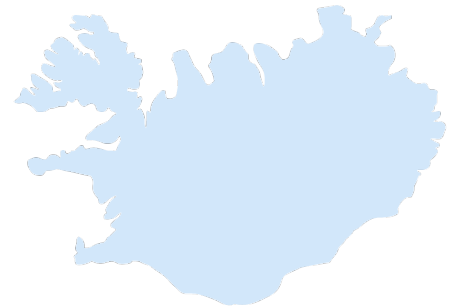


PREVALENCE DATA

Iceland

Population: 333 thousand
People affected: 5.06 thousand



Overall

Overall: 1.52%

Overall lower: 0.87%

Overall upper: 2.74%

Adults

Adults: 1.92%

Adults lower: 1.07%

Adults upper: 3.46%

Children

Children: 0.21%

Children lower: 0.11%

Children upper: 0.41%

<https://www.globalpsoriasisatlas.org/en>

Prevalence

The existing number of persons in a defined population who have been diagnosed with psoriasis. It is usually expressed as a proportion and can assume different definitions according to how it is measured. Therefore, it can be classified into: point, period and lifetime prevalence. Point prevalence: when the number of cases refers to a specific time point (e.g. a year). Period prevalence: when the number of cases refers to a time-window (e.g. between 2000 and 2010). Lifetime prevalence: when it refers to the entire previous life of an individual (e.g. "Have you ever been diagnosed with psoriasis?").

Interpretation of the estimates of the prevalence of psoriasis

How prevalence estimate have been calculated?

An extensive search of all available evidence was conducted and all the published articles on the prevalence of psoriasis were identified. All the information reported was assessed and used them to inform a statistical model. The statistical model generated a pooled estimate of the prevalence of psoriasis for each individual country where data were identified. Each prevalence measure is presented together with a range (uncertainty interval) which represents the uncertainty surrounding the estimate. Therefore, these values are not to be interpreted as exact measures, but only as measures which can vary within a certain range. For further details about how the prevalence data is calculated, please click on <https://www.bmj.com/content/369/bmj.m1590>

Countries with missing data

To be noted, many countries of the world do not provide information on the prevalence of psoriasis. For these countries, without high quality original data sources, estimates were generated by extrapolation, making using of the psoriasis prevalence estimate of the region the country was nested in, grouped according to the United Nations classification. Therefore, extrapolated estimated are less reliable, than for countries with original data sources and should be interpreted with caution. Please note, a publication will be available soon where all the countries with extrapolated estimates will be listed in a Table.

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