PSORIASIS
Association Of Malaysia

IFPA
GLOBAL LEADER IN FIGHTING PSORIATIC DISEASE



# Psoriatic Disease & Comorbidities:

## understanding the domino effect

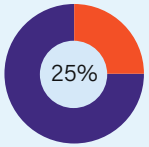
# WHAT IS PSORIATIC DISEASE

Psoriatic disease is a systemic condition affecting multiple body sites, predominately the skin, the joints, or both. Psoriatic disease is:

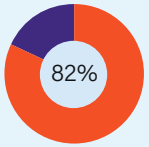
- **Chronic**: Psoriatic disease cannot be cured, and the disease can periodically relapse.
- **Noncommunicable**: Psoriatic disease is not contagious.
- **Painful**: Chronic inflammation leads to pain, especially joint and back pain.
- **Disfiguring**: Psoriatic disease, especially in its severe forms, can cause permanent disfigurement.
- **Disabling**: If left untreated or if treated inadequately, the chronic joint inflammation can lead to permanent disability.
- **Inflammatory**: Psoriatic disease is an immune-mediated disease where chronic inflammation causes damage in multiple body sites and may contribute to depression.



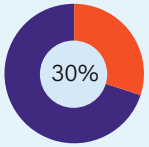
## PEOPLE LIVING WITH PSORIATIC DISEASE



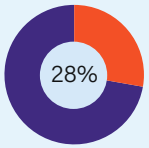

struggle with **depression**



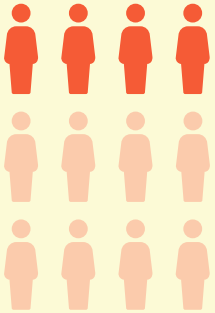

experience **stigma** and discrimation




are not satisfied with current **treatment options**

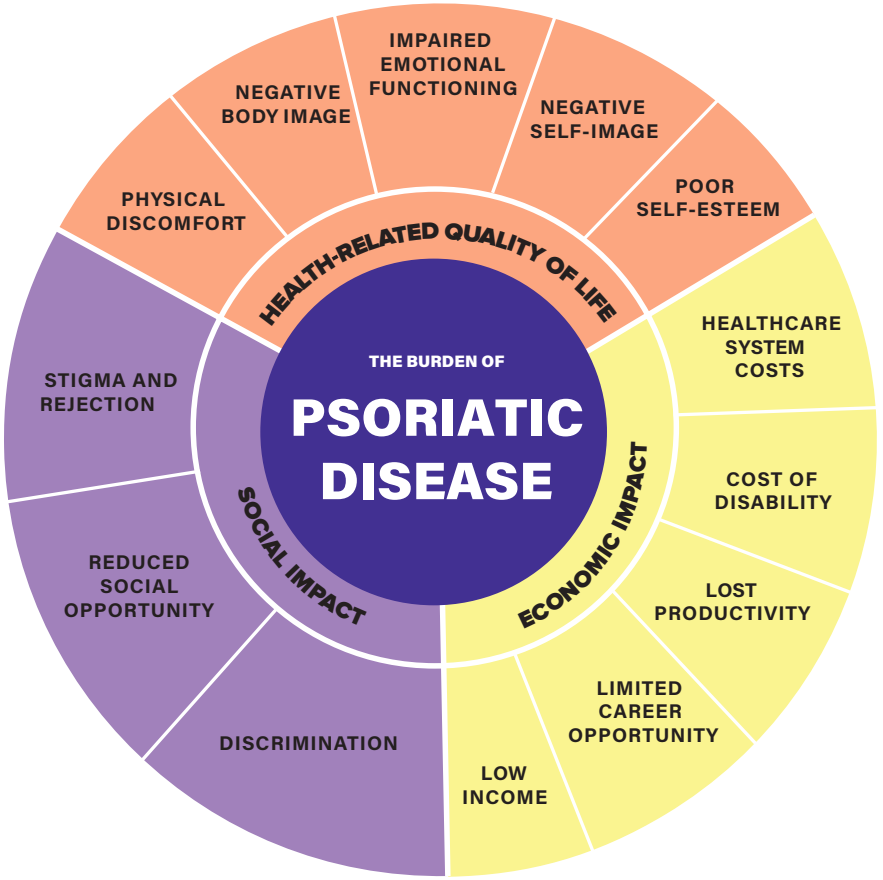



say their psoriasis prevented them from **working or studying**



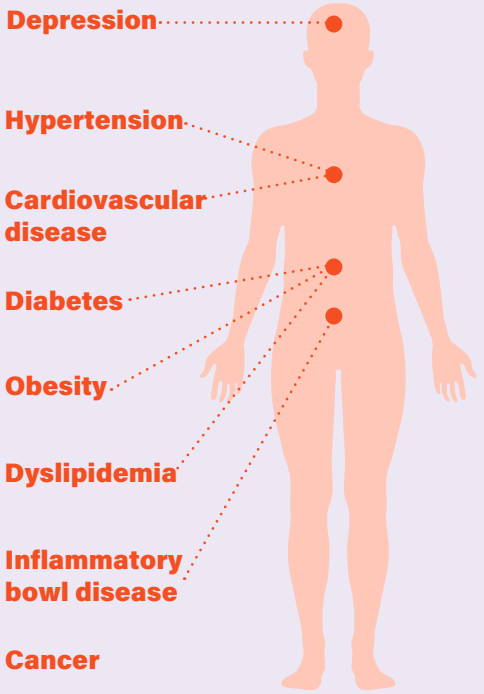
**A third of people** with skin manifestations of psoriatic disease (psoriasis) will develop a type of inflammatory arthritis affecting joints and tendons (psoriatic arthritis). In some people, joint symptoms develop before the skin lesions.

**60 M+** At least 60 million people live with psoriatic disease worldwide.






**People with psoriatic disease have an increased risk of developing other noncommunicable diseases (comorbidities):**




REFERENCES
1. Armstrong AW, Bohannan B, Mburu S, et al. Patient Perspectives on Psoriatic Disease Burden: Results from the Global Psoriasis and Beyond Survey. Dermatology. 2023;239(4):621-634. doi:10.1159/000528945
2. "Image Matters." Psoriasis. Media Planet, October 2007, pg. 5.
3. .Parisi R, Iskandar I Y K, Kontopantelis E, Augustin M, Griffiths C E M, Ash croft D M et al. National, regional, and worldwide epidemiology of psoriasis: systematic analysis and modelling study
BMJ 2020; 369 :m1590 doi:10.1136/bmj.m1590

Visit **ifpa-pso.com** for more info.

# DIABETES

People with psoriatic disease are **twice as likely** to develop type-2 diabetes. The odds increase with the severity of psoriatic disease.

**To reduce the risk of diabetes and improve psoriatic disease:**



Reduce tobacco use



Promote healthy diet



Promote physical activity



**Benefits of screening and preventing diabetes in people with psoriatic disease**

- Proper treatment of diabetes **alleviates the additional burden** of living with multiple chronic conditions while improving psoriatic disease itself
- Diabetes prevention translates to a lower cost for the individual and **less time taken off work** to attend doctors' appointments
- Health systems can **reduce the costs** associated with managing multiple comorbid conditions on top of psoriatic disease

# OBESITY

People living with psoriatic disease are **more likely** to have obesity or higher weight compared to people without psoriatic disease. **The odds of having obesity increase with the severity of psoriatic disease.**

Some medications for psoriatic disease are **less effective** if the person has obesity

**Weight reduction may reduce the severity of psoriatic disease** and may cause treatments for psoriatic disease to start working or work better.

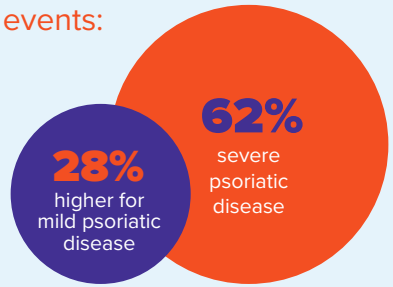




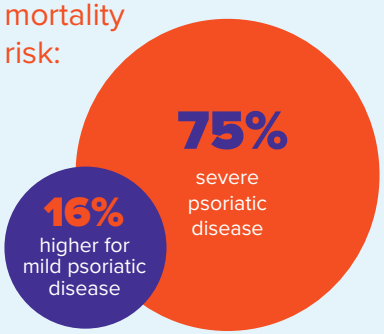
# CARDIOVASCULAR DISEASE (CVD)

People living with psoriatic disease are at a **higher risk for developing CVD** than people without psoriatic disease. The risk increases with the increase in severity.

Increased risk for major cardiovascular events:




Increase in CVD-caused mortality risk:

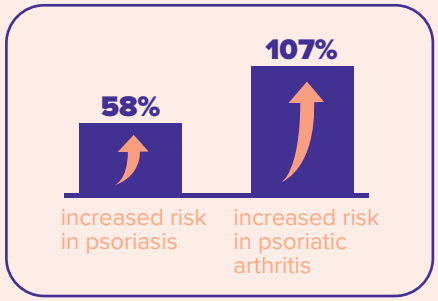



People with psoriatic disease are more likely to need multiple anti-hypertensive medication to **control blood pressure.**



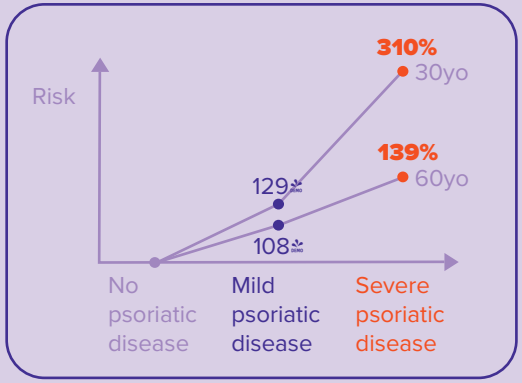


Psoriatic disease is associated with a higher prevalence of **hypertension**, a risk factor for CVD.

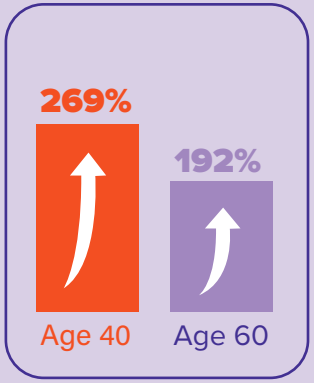



The risk for cardiovascular-related events and death is **higher in younger people**.

Risk for myocardial infarction




Risk for death



# Recommendations

Inform people living with psoriatic disease about the importance of **lifestyle changes** such as weight reduction and smoking cessation to prevent diabetes, and support them in implementing these lifestyle changes

Perform **routine screening** for diabetes and CVD in people with psoriatic disease, such as glucose and cholesterol levels, blood pressure

Implement **information programs** on common psoriatic disease comorbidities, including diabetes and CVD, for people living with psoriatic disease

**Increase the knowledge** and capacity of health care professionals, especially in primary care

Ensure **continuity of care** for psoriatic disease and its comorbid conditions in times of health emergencies

Check out the reports “Inside Psoriatic Disease: Diabetes” and “Inside Psoriatic Disease: Cardiovascular Disease”



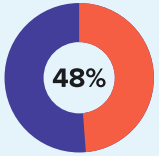


# MENTAL HEALTH

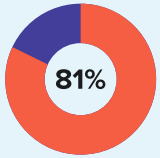
**1 in 10**

people with psoriatic disease is diagnosed with **depression** worldwide

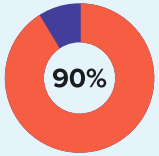
Caregivers are subject to an added burden, as they hold the responsibility to care for the person living with psoriatic disease, however they do not have enough know-ledge or information on how to do it, and **often neglect them-selves and their own well-being.**




people with psoriatic disease have **anxiety**




report that the disease has an **impact on their relationship**




of **family members** report that psoriatic disease affects their own quality of life and well-being



4 in 5 people have experienced **stigma and discrimination**

## Recommendations

**Early diagnosis** and proper treatment save lives. Having psoriatic disease diagnosed early and well managed makes a great difference for mental health and well-being.

**People** are more than a collection of symptoms. Medical consultations should include time to talk about mental health.

**Invest in mental health**. The inclusion of mental health services in health programs for noncommunicable diseases will improve the care for people with psoriatic disease.

**Caregiver and family members support** and education would reduce the feelings of anxiety and worry, and provide them with tools and strategies for selfcare.

Check out the reports “Inside Psoriatic Disease: Mental Health” and “Inside Psoriatic Disease: Family”.

# PSORIASIS IN MALAYSIA:

## A CHRONIC AUTOIMMUNE DISEASE THAT IS MORE THAN JUST SKIN DEEP

## ABOUT 300,000 PEOPLE
AFFECTED IN MALAYSIA

- Adult Male to Female ratio: **1.2:1;**
- Malays- **59.4%**; Chinese -**17.8%**; Indians -**14.6%**; others -**8.2%**
- Mean age for onset for adult patients: **34.1 years**;
- Family history present in **24.6%** of adult patients;
- Main aggravating factor for adults (66.9%): **STRESS**

### Effects on Quality of Life
Psoriasis goes beyond appearance-even mild symptoms can deeply affect daily life:-

1. Depression
2. Social isolation
3. Reduced ability to work
4. Anxiety

### MYTHS ABOUT PSORIASIS
**Learn About Common Myths And Misconceptions**

1. **IT'S CONTAGIOUS**
FACT: Psoriasis is NOT contagious. In fact, it is an autoimmune disease. You cannot get it from skin contact and the lesions are not infectious.

2. **IT'S Skin Deep**
FACT: People with psoriasis are at a greater risk of developing health conditions such as depression, cancer, arthritis, and diabetes.

3. **You can't treat it**
FACT: Symptoms of the condition can be kept at bay with the right medication and healthy lifestyle changes.

4. **It's Caused by bad hygiene**
FACT: Psoriasis is not something you catch or can cause by engaging in a specific behavior.

5. **It's an adult disease**
FACT: According to the National Psoriasis Foundation, approx. 20,000 children under the age of 10 are diagnosed every year.

### Psoriasis symptoms and co-morbidities

**Physical syptoms**




**co-morbidities**




UP TO 30% of people with psoriasis are affected by psoriatic arthritis

### LOW ACCESS TO BIOLOGICS TREATMENT

| Country | % Receiving biologics |
|---|---|
| Singapore | 71% |
| Hong Kong | 55% |
| South Korea | 37% |
| USA | 20% |
| Germany | 11.23% |
| UK | 9.2% |
| Malaysia | 4.4% |

### 3 Biggest Treatment Challenges

**53%** High financial burden due to treatment and medication > **49%** Ineffective treatment > **39%** Inconvenient/unacceptable waiting time to see a healthcare provider

Source : The 12th report of the Malaysian Psoriasis Registry,2020-2022 & Google



# Advancing Psoriatic Disease Care in Malaysia

## Parliamentarians:
## End the Neglect of Psoriatic Disease in Malaysia

### Call to Action for Parliamentarians

Psoriatic disease, including psoriasis and psoriatic arthritis, affects 2–3% of Malaysians and is linked to serious comorbidities such as heart disease, diabetes, and joint damage. Despite its significant impact, it remains underdiagnosed, misunderstood and poorly managed in the country. Patients are paying the price with their health, livelihoods and dignity.

### Key Challenges

- Delayed diagnosis & mismanagement especially in rural areas due to lack of training among frontline providers and lack of specialist
- Limited access to effective treatments especially biologics. Only 4.4 % of patients in Malaysia received biologics ( vs 71% in Singapore)
- Stigma & public misunderstanding, causing social isolation, job insecurity, mental distress and discrimination
- Lack of holistic, multidisciplinary care involving dermatology, rheumatology, mental health and others
- Inadequate insurance coverage leaving patients to bear high out-of-pocket costs

### Why This Matters

**Economic cost**
- Productivity loss and increased higher healthcare spending.

**Social cost**
- Stigma affecting education, employment, family life.

### What Parliamentarians Can Do?

1. Recognize psoriatic disease as a systemic and chronic condition within national health strategies.
2. Ensure equitable access to effective, advanced therapies.
3. Promote early diagnosis by investing in training for GPs and rural healthcare workers.
4. Combat stigma through education campaigns and anti-discrimination policies.
5. Support integrated, patient-centered care involving multidisciplinary teams.
6. Expand insurance coverage to include psoriatic disease and advanced treatments.
7. Strengthen the Malaysian Psoriasis Registry (MPR) enhance data quality and support more effective policy-making.

### Your Role, our Future

*Your leadership can:*

- Improve the lives of thousands of Malaysians;
- Reduce long-term healthcare and economic burdens;
- Help build a more inclusive, healthier Malaysia

PSORIASIS
Association Of Malaysia


Psoriasis Association of Malaysia

psoriasis_malaysia

https://www.psoriasismalaysia.org/

hi@psoriasismalaysia.org