

# Psoriasis in elderly patients: epidemiological and clinical aspects, and evaluation of patients with very late onset psoriasis.

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Age of patients, and age of onset of psoriasis may have an impact on the disease. There is little information about psoriasis in elderly patients.

## Objective

We evaluated epidemiological, clinical aspects, comorbidities and treatments of psoriasis in the elderly ( $> 70$  y) patients, and in patients with very late onset psoriasis (onset  $\geq 70$  y).

## Methods

This observational multicentre non interventional study of adults with psoriasis was conducted in 29 departments of dermatology in France. 2,210 adults with psoriasis were included (1).

# Results

	<70 years n = 1998	≥70 years n = 212	P-value
Mean age (year), mean ± SD	45.7 ± 13.0	77.1 ± 5.6	<0.0001
Male, n (%)	1143 (57.2)	100 (47.2)	0.005
Age of onset (year), mean ± SD	28.6 ± 15.0	55.7 ± 20.8	<0.0001
Familial psoriasis, n (%)	812 (41.4)	57 (27.3)	<0.0001
Main clinical aspect of psoriasis, n (%)*			
Plaque psoriasis	1500 (80.1)	137 (67.8)	<0.0001
Palmoplantar psoriasis	115 (6.1)	16 (7.9)	0.32
Scalp psoriasis	65 (3.5)	11 (5.4)	0.14
Guttate psoriasis	53 (2.8)	13 (6.4)	0.005
Pustular palmoplantar psoriasis	51 (2.7)	3 (1.5)	0.29
Inverse	27 (1.4)	16 (7.9)	<0.0001
Psoriatic arthritis, n (%)	384 (21.6)	35 (19.4)	0.49
Treatment before inclusion, n (%)			
Systemic	1061 (54.0)	78 (37.9)	<0.0001
Biological	387 (19.7)	30 (14.6)	0.06
Treatment at inclusion, n (%)			
Systemic	684 (35.9)	67 (33.2)	0.44
Biological	650 (34.1)	33 (16.3)	<0.0001
Comorbidities, n (%)			
Obesity	475 (23.9)	63 (30.1)	0.06
Diabetes	194 (9.7)	47 (22.4)	<0.0001
Dyslipidaemia	499 (25.2)	102 (48.6)	<0.0001
Hypertension	444 (22.3)	130 (61.6)	<0.0001
MACE	104 (5.2)	42 (19.8)	<0.0001
Tobacco	696 (35.1)	17 (8.0)	<0.0001

**Table 1** Epidemiological, clinical characteristics, treatments and comorbidities of psoriatic patients according to age of patients

- 9.5% patients were elderly with:
- a higher frequency of females, a later onset of the disease
  - a lower frequency of familial and plaque psoriasis
  - a higher frequency of guttate and inverse psoriasis
  - more frequent hypertension, diabetes, dyslipidemia, and MACE, but not tobacco
  - A lower use of systemic and biological therapies

	Onset < 70 years n = 149	Onset ≥ 70 years n = 58	P-value
Mean age (year), mean ± SD	75.9 ± 5.2	80 ± 5.7	<0.0001
Male, n (%)	75 (50.3)	23 (39.7)	0.02
Age of onset (year), mean ± SD	47.3 ± 17.9	77.2 ± 5.5	<0.0001
Familial psoriasis, n (%)	48 (32.9)	9 (15.5)	0.02
Main clinical aspect of psoriasis, n (%)*			
Plaque psoriasis	103 (72.5)	30 (54.5)	0.02
Palmoplantar psoriasis	10 (7.0)	6 (11.1)	0.56
Scalp psoriasis	8 (5.6)	3 (5.5)	0.95
Guttate psoriasis	9 (6.3)	4 (7.3)	0.81
Generalized pustular psoriasis	1 (0.7)	3 (5.5)	0.12
Inverse	8 (5.6)	6 (12.5)	0.09
Joint involvement, n (%)	29 (22.8)	6 (12.5)	0.11
Treatment before inclusion, n (%)			
Systemic	66 (44.9)	11 (20.4)	0.0007
Biological	26 (17.7)	4 (7.4)	0.05
Treatment at inclusion, n (%)			
Systemic	50 (43.7)	15 (28.3)	0.28
Biological	30 (20.8)	3 (5.7)	0.008
Comorbidities, n (%)			
Obesity	48 (32.7)	11 (19.3)	0.06
Diabetes	34 (23.1)	10 (17.2)	0.38
Dyslipidaemia	75 (51.0)	25 (43.1)	0.35
Hypertension	95 (64.2)	31 (54.3)	0.17
MACE	31 (21.8)	8 (13.8)	0.22
Tobacco	11 (7.4)	6 (10.3)	0.49

**Table 2** Epidemiological, clinical characteristics, treatments and comorbidities of psoriatic patients according to age of onset

2.7% patients had late onset psoriasis with:

- a higher frequency of females and older patients
- a lower frequency of familial and plaque psoriasis
- A lower use systemic and biological treatments
- a lower tendency of obesity, diabetes, dyslipidemia, hypertension and MACE

# Conclusion

In this study, familial psoriasis seems to be less frequent in elderly patients and in patients with late onset psoriasis.

This study highlights phenotypic features of psoriasis in elderly which look like child psoriasis with a higher frequency of guttate and inverse psoriasis.

The management of these fragile patients remains poorly codified and needs further investigation,

For more information:

Phan C, Sigal ML, Estève E, Reguiai Z, Barthélémy H, Beneton N, Maccari F, Lahfa M, Thomas-Beaulieu D, Le Guyadec T, Vermersch-Langlin A, Mery-Bossard L, Pallure V, Kemula M, Labeille B, Beauchet A, **Mahé E**, and the *GEM RESOPSO*. Psoriasis in the elderly: epidemiological and clinical aspects, and evaluation of patients with very late onset psoriasis. *J Eur Acad Dermatol Venereol* 2014 [Epub ahead of print]