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Author

Hsu, Derek Y

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Abstract

The inpatient burden of Psoriasis: A nationwide analysis

Derek Y Hsu

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Northwestern University, Feinberg School of Medicine, Department of Dermatology

Psoriasis is a chronic inflammatory skin disorder associated with substantial morbidity and mortality. Little is known about psoriasis in the inpatient setting. We sought to determine the inpatient burden of psoriasis in the US. We analyzed the 2002-2012 Nationwide Inpatient Sample, containing a representative 20% stratified sample of all hospitalizations in the US. Psoriasis was determined by a validated algorithm using ICD-9-CM codes. Demographics, inflation-adjusted cost, length of stay, comorbidities, and sex-adjusted mortality were analyzed using descriptive statistics and regression analysis. The mean prevalence of a primary diagnosis of psoriasis was 31.7 per million hospitalized patients per year. Hospitalization for psoriasis was associated with race (Asian: 2.08 [1.55-2.78]; Black: 1.65 [1.43-1.89]; Multiracial/other: 1.54 [1.13-2.11]) and insurance status (Medicare: 1.33 [1.26-1.40]; Medicaid: 0.74 [0.66-0.82]; uninsured: 1.94 [1.64-2.30]). Mean cost of care for a primary diagnosis of psoriasis was \$7433±254 in comparison to \$9956±76 for patients without psoriasis. Length of stay was significantly longer for patients with a primary (5.4±0.2 days; P<.0001) diagnosis of psoriasis compared to no psoriasis (4.6±0.2). After adjusting for demographic factors, psoriasis was associated with obesity (2.15 [2.10- 2.19]), alcohol use disorder (1.73 [1.69-1.77]), depression (1.53 [1.50-1.57]), and HIV/AIDS (2.15 [1.96- 2.37]). Adjusted mortality was 0.28%±0.3 for a primary diagnosis of psoriasis in comparison to 1.78%±0.02 for patients without psoriasis. The burden of psoriasis is substantial and patients with psoriasis had significantly longer length of stays. Although mortality rates were lower, psoriasis was associated with neuropsychiatric and various other comorbidities. Future studies are needed to confirm these findings.