

Psoriasis and the Life Cycle of Persistent Life Effects



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KEYWORDS

• Psoriasis • Physical comorbidities • Psychological comorbidities • Stigma • Life effects

KEY POINTS

- People with psoriasis suffer from multiple medical and psychological comorbidities.
- Many of the comorbidities affect patients with psoriasis at a younger age than they do the general population and can persist throughout the lives of these individuals.
- Dermatologists should be able to identify these comorbidities and facilitate intervention when appropriate.

INTRODUCTION

Psoriasis is a chronic, systemic, inflammatory disease affecting about 1% to 3% of the population worldwide.¹ Although psoriasis may occur at any age, the peak periods of onset are 16 to 22 and 50 to 60 years of age, with majority of patients developing the disease before age 40.^{1,2} Psoriasis primarily affects the elbows, knees, scalp, genitals, and trunk, but can involve any body location.³

In addition to cutaneous manifestations, psoriasis is associated with significant physical and behavioral comorbidities.^{4,5} Moreover, the visibility of the skin lesions creates a strong psychological burden involving relationships, work, social activities and overall well-being (**Table 1**).⁶ It is known that psoriasis has a serious impact on health-related quality of life (HRQL)⁷ and it has been proposed that the various physical, social, and psychological impairments may have a cumulative impact on a patient's life course.⁵ Persons with psoriasis have a greater prevalence of

comorbidities across all age groups when compared with those without.⁸ We emphasize here that some comorbidities start early in life and have implications throughout the following stages of life (**Figs. 1** and **2**). Ultimately, some comorbidities are difficult to reverse and may have serious health consequences, even if the skin disease is well-controlled. Herein, we highlight the relevant age groups most affected or affected differently than the general population.

CHILDHOOD (BIRTH TO 21 YEARS OLD)

The prevalence of psoriasis in children up to 18 years of age is approximately 0.71%, with rates increasing with age.⁹ Among children, the mean age at onset of psoriasis is between 6 and 10 years old.^{10,11} The rate of associated medical conditions in psoriasis patients under 20 years old is twice as high as those without psoriasis.⁹ Childhood psoriasis has been associated with an increased prevalence rate of hyperlipidemia (2.15), obesity

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Table 1
Social periods and physical and behavioral comorbidities affecting psoriasis patients at different life stages

Childhood	Young Adulthood	Mid Adulthood	Late Adulthood
Birth to 21 y old	21 to 35 y old	35 to 65 y old	65 to death
Hyperlipidemia	Stigma	Career	Atherosclerosis
Obesity	Relationships	Psoriatic arthritis	Chronic kidney disease
Hypertension	Pregnancy	Metabolic syndrome	Stroke
Diabetes mellitus	Tobacco use	Diabetes mellitus	Parkinsonism
Rheumatoid arthritis	Alcohol	Dyslipidemia	Malignancy
Crohn's disease	Depression	Hypertension	Mortality
Depression	Obesity	Chronic obstructive pulmonary disease	
Anxiety	Inflammatory bowel disease	Hepatic disease	
	Celiac disease		
	Nonmelanoma skin cancer		
	Myocardial infarction		

(1.70), hypertension (1.89), diabetes mellitus (DM; 2.01), rheumatoid arthritis (5.21), and Crohn's disease (3.69).⁹

Teasing, taunting, and bullying have been identified against patients with psoriasis, particularly

during adolescence, but even as early as kindergarten.¹² Prior studies have shown that being bullied and teased as a school-aged child is associated with loneliness, ostracism, and development of social phobia.^{13,14} Moreover, pediatric

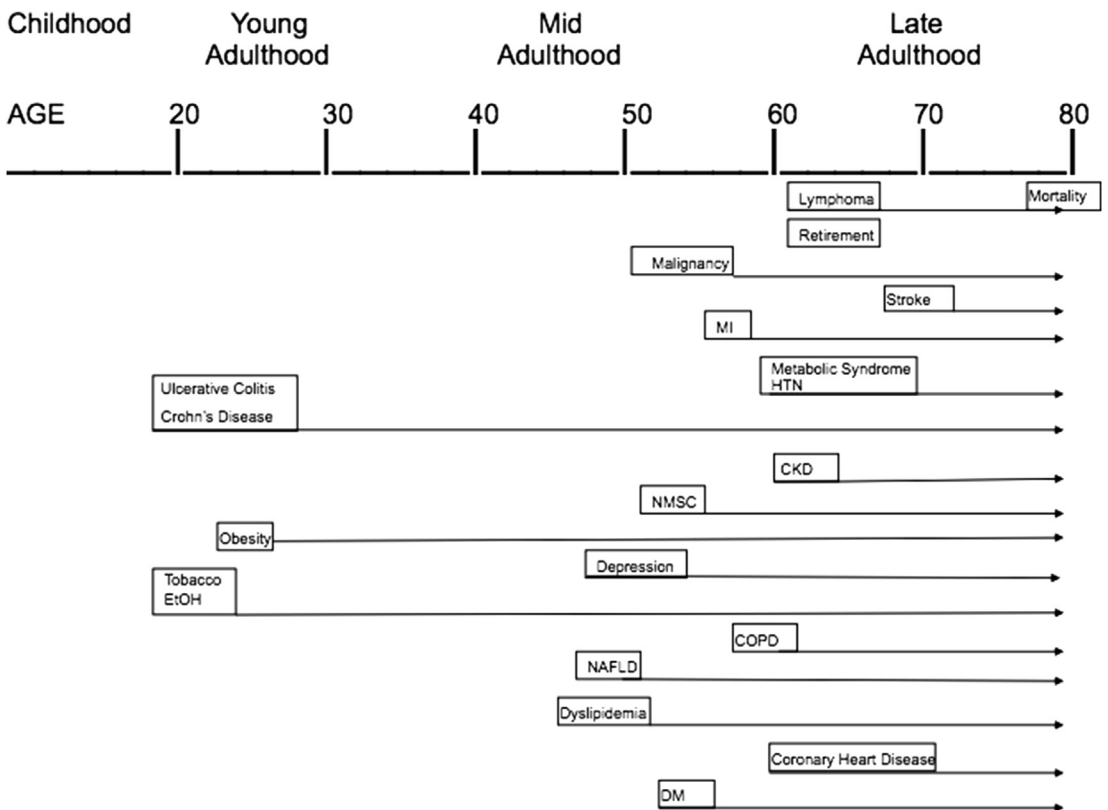


Fig. 1. Age of onset and duration of comorbidities in the general population.

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