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INTRODUCTION

Psoriasis is a chronic inflammatory disease that affects the skin, nails, and joints. Beyond its physical impact, psoriasis can profoundly affect patients’ psychosocial well-being, an aspect often neglected and underestimated by healthcare professionals. Few studies have specifically investigated the psychological burden of psoriasis among patients living in East Asia. The aim of our study is to compare the psychological burden of psoriasis between patients living in East Asia and Caucasian patients living in Europe and North America.

MATERIELS & METHODS

Representative and generalizable samples of the general population aged 16 years and older were surveyed across 20 countries: Europe (France, Italy, Germany, Poland, Portugal, Spain, Denmark; n = 17,500), North America (Canada, United States; n = 7,500), Asia (China, South Korea; n = 4,300). Patients with professionally diagnosed psoriasis were identified and selected according to self-reported ethnicity. Patients completed standardized questionnaires covering demographic data (age, sex), sensory symptoms (itching, pain, tingling, burning), lesion locations, and psychosocial burden. Statistical analysis compared Caucasian patients living in North America and Europe with Asian patients living in East Asia. Intergroup comparisons were performed using Student’s t-test or Mann-Whitney test for quantitative variables, and Chi-squared or Fisher’s exact test for qualitative variables. The significance threshold was set at $p < 0.05$.

RESULTS

This cross-sectional observational study included 668 adult patients with psoriasis, comprising 521 Caucasians (C) living in Europe and North America, and 147 Asians (A) living in East Asia. Gender distribution revealed a male predominance among Asian patients (65.31% vs 52.4%, $p = 0.007$). Psoriasis onset occurred at a significantly younger age among Asian patients (46.19 ± 14.13 years) compared to Caucasians (50.47 ± 15.46 years, $p = 0.001$). No significant differences were observed regarding anatomical distribution or the prevalence of pruritus (60.08% in Asians vs 61.9% in Caucasians; $p = 0.76$). However, Asian patients reported: ^{1°} Higher rates of personal (61.9% vs 36.66%, $p < 0.001$) and professional impairment (57.82% vs 27.83%, $p < 0.001$), ^{2°} More frequent work or school absences (26.32% vs 15.66%, $p = 0.007$) and decreased productivity (42.65% vs 22.22%, $p < 0.001$), ^{3°} Higher rates of withdrawal from social events (27.82% vs 17.27%, $p = 0.009$), ^{4°} Greater marital difficulties (40.44% vs 22.68%, $p < 0.001$), deterioration in social relationships (32.35% vs 19.19%, $p = 0.002$), and a stronger sense of absence from family life (32.59% vs 17.61%, $p < 0.001$), ^{5°} More frequent postponement of important activities (40.71% vs 27.44%, $p = 0.004$) and alteration of personal projects (28.57% vs 16.12%, $p = 0.001$).

Regarding body image, Asian patients:

- Controlled their appearance more frequently (51.02% vs 37.43%, $p = 0.004$),
- Were more reluctant to take selfies (32.65% vs 15.36%, $p < 0.001$),
- Experienced a higher sense of social exclusion (26.53% vs 16.7%, $p = 0.010$),
- Exhibited greater physical avoidance behaviors (22.45% vs 11.52%, $p = 0.001$).

		Caucasians (N=521)	Asians (N=147)	p-value
Social & Relational Impact	Relationship difficulties	110 (22.68%)	55 (40.44%)	<0.001
	Changes in social relationships	95 (19.19%)	44 (32.35%)	0.002
	Avoidance of closeness	60 (11.52%)	33 (22.45%)	0.001
Professional & Productivity Challenges	Professional discomfort	145 (27.83%)	85 (57.82%)	<0.001
	Absence from activities	75 (15.66%)	35 (26.32%)	0.007
	Less productive	108 (22.22%)	58 (42.65%)	<0.001
	Mental presence/absence at work	90 (18.71%)	59 (43.38%)	<0.001
Personal Life & Family	Postponement of important tasks	138 (27.44%)	57 (40.71%)	0.004
	Lack of time for family	90 (18.22%)	42 (32.31%)	<0.001
	Absence from family life	87 (17.61%)	44 (32.59%)	<0.001
	Lack of time for oneself	139 (26.68%)	52 (35.37%)	0.05

DISCUSSION

Our study highlights significant differences between Caucasian and Asian patients regarding the psychosocial, economic, and professional impact of psoriasis. These results emphasize the importance of considering cultural and socio-economic contexts in how disease is experienced and how it affects quality of life.

We observed that personal and professional discomfort was more frequent, supported by a Japanese study showing 3% of patients reported skin problems impacted work, 18% said career or job choice was affected, 11% experienced workplace discrimination, and 10% faced job-finding difficulties due to psoriasis or psoriatic arthritis. Economic constraints associated with psoriasis appeared more severe in Asia, evident in higher financial sacrifices for treatment and renunciation of leisure and personal projects among Asian patients. These findings also revealed a greater impact on personal and family life among Asian patients, including more marital tensions, breakdowns in social relationships, and feelings of absence within family, amplifying the economic burden. A Japanese study found 17% of patients could not bear the thought of someone touching or seeing their skin, and 14% avoided sexual relationships due to their condition. In Japan, 53% of patients reported feeling ashamed of their skin, 40% of their body, and 37% questioned the contagiousness of their disease, sometimes perceived as signs of impurity or neglect. This phenomenon may reflect particularly high aesthetic standards in some Asian cultures, where public appearance is closely linked to social status and personal success. It is important to note the significant consequences of post-inflammatory pigmentary changes (both hyperpigmentation and hypopigmentation), frequent among Asian patients after psoriasis plaque resolution, which can worsen quality of life. In Asia, it seems particularly urgent to strengthen psychosocial interventions, improve financial access to healthcare, and promote awareness campaigns to reduce social stigma related to skin diseases. However, our study has limitations: self-reported questionnaires may introduce bias, especially regarding sensitive variables like stress, body image, or risk behaviors, and cultural factors (socio-economic level, education, type of healthcare) were not systematically controlled, potentially influencing observed differences. Longitudinal and multicenter studies with a detailed evaluation of socio-economic and cultural determinants are needed to deepen these findings. This study is the first to highlight the greater psychosocial, economic, and professional burden of psoriasis among Asian patients compared to Western patients. These findings advocate for a multidimensional management approach, integrating psychological support, improved access to care, and efforts to combat social stigma, particularly in Asian populations.