

## Global epidemiology of psoriasis: 2024 update



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#### Introduction

The worldwide incidence and prevalence of psoriasis remains poorly understood. In 2014 the WHO recognised psoriasis as a serious non-communicable disease and emphasised the need to better understand the global burden of the disease. To address this need, the Global Psoriasis Atlas was established to conduct research into the global prevalence and incidence of psoriasis: this study updates existing GPA work to 2024.

### Methods: Search strategy & exclusions

- MEDLINE, EMBASE, and Web of Science searched from 2019 to 1/2024.
- Psoriatic arthritis studies were excluded.
- no language restrictions
- Included studies collected data on psoriasis from a sample of the **general population**
- Studies of other skin or autoimmune diseases which provided data on psoriasis were included
- Studies not carried out on the general population (dermatology clinics, hospital episodes or subgroups of the population) were excluded.

www.globalpsoriasisatlas.org The Global psoriasis Atlas is supported by the Leo Foundation through funding for Phases I, II and II (2017-2026).





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### Results

- 48 new studies:
- 13 studies reported incidence data (6 reporting both prevalence and incidence)
- 35 studies reporting prevalence
- our updated prevalence analysis includes 170 studies.

### Key findings

- 23% of countries have data on psoriasis prevalence
- Most data originates from high income countries in Europe, the US and Asia
- This study now includes 42 countries across 14 of the Global Burden of Disease world regions

### Discussion

This study provides further information on the global prevalence and incidence of psoriasis. It highlights geographical regions lacking reliable general population studies of psoriasis. Our dataset indicates that the incidence of psoriasis remains relatively stable but that psoriasis prevalence is rising in some regions. Further work continues developing models to estimate psoriasis rates in all countries and regions across the world.