



THE DIPSOC STUDY

Developing diagnostic criteria for psoriasis in children and young people

The DIPSOC study recruited 330 children with psoriasis and other skin conditions from 12 paediatric dermatology departments in England, Wales and Scotland between 2017 to 2019. The study has been published in the *British Journal of Dermatology* and we're delighted to be able to share the results of the study with you in this newsletter.

WHY WAS A STUDY NEEDED?

Psoriasis (pronounced sor-aye-asis) can cause skin rashes anywhere on the body and can affect both adults and children. For many people it can be a long-term condition and have a significant impact on their quality of life. Psoriasis can be linked with other diseases such as arthritis. It is therefore important that psoriasis is diagnosed early and accurately. This will help people receive specialist psoriasis treatment quickly.



Psoriasis patch on neck

Psoriasis in children and young people (17 years or younger) can be harder for non-specialist doctors and nurses to recognise. The development of diagnostic criteria (a list of skin changes to look for or feel, and questions to ask) will help health professionals recognise psoriasis. Diagnostic criteria will also support future research to improve the health of children and young people with psoriasis.

WHAT DID WE DO?

We invited two groups of children and young people to take part. One group had psoriasis and the second group had other skin rashes. Researchers checked the skin of everyone in both groups to see if they had any of the skin changes that matched the diagnostic criteria. The diagnostic criteria being checked for were a longer list suggested by skin experts from around the world. Children and young people, or their parents, also answered questions and filled in questionnaires. We analysed the information to see how well the diagnostic criteria could correctly place everyone taking part into the correct group. We also used a statistical model to find out which diagnostic criteria were best at finding psoriasis in children and young people.

We are really grateful to the children who took part in this study, and their families.



Your enthusiasm and willingness to take part has helped ensure the success of this research.

Thank you 🐾

WHAT DID THE RESULTS SHOW?

We found that the longer list of diagnostic criteria could find psoriasis in 85 out of 100 children and young people. Out of the longer list, 7 criteria were found to be best at doing this. We have listed these 7 criteria in the red box below. If two or more of these 7 criteria are found, then 77 out of 100 children or young people with psoriasis will be correctly diagnosed. This shorter list is almost as good as the longer list, but easier to use!

We have worked with patients and healthcare professionals to use words in the diagnostic criteria that everyone can understand.

- Flaky patches (red, darker brown, grey or whitish) on the scalp,
- Flaky patches (red, darker brown, grey or whitish) inside the ear
- Long-lasting flaky patches (red, darker brown, grey or whitish) on the body with clearly defined edges
- Flaky patches (red, darker brown, grey or whitish), bumps or rash you can feel on the back of the elbow or front of the knee
- Long-lasting redness or darkening of the skin in or around the belly-button
- Red, darker brown or even purplish shiny rash in the groin creases where a nappy would be
- Psoriasis in a family member

WHAT DO THE RESULTS MEAN?

In the DIPSOC study we have shown that there are 7 diagnostic criteria (6 items to look for and 1 to ask about) which are most useful when diagnosing psoriasis. As is often the case in research, we need to undertake more testing, but these diagnostic criteria can help patients and research studies even now.

HOW DID PATIENTS HELP WITH THE STUDY?

As well as taking part in the study, patients have helped with applying for research funding, designing the study and writing the patient information leaflets.

WHERE CAN I FIND MORE INFORMATION?

Visit our website nottingham.ac.uk/dermatology and type 'DIPSOC' in the search box.

WHO LED AND FUNDED THE STUDY?

The DIPSOC study was led by Dr Esther Burden-Teh (a dermatologist who co-ordinated the study) and Professor Kim Thomas (a researcher and Chief Investigator) who work at the Centre of Evidence Based Dermatology, University of Nottingham. The DIPSOC study team included researchers, dermatologists and patients from around the UK and the Netherlands. We were given funding and support from the National Institute for Health Research (NIHR), which is the research arm of the NHS.

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