

Transcript Details

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Newly Diagnosed Psoriasis Patients: Uncovering Racial Disparities in Primary Therapy

Announcer:

You're listening to *On the Frontlines of Psoriasis* on ReachMD. Today, we'll hear from Dr. Shari Lipner, who's an Associate Professor of Clinical Dermatology at Weill Cornell Medicine, about her research, titled Racial Disparities in Primary Therapy for Newly Diagnosed Psoriasis Patients, which was published in the *Journal of Drugs in Dermatology* in July 2023.

Let's hear from her now.

Dr. Lipner:

So we were interested in looking at initial therapies for newly diagnosed psoriasis patients by race, and we were prompted to do this because prior studies have shown differences by race in terms of emerging treatments for different dermatological diseases, and prior studies have also shown differential biologic treatments based on race. So to perform our study, we looked in our institution at patients who were diagnosed with psoriasis over about a 15-year period, and we looked only at initially prescribed treatments for all patients regardless of severity, as well as looking at patient demographics, and race was determined by patient self-identification. We looked at about 5,000 White patients, almost 500 Asian patients, and 400 Black patients, which is a more diverse population than many previous studies.

The main takeaways were that Black patients were more likely than Asian and White patients to receive phototherapy and systemic treatments as initial psoriasis treatment and less likely to receive topicals. Another finding was that phototherapy usage decreased over the study period at about one percent per year.

So we did uncover racial disparities in primary therapy for newly diagnosed psoriasis patients. Our study was not powered to look at why this happened, so why were Black patients more often getting phototherapy and systemics and less likely to receive topicals versus Asian and White patients. So one possibility is that there's less access to healthcare. Another possibility is that patients, as well as physicians, particularly dermatologists, may be less familiar with this presentation of psoriasis in skin of color patients.

And we found in terms of nail psoriasis, based on our prior studies, that there was underrepresentation of darker-skinned images in textbooks, training materials, and research. And when we did a study on Google searches also for nail psoriasis, we found the same thing to be true. They were mostly images of nails of White patients. And so patients, as well as physicians may not be familiar with the presentation, and Black patients may be presenting with more severe disease as opposed to Asian and White patients.

So what can we do? Well, number one, as a dermatology community and as a physician community, we should be trying to incorporate more diverse skin images into textbooks, training materials, lectures, journal articles. We should also be in clinical trials looking to report race and ethnicity so that we know what populations we're studying in these clinical trials. We also have a duty to educate patients, and so in terms of patient education materials, there should be a wide range of skin colors for different dermatologic diseases.

So by working on training materials for physicians, as well as efforts to improve public education about what psoriasis looks like in different skin colors, may lead to better patient outcomes, such that patients with psoriasis of all races and skin types will get diagnosed early with psoriasis and get the treatments that they need. Now in terms of further research, we have work to do. So further studies should look at disease severity in these patient groups, look at comorbidities, and whether these patients with psoriasis also had psoriatic arthritis.

Announcer:

That was Dr. Shari Lipner discussing her research on racial disparities in primary therapy for patients who are newly diagnosed with psoriasis. 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.