

## Background

Psoriasis affects about 2-3% of the population worldwide, although the overall prevalence of psoriasis in Asia is < 0.5%.<sup>1</sup> Scalp psoriasis is a common initial presentation of psoriasis which affects almost 80% of patients with psoriasis.<sup>2</sup>

## Method

This is a retrospective descriptive study of all psoriasis patients with scalp involvement registered in the Malaysian Psoriasis Registry (MPR) from January 2007-December 2018 (n=1671).

## Results

A total of 21859 patients with psoriasis were registered in the MPR during this period, of which scalp involvement was seen in 7.6% (n=1671) of patients. Female preponderance (61%) was observed with a majority of Malay patients (58.5%), followed by Chinese (16.9%), Indian (17.1%), and others (7.5%). A positive family history of psoriasis was seen in 22.7% (n=380) of patients. Nail changes was observed in 34.8% (n=581) of patients and 11% (n=172) of patients had psoriatic arthropathy. For treatment modalities, the mainstay was topical treatment (93.6%), followed by systemic therapy (10%) and phototherapy (0.5%). Comorbidities seen among patients with scalp psoriasis included hypertension (27.9%), obesity (26%), dyslipidemia (21%), diabetes mellitus (18.4%), ischemic heart disease (5.4%) and cerebrovascular disease (1.3%). About 23% of patients with scalp psoriasis in our study reported a Dermatology Life Quality Index (DLQI) score of >10, which indicates moderate to severe impairment. Figure 1 and 2 shows nail and joint involvement among patients with scalp psoriasis.

Figure 1

Nail involvement

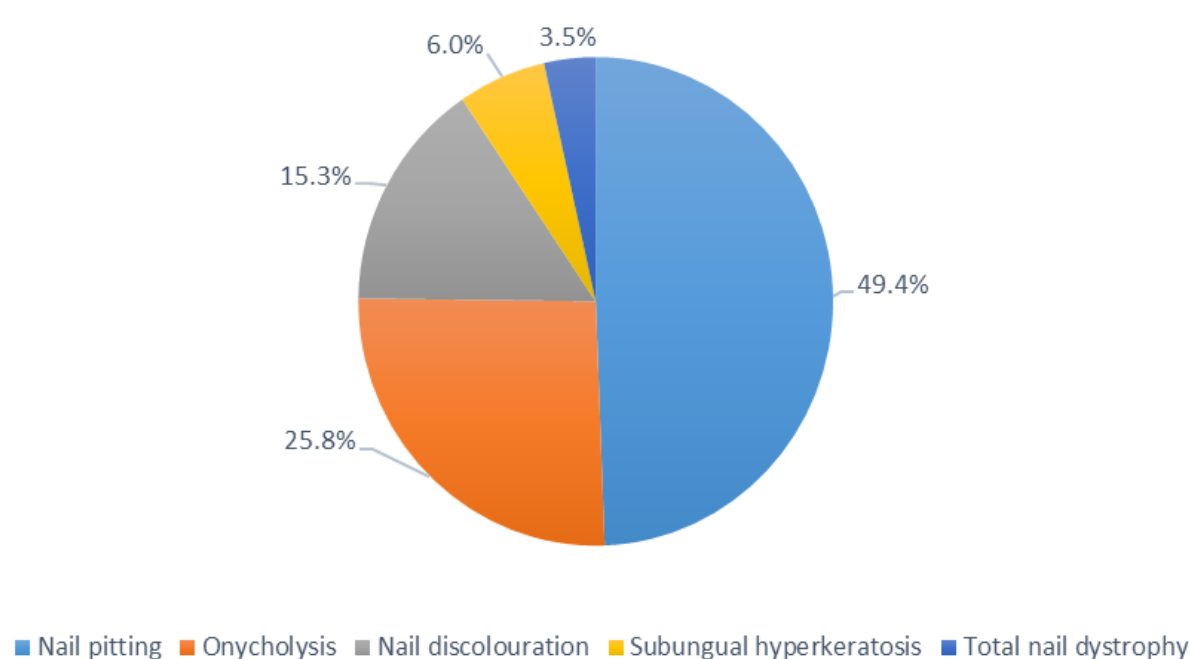
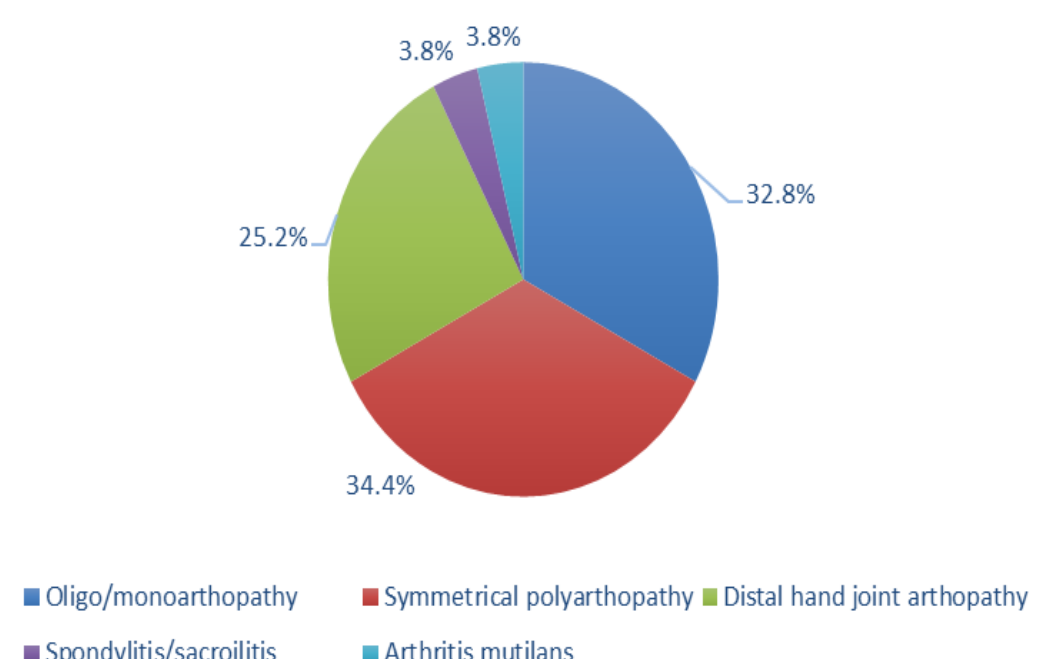


Figure 2

Joint involvement



## Discussion

The proportion of patients with nail changes in our cohort was lower than the 57.1% observed in the MPR which may be due to different screening strategies employed.<sup>1,3</sup> The risk of developing psoriatic arthropathy was increased 3.89 times among patients with scalp psoriasis and 3 times higher among patients with nail dystrophy.<sup>4</sup> Factors influencing the choice of treatment include disease severity, patient preference, prior response, and cost.<sup>5</sup> Comorbidities among scalp psoriasis patients in our cohort were similar to those from the MPR with hypertension (27.9%) the commonest.<sup>1</sup> From our study, 23% of patients reported DLQI >10, which indicates moderate to severe impairment of health-related quality of life. Scalp psoriasis is associated with significant impairment in DLQI which can be attributed to the visibility of the scalp region which is a difficult to treat area as scalp skin is relatively difficult to access, therefore reducing the efficacy of topical treatment.

## Conclusion

This study describes the demographic characteristics, clinical features, treatment modalities and DLQI among patients with scalp psoriasis in Malaysia. Demographic studies on scalp psoriasis are limited worldwide. There is a need for more demographic studies on scalp psoriasis to help improve the care and treatment for scalp psoriasis patients.

**The authors have no conflict of interest to declare.**

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