

## Factors predicting pruritus in psoriasis

### Facteurs prédictifs du prurit dans le psoriasis

Psoriasis is a common immune-mediated skin condition. Long considered non-itchy, it is currently well established that pruritus is a major sign, whose levels may be affected by a range of variables. Published data on pruritus in psoriasis is limited. The aim of this study was to evaluate the frequency of pruritus and identify factors predicting pruritus in patients with psoriasis. We analyzed data of psoriatic patients diagnosed in our department of Dermatology at Ibn Sina Hospital in Rabat between January 2007 and December 2016 collected retrospectively. Data were collected from 59 patients with a mean age of 42.8 years, of whom 57,62% were male. Thirty-five patients reported experiencing pruritus (59.3%) with varying frequencies (37% severe, 40% moderate and 22,9% mild). No significant relation was found between pruritus and age, gender, educational status, marital status or comorbidities. Obese patients seemed less likely to have pruritus ( $P = 0.03$ ). Psoriasis vulgaris was the predominant form (71.1%) followed by erythroderma (15.3%), pustular (10.2%) and the inverse forms (3.4%). A significant relation existed between clinical type of psoriasis and pruritus: the erythrodermic ( $P = 0.048$ ) and pustular (0.038) forms. The average skin area reached was estimated at 43% and the average PASI score at 20.6. Reported pruritus was related to overall psoriasis severity: PASI > 15 ( $P = 0.01$ ) and cutaneous area > 70% ( $P = 0.04$ ).

Although psoriasis is defined as a non-pruritic skin disease, recent studies reported that pruritus is a very common cause of morbidity in psoriasis. Published data on both prevalence and clinical manifestation of pruritus in psoriasis is limited and the results are contradictory. We found a relatively high prevalence of pruritus in psoriatic patients (59.38%), but our rate was lower than that reported in previous studies in which Pruritus is observed in about 70–90% of patients with psoriasis [1–3].

We evaluated the relation between sociodemographic variables, comorbidities and pruritus, but detected no differences. Like in our study, Szepietowski et al. and other authors reported that pruritus was not related to the age or gender of the patients [2]. Results of Prignano's study indicated that prevalence and

intensity of pruritus were correlated with BMI [3]. In our study, obese patients seemed less likely to have pruritus. Our results suggested that the presence of pruritus was related to clinical type of psoriasis, mostly the erythrodermic and pustular forms, in contrary with a few studies [2,4].

Another finding from our study is that pruritus was correlated with the severity of the reached skin area and higher PASI score. This finding remains in accordance with reports of Singh et al. and some other authors who found pruritus intensity or frequency [1] to be related to psoriasis severity [2,4]. Prignano et al., as well as other authors, failed to find such a relationship [3].

It is well known that psychiatric diseases have been associated with pruritus. Although, itch severity has been found to be mediated by stress and anxiety and may be exacerbated by the scratch–itch cycle [2]. Remröd et al. found that patients with psoriasis and severe pruritus had high associated depressive scores [5]. In our study we identified only 7 (11.8%) patients who reported depression. Due to the sociocultural characteristics of our country, patients tend to hide their diagnoses of psychiatric disorders such as depression.

This study has demonstrated that pruritus is very prevalent among psoriasis patients and yielded several clinically relevant findings concerning factors predicting pruritus in patients with psoriasis. Dermatologists should be aware of the presence of pruritus in their patients when deciding upon therapeutic approaches for psoriasis.

**Disclosure of interest:** the authors declare that they have no competing interest.

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