 new cases and 429 follow-up cases) were reported.

Male-to-female ratio: 1.26:1.

Ethnic distribution: Malays 51.1%, Chinese 26.3%, Indians 17.3% and other ethnic groups 5.3%.

In the majority of patients (59.7%), the disease onset was during the second to fourth decade of life.

Overall mean age of onset was 32.9 (range 2 – 80 years).

Females had slightly earlier onset compared to males (mean age of onset 30.2 yrs vs. 35 yrs, $t=3.255$, $p=0.001$).

21.2% of patients had at least one family member suffering from psoriasis.

Positive family history seemed to be more common in patients with younger onset of disease (aged 40 and below):

24.8% vs. 13.9% (OR=2.05, 95%CI=1.24-3.39, $p<0.01$).

The majority of patients (57%) reported one or multiple factors which aggravated their psoriasis. (Figure 1)

The commonest clinical type of psoriasis was plaque psoriasis (80.9%). (Figure 2)

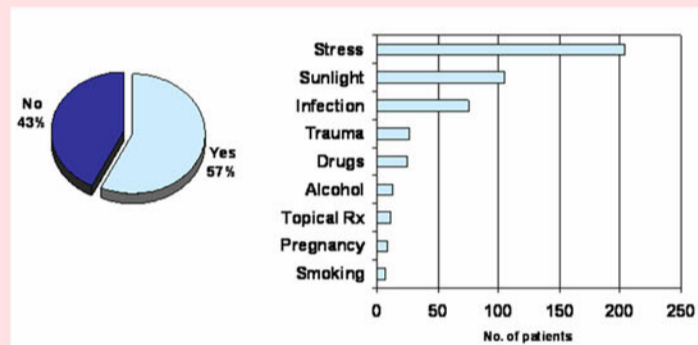


Figure 1: Aggravating factors of psoriasis

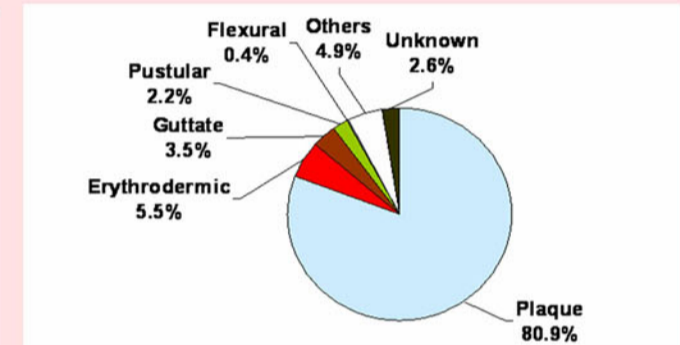


Figure 2: Clinical types of psoriasis

Psoriatic arthropathy occurred in 17.3% of patients. The commonest clinical pattern was oligo-/monoarticular type (46.6%) (Figure 4)

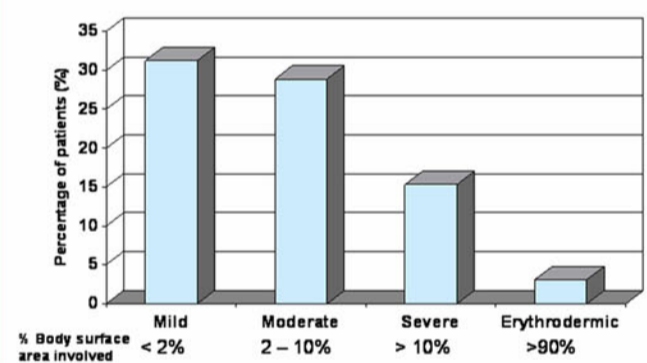


Figure 3: Extent of skin involvement in psoriasis patients

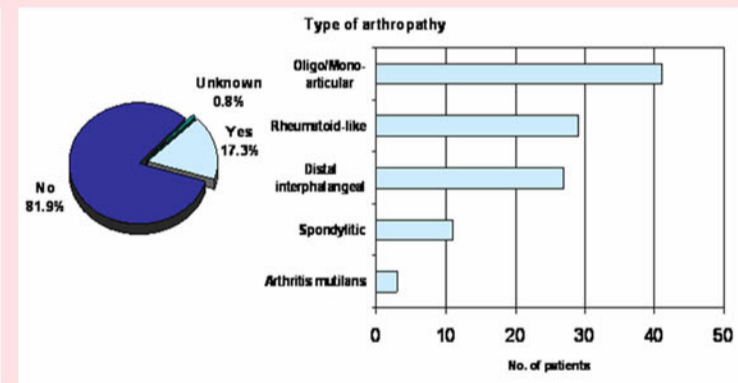


Figure 4: Joint involvement in psoriasis patients

About two-third of patients (68%) had nail changes related to psoriasis.

In adult patients (age above 18 years), the mean body mass index (BMI) was 25.8

33.6% of adult patients were overweight (BMI 25 to 29.9), and 21.3% were obese (BMI 30 and above).

These figures are high compared to the corresponding figures of 20.7% and 5.8% in normal Malaysian population.

A number of patients had one or multiple concomitant diseases such as hypertension (21%), hyperlipidaemia (16.3%), diabetes mellitus (15.3%), and ischaemic heart disease (4.9%)

Measurement of quality of life using DLQI was performed in 505 patients.

The mean DLQI score was 8.08 ± 6.29 (Min 0, Max 29)

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