Psoriasis Patients Report Chronic Intense Pain, Multiple Pain Sites

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Psoriasis, a chronic inflammatory skin condition, is primarily characterised by skin lesions; however, its systemic inflammatory nature often extends beyond dermatological manifestations. Clinicians frequently encounter patients reporting pain, but the prevalence and characteristics of this pain in the broader psoriasis population are often underestimated. This analysis highlights that psoriasis is significantly associated with chronic, intense pain experienced across multiple body sites, necessitating a more comprehensive pain assessment in clinical practice.

KEY TAKEAWAYS

- The Pivot: Psoriasis is not solely a dermatological condition; it is strongly linked to chronic, intense, and multi-site pain.
- The Data: Patients with psoriasis report higher pain intensity and a greater number of pain sites compared to controls.
- The Action: GPs and specialists should routinely screen psoriasis patients for chronic pain, including its intensity and distribution, to inform holistic management strategies.

Psoriasis is a chronic inflammatory disease affecting approximately 2-3% of the global population. While its hallmark is erythematous, scaly plaques, the systemic inflammation can lead to various comorbidities, including psoriatic arthritis, cardiovascular disease, and metabolic syndrome. Pain, often overlooked as a primary symptom in psoriasis outside of psoriatic arthritis, significantly impacts patients' quality of life. Understanding the characteristics of pain in psoriasis patients, even in the absence of diagnosed psoriatic arthritis, is crucial for effective management.1

The pathogenesis of pain in psoriasis is multifactorial, involving inflammatory mediators, neuropathic components, and central sensitisation. Cytokines such as TNF-alpha, IL-17, and IL-23, which are central to psoriasis pathology, also play roles in nociception and pain modulation. Chronic inflammation can lead to peripheral nerve sensitisation and contribute to central pain processing alterations, resulting in heightened pain perception and widespread pain.2

The prevalence of chronic pain in the general population varies but is generally reported to be between 20% and 30%. However, in chronic inflammatory conditions like psoriasis, this prevalence often increases significantly. The impact of pain extends beyond physical discomfort, affecting mental health, sleep quality, and daily activities, thereby imposing a substantial burden on patients and healthcare systems. Recognising and addressing pain as an integral part of psoriasis management can improve patient outcomes and overall well-being.2

What the study did

A cross-sectional study investigated the prevalence and characteristics of pain in a cohort of patients with psoriasis compared to a control group without psoriasis. The study enrolled N=1,500 participants, comprising N=750 patients with a confirmed diagnosis of psoriasis (mean age 48.5 ± 12.3 years, 55% male) and N=750 age- and sex-matched controls (mean age 47.9 ± 11.8 years, 53% male). Participants completed validated questionnaires assessing pain intensity (using a Numeric Rating Scale, NRS, 0-10), pain duration, and the number of pain sites. Psoriasis severity was assessed using the Psoriasis Area and Severity Index (PASI). Patients with a prior diagnosis of psoriatic arthritis were excluded from the primary analysis to isolate pain directly attributable to psoriasis or its systemic effects rather than overt arthropathy.3

The study employed strict inclusion criteria for the psoriasis cohort, requiring a dermatologist-confirmed diagnosis of chronic plaque psoriasis for at least six months. Exclusion criteria for both groups included a history of fibromyalgia, chronic widespread pain syndromes unrelated to psoriasis, recent trauma, or major surgery within the past three months, and neurological disorders that could confound pain assessment. Participants provided informed consent, and the study protocol received approval from the institutional review board. Data collection occurred through in-person interviews and self-administered questionnaires to ensure comprehensive and consistent data capture.3

The study found that patients with psoriasis reported significantly higher average pain intensity compared to controls (mean NRS score 4.8 ± 2.1 vs. 2.1 ± 1.5, P 0.001). A substantial proportion of psoriasis patients (68%) reported chronic pain (defined as pain lasting >3 months), compared to 25% of controls (P 0.001). Furthermore, psoriasis patients reported a significantly higher number of pain sites (mean 3.2 ± 1.5 sites vs. 1.5 ± 0.8 sites, P 0.001). The most commonly reported pain sites in psoriasis patients included the lower back (45%), neck (38%), shoulders (32%), and feet (28%). There was a positive correlation between PASI score and both pain intensity (r = 0.45, P 0.001) and the number of pain sites (r = 0.38, P 0.001).3

The study's limitations include its cross-sectional design, which precludes establishing causality between psoriasis and pain. The reliance on self-reported pain measures, while standard, may introduce recall bias. The exclusion of patients with diagnosed psoriatic arthritis, while intentional for the study's focus, means the findings do not encompass the full spectrum of pain experiences in the broader psoriasis population. This specificity limits the generalisability of these particular pain characteristics to patients with co-occurring arthritic conditions. Future longitudinal studies are needed to track the development and progression of pain in psoriasis patients and to investigate the efficacy of targeted pain management strategies. Further research should also explore the specific inflammatory pathways linking psoriasis to widespread pain, potentially identifying novel therapeutic targets beyond current dermatological treatments.3

For further comprehensive insights into the diagnosis and management of dermatological conditions like psoriasis, including systemic considerations and patient pain, readers are directed to the Oxford Handbook of Medical Dermatology.

CLINICAL IMPLICATIONS

The data presented here should serve as a clear directive for clinicians: pain in psoriasis patients is not an incidental complaint. The prevalence of chronic, intense, and multi-site pain is substantially higher in this population, even in the absence of diagnosed psoriatic arthritis. This necessitates a shift from merely asking about joint pain to a more comprehensive pain assessment during routine consultations. Ignoring these pain reports risks undertreating a significant aspect of the disease burden, leading to poorer patient outcomes and

reduced quality of life. General practitioners, dermatologists, and rheumatologists must integrate validated pain screening tools into their practice, moving beyond visual assessment of skin lesions to address the systemic impact of psoriasis.

The pharmaceutical industry, while making strides in biologics targeting inflammatory pathways in psoriasis, has largely focused on skin clearance and joint inflammation. This research underscores a potential unmet need for therapies that specifically address the chronic pain component in psoriasis patients. While current biologics like adalimumab or secukinumab may indirectly improve pain by reducing inflammation, dedicated studies on their direct analgesic effects in non-arthritic psoriasis pain are scarce. There is an opportunity for drug developers to explore compounds with dual anti-inflammatory and analgesic properties, or to investigate existing treatments for their efficacy in this specific pain phenotype. Furthermore, the correlation between PASI score and pain suggests that effective control of skin disease may mitigate pain, reinforcing the importance of optimal dermatological management.

For patients, this information validates their lived experience. Many psoriasis patients report feeling dismissed when they describe widespread pain, as the focus often remains on their skin. This evidence provides a basis for advocating for more thorough pain evaluations and management plans. It highlights that their pain is a legitimate manifestation of their underlying condition, not merely a secondary complaint. Patient advocacy groups should leverage these findings to push for updated clinical guidelines that explicitly recommend comprehensive pain assessment and management as an integral part of psoriasis care, ensuring that patients receive holistic and empathetic treatment.

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