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INTRODUCTION

Psoriasis (Pso), chronic urticaria (CU), atopic dermatitis (AD), and hidradenitis suppurativa (HS) are the four most prevalent inflammatory dermatoses. Clinical severity scales are commonly used for their evaluation. We aimed to determine whether severity decreases with increasing patient age in these conditions.

MATERIALS and METHODES

Between December 2020 and January 2023, we included 2,600 patients requiring initiation or modification of systemic treatment. Patients with atopic dermatitis (AD, n=619) were evaluated using the EASI score; hidradenitis suppurativa (HS, n=411) using Hurley stages and the IHS4 score; psoriasis (Pso, n=1223) using PASI; and chronic urticaria (CU, n=265) using VAS.

RESULTS and DISCUSSION

The results are showed in table 1. Clinical severity was not reduced among older patients. HS showed an increased frequency of Hurley stage III with age, likely reflecting scarring accumulation, while the inflammation-dependent IHS4 remained stable across age groups. Notably, AD, traditionally considered a childhood disease, demonstrated higher severity in geriatric patients.

Disease	Severity Score	20-<30 years	30-<60 years	60-<80 years	≥80 years	p-value
Chronic Urticaria (CU)	VAS	6.4 ± 3.1	6.3 ± 3.1	5.3 ± 3.0	5.6 ± 3.4	0.091
Psoriasis (Pso)	PASI	12.3 ± 8.9	12.3 ± 10.1	12.3 ± 10.1	11.4 ± 6.9	0.916
Atopic Dermatitis (AD)	EASI	19.3 ± 13.0	17.4 ± 12.7	16.9 ± 11.2	23.5 ± 7.9	0.009
Hidradenitis Suppurativa (HS) - Hurley (%)	I/II/III	16.5/68.8/14.7	10.4/62.3/27.4	0/50/50	-	0.004
Hidradenitis Suppurativa (HS) - IHS4 (%)	Mild/Moderate/Severe	10.5/50.6/39.0	14.5/40.9/44.5	0/30/70	-	0.135

Table 1: Severity scores by age group for the four major inflammatory dermatoses requiring systemic treatment. Data include mean ± standard deviation or percentage distribution across clinical scoring systems: VAS (Chronic Urticaria), PASI (Psoriasis), EASI (Atopic Dermatitis), and Hurley/IHS4 (Hidradenitis Suppurativa). Significant age-related differences were observed for Atopic Dermatitis (EASI) and Hurley staging.

CONCLUSION

Systemic treatment needs span all age groups. However, this study was not designed to evaluate individual disease progression over time. Given the aging population and the universal need for quality of life across ages, therapeutic decisions should not rely solely on patient age.