BRIEF REPORT

Psoriasis among Sarawakian natives in a tertiary skin centre in Sarawak

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ABSTRACT

A prospective cross-sectional study was done between December 2007 and June 2009 in the skin clinic, Sarawak General Hospital, to determine the clinical characteristics of 138 Sarawakian natives with a clinical diagnosis of psoriasis. Women made up 50.7% and the mean age of the patients was 45.2 years. Of the group, 94.2% had chronic stable plaque psoriasis, 86.9% had a body surface area involvement of less than 10%, 60.9% had nail disease, 22.5% had joint disease and 55.1% had minimal effects to their quality of life because of their psoriasis.

Key words: psoriasis, Sarawakian natives, quality of life, clinical characteristics.

INTRODUCTION

Sarawak is a state in East Malaysian Borneo populated by 2.4 million people.1 Chinese, Malays, Indians and Sarawakian natives make up the population. Among the native groups, Ibans constituted the majority, comprising 29% of the total population, followed by Bidayuhs with 8% and other ethnic groups with 15%.1 They are distinguished by their language and socio-cultural differences. There is only one government-owned skin clinic in the whole state, situated in Kuching. Chinese make up the majority of patients attending this clinic with a clinical diagnosis of psoriasis.1

METHODS AND RESULTS

This is a prospective cross-sectional study done between December 2007 and June 2009 in the skin clinic, Sarawak General Hospital. This is part of the Malaysian Psoriasis Registry.2 The aim is to determine the clinical characteristics of Sarawakian natives with a clinical diagnosis of psoriasis. The approval for this study was granted by the ethics committees of both the local institution and the National Institute of Health, Malaysia. The approval for use of the Dermatology Life Quality Index (DLQI) was granted by Professor Finlay for the Malaysian Psoriasis Registry.2,3 All the Sarawakian natives attending the skin clinic with a clinical diagnosis of psoriasis were invited to participate in this study. Data on the demographics, clinical pattern, nail and joint involvements and the DLQI were obtained from patients who volunteered for the study.4,5 The extent of skin involvement was assessed using body surface area (BSA). The presence and extent of joint disease was assessed by a local rheumatologist. The DLQI used was the validated Malay-Singapore version because most of the natives could communicate in the Malay language.

A total of 520 patients was seen during the study period. There were 196 (37.7%) Chinese, 178 (34.2%) Malays, 138 (26.6%) Sarawakian natives and eight (1.5%) Indians. All 138 native patients volunteered for the study. Bidayuhs constituted 56.5% (n = 78), followed by Ibans 40.6% (n = 56), Kenyah 1.5% (n = 2), Lumbawang 0.7% (n = 1) and Kelabit 0.7% (n = 1). This corresponded to the racial breakdown of the clinic population.

Women made up 50.7%. The mean age of the patients was 45.2 ± 16.43 years, ranging between 11 and 80 years. Chronic stable plaque psoriasis was the major pattern seen. It was detected in 130 (94.2%) patients, followed by erythrodermic psoriasis in seven (5.1%) patients and localized pustular psoriasis in one (0.7%) patient. There were 17 (12.3%) patients with a family history of first-degree relatives with psoriasis. In 64 (46.4%), disease onset was before the age of 40 years.

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Abbreviations:

BSA body surface area
DLQI Dermatology Life Quality Index
The majority of the patients had a BSA involvement of less than 10%. Sixty-one (44.2%) patients had <2% BSA involvement and 59 (42.7%) patients had 2–10% BSA involvement. Eleven (8%) patients had 11–90% BSA involvement whereas only seven (5.1%) had >90% BSA involvement. Psoriasis-related nail disease was seen in 84 (60.9%) patients. Of these, pitting was seen in 65 (75%), onycholysis 43 (51.2%), discoloration 33 (39.2%), subungual hyperkeratosis and total nail dystrophy eight (9.5%).

Joint disease was detected in 51 (22.5%) patients. Oligoarthropathy was the commonest pattern seen. It was observed in 15 (41.9%) patients, followed by symmetrical polyarthropathy in 12 (38.7%) patients, distal arthropathy in four (12.9%) patients, spondyloarthropathy in two (6.5%) patients and arthritis mutilans in two (6.5%) patients. Joint pain was seen in 90.3%, with a mean pain score of 3.8 ± 1.85 on a visual analogue scale of 1–10. The remaining 9.7% had non-painful deformities.

The mean DLQI score was 5.8 ± 5.24. A minimal effect on quality of life (score between two and five) was seen in 29.7%, a low effect (score between six and 10) in 25.4%, a moderate effect (score between 11 and 20) in 15.2% and a large effect (score more than 20) in only 2.9%. Thirty-seven (26.8%) patients reported that their disease did not affect their quality of life (score less than two).

DISCUSSION

This is the first study determining the clinical characteristics of patients with psoriasis among the native community of Sarawak. It was noted that the male to female ratio was 0.97:1.00. This is in contrast to the ratio of 1.26:1.00 found in Peninsular Malaysia. Chronic plaque psoriasis was identified as the commonest pattern, similar to those seen in other races in Malaysia. However, the proportion of Sarawakian native patients with pustular psoriasis was very low. There is no comparative study among Australian Aborigines because of the rarity of psoriasis in this population.

The prevalence of psoriasis-related nail disease was 60.9%. This figure was lower than that reported among patients with psoriasis attending hospital clinics in Peninsular Malaysia (68%) and Singapore (78%). Pitting was the commonest disease seen followed by onycholysis, discoloration, subungual hyperkeratosis and total nail dystrophy. This pattern was similarly noted in Peninsular Malaysia and Singapore.

The prevalence of psoriatic arthropathy of 22.5% seen among the native population was higher than the often quoted prevalence of 1–9% among Asians. The commonest arthropathy seen was oligoarthropathy. This was dissimilar to that seen among Koreans and Orientals in Singapore. Spondylitis was reported as the commonest arthropathy in the former and asymmetric polyarthritis in the latter.

The majority of the Sarawakian natives had mild to moderate impairment in their quality of life because of psoriasis. This is not surprising because most of the patients had only mild to moderate disease. Moreover, the social and cultural upbringing of the native population encourages stoicism.

In conclusion, chronic plaque psoriasis was the commonest type of psoriasis seen among Sarawakian natives. The prevalence of nail disease was lower than regional data whereas that of joint disease was higher. The native population only experienced a mild to moderate quality of life impairment because of their psoriasis.

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REFERENCES