Need for Epidemiologic Studies of Skin Disease

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Since psoriasis is one of the most common dermatological disorders in the western hemisphere, cutaneous or noncutaneous disorders with similar rates of prevalence should be expected to occur in a considerable number of psoriatic patients. This may be specially well recognized in elderly patients where a number of disorders primarily seen in the aged (cardiovascular disease, pulmonary dysfunction, diabetes mellitus type II, joint disease) may coincide with psoriasis. On the other hand, knowledge of diseases with low incidence rates occurring in young psoriatic patients would appear to be most valuable. In fact, it would be of great importance to find disorders which normally are rather rare and which, as revealed by analyzing large patient cohorts, are found to be significantly more often associated with psoriatic skin disease. Thus, there could be diseases showing certain pathophysiologic aspects in common with psoriasis and this would be of help in answering some basic questions such as: Are epidermal skin diseases more frequently associated with psoriasis? Is there an association with dermal (e.g. fibroblast) disease? What is the role of immune response alterations? Are chronic inflammatory diseases more often associated with psoriasis?

The report by Lindegard in this issue uses a large patient data bank to find diseases presenting simultaneously with psoriasis. Data from a 10-year population survey conducted in the city of Gothenburg are analyzed by investigating the patient cohort diagnosed to be psoriatic ($n = 372$) for the presence of other diseases. As can be expected, a number of disorders were seen to be present in psoriatic patients. By their nature these diseases appear to be quite diverse, ranging from viral infections to liver cirrhosis or obesity. Also a number of disorders revealed to occur in patients with psoriasis seem to be common in a North European community. Among these the majority of affections, e.g. diabetes, alcoholism, hypertension, pneumonia and liver cirrhosis, are found in cumulative association with psoriasis in this report. In view of the fact that the majority of psoriasis patients shows early onset of disease strongly linked with HLA-CW6 [1], it would be interesting to know more about conditions associated with early onset of psoriasis.

Recent work on psoriasis has revealed

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fascinating aspects concerning the patho-physiology of this disease. A group of mediators of inflammation, above all lipox-ygenase products and complement-derived anaphylatoxins, are noted to play an important role.

The phagocytic cell system (monocyte-macrophages, neutrophils), like the effector cells, is observed to participate in various states of activation. Both the group of mediators and the inflammatory cells are similarly seen in some lung affections as well as in joint diseases and

others. Therefore identification of diseases of this type in conjunction with the psoriatic tissue reaction would be of the greatest interest.

Use of data banks is needed to closely evaluate patient cohorts showing inflammatory patterns similar to those outlined. Analysis should proceed according to patient age and, furthermore, in such work the

need to observe nonpsoriatic controls appears mandatory.

Thus data obtained from epidemiologic studies of disease association in psoriasis are definitely needed. The present report by Lindegard is of great clinical interest and provides a stimulating background for further work along these lines.

Reference

1 Christophers

E.; Henseler

T.: Characterization of disease patterns in nonpustular psoriasis. *Semin. Derm.* 4:271–275 (1985).