Global Psoriasis Atlas

PREVALENCE DATA

Marshall Islands



Population: 40 thousand
People affected*: 352
(*physician/dermatologist diagnoses)

Overall

Physician/Dermatologist diagnosed prevalence: 0.88% (ranging from 0.23% to 3.24%)

Person self-reported diagnosis prevalence: 2.11% (ranging from 0.54% to 7.78%)

Adults

Physician/Dermatologist diagnosed prevalence: 1.13% (ranging from 0.29% to 4.14%)

Person self-reported diagnosis prevalence: 2.70% (ranging from 0.70% to 9.94%)

Children

Physician/Dermatologist diagnosed prevalence: 0.23% (ranging from 0.06% to 0.85%)

Person self-reported diagnosis prevalence: 0.55% (ranging from 0.14% to 2.05%)

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Prevalence

The percentage of people in a defined population who have been diagnosed with psoriasis. It is usually expressed as a percentage and 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?").

Diagnosis

The two different percentages presented here are based on how psoriasis has been diagnosed:

- Physician/Dermatologist means a person has visited a medical practitioner, typically a GP or hospital doctor or dermatologist, and had a formal clinical diagnosis of their skin condition confirming it is psoriasis.
- Self-report means a person was asked if they have psoriasis and they indicated yes, they have. This person might or might not have visited a doctor to get a diagnosis but the published clinical studies presenting these results did not confirm the person's view that they have psoriasis with a medical check. It is believed many people with psoriasis do not seek medical treatment, so may not be counted in studies which just look at medical records.

Interpretation of the estimates of the prevalence of psoriasis

How prevalence estimates have been calculated?

An extensive search of all clinical research evidence was conducted and all the published articles on the prevalence of psoriasis were identified. All the information reported was assessed and used to create 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 with a credible interval — a range of values, with an upper and lower limit, in which the estimate lies with a specified probability. This data has a 95% credible interval, this means there is a 95% probability that the prevalence rate lies within that range.

Please note, a publication will be available soon with full details of the methods used.

Countries with missing data

Many countries of the world do not have information on the prevalence of psoriasis. For these countries, without high quality original data sources, estimates were predicted using the statistical model created based on the data that were available. Therefore, predicted estimates are less reliable than for countries with original data sources and should be interpreted with caution.