

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/frontlines-psoriasis/examining-psoriasis-prevalence-diagnostic-differences-across-demographics/32432/>

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Examining Psoriasis Prevalence: Diagnostic Differences Across Demographics

ReachMD Announcer:

You're listening to *On the Frontlines of Psoriasis* on ReachMD.

On this episode, we'll hear from Dr. Joe Tung, a board-certified dermatologist who currently serves as the Medical Director of UPMC Falk Dermatology, Director of the Clinical Trials Unit, and Associate Director of the Dermatology Residency Program. He'll be discussing his recent study on psoriasis prevalence among adults in the United States.

Here's Dr. Tung now.

Dr. Tung:

I decided to focus my research here on psoriasis prevalence in US adults because I've always been interested in how we can use population-level data to inform patient care, clinical trials, and health policy, and I think psoriasis is a perfect example of a condition that we need to look at through this kind of lens.

We use data from the National Health Interview Survey, which is kind of the gold standard when it comes to health-related surveys in the United States. It is one of the longest running and most comprehensive health surveys, conducted annually by the CDC, and provides a really rich source of health information from a nationally representative sample. Our study included over 29,000 participants, of which almost 1,000 reported a history of psoriasis. Then we analyzed how that diagnosis was distributed across different demographics, looking at things like race, ethnicity, income, education level, and insurance status.

Overall, we found that about 3 percent of United States adults has a diagnosis of psoriasis. That translates to roughly 7.9 million people today, which really underscores how common this condition is. When we broke it down by race and ethnicity, some notable patterns emerged. For example, non-Hispanic white adults had the highest prevalence at 3.8 percent, while non-Hispanic Black adults had a much lower rate, about 1.1 percent. Hispanic adults were at 1.8 percent. What this tells us is that the diagnosis of psoriasis is not equally distributed. While some of that might be due to genetic or biological factors, it also raises important questions about access to diagnosis and care. Are certain groups being underdiagnosed? Are there barriers to seeking dermatologic care? Those are questions we really need to explore further. We also saw that people with a higher BMI had a higher prevalence of psoriasis. That aligns well with what we already know about psoriasis being linked to systemic inflammation. And beyond just prevalence rates, we looked at differences in overall health and well-being for the participants. Compared to those without psoriasis, individuals with psoriasis tended to be older, had higher BMI, and, importantly, reported significantly lower life satisfaction scores. This last piece really stood out to me. It points to the broader impact of psoriasis beyond just the skin.

In terms of the implications on clinical practice and future research directions, I think there are many key implications to think about. First, we need to recognize that psoriasis is highly prevalent, and its burden cuts across sex and socioeconomic status, but it doesn't affect all groups equally. Consistently higher rates in non-Hispanic White adults could reflect biological factors, but they also raise important flags about diagnostic disparities in other groups. If people of color are less likely to be diagnosed, is it because the disease presents differently on darker skin and providers are missing it? Is there any stigma or mistrust around seeking dermatologic care? We need to dig deeper here because underdiagnosis means undertreatment, which is a shame today, given how effective our psoriasis treatment options have become over the past few years. The associations with high BMI and lower life satisfaction also reinforce that psoriasis is not just a skin disease. It's tied closely into metabolic health, mental well-being and quality of life.

From a research standpoint, these findings really emphasize the need for more inclusive studies and tailored interventions. If we're only

designing clinical trials or public health messages around the majority demographic, we're going to miss a lot of people who are suffering in silence.

ReachMD Announcer:

That was Dr. Joe Tung talking about the characteristics and prevalence of psoriasis in U.S. adults. To access this and other episodes in our series, visit *On the Frontlines of Psoriasis* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!