

DEMOGRAPHIC, CLINICAL,& PSYCHOSOCIAL DIFFERENCES IN PSORIAS

BETWEEN CAUCASIAN & ASIAN PATIENTS LIVING IN NORTH AMERICA & EUROPE

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INTRODUCTION

Psoriasis is a chronic inflammatory skin disease affecting \sim 2–3% of the global population. While ubiquitous, differences in prevalence, presentation, and treatment response exist across ethnic groups. Studies show that, among Asian populations, psoriasis may present with less severity but more pruritus, greater burden, and quality-of-life impairment than in Caucasians. Few studies have directly compared these groups within the same environment, excluding geographic or healthcare system biases. This study aimed to identify demographic, clinical, and psychosocial differences between Caucasian and Asian patients with psoriasis living in North America and Europe.

MATERIELS & METHODS

Adults (≥16 years) from 11 countries in Europe and North America were surveyed (n=25,000), identifying those with diagnosed psoriasis. Participants self-reported ethnicity and completed standardized questionnaires on demographics, symptoms, lesion sites, impacts, healthcare use, and alternative therapies. Comparative analysis between Caucasian (C) and Asian (AW: Asians in the West) patients used appropriate statistical tests, with significance at p<0.05.



This cross-sectional observational study included 534 adult patients with psoriasis, comprising 521 Caucasians and 13 Asians living in the same environment in Europe and North America. Psoriasis onset occurred at a significantly younger age among Asian patients (37.69 \pm 15.74 years) compared to Caucasians (50.47 \pm 15.46 years, p=0.007). The gender distribution was similar, with 52.5% men among Caucasians and 61.5% among Asians (p=0.583).

The distribution of lesion locations was very similar between Asians living in the West (AW) and Caucasians (C), although involvement of the nape (33.3% vs. 6.4%, p=0.019) and the face (77.8% vs. 39.9%, p=0.035) was more frequent among AW.

The prevalence of itching was lower among AW (30.77% vs. 60.08%, p=0.044), and they reported a lower itch intensity (mean 2.25 \pm 0.5) than C patients (3.99 \pm 1.93) (p<0.05).

Perception of care quality and therapeutic practices did not differ significantly between AW and C patients. The use of injectable, oral, or topical treatments was comparable between groups. Use of complementary and alternative medicine was not more frequent among AW.

The most striking differences were observed in sources of information: Asian patients were more likely to seek information from brand-sponsored websites (30.77% vs. 7.68%, p=0.017) and patient associations (15.38% vs. 1.73%, p=0.027).

The personal, professional, and psychosocial burden of psoriasis was not significantly different between the two populations. No significant differences were observed regarding experiences of fatigue, sleep disturbances, or feelings of discouragement. Relationship impacts, such as tensions within the couple or perceptions of social rejection, were also similar between the two groups, reflecting a shared experience of the psychosocial burden of dermatological disease, regardless of cultural background.

DISCUSSION

This is the first study comparing Asian and Caucasian populations living in the same environment. We established that Asian patients have a younger mean age of onset, as previously found in studies conducted outside Southeast Asia in patients with psoriasis and psoriatic arthritis. The younger mean age among Asian participants could be explained by a selection bias, as older and less acculturated individuals may have been less inclined to complete questionnaires about their skin condition. The gender distribution aligns with general epidemiological data showing an equal gender distribution in psoriasis across ethnicities. Clinically, the distribution of lesions was overall similar, as reported by Yan et al. Only one study previously reported more frequent scalp involvement among Asians. We observed a lower prevalence and intensity of pruritus among AW, contrary to another study comparing baseline symptoms in patients initiating biologic therapy, which found similar pruritus prevalence between Asians and Caucasians. The absence of differences in care perception and therapeutic strategies may be explained by the fact that all patients included were living in Western countries, where healthcare systems are more standardized. However, information-seeking behaviors differed: AW patients more often turned to brand-sponsored websites (30.77% vs. 7.68%). Studies have shown that Asian-origin patients living in the West use the internet more frequently to seek health information compared to other ethnic groups, often due to language barriers with local healthcare providers, a cultural preference for perceived culturally adapted or neutral sources, and relatively higher trust in digital resources, including commercial sites, often for reasons of confidentiality and cultural comprehension. Moreover, our study showed that AW patients also sought institutional expertise combined with experiences shared by other patients through patient associations. Finally, regarding the psychosocial burden of psoriasis, no significant differences were observed between AW and C populations, highlighting the need for empathetic and individualized care while considering ethnic specificities.

Variable	CAUCASIAN	ASIA WESTERN	p-Value
	N = 521	N = 13	
Personal gene	191 (36.66%)	6 (46.15%)	0.564
Professional gene	145 (27.83%)	6 (46.15%)	0.208
Did you feel discouraged?	174 (33.4%)	3 (23.08%)	0.559
Do you have difficulty falling asleep?	222 (42.61%)	5 (38.46%)	0.999
Do you tend to check your appearance every time you pass a mirror?	195 (37.43%)	5 (38.46%)	0.999
Do you ever feel excluded or rejected by others?	87 (16.7%)	2 (15.38%)	0.999
Do you feel that people look at you with <u>disgust?</u>	91 (17.47%)	2 (15.38%)	0.999
Do you feel like people avoid touching you?	82 (15.74%)	3 (23.08%)	0.445
Do you feel that p eople avoid coming near you?	60 (11.52%)	4 (30.77%)	0.058
Have you given up taking selfies?	80 (15.36%)	3 (23.08%)	0.436