Psoriasis and Children Issue Brief

The National Psoriasis Foundation exists to find a cure for psoriasis and psoriatic arthritis and to eliminate their devastating effects through research, advocacy and education. The Foundation is the largest psoriasis patient advocacy organization and charitable funder of psoriatic disease research worldwide. The Foundation assists approximately 1.5 million people annually through educational programs and services. Psoriasis, the most prevalent autoimmune disease in the nation, is a noncontagious, chronic, inflammatory, painful, disfiguring and disabling disease for which there is no cure. It is often accompanied by psoriatic arthritis, a specific form of arthritis that is painful and debilitating and causes joint damage. Psoriasis appears on the skin, most often as red, scaly patches that itch, can bleed and requires sophisticated medical care. Current studies indicate that the prevalence of psoriasis in the United States ranges between two and three percent, affecting approximately 7.5 million Americans, including children.¹

Psoriasis in children is an underrecognized and undertreated disease that can limit physical activity, impairs social interaction and adds a significant psychological burden. Approximately four percent of all skin diseases diagnosed in children under age 16 are attributed to psoriasis.² Approximately one-third of people with psoriasis are first diagnosed before age 20 and the incidence of pediatric psoriasis has increased in recent years.³ Facial psoriasis is common in adolescents and studies show that up to 46 percent of pediatric patients may have manifestation of the disease on the face.⁴ The onset of psoriatic arthritis in children often occurs between the ages of seven and 13 and can produce irreversible joint destruction.⁵ Up to 20 percent of childhood arthritis cases are diagnosed as psoriatic arthritis.⁶

New research has found that pediatric psoriasis is associated with numerous other serious, chronic and/or life-threatening comorbid conditions. The overall rate of comorbid chronic conditions in psoriasis patients under age 20 is double that of their peers who do not have psoriasis. Increased rates of diabetes, arthritis, Crohn’s disease, obesity, hypertension and high cholesterol are associated with juvenile psoriasis.⁷ Obesity in early adulthood may increase the risk for developing psoriatic arthritis later in life.⁸

The psychological impact of this currently incurable disease can be particularly traumatic for children and adolescents. Psoriasis impacts health-related quality of life more than other chronic childhood conditions including epilepsy, diabetes and alopecia.⁹ In children, social development, which contributes to many developmental milestones, is particularly impaired.¹⁰ Nearly half of children with psoriasis reported being bullied and the emotional impacts reported include anxiety, trouble in school and difficulty sleeping.¹¹ Children with psoriasis report the impact of “itch or pain” as the most significant problem affecting their health-related quality of life.¹² Pediatric patients with psoriasis also have an increased risk of developing psychiatric disorders, especially depression and anxiety.¹³ Of great concern is that studies suggest that these negative experiences in adolescence may have long term negative effects on self-esteem and anxiety levels in adulthood.¹⁴

The negative physical and psychological impact of psoriasis on the pediatric population is further exacerbated by the fact that there is no drug approved by the FDA to treat psoriasis in children. Physicians are reluctant to use many treatments approved for adults with children due to possible side effects. Other times, certain long-standing treatments for psoriasis are used off-label and health professionals are placed in the untenable position of either prescribing a medication without sufficient information about the impact of the treatment on the pediatric population or withholding the treatment. When doctors prescribe off-label, there are significant problems having these treatments approved for insurance coverage.

Children with psoriasis and psoriatic arthritis deserve a normal childhood. As such, in FY 2015 the NPF urges Congress to:

- Support the implementation of the CDC’s psoriasis and psoriatic arthritis public health agenda, which includes pediatric and adolescent populations by allocating $1.2 million in the FY2015 Labor, Health and Human Services, Education and Related Agencies (LHHS) Appropriations bill to implement a public health agenda for psoriasis and psoriatic arthritis at the CDC’s National Center for Health Statistics (NCHS).
- Urge the Agency for Healthcare Research and Quality (AHRQ) to examine standards of care for children and adolescents with psoriasis and psoriatic arthritis.
- Encourage a process within NIH, including the NICHD, to guide now disparate research efforts in order to optimize federal research investments and ensure discoveries are applied across common goals that complement and advance the understanding of causes, treatments and cures for both psoriasis and its comorbid conditions.
References


14. Fox FE, Rumsey N, Morris M. "Ur skin is the thing that everyone sees and you can't change it": exploring the appearance-related concerns of young people with psoriasis. Developmental Neurorehabilitation. 2007 Apr-Jun;10(2):133-41.