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ALCOHOL INTAKE AND PSORIASIS

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Abstract. An investigation into the drinking habits of psoriatic patients is described. No difference could be detected between the alcohol consumption of psoriatics and a control population. There is no relationship between the severity of psoriasis and the patient's alcohol intake.

Methotrexate and other antimetabolic drugs have been used with success in recent years for the control of severe psoriasis (12). Methotrexate is known to be hepatotoxic (5, 7) but conflicting results have been obtained from liver biopsy in psoriatic patients (9, 11). Some investigators (2, 13) have found that it was difficult to assess the damage to the liver due to methotrexate, since their patients had abnormalities on liver biopsy both before and after treatment.

It is well known that the liver may be damaged by prolonged alcohol ingestion (3). The alcohol intake in any individual is influenced by many factors (6, 10), hence alcohol could be a contributary factor in the liver damage of psoriatic patients, if, as a reaction to persistent socially embarrassing skin disease, these patients were to drink excessively.

Determination of alcohol intake by questioning is notoriously unreliable and this must be particularly so in patients who are undergoing investigation of hepatic function with a view to treatment with methotrexate. We have therefore investigated the alcohol intake of psoriatic patients by using an anonymously completed questionnaire at a time when none of the patients was receiving methotrexate or being considered for this form of treatment.

INVESTIGATION AND RESULTS

One thousand consecutive patients over the age of 15 years were asked to complete a detailed questionnaire whilst attending the dermatology outpatient department; 880 satisfactorily completed questionnaires were returned. Of these patients, 103 suffered from psoriasis (6 guttate, 97 classical) and 777 from other diseases.

In order to avoid bias, neither 'alcohol' nor 'psoriasis' were mentioned to the patients in the questionnaire title or explanation. For the same reason questions referring to alcohol intake were inserted among questions about food, fruit, tea, coffee and tobacco use and home circumstances (1).

Basic details of age, sex, marital status, occupation, social class (4) and fequency in change of employment and residence were obtained. The two groups, psoriatics and non-psoriatics were comparable for all these parameters. (Throughout this report the conventional level of significance $P < 0.05$ has been used.)

Duration of disease was recorded for all patients; here a significant difference was found between the two groups, with the psoriatic group showing, as might be expected, a longer duration of disease.

Alcohol intake

Patients were asked to define their alcohol intake as number and type of drinks per week. These figures were subsequently converted into grams of alcohol per day using a nomogram (8). Patients were classified as total abstainers, occasional drinkers (less than one drink per month) or regular drinkers. Regular drinkers' intake was placed into groups (Table I). In an attempt to assess whether severity and degree of psoriasis influenced alcohol consumption, patients were somewhat arbitrarily classified into mild and severe categories. No significant difference in alcohol intake was found between the psoriatic and non-psoriatic patients or between the two groups of psoriatic patients.

All patients were asked whether or not they drank more when their skin disease was bad. Possible responses to this question were as listed in Table II. Patients were also asked "Is drink a problem?",

Table I. *Alcohol Intake*

Alcohol Intake/day	Mild psoriasis No.	%	Severe psoriasis No.	%	Non-psoriatic No.	%
Total abstainers	8	13.6	11	25.0	128	16.5
Occasional drinkers	15	25.4	10	22.7	164	21.1
1–10 g	24	40.7	14	31.8	333	42.9
11–25 g	6	10.2	6	13.6	101	13.0
26–50 g	3	5.1	1	2.3	36	4.6
51–100	3	5.1	2	4.5	14	1.8
> 100 g	0	0.0	0	0.0	1	0.1
Total	59		44		777	

Table II

Do you drink more when your skin affliction is bad?	Psoriatic No.	%	Non-psoriatic No.	%
"No, certainly not"	58	56.3	502	64.6
"No, I don't think so"	37	35.9	226	29.1
"Yes, probably"	4	3.9	22	2.8
"Yes, certainly"	2	1.9	8	1.0
Other answers/spoiled papers	2	1.9	19	2.4
Patients admitting that drink is a problem	4	3.9	20	2.6
Patients unwilling to give up drink	13	12.6	94	12.1

and "If told that it is necessary to improve your skin, would you be willing to give up alcohol?". Both questions were placed amongst similar questions about smoking and sweet consumption. Results from both groups of patients were similar for all of these questions.

Comments were invited on each question. In the psoriatic group 20 comments were made. These mainly indicated that psoriasis was depressing and socially embarrassing. One patient commented that heavy drinking led to a worsening of his psoriasis.

DISCUSSION

We believe that the results obtained here for alcohol intake in psoriatics are accurate in spite of the known difficulties in estimating alcohol consumption, since there is no reason why patients with psoriasis should be more or less truthful than patients with other skin diseases.

These results lend no support to the theory that alcohol contributes to psoriatic liver damage. However, they do demonstrate that psoriatic patients have a normal distribution of alcohol intake and thus emphasize that care must be taken to limit the amount of alcohol consumed if methotrexate therapy is to be instituted.

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