




More Than Just a Skin Condition: The Impact of Psoriasis

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Dear Editor,

Psoriasis is a chronic, immune-mediated inflammatory disease that primarily affects the skin and is characterized by erythematous, scaly plaques (1). Increasing evidence suggests that psoriasis is a systemic disorder associated with substantial impairment in quality of life and multiple comorbidities, including cardiovascular disease, metabolic syndrome, anxiety, and depression (2, 3). Psoriatic arthritis (PsA), a related inflammatory musculoskeletal disease, occurs in approximately 6% - 30% of patients with psoriasis (1). It commonly presents with inflammatory joint pain, stiffness, swelling, enthesitis, and fatigue. If left undiagnosed or inadequately treated, PsA can lead to irreversible joint damage, disability, and reduced functional capacity (1). Because early symptoms are often subtle and nonspecific, diagnosis and treatment may be delayed.

The burden of psoriasis and PsA extends beyond physical symptoms. Patients frequently experience psychological distress, reduced work productivity, and diminished quality of life related to chronic disease and associated comorbidities (2, 4). In Pakistan, these challenges may be compounded by limited epidemiological data, delayed access to dermatology and rheumatology services, and constrained healthcare resources. Local studies have demonstrated substantial impairment in quality of life and significant psychiatric morbidity among Pakistani patients with psoriasis (4, 5). Moreover, a Pakistani study reported psoriatic arthritis in approximately one-third of patients with psoriasis, underscoring the need for early recognition and multidisciplinary care in this population (6).

Addressing these gaps requires interventions at both the clinical and healthcare-system levels. Routine

screening for inflammatory musculoskeletal symptoms in dermatology clinics using validated tools, such as the Psoriasis Epidemiology Screening Tool (PEST), should be encouraged to facilitate early identification of PsA. Clear referral pathways between dermatologists and rheumatologists are also needed to support timely diagnosis and management. In addition, mental health assessment should be incorporated into routine psoriasis care given the considerable psychological burden associated with these conditions.

In conclusion, psoriasis and psoriatic arthritis should be recognized as chronic systemic inflammatory diseases with substantial physical, psychological, and socioeconomic consequences. Greater awareness among healthcare providers is essential for the early identification of psoriatic arthritis and the prevention of irreversible joint damage. Routine screening for inflammatory musculoskeletal symptoms in patients with psoriasis using validated tools such as PEST, timely referral to rheumatology services, and incorporation of mental health assessment into routine care may significantly improve patient outcomes and quality of life. In resource-constrained settings such as Pakistan, strengthening multidisciplinary collaboration and improving access to specialized care are important steps toward reducing long-term disability and disease burden.

Footnotes

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Refinement Of This Manuscript. All Work Related To The Study Design And Intellectual Content Was Conducted Solely By The Author. was used Minor in the Introduction section.

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