Psoriasis Linked to Psych Disorders in Children

Psoriasis patients had 32%-250% greater risk of developing anxiety, compared with controls.

BY SHARON WORCESTER

MIAMI — Children with psoriasis have a significantly greater risk of developing a psychiatric disorder than those without psoriasis, according to findings from a large, retrospective, case-control study.

Nationally representative health plan data for 7,404 children under the age of 18 years who had psoriasis found that 5.1% were diagnosed with or treated for a psychiatric disorder after health plan enrollment, compared with 4.1% of 37,020 controls.

Psoriasis patients were particularly more likely to be diagnosed with depression (3%) or anxiety (1.8%), compared with controls (2.4% and 1.4%, respectively), Carol Bao, Ph.D., said in a poster presented at the annual meeting of the American Academy of Dermatology.

For children with psoriasis, the estimated hazard ratio for developing any psychiatric disorder was 1.25, for developing depression was 1.23, and for developing anxiety was 1.32, said Dr. Bao, a senior manager at Abbott Laboratories, Chicago.

The investigators also looked at prescriptions for psychotropic medications in assessing risk for development of psychiatric disorders.

Prescriptions can be a marker for a diagnosis in cases where the prescribing physician may be hesitant to refer the patient or make a diagnosis, Dr. Bao explained, noting that this helped correct for possible underestimation of the development of psychiatric disorders and provided a risk estimate range.

When both diagnoses and prescriptions were considered, psoriasis patients had 25%-47% greater risk of developing a psychiatric disorder, 23%-62% greater risk of developing depression, and 32%-250% greater risk of developing anxiety, compared with controls, Dr. Bao said.

Patients included in the study had a mean age of 11.4 years. They were selected from a database of health plan participants who were enrolled in a plan at least 6 months before and after the first psoriasis diagnosis date (the index date), and who were followed from the index date until they were first diagnosed with any psychiatric disorder or were prescribed a drug used for the treatment of a psychiatric disorder. Any plan participant with a pre-enrollment psychiatric diagnosis or prescription was excluded.

Controls were matched to patients based on age, sex, and index date.

The findings of an increased risk of developing psychiatric disorders in case patients remained significant after controlling for age, sex, health plan, region of residence, and comorbidities, Dr. Bao noted.

The study is limited by the potential for coding and reporting errors in the data used and by lack of information on the severity of the psychiatric disorders. However, the findings do suggest that the psychiatric impact of psoriasis on children must be addressed because of the potential for both short-and long-term adverse effects.

"If we put these data in perspective, the development of psychiatric disorders at a young age can have a great impact in future adult life," she said. ■

VITALS

Major Finding: Psoriasis patients were particularly more likely to be diagnosed with depression (3%) or anxiety (1.8%), compared with controls (2.4% and 1.4%, respectively).

Data Source: A large, retrospective, case-control study of 7,404 children with psoriasis under age 18 years and 37,020 controls.

Disclosures: Abbott Laboratories sponsored the study.

Melanoma Screening Urged to Reduce Costs

BY JANE ANDERSON

Treatment for melanoma costs Medicare about $249 million annually, but effective prevention and early detection could reduce expenses by up to 60%, according to a new study.

Treatment expenses for each patient who died from melanoma totaled more than $28,000 on average from the time of diagnosis until death, according to Dr. Anne M. Seidler and her colleagues.

Policymakers should consider crafting guidelines for melanoma screening that reflect increased risks for patients older than age 65 years, they suggested.

Although relatively few elderly patients die of melanoma, per-patient expenses are particularly high in cases of advanced disease, noted Dr. Seidler, who is with the department of dermatology at Emory University in Atlanta, and her associates (Arch. Dermatol. 2010;146:249-56).

"The majority of consumption is attributable to advanced-stage disease and the terminal phase of treatment," the investigators wrote. "If all patients were diagnosed and effectively treated in stage 0 or I, we estimate that the annual direct costs for the population 65 years or older would be between $99 million and $161 million, or 40% to 65% of their current value of $249 million."

The researchers used Surveillance, Epidemiology, and End Results (SEER) data from 1,858 Medicare beneficiaries with a confirmed melanoma diagnosis and calculated cost by stage and treatment phase.

Average monthly per-patient melanoma charges were $2,194 during the initial 4 months of treatment. After this initial treatment phase, monthly costs fell to $902, but then increased to $3,933 if the cancer spread and became terminal, according to the investigators.

Total costs may be higher than found based on how much patients spent on copayments and deductibles.

A total of 263 patients died of melanoma during the 6 years studied. These patients lived an average of 26 months after diagnosis, and their care cost an average of $13,020 per year, the study reported.

Early-stage melanoma costs appeared similar to those of prostate cancer, while late-stage melanoma costs resembled those of colon cancer, which generally is more expensive to treat.

"The lack of definitive, effective therapy for melanoma, which may result in utilization of multiple chemotherapeutic agents in these later stages, likely drives up the costs," Dr. Seidler and her associates noted.

The authors reported no financial conflicts of interest. ■

New Model Doubles Nonmelanoma Skin Cancer Prevalence Estimates

BY MARY ANN MOON

Twelve to 15 million white patients living in the United States have had at least one nonmelanoma skin cancer in their lifetimes, according to estimates based on a new mathematical model.

This figure is approximately twice that of previous estimates based on patient surveys, such as the estimate calculated in the National Health Interview Study, according to Dr. Robert S. Stern of Beth Israel Deaconess Medical Center and Harvard Medical School, Boston.

These new estimates put the prevalence of a skin cancer history at a level that 'exceeds that of all other cancers diagnosed since 1975.'

This difference can be attributed in part to people often incorrectly reporting their skin cancer histories when they are surveyed, falsely believing that basal cell and squamous cell lesions are not cancerous or that all skin cancers can be considered melanoma.

Dr. Stern devised his mathematical model using the same basic data available from national samples, such as the Surveillance, Epidemiology, and End Results (SEER) studies and information from the National Cancer Institute.

His model, however, took into consideration several factors that had not been accounted for in previous estimates, such as the likelihood that patients develop numerous nonmelanoma skin cancers over the course of several years and that "a substantial proportion" of patients with melanoma also have nonmalignant skin cancers.

According to his model, "about 13 million white non-Hispanic U.S. residents (6%) have had more than 22 million nonmelanoma skin cancers" (Arch. Dermatol. 2010;146:279-82).

These estimates put the prevalence of a skin cancer history at a level far higher than that of any other cancer—prevalence that "exceeds that of all other cancers diagnosed since 1975," he added. "Recent population-based data concerning skin cancer incidence, morbidity, and cost of care are lacking for the most common types of skin cancer, [basal cell carcinoma] and [squamous cell carcinoma]."

Regarding patients' inaccurate reporting of skin cancer histories in surveys and interviews, Dr. Stern noted that many patients equate skin cancer with melanoma. "Hundreds of thousands of patients may be unnecessarily burdened with the belief that they have had a potentially lethal cancer (melanoma) when in fact they have had a skin tumor that is very unlikely to be lethal," he wrote.

In contrast, patients with breast or prostate cancer are much more likely to accurately report their cancer histories, so incidence and prevalence estimates for these tumors are much more accurate than those for skin cancer, Dr. Stern noted.

This study was funded in part by the National Institutes of Health. Dr. Stern reported being a consultant for Johnson & Johnson, Vertex, and Takeda and an expert witness for Alphapharm, Mutual Pharm, and Johnson & Johnson. ■