Psoriasis

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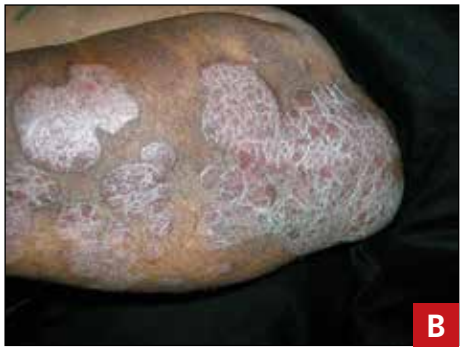

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THE COMPARISON

A Elbow and forearm with erythematous, well-demarcated, pink plaques with mild micaceous scale in a 42-year-old White woman.

B Elbow and forearm with violaceous, well-demarcated plaques with micaceous scale and hyperpigmented patches around the active plaques in a 58-year-old Black man.

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Epidemiology

Psoriasis prevalence in the United States has been estimated at 3.7%.[1-3] If broken down by race or ethnicity, the prevalence of psoriasis varies: 2.5% to 3.7% in White adults[1-4]; 1.3% to 2% in Black adults[1-4]; 1.6% in Hispanics/other adults[1-3]; 1% in children overall; 0.29% in White children[1,5]; and 0.06% in Black children.[1,5]

Key clinical features in people with darker skin tones include:

- plaques that may appear more violaceous in color instead of pink or erythematous
- higher body surface area of involvement[4] and thicker, more scaly plaques[6]
- increased likelihood of postinflammatory hyperpigmentation (PIH).

Worth noting

Although individuals of all skin tones may experience the psychosocial impact of psoriasis, quality-of-life measures have been found to be worse in those with skin of color (SOC) compared to White patients.[1,4] This may be due to the lingering PIH and hypopigmentation that occurs even after inflammatory plaques are treated. Of course, lack of access to care contributes to greater disease burden and more devastating psychological impact.

Health disparity highlight

Psoriasis may be underreported and underdiagnosed in individuals with SOC, as factors contributing to health care disparities may play a role, such as access to health care in general,[1,7] and access to clinicians proficient in diagnosing cutaneous diseases in SOC may be delayed.[8]

Biologic medications are used less often in Black patients than in White patients, despite biologic medications being very efficacious for treatment of psoriasis.[1,9,10] JFP

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