National, regional and worldwide epidemiology of psoriasis: systematic analysis and modelling study

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Text 1: **Definitions and analytic framework**

We performed a systematic review and meta-analysis of the incidence and prevalence of psoriasis. Incidence data were summarised descriptively, whereas using prevalence data we generated global, regional and country-specific estimates of the prevalence of the disease for 2017.
The study was carried out according to the following main steps:

- Systematic review of the incidence and prevalence of psoriasis;
- Descriptive summary of incidence data;
- Development of a hierarchical model to estimate the global, regional and country-specific prevalence of psoriasis

Text 2: Systematic review of the incidence and prevalence of psoriasis

A systematic review of population-based epidemiologic studies was conducted to examine the incidence and prevalence of psoriasis. Eligible studies reported on the prevalence and/or incidence of psoriasis from cross-sectional surveys or cohorts of representative (general) populations of a country or area of a country. Studies were excluded if they:

- were not on human beings.
- were not carried out on the general population (i.e. people were identified from specific populations such as dermatology clinics, or specific subgroups of the population).
- focused only on psoriatic arthritis.

Six electronic (MEDLINE, EMBASE, Web of Science, SciELO, Korean Journal Databases and Russian Science Citation Index) and five regional (WPRIM, SaudiMedLit, Informit, IndMed, and HERDIN) databases were systematically searched by the authors (R.P and I.Y.K.I) from their respective inception dates to October 7th, 2019 (MEDLINE and EMBASE) and October 15th, 2019 (Web of Science, SciELO, Korean Journal Databases and Russian Science Citation Index). Studies from any country in the world and/or in any language were included if they met the inclusion criteria. No restriction on the type of population regarding age, gender, and severity of psoriasis or regarding type of diagnosis (self-reported, physician diagnosis or dermatologist diagnosis) was applied. In addition, the reference list of all eligible studies and of relevant review articles were screened to identify other eligible studies not identified from the systematic search of the electronic and regional databases. When necessary, authors from published studies were contacted to retrieve additional information not reported in the published papers. The methodology for this systematic review is described in eFigure 1 as a PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) flowchart with a PRISMA checklist in eTable 12.
The search strategy for the systematic review is described in the following sections:

- 2.1 Developing the search strategy.
- 2.2 Final search strategy.
- 2.3 Results and discussions.
- 2.4 Data extraction.

Text 2.1 Developing the search strategy

The search strategy was required to capture epidemiological studies of psoriasis. The search excluded animal studies. Several approaches to capture the search concepts were developed and tested out in Ovid MEDLINE. The objective was to achieve a focused strategy that would identify epidemiological studies of psoriasis. To achieve this, various indexing options were used. The strategy had to take account of the variability in the way authors describe their research and indexers index research with Medical Subject Headings (MeSH). After several iterations, checking the impact of changes at each stage, a strategy with the following elements was agreed for Ovid MEDLINE:

1. Searching for the occurrence of a MeSH psoriasis term expressed as a text word in the title, original title, abstract or subject heading of a record, e.g.
   (psoriasis.mp.) or (exp psoriasis/)
2. Searching for the occurrence of MeSH terms synonyms to psoriasis expressed as a text word in the title, original title, abstract or subject heading of a record, e.g.
   (psoriatic skin.mp.) / or (pustulosis.mp.) /or (pustulo*.mp. AND palm*.mp.)
3. Searching for the occurrence of a MeSH psoriasis term along with the occurrence of an epidemiological MeSH term or study design MeSH term in the same record expressed as a text word in the title, original title, abstract or subject heading of a record, e.g.
   exp psoriasis/ AND (epidemiology / or incidence/ or prevalence/ or cohort study/ or follow-up study/ or prospective study/ or longitudinal study / or cross-sectional study).mp.
4. Removing studies about animals by limiting studies to humans.

Once agreed, the MEDLINE strategy was adapted for use in EMBASE, Web of Science, SciELO, Korean Journal databases, and Russian Science Citation Index. The search strategy was limited to using the keyword "psoriasis" when searching the regional databases as they do not use MeSH for indexing.
The following databases were searched:

- Ovid MEDLINE (R) 1946 to 2019 October 07;
- Ovid Embase 1974 to 2019 October 07;
- Web of Science Inception to 2019 October 15;
- Web of Science - SciELO Inception to 2019 October 15;
- Web of Science - KCI Korean Journal Database Inception to 2019 October 15;
- Web of Science - Russian Science Citation Index Inception to 2019 October 15;
- Western Pacific Region Index Medicus (WPRIM);
- Saudi Medical Literature (SaudiMedLit);
- Informit;
- Indian Medlars Centre (IndMed);
- Health Research and Development Information Network (HERDIN)

Records identified from each electronic and regional database were downloaded into a separate Endnote bibliographic database, which were then combined to generate a single large Endnote bibliography containing all the records identified from all the databases in which duplicate records were removed.

Text 2.2 Final search strategy

The final search strategies and results are shown below.
Box 1

Exp	Explodes a MeSH to capture more specific MeSH.
/	Indicates that the search term is a Medical Subject Heading (MeSH).
AND	Achieves a Boolean AND Combination.
OR	Achieves a Boolean OR Combination.
.mp.	Searches for the term expressed in the title, original title, abstract, and subject heading.
*	Truncation operator, searches for words beginning with the stem, e.g. epidemiol* retrieves epidemiology, epidemiological and epidemiologic.

2.2.1 Medline search

Database: Ovid MEDLINE (R) 1946 to Present. Searched 07/10/2019

1	psoriasis.mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	41387
2	exp Psoriasis/	38323
3	psoria*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	46587
4	pustulo*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	2524
5	palm*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	75678
6	4 and 5	777
7	pustulosis.mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	1989
8	1 or 2 or 3 or 6 or 7	47851
9	(incidence or incident).mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	765711
10	exp Incidence/	248731
11	incidence stud*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	1435
12	cohort stud*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	331045
13	exp Cohort Studies/	1902813

14	exp Follow-Up Studies/	622943
15	follow-up stud*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	640176
16	prospective stud*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	564483
17	exp Prospective Studies/	514719
18	longitudinal stud*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	151981
19	exp Longitudinal Studies/	127011
20	(epidemiol* adj stud*).mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	80932
21	exp Epidemiologic Studies/	2368113
22	exp Epidemiology/	26087
23	(prevalence or prevalent).mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	678455
24	exp Prevalence/	275313
25	prevalence stud*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	4476
26	exp Cross-Sectional Studies/	304821
27	cross-sectional stud*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	321665
28	9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27	3384172

29	8 and 28	9185
30	limit 29 to humans	9152
31	limit 30 to yr="2011 -Current"	4987
32	limit 30 to yr="1902 - 2000"	1660
33	limit 30 to yr="2001 - 2005"	963
34	limit 30 to yr="2006 - 2010"	1542
35	limit 30 to yr="2011 - 2013"	1462
36	limit 30 to yr="2014 - 2015"	1236
37	limit 30 to yr="2016 -Current"	2289
38	limit 30 to yr="2017 - 2019"	1580

2.2.2 EMBASE search

Database: EMBASE Ovid SP 1974 to Present. Searched 07/10/2019

1	psoriasis.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word]	76843
2	exp Psoriasis/	84003
3	psoria*.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word]	91087
4	pustulo*.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word]	5523
5	palm*.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word]	114045
6	4 and 5	2292
7	pustulosis.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word]	4896
8	1 or 2 or 3 or 6 or 7	94462
9	(incidence or incident).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word]	1226577
10	exp Incidence/	448654
11	incidence stud*.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word]	2082
12	cohort stud*.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word]	280908
13	exp Cohort Studies/	516485

14	exp Follow-Up Studies/	1466518
15	follow-up stud*.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word]	64830
16	prospective stud*.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word]	646951
17	exp Prospective Studies/	557139
18	longitudinal stud*.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word]	165376
19	exp Longitudinal Studies/	131777
20	(epidemiol* adj stud*).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word]	112075
21	exp Epidemiologic Studies/	3246761
22	exp Epidemiology/	3246761
23	(prevalence or prevalent).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word]	1155371
24	exp Prevalence/	704953
25	prevalence stud*.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word]	7099
26	exp Cross-Sectional Studies/	320307
27	cross-sectional stud*.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word]	364681
28	9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27	5852834

29	8 and 28	23423
30	limit 29 to humans	22049
31	limit 30 to yr="2011 - Current"	17013
32	limit 30 to yr="1902 - 2000"	1152
33	limit 30 to yr="2001 - 2005"	1280
34	limit 30 to yr="2006 - 2010"	2592
35	limit 30 to yr="2011 - 2013"	4005
36	limit 30 to yr="2014 - 2015"	3577
37	limit 30 to yr="2016 - Current"	9431
38	limit 30 to yr="2017"	2368
39	limit 30 to yr="2018"	2465
40	limit 30 to yr="2019"	2461
41	38 or 39 or 40	7294

2.2.3 Web of Science search

Database: Web of Science Inception to Present. Searched 15/10/2019

# 20	(2457)	#18
		Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, ESCI, CCR-EXPANDED, IC Timespan=1900-2010
#19	(5,950)	#18
		Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, ESCI, CCR-EXPANDED, IC Timespan=2011-2019
#18	(8,407)	#17 AND #5
		Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, ESCI, CCR-EXPANDED, IC Timespan=All years
#17	(3,590,542)	#16 OR #15 OR #14 OR #13 OR #12 OR #11 OR #10 OR #9 OR #8 OR #7 OR #6
		Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, ESCI, CCR-EXPANDED, IC Timespan=All years
#16	(306,143)	TS=(cross-sectional study OR cross-sectional studies OR cross sectional study OR cross sectional studies)
		Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, ESCI, CCR-EXPANDED, IC Timespan=All years
#15	(554,136)	TS=(prevalence study or prevalence studies)
		Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, ESCI, CCR-EXPANDED, IC Timespan=All years
#14	(990,959)	TS=(prevalence OR prevalent)
		Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, ESCI, CCR-EXPANDED, IC Timespan=All years
#13	(340,908)	TS=(epidemiology)
		Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, ESCI, CCR-EXPANDED, IC Timespan=All years
#12	(335,154)	TS=(epidemiolo* study or epidemiolo* studies)
		Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, ESCI, CCR-EXPANDED, IC Timespan=All years
#11	(273,094)	TS=(longitudinal study or longitudinal studies)
		Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, ESCI, CCR-EXPANDED, IC Timespan=All years
#10	(496,164)	TS=(prospective study or prospective studies)
		Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, ESCI, CCR-EXPANDED, IC Timespan=All years
#9	(796,061)	TS=(follow-up study or follow-up studies or follow up study or follow up studies)
		Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, ESCI, CCR-EXPANDED, IC Timespan=All years

#8	(519,474)	TS=(cohort study or cohort studies)
		Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, ESCI, CCR-EXPANDED, IC Timespan=All years
#7	(419,556)	TS=(incidence study or incidence studies)
		Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, ESCI, CCR-EXPANDED, IC Timespan=All years
#6	(925,072)	TS=(incidence OR incident)
		Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, ESCI, CCR-EXPANDED, IC Timespan=All years
#5	(55,453)	#4 OR #3 OR #2 OR #1
		Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, ESCI, CCR-EXPANDED, IC Timespan=All years
#4	(951)	TS=(pustulo* AND palm*)
		Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, ESCI, CCR-EXPANDED, IC Timespan=All years
#3	(2,611)	TS=(pustulosis)
		Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, ESCI, CCR-EXPANDED, IC Timespan=All years
#2	(7,039)	TS=(psoriatic skin)
		Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, ESCI, CCR-EXPANDED, IC Timespan=All years
#1	(51,367)	TS=(psoriasis)
		Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, ESCI, CCR-EXPANDED, IC Timespan=All years

2.2.4 SciELO search

Database: Web of Science SciELO Inception to Present. Searched 15/10/2019

# 20	(17)	#18 Indexes=SCIELO Timespan=1997-2010
# 19	(101)	#18 Indexes=SCIELO Timespan=2011-2019
# 18	(118)	#17 AND #5 Indexes=SCIELO Timespan=All years
# 17	(89,084)	#16 OR #15 OR #14 OR #13 OR #12 OR #11 OR #10 OR #9 OR #8 OR #7 OR #6 Indexes=SCIELO Timespan=All years
# 16	(22,483)	TS=(cross-sectional study OR cross-sectional studies OR cross sectional study OR cross sectional studies) Indexes=SCIELO Timespan=All years
# 15	(20,691)	TS=(prevalence study or prevalence studies) Indexes=SCIELO Timespan=All years
# 14	(30,467)	TS=(prevalence OR prevalent) Indexes=SCIELO Timespan=All years
# 13	(8,586)	TS=(epidemiology) Indexes=SCIELO Timespan=All years
# 12	(13,770)	TS=(epidemiolo* study or epidemiolo* studies) Indexes=SCIELO Timespan=All years
# 11	(5,094)	TS=(longitudinal study or longitudinal studies) Indexes=SCIELO Timespan=All years
# 10	(9,697)	TS=(prospective study or prospective studies)

		Indexes=SCIELO Timespan=All years
# 9	(12,078)	TS=(follow-up study or follow-up studies or follow up study or follow up studies) Indexes=SCIELO Timespan=All years
# 8	(6,084)	TS=(cohort study or cohort studies) Indexes=SCIELO Timespan=All years
# 7	(11,150)	TS=(incidence study or incidence studies) Indexes=SCIELO Timespan=All years
# 6	(18,609)	TS=(incidence OR incident) Indexes=SCIELO Timespan=All years
# 5	(392)	#4 OR #3 OR #2 OR #1 Indexes=SCIELO Timespan=All years
# 4	(8)	TS=(pustulo* AND palm*) Indexes=SCIELO Timespan=All years
# 3	(29)	TS=(pustulosis) Indexes=SCIELO Timespan=All years
# 2	(40)	TS=(psoriatic skin) Indexes=SCIELO Timespan=All years
# 1	(369)	TS=(psoriasis) Indexes=SCIELO Timespan=All years

2.2.5 KCI search

Database: Web of Science KCI Korean Journal Database Inception to Present. Searched 15/10/2019

# 20	(16)	#18 Indexes=KJD Timespan=1980-2010
# 19	(47)	#18 Indexes=KJD Timespan=2011-2019
# 18	(63)	#17 AND #5 Indexes=KJD Timespan=All years
# 17	(81,179)	#16 OR #15 OR #14 OR #13 OR #12 OR #11 OR #10 OR #9 OR #8 OR #7 OR #6 Indexes=KJD Timespan=All years
# 16	(6,047)	TS=(cross-sectional study OR cross-sectional studies OR cross sectional study OR cross sectional studies) Indexes=KJD Timespan=All years
# 15	(8,123)	TS=(prevalence study or prevalence studies) Indexes=KJD Timespan=All years
# 14	(15,382)	TS=(prevalence OR prevalent) Indexes=KJD Timespan=All years
# 13	(1,798)	TS=(epidemiology) Indexes=KJD Timespan=All years
# 12	(3,151)	TS=(epidemiolo* study or epidemiolo* studies) Indexes=KJD Timespan=All years
# 11	(6,471)	TS=(longitudinal study or longitudinal studies) Indexes=KJD Timespan=All years
# 10	(5,501)	TS=(prospective study or prospective studies) Indexes=KJD Timespan=All years
# 9	(29,955)	TS=(follow-up study or follow-up studies or follow up study or follow up studies) Indexes=KJD Timespan=All years
# 8	(3,194)	TS=(cohort study or cohort studies) Indexes=KJD Timespan=All years
# 7	(8,487)	TS=(incidence study or incidence studies) Indexes=KJD Timespan=All years
# 6	(20,775)	TS=(incidence OR incident) Indexes=KJD Timespan=All years

# 5	(535)	#4 OR #3 OR #2 OR #1 Indexes=KJD Timespan=All years
# 4	(19)	TS=(pustulo* AND palm*) Indexes=KJD Timespan=All years
# 3	(66)	TS=(pustulosis) Indexes=KJD Timespan=All years
# 2	(53)	TS=(psoriatic skin) Indexes=KJD Timespan=All years
# 1	(469)	TS=(psoriasis) Indexes=KJD Timespan=All years

2.2.6 Russian Science Citation Index search

Database: Web of Science Russian Science Citation Inception to Present. Searched 15/10/2019

# 20	(12)	#18 Indexes=RSCI Timespan=2005-2010
# 19	(69)	#18 Indexes=RSCI Timespan=2011-2019
# 18	(81)	#17 AND #5 Indexes=RSCI Timespan=All years
# 17	(22,739)	#16 OR #15 OR #14 OR #13 OR #12 OR #11 OR #10 OR #9 OR #8 OR #7 OR #6 Indexes=RSCI Timespan=All years
# 16	(467)	TS=(cross-sectional study OR cross-sectional studies OR cross sectional study OR cross sectional studies) Indexes=RSCI Timespan=All years
# 15	(3,823)	TS=(prevalence study or prevalence studies) Indexes=RSCI Timespan=All years
# 14	(7,442)	TS=(prevalence OR prevalent) Indexes=RSCI Timespan=All years
# 13	(2,012)	TS=(epidemiology) Indexes=RSCI Timespan=All years
# 12	(2,520)	TS=(epidemiolo* study or epidemiolo* studies) Indexes=RSCI Timespan=All years
# 11	(1,172)	TS=(longitudinal study or longitudinal studies) Indexes=RSCI Timespan=All years

# 10	(2,513)	TS=(prospective study or prospective studies) Indexes=RSCI Timespan=All years
# 9	(4,128)	TS=(follow-up study or follow-up studies or follow up study or follow up studies) Indexes=RSCI Timespan=All years
# 8	(1,222)	TS=(cohort study or cohort studies) Indexes=RSCI Timespan=All years
# 7	(3,318)	TS=(incidence study or incidence studies) Indexes=RSCI Timespan=All years
# 6	(6,700)	TS=(incidence OR incident) Indexes=RSCI Timespan=All years
# 5	(548)	#4 OR #3 OR #2 OR #1 Indexes=RSCI Timespan=All years
# 4	(3)	TS=(pustulo* AND palm*) Indexes=RSCI Timespan=All years
# 3	(6)	TS=(pustulosis) Indexes=RSCI Timespan=All years
# 2	(84)	TS=(psoriatic skin) Indexes=RSCI Timespan=All years
# 1	(539)	TS=(psoriasis) Indexes=RSCI Timespan=All years

Text 2.3 Results and Discussion

In total, ,42,924 records were identified from the electronic and regional databases as well as from screening the reference lists of all eligible studies. After de-duplication, 41,164 records were available for assessment. These results were provided as an Endnote library.

Database	Records downloaded	Records remaining after de-duplication
Electronic Databases		
MEDLINE*	9,472	8,830
EMBASE*	23,278	22,178
Web of Science	8,407	8,389
SciELO	118	118
Korean Journal Database	63	63
Russian Science Citation Index	81	81
Total	41,419	39,659
Regional Databases		
WPRIM	957	957
SaudiMedLit	25	25
Informit	98	98
IndMed	344	344
HERDIN	58	58
Total	1482	1482
Additional papers identified manually		
Total	23	23
Totals	42,924	41,164

* The total number of records downloaded from MEDLINE and EMBASE as presented in this table are not identical to numbers presented in the search strategies 2.2.1 and 2.2.2, respectively, because the systematic review search was conducted twice, first in October 2017 and then updated in October 2019. However, due to the large number of records identified from these two databases, we restricted the search to 2017-2019 when we conducted the update for the systematic review and added the number of new records identified to the number of records identified previously in the first search. Consequently, the number of records presented in this table are slightly different from the number of records presented in the search strategies

Text 2.4 Data Extraction:

Data extracted from each study included citation data (title of the study, authors, publication year); study design (study aim, study-period, setting, database and disease codes [if a specific database and disease codes have been used]); study population (country, ethnicity, age group, gender); study methods (diagnostic method [e.g. dermatologists, physician or self-reported], case definition and validation); outcome measure (incidence and/or prevalence); type of prevalence (point, period or life-time); and findings (number of people with psoriasis, number of people at risk, values of the prevalence and/or incidence reported and their 95% confidence intervals[CIs]). All extracted data were double-checked by two investigators (R.P and I.Y.K.I) to ensure its accuracy.

Text 2.5 Quality Assessment:

A formal assessment of the quality of the included studies was performed independently by two members of the research team (R.P. and I.Y.K.I) using the Appraisal tool of Cross-Sectional Studies (AXIS tool)[1]. The AXIS tool is a 20-item quality assessment tool designed to assist researchers to critically appraise studies, specifically in the process of conducting systemic reviews. The 20-items cover the following domains: identification of research aims, appropriateness of study design, use of valid measures and statistical analyses and consideration of bias. In the current systematic review, studies were classified as having high, medium, or low risk of bias or unclear according to the overall quality of the

methods used and reporting of results in the study. The risk of bias assessment for individual studies is included in eTable 14.

The Appraisal tool of Cross-Sectional Studies (AXIS tool)[1]			
	Yes	No	Do not know/ Comments
Introduction			
1) Were the aims/objectives of the study clear?			
Methods			
2) Was the study design appropriate for the stated aim(s)?			
3) Was the sample size justified?			
4) Was the target/reference population clearly defined? (Is it clear who the research was about?)			
5) Was the sample frame taken from an appropriate population base so that it closely represented the target/reference population under investigation?			
6) Was the selection process likely to select subjects/participants that were representative of the target/reference population under investigation?			
7) Were measures undertaken to address and categorise non-responders?			
8) Were the risk factor and outcome variables measured appropriate to the aims of the study?			
9) Were the risk factor and outcome variables measured correctly using instruments/measurements that had been trialled, piloted or published previously?			
10) Is it clear what was used to determined statistical significance and/or precision estimates? (eg, p values, CIs)			
11) Were the methods (including statistical methods) sufficiently described to enable them to be repeated?			
Results			
12) Were the basic data adequately described?			
13) Does the response rate raise concerns about non-response bias?			
14) If appropriate, was information about non-responders described?			
15) Were the results internally consistent?			
16) Were the results for the analyses described in the methods, presented?			
Discussion			
17) Were the authors' discussions and conclusions justified by the results?			
18) Were the limitations of the study discussed?			
Other			
19) Were there any funding sources or conflicts of interest that may affect the authors' interpretation of the results?			
20) Was ethical approval or consent of participants attained?			

eTable 1 Characteristics of studies reporting on incidence of psoriasis.

Country	Study	Study time	Study outcome	Risk of bias	Reference
Canada	Eder et al. (2017)	2000-2015	Prevalence & Incidence	Medium	Eder L, Widdifield J, Rosen CF, Gladman DD, Alhusayen R, Paterson M, et al. Increasing population burden of psoriatic disease in Ontario, Canada-a longitudinal cohort study. *Arthritis and Rheumatology Conference: American College of Rheumatology/Association of Rheumatology Health Professionals Annual Scientific Meeting, ACR/ARHP*. 2017;69(Supplement 10).
Canada	Eder et al. (2019)	2000-2015	Prevalence & Incidence	Low	Eder L, Widdifield J, Rosen CF, Cook R, Lee KA, Alhusayen R, et al. Trends in the Prevalence and Incidence of Psoriasis and Psoriatic Arthritis in Ontario, Canada: A Population-Based Study. *Arthritis Care and Research*. 2019;71(8):1084-91.
Denmark	Egeberg et al. (2017)	2003-2012	Prevalence & Incidence	Low	Egeberg A, Skov L, Gislason GH, Thyssen JP, Mallbris L. Incidence and prevalence of psoriasis in Denmark. *ActaDermato-Venereologica*. 2017;97(7):808-12.
Germany	Jacob et al. (2016)	2007-2010	Prevalence & Incidence	High	Jacob C, Meier F, Neidhardt K, Jugl SM, Walker J, Braun S, et al. Epidemiology and costs of psoriasis in Germany-a retrospective claims data analysis. *Value in Health*. 2016;19(7):A566.
Germany	Sewerin et al. (2019)	2009-2012	Prevalence & Incidence	Medium	Sewerin P, Brinks R, Schneider M, Haase I, Vordenbaumen S. Prevalence and incidence of psoriasis and psoriatic arthritis. *Annals of the Rheumatic Diseases*. 2019;78(2):286-7.
Israel	Shalom et al. (2018)	2016-2017	Prevalence & Incidence	Low	Shalom G, Zisman D, Babaev M, Horev A, Tiosano S, Schonmann Y, et al. Psoriasis in Israel: demographic, epidemiology, and healthcare services utilization. *International Journal of Dermatology*. 2018;57(9):1068-74.
Israel	Schonmann et al. (2019)	2011-2017	Prevalence & Incidence	Low	Schonmann Y, Ashcroft DM, Iskandar IYK, Parisi R, Sde-Or S, Comaneshter D, et al. Incidence and prevalence of psoriasis in Israel between 2011 and 2017. *Journal of the European Academy of Dermatology and Venereology*.

Italy	Vena et al. (2010)	2001 & 2005	Incidence	Low	Vena GA, Altomare G, Ayala F, Berardesca E, Calzavara-Pinton P, Chimenti S, et al. Incidence of psoriasis and association with comorbidities in Italy: A 5-year observational study from a national primary care database. *European Journal of Dermatology*. 2010;20(5):593-8.
Italy	Cantarutti et al. (2015)	2006-2012	Prevalence & Incidence	Low	Cantarutti A, Dona D, Visentin F, Borgia E, Scamarcia A, Cantarutti L, et al. Epidemiology of frequently occurring skin diseases in Italian children from 2006 to 2012: A retrospective, population-based study. *Pediatric Dermatology*. 2015;32(5):668-78.
Italy	Pezzolo et al. (2019)	2003-2004	Prevalence & Incidence	Low	Pezzolo E, Cazzaniga S, Colombo P et al. Psoriasis incidence and lifetime prevalence: Suggestion for a higher mortality rate in older age-classes among psoriatic patients compared to the general population in Italy. Acta Dermato-Venereologica 2019; 99 (4): 400-3.
Russia	Znamenskaya et al. (2012)	2009-2011	Prevalence & Incidence	Low	Znamenskaya LF, Melekhina LY, Bogdanova YV, Mineyeva AA. Psoriasis incidence and prevalence in the Russian Federation. *Vestnikdermatologiivenerologii*. 2012(5):20-9.
Russia	Kubanova et al. (2017)	2010-2016	Prevalence & Incidence	Low	Kubanova AA, Kubanov AA, Melekhina LE, Bogdanova EV. The Assessment of the Incidence of Skin Disorders in Russian Federation in 2003-2016. *Vestnik dermatologii i venerologii*. 2017(6):22-33.
Russia	Odinets et al. (2017)	2010-2016	Prevalence & Incidence	Low	Odinets AV. The incidence of skin diseases in Stavropol territory in 2010—2016. *Klinicheskaya dermatologiya i venerologiya*. 2017;16(6):32-7.
Taiwan	Wei et al. (2018)	2001-2013	Prevalence & Incidence	Low	Wei JCC, Shi LH, Huang JY, Wu XF, Wu R, Chiou JY. Epidemiology and medication pattern change of psoriatic diseases in Taiwan from 2000 to 2013: A nationwide, population-based cohort study. *Journal of Rheumatology*. 2018;45(3):385-92.

The Netherlands	Donker et al. (1998)	1987-1988 & 1995	Incidence	High	Donker GA, Foets M, Spreeuwenberg P, Van Der Werf GT. Management of psoriasis in general practice now more in agreement with the guidelines of the Dutch College of General Practitioners (NHG). [Dutch] Beleidbij psoriasis in de huisartspraktijk nu meer in overeenstemming met de standaard van het NederlandsHuisartsenGenootschap. *NederlandsTijdschriftvoorGeneeskunde*. 1998;142(24):1379-83.
UK	Huerta et al. (2007)	1996-1997	Incidence	High	Huerta C, Rivero E, Rodriguez LAG. Incidence and risk factors for psoriasis in the general population. *Archives of Dermatology*. 2007;143(12):1559-65.
UK	Khalid et al. (2013)	2007-2009	Incidence	Low	Khalid JM, Globe G, Fox KM, Chau D, Maguire A, Chiou C-F. Treatment and referral patterns for psoriasis in United Kingdom primary care: a retrospective cohort study. *BMC Dermatology*. 2013;13:9.
UK	Springate et al. (2017)	1999-2013	Prevalence & Incidence	Low	Springate DA, Parisi R, Kontopantelis E, Reeves D, Griffiths CEM, Ashcroft DM. Incidence, prevalence and mortality of patients with psoriasis: a U.K. population-based cohort study. *British Journal of Dermatology*. 2017;176(3):650-8.
UK	Tillett et al. (2017)	1998-2014	Incidence	Medium	Tillett W, Charlton R, Nightingale A, Snowball J, Green A, Smith C, et al. Interval between onset of psoriasis and psoriatic arthritis comparing the UK Clinical Practice Research Datalink with a hospital-based cohort. *Rheumatology*. 2017;56(12):2109-13.
USA	Bell et al. (1991)	1980-1983	Incidence	Medium	Bell LM, Sedlack R, Beard CM, Perry HO, Michet CJ, Kurland LT. Incidence of psoriasis in Rochester, Minn, 1980-1983. *Archives of Dermatology*. 1991;127(8):1184-7.
USA	Shbeeb et al. (1995)	1982-1991	Incidence	Low	Shbeeb MI, Sunku J, Hunder GG, Gibson LE, Ofallon WM, Gabriel SE. Incidence of psoriasis(p) and psoriatic arthritis(pa), a population-based study. *Arthritis and Rheumatism*. 1995;38(9):1353.

USA	Icen et al. (2009)	1970-2000	Incidence	Low	Icen M, Crowson CS, McEvoy MT, Dann FJ, Gabriel SE, MaraditKremers H. Trends in incidence of adult-onset psoriasis over three decades: a population-based study. *Journal of the American Academy of Dermatology*. 2009;60(3):394-401.
USA	Tollefson et al. (2010)	1970-1999	Incidence	Low	Tollefson MM, Crowson CS, McEvoy MT, Kremers HM. Incidence of psoriasis in children: A population-based study. *Journal of the American Academy of Dermatology*. 2010;62(6):979-87.

eTable 2 Characteristics of studies reporting on prevalence of psoriasis.

Country	Study	Study time	Study outcome	Risk of Bias	Inclusion in the analysis	Reference
Australia	Quirk et al., (1979)	NR	Prevalence	High	Yes	Quirk CJ. Skin disease in the Busselton population survey. *Med J Aust.* 1979 Jun 16;1(12):569-70.
Australia	Kilkenny et al., (1998)	1996	Prevalence	Medium	Yes	Kilkenny M, Stathakis V, Jolley D, Marks R. Maryborough skin health survey: prevalence and sources of advice for skin conditions. *Australasian Journal of Dermatology*. 1998;39(4):233-7.
Australia	Plunkett et al., (1999)	1997-1998	Prevalence	Low	Yes	Plunkett A, Merlin K, Gill D, Zuo YQ, Jolley D, Marks R. The frequency of common nonmalignant skin conditions in adults in central Victoria, Australia. *International Journal of Dermatology*. 1999;38(12):901-8.
Brazil	Bechelli et al. (1981)	1974-1975	Prevalence	Medium	No	Bechelli LM, Haddad N, Pimenta WP, Pagnano PM, Melchior E Jr, Fregnan RC, Zanin LC, Arenas A. Epidemiological survey of skin diseases in schoolchildren living in the Purus Valley (Acre State, Amazonia, Brazil). *Dermatologica.* 1981;163(1):78-93.
Brazil	Fujii et al. (2012)	2011	Prevalence	High	No	Fujii RK, Mould JF, Tang B, Brandt H, Pomerantz D, Chapnick J, et al. Burden of disease in patients with diagnosed psoriasis in Brazil: Results from 2011 National Health and Wellness Survey (NHWS). *Value in Health.* 2012;15 (4):A107.
Brazil	Ferreira et al. (2014)	2012	Prevalence	High	No	Ferreira CN, DiBonaventura MD, Tang B, Rufino CS, Manfrin DF. Economic burden of psoriatic patients in the Brazilian health system. *Value in Health.* 2014;17 (3):A226.
Brazil	Romiti et al. (2017)	2015-2016	Prevalence	Medium	Yes	Romiti R, Amone M, Menter A, Miot HA. Prevalence of psoriasis in Brazil - a geographical survey. *International Journal of Dermatology*. 2017;56(8):e167-e8.
Brazil	DiBonaventura et al. (2018)	2012	Prevalence	Medium	Yes	DiBonaventura M, Carvalho AVE, Souza CDS, Squiassi HB, Ferreira CN. The association between psoriasis and health-related quality of life, work productivity, and healthcare resource use in Brazil. Anais brasileiros de dermatologia. 2018;93(2):197-204.

Canada	Solomon et al. (2010)	1996-2006	Prevalence	Low	Yes	Solomon DH, Love TJ, Canning C, Schneeweiss S. Risk of diabetes among patients with rheumatoid arthritis, psoriatic arthritis and psoriasis. *Annals of the Rheumatic Diseases*. 2010;69(12):2114-7.
Canada	Gregory et al. (2014)	2008-2012	Prevalence	Medium	No	Gregory V, Luciani L, Barbeau M, Petrella RJ. Comorbidities and health resource use of chronic plaque psoriasis patients in Canada : A matched-cohort study. *Value in Health*. 2014;17 (3):A125.
Canada	Petrella et al. (2014)	2008-2012	Prevalence	Medium	Yes	Petrella RJ, Gregory V, Luciani L, Barbeau M. Characteristics of chronic plaque psoriasis in Canada: A retrospective database study. *Value in Health*. 2014;17 (3):A284.
Canada	Eder et al. (2017)	NR	Prevalence	Medium	No	Eder L, Widdifield J, Rosen CF, Gladman DD, Alhusayen R, Paterson M, et al. Accuracy of Canadian administrative health data in identifying patients with psoriasis and psoriatic arthritis using primary care medical records as the reference standard. *Arthritis and Rheumatology Conference: American College of Rheumatology/Association of Rheumatology Health Professionals Annual Scientific Meeting, ACR/ARHP*. 2017;69(Supplement 10).
Canada	Eder et al. (2017)	2000-2015	Prevalence & Incidence	Medium	No	Eder L, Widdifield J, Rosen CF, Gladman DD, Alhusayen R, Paterson M, et al. Increasing population burden of psoriatic disease in Ontario, Canada-a longitudinal cohort study. *Arthritis and Rheumatology Conference: American College of Rheumatology/Association of Rheumatology Health Professionals Annual Scientific Meeting, ACR/ARHP*. 2017;69(Supplement 10).
Canada	Eder et al. (2019)	2000-2015	Prevalence & Incidence	Low	Yes	Eder L, Widdifield J, Rosen CF, Cook R, Lee KA, Alhusayen R, et al. Trends in the Prevalence and Incidence of Psoriasis and Psoriatic Arthritis in Ontario, Canada: A Population-Based Study. *Arthritis Care and Research*. 2019;71(8):1084-91.
China	Henan Dermatoses Survey Group (1982)	1980	Prevalence	Medium	No	Henan Dermatoses Survey Group. An analysis of 487 cases of psoriasis in 100,000 natural population of Henan rural district. *Chinese Journal of Dermatology*. 1982;15:83-4.
China	Li et al. (1982)	1974-1981	Prevalence	High	Yes	Li H-J. Psoriasis in China. *Chinese Medical Journal*. 1982;95(4):245-56.

China	Yip et al. (1984)	1974-1981	Prevalence	High	No	Yip SY. The prevalence of psoriasis in the Mongoloid race. *Journal of the American Academy of Dermatology*. 1984;10(6):965-8.
China	Changgeng et al. (1987)	1984	Prevalence	Low	Yes	Changgeng S, Guowei Z, Guangchao W. Distribution of psoriasis in China: A nationwide screening. *Proceedings of the Chinese Academy of Medical Sciences and the Peking Union Medical College*. 1987;2(2):59-65.
China	Zhanli et al. (1994)	1984	Prevalence	Medium	Yes	Zhanli T, Yongnian P, Changgeng S. A correlation-study of incidence of psoriasis and meteorological factors. *Chinese Journal of Dermatology*. 1998;31(2):75-8.
China	Ding et al. (2012)	NR	Prevalence	Low	Yes	Ding XL, Wang TL, Shen YW, Wang XY, Zhou C, Tian S, et al. Prevalence of psoriasis in China: A population-based study in six cities. *European Journal of Dermatology*. 2012;22(5):663-7.
China	Li et al. (2012)	NR	Prevalence	Low	Yes	Li R, Sun J, Ren LM, Liu WH, Zhang XW, Chen S, et al. Epidemiology of eight common rheumatic diseases in China: A large-scale cross-sectional survey in Beijing. *Rheumatology*. 2012;51(4):721-9.
China	Wang et al. (2012)	2008-2009	Prevalence	Low	Yes	Wang R-L, Cao L-S, Zhou C, Zhang J-Z. Prevalence of 15 skin diseases in adolescents from Liangshan prefecture in Sichuan Province. *Chin J Dermatol*. 2012;45(4):270-2.
China	Li et al. (2013)	2008-2010	Prevalence	Low	Yes	Li M-J, Wang P, Cai M, Liu Q, Wu W-W, Fu L, et al. Prevalence and risk factors of psoriasis in Hainan province: an epidemiological survey. *Chin J Dermatol*. 2013;46(3):157-9.
Croatia	Barisic-Drusko et al. (1989)	1987	Prevalence	High	Yes	Barisic-Drusko V, Paljan D, Kansky A, Vujasinovic S. Prevalence of psoriasis in Croatia. *ActaDermato-VenereologicaSupplementum*. 1989;146:178-9.
Denmark	Lomholt et al. (1964)	1948	Prevalence	Medium	Yes	Lomholt G. Prevalence of skin diseases in a population; a census study from the Faroe Islands. *Danish Medical Bulletin*. 1964;11:1-7.
Denmark	Brandrup et al. (1981)	1978	Prevalence	Low	Yes	Brandrup F, Green A. The prevalence of psoriasis in Denmark. *ActaDermato-Venereologica*. 1981;61(4):344-6.

Denmark	Jensen et al. (2013)	2006-2008	Prevalence	Medium	Yes	Jensen P, Thyssen JP, Zachariae C, Hansen PR, Linneberg A, Skov L. Cardiovascular risk factors in subjects with psoriasis: a cross-sectional general population study. *International Journal of Dermatology*. 2013;52(6):681-3.
Denmark	Mortz et al. (2014)	2010	Prevalence	High	Yes	Mortz CG, Bindslev-Jensen C, Andersen KE. Hand eczema in the Odense Adolescence Cohort Study on Atopic Diseases and Dermatitis (TOACS): Prevalence, incidence and risk factors from adolescence to adulthood. *British Journal of Dermatology*. 2014;171(2):313-23.
Denmark	Egeberg et al. (2017)	2003-2012	Prevalence & Incidence	Low	Yes	Egeberg A, Skov L, Gislason GH, Thyssen JP, Mallbris L. Incidence and prevalence of psoriasis in Denmark. *ActaDermato-Venereologica*. 2017;97(7):808-12.
Denmark	Blegvad et al. (2017)	2012	Prevalence	Low	Yes	Blegvad C, Egeberg A, Tind Nielsen TE, Gislason GH, Zachariae C, Nybo Andersen AM, et al. Autoimmune disease in children and adolescents with psoriasis: A cross-sectional study in Denmark. *Acta Dermato-Venereologica*. 2017;97(10):1225-9.
Denmark	Egeberg et al. (2019)	2018	Prevalence	Low	Yes	Egeberg A, Andersen YMF, Thyssen JP. Prevalence and characteristics of psoriasis in Denmark: Findings from the Danish skin cohort. *BMJ Open*. 2019;9 (3) (no pagination)(e028116).
Egypt	Abdel-Hafez et al. (2003)	1994-1996	Prevalence	Low	Yes	Abdel-Hafez K, Abdel-Aty MA, Hofny ERM. Prevalence of skin diseases in rural areas of Assiut Governorate, Upper Egypt. *International Journal of Dermatology*. 2003;42(11):887-92.
Egypt	Yamamah et al. (2012)	2008-2009	Prevalence	High	Yes	Yamamah GA, Emam HM, Abdelhamid MF, Elsaie ML, Shehata H, Farid T, et al. Epidemiologic study of dermatologic disorders among children in South Sinai, Egypt. *International Journal of Dermatology*. 2012;51(10):1180-5.
Egypt	El-Khateeb et al. (2014)	2011-2012	Prevalence	Low	Yes	El-Khateeb EA, Lotfi RA, Abdel-Aziz KM, El-Shiekh SE. Prevalences of skin diseases among primary schoolchildren in Damietta, Egypt. *International Journal of Dermatology*. 2014;53(5):609-16.
Egypt	Nada et al. (2014)	2009-2010	Prevalence	High	Yes	Nada EE, Moustafa M, Elfetoh NA, El Said S. Pattern of scalp affection in primary school children in Sohag, Upper Egypt. *Journal of the American Academy of Dermatology*. 2014;(1):AB83.

France	Wolkenstein et al. (2003)	2002	Prevalence	Low	Yes	Wolkenstein P, Grob JJ, Bastuji-Garin S, Ruszczynski S, Roujeau JC, Revuz J, et al. French People and Skin Diseases: Results of a Survey Using a Representative Sample. *Archives of Dermatology*. 2003;139(12):1614-9.
France	Wolkenstein et al. (2009)	2005	Prevalence	Low	Yes	Wolkenstein P, Revuz J, Roujeau JC, Bonnelye G, Grob JJ, Bastuji-Garin S, et al. Psoriasis in France and associated risk factors: results of a case-control study based on a large community survey. *Dermatology*. 2009;218(2):103-9.
France	Richard et al. (2018)	2016	Prevalence	Low	Yes	Richard MA, Corgibet F, Beylot-Barry M, Barbaud A, Bodemer C, Chaussade V, et al. Sex- and age-adjusted prevalence estimates of five chronic inflammatory skin diseases in France: results of the << OBJECTIFS PEAU >> study. *Journal of the European Academy of Dermatology and Venereology*. 2018;32(11):1967-71.
Germany	Schlander et al. (2008)	2003	Prevalence	High	Yes	Schlander M, Schwarz O, Viapiano M, Bonauer N. Administrative prevalence of psoriasis in Germany. *Value in Health*. 2008;11(6):A615-A6.
Germany	Schafer et al. (2009)	2005	Prevalence	High	No	Schafer I, Radtke MA, Glaeske G, Augustin M. Epidemiology of psoriasis in Germany: evaluation of routine data of a legal medical insurance. *Journal Der DeutschenDermatologischenGesellschaft*. 2009;7:194.
Germany	Augustin et al. (2010)	2005	Prevalence	Low	No	Augustin M, Glaeske G, Radtke MA, Christophers E, Reich K, Schafer I. Epidemiology and comorbidity of psoriasis in children. *British Journal of Dermatology*. 2010;162(3):633-6.
Germany	Augustin et al. (2010)	2005	Prevalence	Low	No	Augustin M, Reich K, Glaeske G, Schaefer I, Radtke M. Co-morbidity and age-related prevalence of psoriasis: Analysis of health insurance data in Germany. *ActaDermato-Venereologica*. 2010;90(2):147-51.
Germany	Schmitt et al. (2010)	NR	Prevalence	High	Yes	Schmitt J, Apfelbacher CJ. Epidemiology of pediatric psoriasis: A representative German cross-sectional study. *Experimental Dermatology*. 2010;19(2):219.

Germany	Schmitt et al. (2010)	2003-2004	Prevalence	Medium	No	Schmitt J, Ford DE. Psoriasis is independently associated with psychiatric morbidity and adverse cardiovascular risk factors, but not with cardiovascular events in a population-based sample. *Journal of the European Academy of Dermatology & Venereology*. 2010;24(8):885-92.
Germany	Augustin et al. (2011)	2007	Prevalence	Low	Yes	Augustin M, Chapnik J, Gupta S, Buesch K, Radtke M. Psoriasis causes high costs, reduces productivity at work and quality of life. [German] Psoriasis verursachthoheKosten, mindert die Produktivitat am Arbeitsplatz und verringert die Lebensqualitat. *AktuelleDermatologie*. 2011;37(10):353-9.
Germany	Augustin et al. (2011)	2007	Prevalence	Low	No	Augustin M, Schafer I, Reich K, Glaeske G, Radtke M. Systemic treatment with corticosteroids in psoriasis-health care provision far beyond the S3-guidelines. [German, English] SystemischeGlukokortikosteroidebei Psoriasis - Versorgungjenseits der S3-Leitlinie. *JDDG - Journal of the German Society of Dermatology*. 2011;9(10):833-8.
Germany	Schafer et al. (2011)	2005	Prevalence	Low	No	Schafer I, Rustenbach SJ, Radtke M, Augustin J, Glaeske G, Augustin M. Epidemiology of psoriasis in Germany-analysis of secondary health insurance data. *Gesundheitswesen*. 2011;73(5):308-13.
Germany	Kampfe et al. (2012)	2009	Prevalence	High	No	Kampfe SM, Augustin M, Schafer I, Glaeske G, Schicktanz C, Radtke M. Prevalence and health care situation of juvenile psoriasis in Germany. *Experimental Dermatology*. 2012;21 (3):e21.
Germany	Augustin et al. (2013)	2009	Prevalence	Low	No	Augustin M, Reich K, Glaeske G, Kampfe S, Radtke MA, Gerdau-Heitmann C, et al. Drug supply for children with psoriasis in Germany. *Journal der DeutschenDermatologischenGesellschaft*. 2013;11(8):751-5.
Germany	Matusiewicz et al. (2014)	2007	Prevalence	Low	No	Matusiewicz D, Koerber A, Schadendorf D, Wasem J, Neumann A. Childhood psoriasis - An analysis of German health insurance data. *Pediatric Dermatology*. 2014;31(1):8-13.

Germany	Radtke et al. (2014)	NR	Prevalence	High	No	Radtke MA, Schafer I, Glaeske G, Jacobi A, Augustin M. Prevalence and comorbidities in adults with psoriasis compared with atopic dermatitis: Analysis of health insurance data in Germany. *British Journal of Dermatology*. 2014;171 (6):e117-e8.
Germany	Augustin et al. (2015)	2009	Prevalence	Low	No	Augustin M, Radtke MA, Glaeske G, Reich K, Christophers E, Schaefer I, et al. Epidemiology and comorbidity in children with psoriasis and atopic eczema. *Dermatology*. 2015;231(1):35-40.
Germany	Jacobi et al. (2015)	2009	Prevalence	Low	No	Jacobi A, Kis A, Radtke MA, Augustin J, Glaeske G, Schaefer I, et al. Regional Differences of Health Care for Juvenile Psoriasis in Germany. [German]RegionaleUnterschiede in der Versorgung der juvenilen Psoriasis in Deutschland. *AktuelleDermatologie*. 2015;41(8-9):333-9.
Germany	Radtke et al. (2015)	NR	Prevalence	High	No	Radtke MA, Schafer I, Jacobi A, Glaeske G, Kampfe S, Augustin M. Prevalence and Comorbidity of Atopic Dermatitis in Comparison to Psoriasis-Analysis of country wide Health insurance scheme data. *Journal Der DeutschenDermatologischenGesellschaft*. 2015;13:124.
Germany	Matterne et al. (2016)	2003-2006	Prevalence	Low	No	Matterne U, Apfelbacher C. Peer-relationship-problems account for quality of life impairments in pediatric psoriasis. *Journal of Psychosomatic Research*. 2016;84:31-6.
Germany	Jacob et al. (2016)	2007-2010	Prevalence & Incidence	High	No	Jacob C, Meier F, Neidhardt K, Jugl SM, Walker J, Braun S, et al. Epidemiology and costs of psoriasis in Germany-a retrospective claims data analysis. *Value in Health*. 2016;19(7):A566.
Germany	Radtke et al. (2017)	2009	Prevalence	Low	Yes	Radtke MA, Schafer I, Glaeske G, Jacobi A, Augustin M. Prevalence and comorbidities in adults with psoriasis compared to atopic eczema. *Journal of the European Academy of Dermatology & Venereology*. 2017;31(1):151-7.
Germany	Drewitz et al. (2018)	NR	Prevalence	High	No	Drewitz KP, Stark K, Zimmermann ME, Heid I, Apfelbacher CJ. Prevalence and determinants of Psoriasis in a cross-sectional study of the elderly-results from the German AugUR study. *Experimental Dermatology*. 2018;27 (3):e43-e4.

Germany	Biermann et al. (2019)	2017	Prevalence	High	Yes	Biermann MH, Melzer N. Prevalence and biological treatment of psoriasis in children and adolescents in Germany. *Journal of Investigative Dermatology*. 2019;139(9):S239.
Germany	Petersen et al. (2019)	2010	Prevalence	High	Yes	Petersen J, Filali-Bouami S, Hagenstrom K, Augustin M. Prevalence and Incidence of Psoriasis - an up-to-date Routine Data Analysis. *Journal Der Deutschen Dermatologischen Gesellschaft*. 2019;17:204
Germany	Sewerin et al. (2019)	2009-2012	Prevalence & Incidence	Medium	Yes	Sewerin P, Brinks R, Schneider M, Haase I, Vordenbaumen S. Prevalence and incidence of psoriasis and psoriatic arthritis. *Annals of the Rheumatic Diseases*. 2019;78(2):286-7.
India	Dogra et al. (2003)	2001	Prevalence	Medium	Yes	Dogra S, Kumar B. Epidemiology of skin diseases in school children: a study from northern India. PediatrDermatol. 2003;(6):470-3.
India	Grills et al. (2012)	2010	Prevalence	Low	Yes	Grills N, Grills C, Spelman T, Stoove M, Hellard M, El-Hayek C, et al. Prevalence survey of dermatological conditions in mountainous north India. *International Journal of Dermatology*. 2012;51(5):579-87.
Iraq	Al-Rubiay et al. (2005)	NR	Prevalence	Medium	Yes	Al-Rubiay KK, Al-Rubaiy LK. Dermatoepidemiology: A household survey among two urban areas In Basrah City, Iraq. *Internet J Dermatol*. 2006; 4(2): 10.
Iraq	Ali et al. (2011)	2010	Prevalence	Medium	Yes	Ali KBM. Prevalence of skin diseases in rural Erbil: A community-based study. *Zanco J. Med. Sci*. 2012; 16 (1): 45-51.
Israel	Shapiro et al. (2007)	1997-2004	Prevalence	Low	No	Shapiro J, Cohen AD, David M, Hodak E, Chodik G, Viner A, et al. The association between psoriasis, diabetes mellitus, and atherosclerosis in Israel: a case-control study. *Journal of the American Academy of Dermatology*. 2007;56(4):629-34.
Israel	Shalom et al. (2018)	NR	Prevalence & Incidence	Low	Yes	Shalom G, Zisman D, Babaev M, Horev A, Tiosano S, Schonmann Y, et al. Psoriasis in Israel: demographic, epidemiology, and healthcare services utilization. *International Journal of Dermatology*. 2018;57(9):1068-74.

Israel	Schonmann et al. (2019)	NR	Prevalence & Incidence	Low	Yes	Schonmann Y, Ashcroft DM, Iskandar IYK, Parisi R, Sde-Or S, Comaneshter D, et al. Incidence and prevalence of psoriasis in Israel between 2011 and 2017. *Journal of the European Academy of Dermatology and Venereology*.
Italy	Naldi et al. (2004)	2003	Prevalence	Low	No	Naldi L, Colombo P, Placchesi EB, Piccitto R, Chatenoud L, La Vecchia C, et al. Study design and preliminary results from the pilot phase of the PraKtis study: Self-reported diagnoses of selected skin diseases in a representative sample of the Italian population. *Dermatology*. 2004;208(1):38-42.
Italy	Saraceno et al. (2008)	2006	Prevalence	Medium	Yes	Saraceno R, Mannheimer R, Chimenti S. Regional distribution of psoriasis in Italy. *Journal of the European Academy of Dermatology & Venereology*. 2008;22(3):324-9.
Italy	Naldi et al. (2009)	1997	Prevalence	Low	Yes	Naldi L, Parazzini F, Gallus S, Leardini M, Feliciangeli M, Assalve D, et al. Prevalence of atopic dermatitis in Italian schoolchildren: Factors affecting its variation. *ActaDermato-Venereologica*. 2009;89(2):122-5.
Italy	Sardu et al. (2012)	2009	Prevalence	Low	Yes	Sardu C, Cocco E, Mereu A, Massa R, Cuccu A, Marrosu MG, et al. Population based study of 12 autoimmune diseases in Sardinia, Italy: prevalence and comorbidity. *PLoS ONE [Electronic Resource]*. 2012;7(3):e32487.
Italy	Cantarutti et al. (2015)	2006-2012	Prevalence & Incidence	Low	Yes	Cantarutti A, Dona D, Visentin F, Borgia E, Scamarcia A, Cantarutti L, et al. Epidemiology of frequently occurring skin diseases in Italian children from 2006 to 2012: A retrospective, population-based study. *Pediatric Dermatology*. 2015;32(5):668-78.
Italy	Pezzolo et al. (2019)	2003-2004	Prevalence & Incidence	Low	Yes	Pezzolo E, Cazzaniga S, Colombo P et al. Psoriasis incidence and lifetime prevalence: Suggestion for a higher mortality rate in older age-classes among psoriatic patients compared to the general population in Italy. Acta Dermato-Venereologica 2019; 99 (4): 400-3.
Japan	Kubota et al. (2015)	2010-2011	Prevalence	Low	Yes	Kubota K, Kamijima Y, Sato T, Ooba N, Koide D, Iizuka H, et al. Epidemiology of psoriasis and palmoplantar pustulosis: a nationwide study using the Japanese national claims database. *BMJ Open*. 2015;5(1):e006450.

KSA	Abolfotouh et al. (1996)	NR	Prevalence	Medium	No	Abolfotouh MA, Abu-Zeid HA, Bahamdan K, Abdel Aziz M, Bassuni WA, Eid O.Skin disorders among male schoolchildren in the Asir region, southwestern Saudi Arabia. *Ann Saudi Med.* 1996 May;16(3):342-5.
KSA	Al-Saeed et al. (2006)	2003	Prevalence	Medium	No	Al-Saeed WY[1], Al-Dawood KM, Bukhari IA, Bahnassy AA. Prevalence and pattern of skin disorders among female schoolchildren in Eastern Saudi Arabia. *Saudi Med J.* 2006 Feb;27(2):227-34.
KSA	Amin et al. (2011)	NR	Prevalence	Medium	No	Amin TT, Ali A, Kaliyadan F. Skin disorders among male primary school children in Al Hassa, Saudi Arabia: prevalence and socio-demographic correlates--a comparison of urban and rural populations. *Rural Remote Health.* 2011;11(1):1517.
KSA	Rahamathulla et al. (2019)	2016	Prevalence	Low	Yes	Rahamathulla MP. Prevalence of skin disorders and associated socio-economic factors among primary school children in the Eastern region of Saudi Arabia. Jpma. 2019; *The Journal of the Pakistan Medical Association*. 69(8):1175-80.
Nepal	Walker et al. (2008)	NR	Prevalence	High	Yes	Walker SL, Shah M, Hubbard VG, Pradhan HM, Ghimire M. Skin disease is common in rural Nepal: results of a point prevalence study. *Br J Dermatol*. 2008; 158(2):334-8
Norway	Kavli et al. (1985)	1979-1980	Prevalence		No	Kavli G, Forde OH, Arnesen E, Stenvold SE. Psoriasis: familial predisposition and environmental factors. *British Medical Journal Clinical Research Ed*. 1985;291(6501):999-1000.
Norway	Braathen et al. (1989)	1985	Prevalence	Low	Yes	Braathen LR, Botten G, Bjerkedal T. Prevalence of psoriasis in Norway. *ActaDermato-VenereologicaSupplementum*. 1989;142:5-8.
Norway	Falk et al. (1993)	1991	Prevalence	Medium	Yes	Falk ES, Vandbakk O. Prevalence of psoriasis in a Norwegian Lapp population. *ActaDermato-VenereologicaSupplementum*. 1993;182:6-9.
Norway	Bo et al. (2008)	2000-2001	Prevalence	Medium	Yes	Bo K, Thoresen M, Dalgard F. Smokers report more psoriasis, but not atopic dermatitis or hand eczema: results from a Norwegian population survey among adults. *Dermatology*. 2008;216(1):40-5.
Norway	Danielsen et al. (2013)	1979-2008	Prevalence	Medium	Yes	Danielsen K, Olsen AO, Wilsgaard T, Furberg AS. Is the prevalence of psoriasis increasing? A 30-year follow-up of a population-based cohort. *British Journal of Dermatology*. 2013;168(6):1303-10.

Norway	Hoff et al. (2015)	2006-2008	Prevalence	Medium	No	Hoff M, Gulati AM, Romundstad PR, Kavanaugh A, Haugeberg G. Prevalence and incidence rates of psoriatic arthritis in central Norway: data from the Nord-Trondelag health study (HUNT). *Annals of the Rheumatic Diseases*. 2015;74(1):60-4.
Norway	Modalsli et al. (2016)	2006-2008	Prevalence	Low	Yes	Modalsli EH, Snekvik I, Asvold BO, Romundstad PR, Naldi L, Saunes M. Validity of Self-Reported Psoriasis in a General Population: The HUNT Study, Norway. *Journal of Investigative Dermatology*. 2016;136(1):323-5.
Norway	Hegvik et al. (2017)	2015	Prevalence	High	Yes	Hegvik TA, Instanes JT, Haavik J, Klungsoyr K, Engeland A. Associations between attention-deficit/hyperactivity disorder and autoimmune diseases are modified by sex: a population-based cross-sectional study. *European Child and Adolescent Psychiatry*. 2017:1-13.
Poland	Borzecki et al. (2012)	2005-2009	Prevalence	High	No	Borzecki A, Dudra-Jastrzebska M, Sajdak-Wojtaluk A. Epidemiology of psoriasis in District of Lublin in 2005-2009 period. [Polish] Epidemiologialuszczycy w rejonieWojewodztwaLubelskiego w latach 2005-2009. *DermatologiaKliniczna*. 2012;14(4):149-53.
Poland	Borzecki et al. (2018)	2008-2015	Prevalence	Medium	Yes	Borzecki A, Koncewicz A, raszewska-Famielec M, Dudra-Jastrzebska M. Epidemiology of psoriasis in the years 2008-2015 in Poland. *Przeglad Dermatologiczny*. 2018;105(6):693-700.
Portugal	Videira et al. (2017)	2015	Prevalence	Medium	Yes	Videira IFS, Marques AR, Neves ÂCP, Monteiro DFPdP. Psoríase e fatores de risco cardiovascular: estudo observacional numa população urbana da Região Norte de Portugal. Revista Portuguesa de Medicina Geral e Familiar. 2017;33(6):386-92.
Republic of Korea	Lee et al. (2017)	2011-2015	Prevalence	Low	No	Lee JY, Kang S, Park JS, Jo SJ.Prevalence of Psoriasis in Korea: A Population-Based Epidemiological Study Using the Korean National Health Insurance Database. *Ann Dermatol*. 2017 Dec;29(6):761-767.
Republic of Korea	Oh et al. (2017)	2002-2010	Prevalence		Yes	Oh EH, Ro YS, Kim JE. Epidemiology and cardiovascular comorbidities in patients with psoriasis: A Korean nationwide population-based cohort study. *Journal of Dermatology*. 2017;44(6):621-9.

Republic of Korea	Han et al. (2018)	2006-2015	Prevalence	Low	Yes	Han JH, Lee JH, Han KD, Seo HM, Bang CH, Park YM, et al. Epidemiology and medication trends in patients with psoriasis: A nationwide population-based cohort study from Korea. *Acta Dermato-Venereologica*. 2018;98(4):396-400.
Romania	Popescu et al. (1999)	1995	Prevalence	Low	Yes	Popescu R, Popescu CM, Williams HC, Forsea D. The prevalence of skin conditions in Romanian school children. Br J Dermatol. 1999; 140 (5):891-6
Romania	Boca et al. (2019)	NR	Prevalence	Low	Yes	Boca AN, Ilies RF, Vesa S, Pop R, Tataru AD, Buzoianu AD. The first nation-wide study revealing epidemiologic data and life quality aspects of psoriasis in Romania. *Experimental and Therapeutic Medicine*. 2019;18(2):900-4.
Russia	Osmanova et al. (1985)	1958-1978	Prevalence	High	Yes	Osmanova FM. Assessment of the incidence of psoriasis based on data from office visits and medical examinations. [Russian] Otsenkachastotypsoriazapodannymobrashchaemostiimeditsinskikhosmotrov. *VestnikDermatologiiiVenerologii*. 1985(1):46-8.
Russia	Znamenskaya et al. (2012)	2009-2011	Prevalence & Incidence	Low	No	Znamenskaya LF, Melekhina LY, Bogdanova YV, Mineyeva AA. Psoriasis incidence and prevalence in the Russian Federation. *Vestnikdermatologiiivenerologii*. 2012(5):20-9.
Russia	Kubanova et al. (2017)	2010-2016	Prevalence & Incidence	Low	Yes	Kubanova AA, Kubanov AA, Melekhina LE, Bogdanova EV. The Assessment of the Incidence of Skin Disorders in Russian Federation in 2003-2016. *Vestnik dermatologii i venerologii*. 2017(6):22-33.
Russia	Odinets et al. (2017)	2010-2016	Prevalence & Incidence	Low	Yes	Odinets AV. The incidence of skin diseases in Stavropol territory in 2010—2016. *Klinicheskaya dermatologiya i venerologiya*. 2017;16(6):32-7.
Scotland	Campion et al. (1983)	NR	Prevalence	High	No	Campion PD. Psoriasis and cancer. *Journal of the Royal College of General Practitioners*. 1983;33(250):293-5.
Scotland	Simpson et al. (2002)	1998-1999	Prevalence	Medium	Yes	Simpson CR, Anderson WJA, Helms PJ, Taylor MW, Watson L, Prescott GJ, et al. Coincidence of immune-mediated diseases driven by
Scotland	McHattie et al. (2012)	NR	Prevalence	High	Yes	McHattie LW, Diack HL, Derek S, Ormerod AO, Burden AD. Epidemiology of psoriasis and psoriatic arthritis in Scotland. *DermatolTher*. 2012;2(10):S4.

Spain	Ferrandiz et al. (2001)	1998	Prevalence	Low	No	Ferrandiz C, Bordas X, Garcia-Patos V, Puig S, Pujol R, Smandia A. Prevalence of psoriasis in Spain (Epiderma Project: phase I). *Journal of the European Academy of Dermatology & Venereology*. 2001;15(1):20-3.
Spain	Fernandez-Sueiro et al. (2012)	NR	Prevalence	High	Yes	Fernandez-Sueiro JL, Pinto JA, Pertega-Diaz S, Acasuso M, De Padura IH. Prevalence of psoriasis and psoriatic arthritis in a Northern population of spain. *Arthritis and Rheumatism*. 2012;64:S247.
Spain	Ferrandiz et al. (2014)	2012-2013	Prevalence	Low	Yes	Ferrandiz C, Carrascosa JM, Toro M. Prevalence of psoriasis in Spain in the age of biologics. [Spanish] Prevalencia de la psoriasis enEspanaen la era de losagentesbiologicos. *ActasDermo-Sifiliograficas*. 2014;105(5):504-9.
Spain	Siso-Almirall et al. (2018)	2016	Prevalence	High	Yes	Siso-Almirall A, Kostov B, Martinez Carbonell E, Retamozo S, Flores-Chavez A, Gonzalez-Martinez S, et al. Prevalence of autoimmune diseases in catalonia: A population based study using a public big data analytics (PADRIS). *Annals of the Rheumatic Diseases*. 2018;77 (Supplement 2):1760.
Spain	Fernandez-Armenteros et al. (2019)	2003-2016	Prevalence	Low	Yes	Fernandez-Armenteros JM, Gomez-Arbones X, Buti-Sole M, Betriu-Bars A, Sanmartin-Novell V, Ortega-Bravo M, et al. Epidemiology of Psoriasis. A Population-Based Study. *Actas Dermo-Sifiliograficas*. 2019;110(5):385-92.
Sri-Lanka	Perera et al. (2000)	1997	Prevalence	Low	Yes	Perera A, Atukorale DN, Sivayogan S, Ariyaratne VS, Karunaratne LA. Prevalence of skin diseases in suburban Sri Lanka. *Ceylon Medical Journal*. 2000;45(3):123-8.
Sweden	Hellgren et al. (1967)	1961-1963	Prevalence	Low	Yes	Hellgren L. Psoriasis. Prevalence in sex age and occupational groups in total populations Sweden. Morphology, inheritance and association with other skin and rheumatic diseases. Stockholm: Almqvist and Wiksells; (1967).
Sweden	Larsson et al. (1980)	1975-1976	Prevalence	Low	Yes	Larsson PA, Liden S. Prevalence of skin diseases among adolescents 12--16 years of age. *ActaDermato-Venereologica*. 1980;60(5):415-23.

Sweden	Lindberg et al. (2014)	NR	Prevalence		Yes	Lindberg M, Isacson D, Bingefors K. Self-reported skin diseases, quality of life and medication use: a nationwide pharmaco-epidemiological survey in Sweden. *ActaDermato-Venereologica*. 2014;94(2):188-91.
Sweden	Lofvendahl et al. (2014)	2005-2010	Prevalence	Low	Yes	Lofvendahl S, Theander E, Svensson A, Carlsson KS, Englund M, Petersson IF. Validity of diagnostic codes and prevalence of physician-diagnosed psoriasis and psoriatic arthritis in southern Sweden - A population-based register study. *PLoS ONE*. 2014;9 (5) (no pagination)(e98024).
Taiwan	Yang et al. (2007)	2004	Prevalence	Medium	Yes	Yang YC, Cheng YW, Lai CS, Chen W. Prevalence of childhood acne, ephelides, warts, atopic dermatitis, psoriasis, alopecia areata and keloid in Kaohsiung County, Taiwan: a community-based clinical survey. *Journal of the European Academy of Dermatology & Venereology*. 2007;21(5):643-9.
Taiwan	Chen et al. (2008)	2005	Prevalence	Medium	Yes	Chen G-Y, Cheng Y-W, Wang C-Y, Hsu T-J, Hsu MM-L, Yang P-T, et al. Prevalence of skin diseases among schoolchildren in Magong, Penghu, Taiwan: a community-based clinical survey. *Journal of the Formosan Medical Association*. 2008;107(1):21-9.
Taiwan	Chang et al. (2009)	2000-2006	Prevalence	Medium	No	Chang Y-T, Chen T-J, Liu P-C, Chen Y-C, Chen Y-J, Huang Y-L, et al. Epidemiological study of psoriasis in the national health insurance database in Taiwan. *ActaDermato-Venereologica*. 2009;89(3):262-6.
Taiwan	Tsai et al. (2011)	2006	Prevalence	Low	No	Tsai TF, Wang TS, Hung ST, Tsai PIC, Schenkel B, Zhang M, et al. Epidemiology and comorbidities of psoriasis patients in a national database in Taiwan. *Journal of Dermatological Science*. 2011;63(1):40-6.
Taiwan	Chiang et al. (2012)	2004-2005	Prevalence	Medium	No	Chiang YY, Lin HW. Association between psoriasis and chronic obstructive pulmonary disease: a population-based study in Taiwan. *Journal of the European Academy of Dermatology & Venereology*. 2012;26(1):59-65.

Taiwan	Wang et al. (2016)	2003-2013	Prevalence	Low	Yes	Wang TS, Hsieh CF, Tsai TF. Epidemiology of psoriatic disease and current treatment patterns from 2003 to 2013: A nationwide, population-based observational study in Taiwan. *Journal of Dermatological Science*. 2016;84(3):340-5.
Taiwan	Wei et al. (2018)	2000-2013	Prevalence & Incidence	Low	Yes	Wei JCC, Shi LH, Huang JY, Wu XF, Wu R, Chiou JY. Epidemiology and medication pattern change of psoriatic diseases in Taiwan from 2000 to 2013: A nationwide, population-based cohort study. *Journal of Rheumatology*. 2018;45(3):385-92.
Tanzania	Gibbs et al. (1996)	1994	Prevalence	Low	Yes	Gibbs. Skin disease and socioeconomic conditions in rural Africa: Tanzania. *Int J Dermatol.* 1996; 35(9):633-9.
Tunisia	El Fekih et al. (2007)	NR	Prevalence	High	Yes	El Fekih N, Khaled A, Kharfi M, Sellami A, Zeglaoui F, Fazaa B, et al. Epidemiology of psoriasis in Tunisia. *Journal of the European Academy of Dermatology and Venereology*. 2007;21:41.
The Netherlands	Westert et al. (2005)	2001	Prevalence	Medium	Yes	Westert GP, Schellevis FG, de Bakker DH, Groenewegen PP, Bensing JM, van der Zee J. Monitoring health inequalities through general practice: the Second Dutch National Survey of General Practice. *Eur J Public Health.* 2005; 15(1)59-65.
The Netherlands	Karreman et al. (2016)	2013-2014	Prevalence	Low	Yes	Karreman MC, Weel A, van der Ven M, Vis M, Tchetverikov I, Nijsten TEC, et al. Prevalence of Psoriatic Arthritis in Primary Care Patients With Psoriasis. *Arthritis & Rheumatology*. 2016;68(4):924-31.
The Netherlands	Dowlatshahi et al. (2017)	2002-2012	Prevalence	Medium	Yes	Dowlatshahi EA, Hollestein LM, Herings RM, Nijsten T, Wakkee M. Increased overall drug utilization in patients with psoriasis: a case-control study based on Dutch general practitioner data. *British Journal of Dermatology*. 2017;176(3):634-42.
The Netherlands	Sanders et al. (2017)	2010	Prevalence	Medium	No	Sanders MGH, Pardo LM, Verkouteren JAC, Hamann SAS, Hamer MA, Nijsten T. Dermatological screening of a middle-aged and elderly population: the Rotterdam Study. *British Journal of Dermatology*. 2017;177(4):e98-e100.

Turkey	Cakir et al. (2012)	NR	Prevalence	Low	Yes	Cakir N, Pamuk ON, Dervis E, Imeryuz N, Uslu H, Benian O, et al. The prevalences of some rheumatic diseases in western Turkey: Havsa study. *Rheumatology International*. 2012;32(4):895-908.
Turkey	Serdaroğlu et al. (2012)	NR	Prevalence	Low	Yes	Server Serdaroğlu, Ali HaydarParlak, Burhan Engin, NilgünBahçetepe, S. E. Bayer Keskin et al. The prevalence of psoriasis and veitiligo in a rural area in Turkey. J Turk AcadDermatol 2012; 6 (1): 1261a2.
Turkey	Bas et al. (2016)	2012-2013	Prevalence	Low	Yes	Bas Y, Seckin HY, Kalkan G, Takci Z, Citil R, Onder Y, et al. Prevalence and related factors of psoriasis and seborrheic dermatitis: A communitybased study. *Turkish Journal of Medical Sciences*. 2016;46(2):303-9.
Turkey	Yayli et al. (2016)	NR	Prevalence		Yes	Yayli S, Topbas M, Arica DA, Tugcugil S, Capkin E, Bahadir S. The prevalence of psoriasis in Trabzon. *Turkderm-Archives of the Turkish Dermatology and Venerology*. 2016;50(4):141-4.
UK	Williams et al. (1994)	1969, 1974	Prevalence	Medium	Yes	Williams HC, Strachan DP. Psoriasis and eczema are not mutually exclusive diseases. *Dermatology*. 1994;189(3):238-40.
UK	Nevitt et al. (1996)	NR	Prevalence	Low	Yes	Nevitt GJ, Hutchinson PE. Psoriasis in the community: prevalence, severity and patients' beliefs and attitudes towards the disease. *British Journal of Dermatology*. 1996;135(4):533-7.
UK	O'Neill et al. (1996)	NR	Prevalence	Low	Yes	O'Neill P, Kelly P.Postal questionnaire study of disability in the community associated with psoriasis.BMJ. 1996 Oct 12;313(7062):919-21.
UK	Kay et al. (1999)	NR	Prevalence	Medium	Yes	Kay LJ, Parry-James JE, Walker DJ. The prevalence and impact of psoriasis and psoriatic arthritis in the primary care population in North East England. *Arthritis and Rheumatism*. 1999;42(9):S299-S.
UK	Gelfand et al. (2005)	1987-2002	Prevalence		No	Gelfand JM, Weinstein R, Porter SB, Neimann AL, Berlin JA, Margolis DJ. Prevalence and treatment of psoriasis in the United Kingdom: a population-based study. *Archives of Dermatology*. 2005;141(12):1537-41.

UK	Gillard et al. (2005)	2002-2003	Prevalence	High	Yes	Gillard SE, Finlay AY. Current management of psoriasis in the United Kingdom: patterns of prescribing and resource use in primary care. *International Journal of Clinical Practice*. 2005;59(11):1260-7.
UK	Seminara et al. (2011)	NR	Prevalence	Low	Yes	Seminara NM, Abuabara K, Shin DB, Langan SM, Kimmel SE, Margolis D, et al. Validity of The Health Improvement Network (THIN) for the study of psoriasis. *British Journal of Dermatology*. 2011;164(3):602-9.
UK	Ogdie et al. (2013)	1994-2010	Prevalence	Medium	No	Ogdie A, Langan S, Love T, Haynes K, Shin D, Seminara N, et al. Prevalence and treatment patterns of psoriatic arthritis in the UK. *Rheumatology*. 2013;52(3):568-75.
UK	Springate et al. (2017)	1999-2013	Prevalence & Incidence	Low	Yes	Springate DA, Parisi R, Kontopantelis E, Reeves D, Griffiths CEM, Ashcroft DM. Incidence, prevalence and mortality of patients with psoriasis: a U.K. population-based cohort study. *British Journal of Dermatology*. 2017;176(3):650-8.
USA	Johnson et al. (1978)	1971-1974	Prevalence	Low	No	Johnson M, Roberts J. Skin conditions and related need for medical care among persons 1-74 years. United States, 1971-1974. *Vital Health Stat*. 1978;11(i-v):1-72.
USA	Koo et al. (1996)	1991-1993	Prevalence	Medium	Yes	Koo J. Population-based epidemiologic study of psoriasis with emphasis on quality of life assessment. *Dermatologic Clinics*. 1996;14(3):485-96.
USA	Javitz et al. (2002)	1993-1995	Prevalence	Medium	No	Javitz HS, Ward MM, Farber E, Nail L, Vallow SG. The direct cost of care for psoriasis and psoriatic arthritis in the United States. *Journal of the American Academy of Dermatology*. 2002;46(6):850-60.
USA	Gelfand et al. (2004)	2001	Prevalence	Low	No	Gelfand JM, Feldman SR, Stern RS, Thomas J, Rolstad T, Margolis DJ. Determinants of quality of life in patients with psoriasis: A study from the US population. *Journal of the American Academy of Dermatology*. 2004;51(5):704-8.

USA	Stern et al. (2004)	2001	Prevalence	Low	Yes	Stern RS, Nijsten T, Feldman SR, Margolis DJ, Rolstad T. Psoriasis is common, carries a substantial burden even when not extensive, and is associated with widespread treatment dissatisfaction. *Journal of Investigative Dermatology Symposium Proceedings.* 2004;9(2):136-9.
USA	Gelfand et al. (2005)	2001	Prevalence	Low	No	Gelfand JM, Stern RS, Nijsten T, Feldman SR, Thomas J, Kist J, et al. The prevalence of psoriasis in African Americans: results from a population-based study. *Journal of the American Academy of Dermatology*. 2005;52(1):23-6.
USA	Kurd et al. (2009)	2003-2004	Prevalence	Low	No	Kurd SK, Gelfand JM. The prevalence of previously diagnosed and undiagnosed psoriasis in US adults: Results from NHANES 2003-2004. *Journal of the American Academy of Dermatology*. 2009;60(2):218-24.
USA	Wu et al. (2009)	2004	Prevalence	Medium	No	Wu Y, Mills D, Bala M. Impact of psoriasis on patients work and productivity: A retrospective, matched ccase-control analysis. *American Journal of Clinical Dermatology*. 2009;10(6):407-10.
USA	Helmick et al. (2014)	2003-2006; 2009-2010	Prevalence	Low	Yes	Helmick CG, Lee-Han H, Hirsch SC, Baird TL, Bartlett CL. Prevalence of psoriasis among adults in the U.S.: 2003-2006 and 2009-2010 National Health and Nutrition Examination Surveys. *American Journal of Preventive Medicine*. 2014;47(1):37-45.
USA	Rachakonda et al. (2014)	2009-2010	Prevalence	Low	No	Rachakonda TD, Schupp CW, Armstrong AW. Psoriasis prevalence among adults in the United States. *Journal of the American Academy of Dermatology*. 2014;70(3):512-6.
USA	Swary et al. (2015)	2011-2013	Prevalence	Medium	Yes	Swary JH, Stratman EJ. Identifying Performance Gaps in Comorbidity and Risk Factor Screening, Prevention, and CounselingBehaviors of Providers Caring for Children with Psoriasis. *Pediatric Dermatology*. 2015;32(6):813-8.

USA	Mendelson et al. (2017)	2010-2012	Prevalence	Medium	Yes	Mendelson MH, Bernstein JA, Gabriel S, Balp MM, Tian H, Vietri J, et al. Patient-reported impact of chronic urticaria compared with psoriasis in theUnited States. *Journal of Dermatological Treatment*. 2017;28(3):229-36.
Wales	Cooksey et al. (2018)	1999-2013	Prevalence	Medium	Yes	Cooksey R, Brophy S, Kennedy J, Gutierrez FF, Pickles T, Davies R, et al. Cardiovascular risk factors predicting cardiac events are different in patients with rheumatoid arthritis, psoriatic arthritis, and psoriasis. *Seminars in Arthritis and Rheumatism*. 2018;48(3):367-73.
Yugoslavia	Arzensek et al. (1984)	1979-1981	Prevalence	Medium	Yes	Arzensek J, Kansky A, Kavcic C. Epidemiology of psoriasis in the Celje area. *ActaDermato-Venereologica*. 1984;64(SUPPL. 113):106-8.
Multiple countries: Algeria, Tunisia, Morocco	Benchikhi et al. (2012)		Prevalence		Yes	Benchikhi H, Amal S, Ammar-Khodja A, Benkaidali I, Bouadjar B, Dhaoui M, et al. Étude PSOMAG : prévalence des cas de psoriasis au Maghreb. *Annales de Dermatologie et de Vénéréologie*. 2012;139(12S):B162-B3.
Multiple countries: France, Spain.	Lillie et al. (2012)	2010	Prevalence	High	Yes	Lillie M, Hellard C. Prevalence of psoriasis and patient co-morbidities in general practice patients in four European countries. *Journal of Investigative Dermatology*. 2012;132:S71.
Multiple countries: Canada, France, Germany,	Lebwohl et al. (2014)	2012	Prevalence	Medium	Yes	Lebwohl MG, Bachelez H, Barker J, Girolomoni G, Kavanaugh A, Langley RG, et al. Patient perspectives in the management of psoriasis: results from the population-based Multinational Assessment of Psoriasis and Psoriatic Arthritis Survey. *Journal of the American Academy of Dermatology*. 2014;70(5):871-81.e1-30.

Multiple countries: France, Germany, Italy, Spain, UK.	Augustin et al. (2017)	2010, 2011, 2013	Prevalence	Medium	Yes	Augustin M, Vietri J, Tian H, Gilloteau I. Incremental burden of cardiovascular comorbidity and psoriatic arthritis among adults with moderate-to-severe psoriasis in five European countries. *Journal of the European Academy of Dermatology and Venereology*. 2017;31(8):1316-23.
Multiple Countries: Germany, Italy, The Netherlands, Portugal, Sweden	Svensson et al. (2018)	2008-2011	Prevalence	Low	Yes	Svensson A, Ofenloch RF, Bruze M, Naldi L, Cazzaniga S, Elsner P, et al. Prevalence of skin disease in a population-based sample of adults from five European countries. *British Journal of Dermatology*. 2018;178(5):1111-8.
Multiple Countries: Denmark, Norway, Sweden	Danielsen et al. (2019)	2015-2017	Prevalence	Medium	Yes	Danielsen K, Duvetorp A, Iversen L, Ostergaard M, Seifert O, Steinar Tveit K, et al. Prevalence of Psoriasis and Psoriatic Arthritis and Patient Perceptions of Severity in Sweden, Norway and Denmark: Results from the Nordic Patient Survey of Psoriasis and Psoriatic Arthritis. *Acta Dermato-Venereologica*. 2019;99(1):18-25.

Abbreviation: NR, not reported.

eTable 3: Studies reporting on the prevalence of psoriasis in children

Study	Study time	Country	Diagnostic method	Population size	Age	Type of rate	Prevalence rate % (95% CI)	Prevalence rate % (95% CI) Female	Prevalence rate % (95% CI) Male
Bechelli *et al.* 1981	1974-1975	Brazil	D	9955	6-16	PT	0 [2]	0 [2]	0 [2]
Wang *et al.* 2012	2008-2009	China	D	7747	12-20	PT	0.71 (0.52 to 0.90) [2,3]	1.05 (0.76 to 1.34) [2,3]	0.20 (0.04 to 0.35) [2,3]
Blegvad *et al.* 2017	2012	Denmark	Ph	1196637	<18	LT	0.16 (0.15-0.17) [2,3]	0.18 (0.17-0.19) [2,3]	0.14 (0.13-0.15) [2,3]
Yamamah *et al.* 2012	2008-2009	Egypt	D	NR	0-18	PT	0.05 [1,4]	NR	NR
El-Khateeb *et al.* 2014	2011-2012	Egypt	D	6162	6-12	PT	0.06 (0.001 to 0.13) [2,3]	NR	NR
Nada *et al.* 2014	2009-2010	Egypt	NR	3100	6-12	PT	0.10 (0.00 to 0.15) [2,3]	NR	NR
Dogra *et al.* 2003	2001	India	D	12586	6-14	PT	0.02 (0.00 to 0.05) [2,3]	NR	NR
Naldi *et al.* 2009	1997	Italy	Ph	3155	12-17	LT	2.10 (1.65 to 2.66) [2,3]	NR	NR
Cantarutti *et al.* 2015	2006	Italy	Ph	145233	0-14	PT	0.09 (0.08 to 0.11) [1]	NR	NR
	2007						0.13 (0.11 to 0.15) [1]	NR	NR
	2008						0.16 (0.14 to 0.19) [1]	NR	NR
	2009						0.19 (0.17 to 0.22) [1]	NR	NR
	2010						0.21 (0.19 to 0.24) [1]	NR	NR
	2011						0.21 (0.19 to 0.24) [1]	NR	NR
	2012						0.22 (0.20 to 0.25) [1]	NR	NR

Augustin *et al.* 2010	2005	Germany	Ph	306020	0-18	LT	0.71 [1]	0.76 [1,4]	0.66 [1,4]
Schmitt *et al.* 2010		Germany	Ph	16500	0-17	LT	1.37 (1.19 to 1.55) [2,3]	NR	NR
Kampfe *et al.* 2012	2009	Germany	D/Ph	293181	0-18	LT	0.45 (0.42 to 0.47) [2,3]	0.48 [1,4]	0.42 [1,4]
Augustin *et al.* 2013	2009	Germany	D/Ph	293181	0-18	LT	0.45 (0.42 to 0.47) [2,3]	0.48 (0.44 to 0.52) [2,3]	0.42 (0.38 to 0.45) [2,3]
Matusiewicz *et al.* 2014	2007	Germany		1215684	0-18	LT	0.40 (0.40 to 0.40) [1,5]	0.44 (0.43 to 0.46) [1,5]	0.35 (0.33 to 0.36) [1,5]
Augustin *et al.* 2015	2009	Germany	D/Ph	293181	0-18	LT	0.45 (0.42 to 0.47) [2,3]	NR	NR
Jacobi *et al.* 2015	2009	Germany	D/Ph	293181	0-18	LT	0.45 (0.42 to 0.47) [2,3]	0.48 (0.44 to 0.52) [1]	0.42 (0.38 to 0.45) [1]
Matterne *et al.* 2016	2003-2006	Germany	SR	6009	11-17	LT	1.9 (1.5 to 2.3) [1]	NR	NR
Biermann *et al.* 2019	2017	Germany				PT	0.12 [1,4]	NR	NR
Abolfotouh *et al.* 1996		KSA	D	2376	5-13	PT	NR	NR	0.04 (0.00 to 0.12) [2,3]
Al-Saeed *et al.* 2006	2003	KSA	D	2239	6-17	PT	NR	0.30 (0.05 to 0.48) [2,3]	NR
Amin *et al.* 2011		KSA	D	1337	6-13	PT	NR	NR	0.10 (0.00 to 0.50) [1]
Rahamathulla *et al.* 2019	2016	KSA	SR	499	3-15	PT	0.60 (0.00-1.28) [2,3]	NR	NR
Popescu *et al.* 1999	1995	Romania	D	1114	6-12	PT	0.27 (0.00 to 0.57) [2,3]	NR	NR
Larsson *et al.* 1980	1975-1976	Sweden	D	8298	12-17	PT	0.30 (0.20 to 0.45) [2,3]	0.50 (0.30 to 0.74) [2,3]	0.10 (0.03 to 0.25) [2,3]
Yang *et al.* 2007	2004	Taiwan	D	4067	6-11	PT	0 [2]	NR	NR
Chen *et al.* 2008	2005	Taiwan	D	3273	6-11	PT	0 [2]	NR	NR

Williams *et al.* 1994	1969	UK	Medical Officer	9263	11	PP	0.50 (0.34 to 0.63) [2,3]	NR	NR
	1974				16		0.80 (0.65 to 1.02) [2,3]	NR	NR
Swary *et al.* 2015	2011-2013	USA	D/Ph	128094	0-18	PP	0.11 (0.10 to 0.13) [2,3]	NR	NR

Diagnostic methods: D = Dermatologists; Ph = Physician; SR = Self-reported diagnosis. Prevalence measure: PT = Point prevalence; PP = Period prevalence; LT = Lifetime prevalence. Notes: [1] Value reported from the study; [2] Rate checked and confirmed; [3] Confidence Interval (CI) estimated and added by the authors as it was not present in the original study; [4]It was not possible to calculate CI due to lack of raw data; [5] Age and/or sex adjusted. NR= Not Reported.

eTable 4: Studies reporting on the prevalence of psoriasis in adults

Study	Study time	Country	Diagnostic method	Population size	Age	Type of rate	Prevalence rate % (95% CI)	Prevalence rate % (95% CI) Female	Prevalence rate % (95% CI) Male
Quirk *et al.* 1979	NR	Australia	Ph	1037	NR	PT	2.30 [1,9]	NR	NR
Kilkenny *et al.* 1998	1996	Australia	SR	416	≥18	PT	4.50 (1.00 to 7.90) [1]	NR	NR
Plunkett *et al.* 1999	1997-1998	Australia	D	1457	≥20	PT	6.60 (5.40 to 7.90) [1,5]	4.50 (3.20 to 6.30) [1,5]	8.90 (6.80 to 11.00) [1,5]
Fujii *et al.* 2012	2011	Brazil	SR	12000	≥18	PT	1.30 [1]	NR	NR
Ferreira *et al.* 2014	2012	Brazil	SR	12000	NR	PT	1.75 (1.52 to 1.98) [3,6]	NR	NR
DiBonaventura *et al.* 2018	2012	Brazil	SR	12000	≥18	PT	1.75 (1.52 to 1.98) [2,3]	1.76 (1.43 to 2.09) [3,6]	1.74 (1.41 to 2.07) [3,6]
Solomon *et al.* 2010	1996-2006	Canada	Ph	4310500	NR	PP	1.71 (1.70 to 1.73) [2,3]	NR	NR
Gregory *et al.* 2014	2008-2012	Canada	Ph	325618	≥18	PP	2.39 (2.34 to 2.44) [3,6]	NR	NR
Petrella *et al.* 2014	2008-2012	Canada	Ph	325618	≥18	PP	2.44 (2.38 to 2.49) [2,3]	NR	NR
Eder *et al.* 2017	NR	Canada	Ph	30424	NR	PT	3.40 (3.18 to 3.58) [2,3]	NR	NR
Eder *et al.* 2017	2000-2015	Canada	Ph	10757627	≥20	PP	2.25 [1]	NR	NR
	2000						1.43 (1.42 to 1.44) [1,5]	NR	NR
	2001						1.50 (1.49 to 1.50) [1,5]	NR	NR
	2002						1.56 (1.55 to 1.57) [1,5]	NR	NR
	2003						1.63 (1.62 to 1.63) [1,5]	NR	NR
	2004						1.69 (1.68 to 1.70) [1,5]	NR	NR
	2005						1.75 (1.74 to 1.76) [1,5]	NR	NR
	2006						1.81 (1.80 to 1.82) [1,5]	NR	NR
	2007						1.86 (1.86 to 1.87) [1,5]	NR	NR

	2008						1.91 (1.91 to 1.92) [1,5]	NR	NR
	2009						1.96 (1.95 to 1.97) [1,5]	NR	NR
	2010						2.00 (2.00 to 2.01) [1,5]	NR	NR
	2011						2.05 (2.04 to 2.06) [1,5]	NR	NR
	2012						2.09 (2.09 to 2.10) [1,5]	NR	NR
	2013						2.14 (2.13 to 2.15) [1,5]	NR	NR
	2014						2.19 (2.18 to 2.20) [1,5]	NR	NR
	2015						2.24 (2.23 to 2.25) [1,5]	NR	NR
Eder *et al.* 2019	2000	Canada	Ph	8768082	≥20	PP	1.74 (1.73 to 1.75) [1,5]	NR	NR
	2001			8958878			1.80 (1.79 to 1.81) [1,5]	NR	NR
	2002			9094208			1.86 (1.85 to 1.86) [1,5]	NR	NR
	2003			9227868			1.91 (1.90 to 1.92) [1,5]	NR	NR
	2004			9355095			1.97 (1.96 to 1.98) [1,5]	NR	NR
	2005			9475920			2.02 (2.01 to 2.03) [1,5]	NR	NR
	2006			9593910			2.07 (2.06 to 2.08) [1,5]	NR	NR
	2007			9699525			2.12 (2.11 to 2.12) [1,5]	NR	NR
	2008			9829603			2.15 (2.14 to 2.16) [1,5]	NR	NR
	2009			9988048			2.18 (2.17 to 2.19) [1,5]	NR	NR
	2010			10124330			2.21 (2.20 to 2.22) [1,5]	NR	NR
	2011			10277982			2.24 (2.23 to 2.25) [1,5]	NR	NR
	2012			10425784			2.26 (2.26 to 2.27) [1,5]	NR	NR
	2013			10564887			2.29 (2.28 to 2.30) [1,5]	NR	NR
	2014			10655455			2.31 (2.30 to 2.32) [1,5]	NR	NR

	2015			10774802			2.32 (2.31-2.33) [1,5]	NR	NR
Li *et al.* 2012	NR	China	NR	10556	≥16	PT	0.27 (0.17 to 0.36) [1]	NR	NR
Barisic-Drusko *et al.* 1989	1987	Croatia	D	6711	>18	PT	1.21 (0.94 to 1.47) [2,3]	NR	NR
Brandrup *et al.* 1981	1978	Denmark	SR	3892	16-99	LT	3.73 (3.13 to 4.32) [3,6]	3.29 (2.50 to 4.08) [2,3]	4.18 (3.28 to 5.07) [2,3]
Jensen *et al.* 2013	2006-2008	Denmark	SR/Ph	3374	18-69	LT	7.10 (6.19 to 7.92) [2,3]	7.35 (6.17 to 8.54) [3,6]	6.68 (5.43 to 7.94) [3,6]
Mortz *et al.* 2014	2010	Denmark	D	469	28-30	PT	1.71 (0.53 to 2.88) [3,6]	NR	NR
Egeberg *et al.* 2019	2018	Denmark	SR/Ph	3449	18-75+	LT	7.90 (7.00 to 8.80) [1,2]	8.25 (7.02 to 9.49) [2,3]	7.62 (6.29 to 8.95) [2,3]
Naldi *et al.* 2004	2003	Italy	SR	3660	≥45	LT	3.10 [1,8]	NR	NR
Sardu *et al.* 2012	2009	Italy	Ph	25885	15-89	PT	0.94 (0.82 to 1.07) [1]	0.78 (0.64 to 0.94) [1]	1.14 (0.95 to 1.35) [1]
Pezzolo *et al.* 2019	2003-2004	Italy	SR	14705	25-75+	LT	2.70 (2.50 to 3.00) [1]	3.00 (2.74 to 3.51) [1,3]	2.70 (2.16 to 2.90) [1,3]
Wolkenstein *et al.* 2009	2005	France	SR	6887	≥15	PP	5.20 (4.65 to 5.69) [2,3]	NR	NR
Richard *et al.* 2018	2016	France	SR	20012	≥15	LT	4.42 (4.15 to 4.72) [1,4]	4.36 (3.98 to 4.77) [1,2]	4.49 (4.10 to 4.92) [1,2]
Schmitt *et al.* 2010	2003-2004	Germany	Ph	233566	≥15	LT	1.40 [2]	NR	NR
Augustin *et al.* 2011	2007	Germany	SR	15000	≥18	LT	2.50 (2.29 to 2.80) [2,3]	NR	NR
Radtke *et al.* 2015	NR	Germany	NR	1349671	≥18	LT	2.78 (2.75 to 2.80) [2,3]	2.59 [1,9]	2.94 [1,9]
Radtke *et al.* 2017	2009	Germany	Ph	1349671	≥18	LT	2.78 (2.75 to 2.80) [2,3]	2.59 [1,9]	2.94 [1,9]
Drewitz *et al.* 2018	NR	Germany	SR	1133	NR	LT	5.48 [1,9]	NR	NR
Kavli *et al.* 1985	1979-1980	Norway	SR	14667	20-54	LT	4.82 [1,9]	4.85 [1,9]	4.79 [1,9]
Bo *et al.* 2008	2000-2001	Norway	SR	13514	30, 40, 45, 59, 60, 75, 76	LT	8.50 (8.00 to 8.93) [2,3]	8.46 (7.83 to 9.09) [3,6]	8.47 (7.76 to 9.17) [3,6]
Danielsen *et al.* 2013	1979-1980	Norway	SR	14434	20-79	LT	4.80 [1,9]	NR	NR
	1986-1987			16345			6.90 [1,9]	NR	NR

	1994-1995			22328			7.30 [1,9]	NR	NR
	2001-2002			6130			8.90 [1,9]	NR	NR
	2007-2008			10302	30-79		11.40 [1,9]	NR	NR
Hoff *et al.* 2015	2006-2008	Norway	SR	50806	≥20	PP	5.76 (5.56 to 5.96) [3,6]	NR	NR
Modalsli *et al.* 2016	2006-2008	Norway	SR/D	544	≥20	LT	8.00 (6.40 to 9.90) [1,8]	7.00 (5.2 to 9.30) [1,8]	9.30 (6.70 to 12.80) [1,8]
			SR	50786	≥20		5.80 (5.60 to 6.00) [1,8]	5.50 (5.30 to 5.80) [1,8]	6.00 (5.70 to 6.40) [1,8]
Videira *et al.* 2017	2015	Portugal	Ph	53535	≥18	PT	0.92 (0.84 to 1.01) [2,3]	NR	NR
Oh *et al.* 2017	2002-2010	Republic of Korea	Ph		≥20	PP	0.42 [1,9]	NR	NR
Lindberg *et al.* 2014	NR	Sweden	SR	4875	18-84	PT	3.90 [1,9]	NR	NR
Wei *et al.* 2018	2000	Taiwan	NR	782166	≥16	PP	0.18 (0.17 to 0.19) [1,4]	NR	NR
	2001			786095			0.19 (0.18 to 0.20) [1,4]	NR	NR
	2002			788665			0.21 (0.20 to 0.22) [1,4]	NR	NR
	2003			769328			0.22 (0.21 to 0.23) [1,4]	NR	NR
	2004			761175			0.24 (0.23 to 0.25) [1,4]	NR	NR
	2005			785193			0.24 (0.23 to 0.25) [1,4]	NR	NR
	2006			794016			0.24 (0.23 to 0.26) [1,4]	NR	NR
	2007			801074			0.25 (0.24 to 0.26) [1,4]	NR	NR
	2008			808501			0.24 (0.23 to 0.25) [1,4]	NR	NR
	2009			814615			0.25 (0.24 to 0.26) [1,4]	NR	NR
	2010			820896			0.25 (0.24 to 0.26) [1,4]	NR	NR
	2011			828046			0.27 (0.26 to 0.28) [1,4]	NR	NR
	2012			835042			0.27 (0.26 to 0.29) [1,4]	NR	NR

	2013			840193			0.28 (0.27 to 0.29) [1,4]	NR	NR
Westert *et al.* 2005	2001	The Netherlands	SR	1000	≥25	PP	2.60 (1.61 to 3.59) [2,3]	NR	NR
Karreman *et al.* 2016	2013-2014	The Netherlands	Ph	158046	≥18	PT	1.70 [2]	NR	NR
Sanders *et al.* 2017	2010	The Netherlands	D	5365	≥50	PT	3.30 (2.80 to 3.80) [1,2]	2.91 (1.44 to 5.87) [1,4]	3.41 (1.59 to 7.38) [1,4]
Bas *et al.* 2016	2012-2013	Turkey	D	2325	20-87	PT	1.20 (0.76 to 1.65) [2,3]	1.20 (0.58 to 1.75) [2,3,6]	1.30 (0.58 to 1.93) [2,3,6]
Yayli *et al.* 2016	NR	Turkey	SR	7885	20-70+	PT	1.10 (0.87 to 1.33) [2,3]	1.20 (0.83 to 1.52) [2,3]	1.00 (0.72 to 1.35) [2,3]
O'Neill *et al.* 1996	NR	UK	Ph	58257	18-64	LT	1.30 (1.22 to 1.41) [2,3]	NR	NR
Kay *et al.* 1999	NR	UK	Ph	29348		LT	2.60 (2.45 to 2.81) [2,3]	NR	NR
Seminara *et al.* 2011	NR	UK	Ph	6260029	≥20	PP	2.20 [2]	NR	NR
Ogdie *et al.* 2013	1994-2010	UK	Ph	4785619	18-90	PP	3.47 (3.45 to 3.48) [3,6]	NR	NR
Gelfand *et al.* 2004	2001	USA	SR	27220	≥18	LT	2.20 (2.03 to 2.38) [2,3]	NR	NR
Stern *et al.* 2004	2001	USA	SR	27220	≥18	LT	2.20 (2.00 to 2.40) [1]	2.50 (2.30 to 2.80) [1]	1.90 (1.60 to 2.10) [1]
Stern *et al.* 2004 (White)	2001	USA	SR	21921	≥18	LT	2.50 (2.20 to 2.70) [1]	NR	NR
Stern *et al.* 2004 (Black)	2001	USA	SR	2443	≥18	LT	1.30 (0.70 to 1.80) [1]	NR	NR
Stern *et al.* 2004 (Other)	2001	USA	SR	2856	≥18	LT	1.00 (0.70 to 1.40) [1]	NR	NR
Gelfand *et al.* 2005 (African Americans)	2001	USA	SR	2443	≥18	LT	1.30 (0.70 to 1.80) [1]	NR	NR
Gelfand *et al.* 2005 (Caucasian)	2001	USA	SR	21921	≥18	LT	2.50 (2.20 to 2.70) [1]	NR	NR
Kurd *et al.* 2009	2003-2004	USA	SR/D	2984	20-59	LT	3.15 (2.18 to 4.53) [1]	3.18 (2.02 to 4.96) [1]	3.11 (1.99 to 4.83) [1]
Wu *et al.* 2009	2004	USA	SR	40730	NR	NR	2.80 (2.61 to 2.93) [2,3]	NR	NR

Helmick *et al.* 2014	2003-2006; 2009-2010	USA	SR	10676	20-59	LT	3.10 (2.60 to 3.60) [1,5]	3.00 (2.50 to 3.70) [1,5]	3.10 (2.50 to 3.90) [1,5]
Rachakonda *et al.* 2014	2009-2010	USA	SR/D	6216	20-59	LT	3.20 (2.60 to 3.70) [1,5]	3.10 (2.10 to 3.40) [1,5]	3.60 (2.70 to 4.50) [1,5]
Mendelson *et al*. 2017	2010-2012	USA	SR	197463	≥18	LT	2.62 (2.55 to 2.69) [3,6]	NR	NR
Cooksey *et al.* 2018	1999-2013	Wales	Ph	1223114	≥18	PP	2.01 (1.99 to 2.04) [3,6]	1.04 (1.02 to 1.06) [3,6]	0.99 (0.98 to 1.01) [3,6]
Lillie *et al.* 2012	2010	France	Ph	NR	≥15	LT	1.50 [1,9]	NR	NR
		Spain					0.40 [1,9]	NR	NR
Lebwohl *et al.* 2014	2012	Canada	SR	NR	≥18	LT	3.30 [1,9]	NR	NR
		France					1.50 [1,9]	NR	NR
		Germany					1.70 [1,9]	NR	NR
		Italy					1.80 [1,9]	NR	NR
		Spain					1.40 [1,9]	NR	NR
		UK					2.00 [1,9]	NR	NR
		USA					2.20 [1,9]	NR	NR
Augustin *et al.* 2017	2010, 2011, 2013	France, Germany, Italy, Spain and UK	SR	176768	NR	LT	4.50 (4.40 to 4.59) [2,3]	NR	NR
		France					5.50 [1,9]	NR	NR
		Germany					4.10 [1,9]	NR	NR
		Italy					4.50 [1,9]	NR	NR
		Spain					3.40 [1,9]	NR	NR
		UK					4.30 [1,9]	NR	NR

Svensson *et al.* 2018	2008-2011	Germany, Italy, Portugal, Sweden, The Netherlands	SR/Ph	11283	18-74	LT	5.20 (4.80 to 5.70) [1,5]	5.10 (4.60 to 5.70) [1]	5.30 (4.70 to 6.00) [1]
		Germany		NR			6.90 (6.10 to 7.70) [1,5]	NR	NR
		Italy		NR			2.60 (1.90 to 3.50) [1,5]	NR	NR
		The Netherlands		NR			3.10 (2.20 to 4.10) [1,5]	NR	NR
		Portugal		NR			1.50 (1.00 to 2.10) [1,5]	NR	NR
		Sweden		NR			5.40 (4.50 to 6.50) [1,5]	NR	NR
Danielsen *et al.* 2019	2015	Denmark, Norway, Sweden	SR/Ph	22050	18-74	PT	5.73 (5.43 to 6.04) [2,3]	5.80 (5.53 to 6.42) [2,3]	5.66 (5.07 to 5.92) [2,3]
		Denmark		8871			5.78 (5.30 to 6.27) [2,3]	5.73 (5.07 to 6.39) [2,3]	5.84 (5.12 to 6.56) [2,3]
		Norway		3398			6.77 (5.92 to 7.61) [2,3]	6.15 (5.04 to 7.25) [2,3]	7.47 (6.18 to 8.77) [2,3]
		Sweden		9781			5.33 (4.88 to 5.77) [2,3]	5.72 (5.06 to 6.39) [2,3]	4.97 (4.37 to 5.56) [2,3]

Diagnostic methods: D = Dermatologists; Ph = Physician; SR = Self-reported diagnosis. Prevalence measure: PT = Point prevalence; PP = Period prevalence; LT = Lifetime prevalence. Notes: [1] Value reported from the study; [2] Rate checked and confirmed; [3] Confidence Interval (CI) estimated and added by the authors as it was not present in the original study; [4] Standardised rate; [5] Age and/or sex adjusted; [6] Rate calculated from number of cases provided from the paper; [7] Rate calculated from personal information given by the author(s) of the study; [8] Weighted percentage; [9] It was not possible to calculate CI due to lack of raw data. NR= Not Reported.

eTable 5: Studies reporting on the prevalence of psoriasis in the overall population

Study	Study time	Country	Diagnostic method	Population size	Age	Type of rate	Prevalence rate % (95% CI)	Prevalence rate % (95% CI) Female	Prevalence rate % (95% CI) Male
Romiti *et al.* 2017	2015-2016	Brazil	SR	8947	<30-60+	LT	1.31 (1.10 to 1.51) [1]	1.15 (0.90 to 1.43) [1]	1.47 (1.11 to 1.82) [1]
Henan Dermatoses Survey Group 1982	1980	China	NR	105545	NR	NR	0.37 (0.33 to 0.40) [2,3]	0.31 [1,9]	0.43 [1,9]
Li et al. 1982	1974-1981	China	NR	674245	NR	PT	0.32 (0.31 to 0.33) [3,6]	NR	NR
Yip *et al.* 1984	1974-1981	China	SR	674245	NR	PT	0.35 [1,9]	NR	NR
Changgeng *et al.* 1987	1984	China	NR	5742062	0-70	PP	0.12 [1,4]	0.12 [1,4]	0.17 [1,4]
Zhanli *et al.* 1994	1984	China	NR	2572261		PT	0.02 (0.02 to 0.02) [2,3]	NR	NR
Ding *et al.* 2012	NR	China	D	17345	0-70+	PT	0.47 [1,5]	0.44 [1,5]	0.54 [1,5]
Li *et al.* 2013	2008-2010	China	D	30935	0-70+	PT	0.14 [1,4]	0.08 [1,4]	0.19 [1,4]
Lomholt *et al.* 1964	1948	Denmark	D	10984	0-100	PT	2.84 (2.53 to 3.15) [2,3]	NR	NR
Egeberg *et al.* 2017	2003-2012	Denmark	Ph	5569606	0-70+	LT	2.26 (2.25 to 2.28) [3,7]	2.37 (2.35 to 2.38) [3,6]	2.07 (2.06 to 2.09) [3,6]
Abdel-Hafez *et al.* 2003	1994-1996	Egypt	D	8008	0-60+	PT	0.19 (0.09 to 0.28) [2,3]	NR	NR
Wolkenstein *et al.* 2003	2002	France	SR	18137	0-75+	NR	3.58 [1,5]	NR	NR
Schlander *et al.* 2008	2003	Germany	D/Ph	2238000	<20-80+	PT	2.00 (1.98 to 2.02) [1]	NR	NR
Schafer *et al.* 2009	2005	Germany	NR	1344071	NR	LT	2.53 [1,9]	2.31 [1,9]	2.71 [1,9]

Augustin *et al.* 2010	2005	Germany	Ph	1344071	NR	LT	2.53 (2.50 to 2.55) [2,3]	NR	NR
Augustin *et al.* 2010	2005	Germany	Ph	1344071	0-95+	LT	2.53 (2.50 to 2.55) [2,3]	NR	NR
Augustin *et al.* 2011	2007	Germany	Ph	1423308	NR	LT	2.44 (2.41 to 2.47) [2,3]	2.23 (2.19 to 2.27) [2,3]	2.62 (2.58 to 2.66) [2,3]
Schafer *et al.* 2011	2005	Germany	Ph	1344071	0-80+	LT	2.53 (2.50 to 2.55) [1]	2.31 (2.27 to 2.35) [1]	2.71 (2.67 to 2.74) [1]
Augustin *et al.* 2013	2009	Germany	D/Ph	1642852	NR	LT	2.36 (2.33 to 2.38) [2,3]	2.20 (2.17 to 2.24) [2,3]	2.50 (2.47 to 2.53) [2,3]
Matusiewicz *et al.* 2014	2007	Germany	NR	6699125	NR	LT	2.10 (2.10 to 2.10) [1,5]	NR	NR
Radtke *et al.* 2014	NR	Germany	NR	1349671	NR	LT	2.78 (2.75 to 2.80) [2,3]	2.59 [1,9]	2.94 [1,9]
Jacob *et al.* 2016	2007-2010	Germany	D/Ph	2818157	NR	LT	3.76 (3.74 to 3.79) [2,3]	NR	NR
Petersen *et al.* 2019	2010	Germany	NR	NR	NR	PT	2.30 [1,5]	NR	NR
Sewerin *et al.* 2019	2009	Germany	NR	64637752	NR	PP	2.20 (2.19 to 2.20) [3,6]	2.13 [1,9]	2.22 [1,9]
	2010			63962071			2.25 (2.25 to 2.26) [3,6]	2.18 [1,9]	2.26 [1,9]
	2011			64988016			2.27 (2.27 to 2.28) [3,6]	2.19 [1,9]	2.27 [1,9]
	2012			65792296			2.30 (2.30 to 2.30) [3,6]	2.21 [1,9]	2.29 [1,9]
Grills *et al.* 2012	2010	India	D	1172	0-65+	PT	0.29 (0.01 to 0.68) [2,3]	NR	NR
Al-Rubiay *et al.* 2005	NR	Iraq	NR	6666	<5-65+	PT	0.53 (0.35 to 0.70) [3,6]	NR	NR
Ali *et al.* 2012	2010	Iraq	D	542	0-85	PT	0.60 (0.00 to 1.18) [2,3]	NR	NR
Shapiro *et al.* 2007	1997-2004	Israel	D/Ph	1625132	0-121	LT	2.84 (2.81 to 2.86) [3,6]	2.76 (2.72 to 2.79) [3,6]	2.92 (2.88 to 2.95) [3,6]
Shalom *et al.* 2018	1998-2016	Israel	D	NR	NR	PP	2.69 [1,9]	NR	NR

Schonmann *et al.* 2019	2011	Israel	D	4059758	0-85+	PP	2.53 (2.51 to 2.55) [1,4]	2.41 (2.38 to 2.43) [1,4]	2.65 (2.63 to 2.68) [1,4]
	2012			4133410			2.76 (2.75 to 2.78) [1,4]	2.64 (2.62 to 2.66) [1,4]	2.89 (2.86 to 2.92) [1,4]
	2013			4215118			3.00 (2.98 to 3.02) [1,4]	2.87 (2.84 to 2.89) [1,4]	3.13 (3.10 to 3.15) [1,4]
	2014			4296843			3.21 (3.19 to 3.23) [1,4]	3.08 (3.05 to 3.10) [1,4]	3.35 (3.32 to 3.38) [1,4]
	2015			4355775			3.43 (3.41 to 3.45) [1,4]	3.29 (3.26 to 3.31) [1,4]	3.58 (3.55 to 3.61) [1,4]
	2016			4426534			3.65 (3.63 to 3.67) [1,4]	3.50 (3.47 to 3.52) [1,4]	3.80 (3.77 to 3.83) [1,4]
	2017			4496240			3.85 (3.83 to 3.87) [1,4]	3.69 (3.67 to 3.72) [1,4]	4.00 (3.97 to 4.03) [1,4]
Saraceno *et al.* 2008	2006	Italy	SR	4109	NR	PT	2.90 [1,9]	NR	NR
Kubota *et al.* 2015	2010-2011	Japan	D/Ph	128000000	0-80+	PT	0.34 (0.34 to 0.34)[1]	NR	NR
Benchikhi *et al.* 2012	NR	Maghreb (Morocco, Algeria, Tunisia)	D/Ph	NR	NR	PT	0.23 (0.18 to 0.28) [1]	NR	NR
		Algeria					0.36 (0.33 to 0.40) [1]	NR	NR
		Morocco					0.11 (0.09 to 0.13) [1]	NR	NR
		Tunisia					0.35 (0.32 to 0.38) [1]	NR	NR
Walker *et al.* 2008	NR	Nepal	D	878	0-80+	PP	0.24 (0.00 to 0.56) [2,3]	NR	NR
Braathen*et al.* 1989	1985	Norway	SR	10576	0-80+	LT	1.41 (1.18 to 1.63) [2,3]	1.45 (1.13 to 1.77) [2,3]	1.37 (1.05 to 1.68) [2,3]
Falk *et al.* 1993	1991	Norway	D/Ph	2950	0-70+	LT	1.36 (0.94 to 1.77) [3,6]	1.60 (0.95 to 2.25) [3,6]	1.12 (0.59 to 1.66) [3,6]

Falk *et al.* 1993 (Lapps)	1991	Norway	D/Ph	2508	0-70+	LT	1.40 (0.94 to 1.85) [2,3]	1.64 (0.93 to 2.35) [2,3]	1.17 (0.58 to 1.75) [2,3]
Falk *et al.* 1993 (Non-Lapps)	1991	Norway	D/Ph	442	0-70+	LT	1.13 (0.15 to 2.12) [2,3]	1.39 (0.00 to 2.95) [2,3]	0.88 (0.00 to 2.11) [2,3]
Hegvik *et al.* 2017	2015	Norway	D/Ph	2500118	4-48	PP	2.50 (2.48 to 2.52) [3,6]	2.64 (2.61 to 2.68) [3,6]	2.36 (2.33 to 2.39) [3,6]
Borzecki *et al.* 2012	2005-2009	Poland	D	NR	<20-60+	PP	1.45 [1,9]	1.46 [1,9]	1.43 [1,9]
Borzecki *et al.* 2018	2008-2015	Poland	D	38378481	<20-60+	PP	2.99 (2.98 to 2.99) [2,3]	3.13 (3.13 to 3.14) [2,3]	2.83 (2.83 to 2.84) [2,3]
Lee *et al.* 2017	2011	Republic of Korea	NR	219429	0-80+	PP	0.44 [1,4]	NR	NR
	2012			221704			0.44 [1,4]	NR	NR
	2013			228842			0.45 [1,4]	NR	NR
	2014			231888			0.45 [1,4]	NR	NR
	2015			233909			0.45 [1,4]	NR	NR
Han *et al.* 2018	2006-2015	Republic of Korea	NR	NR	0-90+	PT	0.54 [1,9]	NR	NR
	2006			48371311			0.47 (0.47 to 0.48) [2,3]	NR	NR
	2007			48603519			0.48 (0.48 to 0.49) [2,3]	NR	NR
	2008			49560378			0.50 (0.50 to 0.51) [2,3]	NR	NR
	2009			49884458			0.53 (0.52 to 0.53) [2,3]	NR	NR
	2010			50166793			0.54 (0.54 to 0.55) [2,3]	NR	NR
	2011			50445164			0.55 (0.54 to 0.55) [2,3]	NR	NR

	2012			50763154			0.55 (0.55 to 0.56) [2,3]	NR	NR
	2013			51013675			0.58 (0.58 to 0.58) [2,3]	NR	NR
	2014			51281917			0.59 (0.59 to 0.59) [2,3]	NR	NR
	2015			51574044			0.61 (0.61 to 0.62) [2,3]	NR	NR
Boca *et al.* 2019	NR	Romania	Ph	2240	2-92	PT	5.18 (4.26 to 6.10) [2,3]	4.82 (3.64 to 6.00) [3,6]	5.54 (4.10 to 6.97) [3,6]
Osmanova *et al.* 1985	1958-1978	Russia	Ph	29260	0-60+	NR	0.72 (0.70 to 0.74) [1]	NR	NR
Znamenskaya et al. 2012	2009	Russia	Ph	NR	0-18+	PP	0.21 [1,9]	NR	NR
	2010						0.22 [1,9]	NR	NR
	2011						0.22 [1,9]	NR	NR
Kubanova *et al.* 2017	2010	Russia	Ph	NR	0-18+	PP	0.22 [1,9]	NR	NR
	2011						0.22 [1,9]	NR	NR
	2012						0.22 [1,9]	NR	NR
	2013						0.22 [1,9]	NR	NR
	2014						0.22 [1,9]	NR	NR
	2015						0.23 [1,9]	NR	NR
	2016						0.23 [1,9]	NR	NR
Odinets *et al.* (2017)	2010	Russia	Ph	NR	0-18+	PP	0.13 [1,9]	NR	NR
	2011						0.16 [1,9]	NR	NR

	2012						0.17 [1,9]	NR	NR
	2013						0.18 [1,9]	NR	NR
	2014						0.17 [1,9]	NR	NR
	2015						0.17 [1,9]	NR	NR
	2016						0.18 [1,9]	NR	NR
Campion *et al.* 1983	NR	Scotland	Ph	150300	NR	NR	0.49 (0.46 to 0.53) [2,3]	NR	NR
Simpson *et al.* 2002	1998-1999	Scotland	Ph	252538	0-80+	PP	0.73 (0.69 to 0.76) [2,3]	0.75 (0.71 to 0.80) [3,7]	0.70 (0.65 to 0.75) [3,7]
McHattie *et al.* 2012	NR	Scotland	Ph	NR	NR	NR	2.40 [1,9]	NR	NR
Ferrandiz *et al.* 2001	1998	Spain	SR	12938	0-70+	LT	1.43 (1.23 to 1.63) [2,3]	1.40 (1.12 to 1.69) [2,3]	1.46 (1.16 to 1.75) [2,3]
Fernandez-Sueiro *et al.* 2012	NR	Spain	D/Ph	36610	NR	NR	1.20 (1.10 to 1.30) [1]	NR	NR
Ferrandiz *et al.* 2014	2012-2013	Spain	SR	12711	<16-70+	LT	2.30 (2.00 to 2.60) [1]	1.90 (1.50 to 2.30) [1]	2.70 (2.20 to 3.20) [1]
Siso-Almirall *et al.* 2018	2016	Spain	NR	7483761	NR	LT	0.28 (0.28 to 0.29) [1]	NR	NR
Fernandez-Armenteros *et al.* 2019	2003-2016	Spain	D/Ph	398701	0-90+	PP	1.72 (1.68 to 1.76) [2,3]	1.56 (1.51 to 1.61) [2,3]	1.88 (1.82 to 1.94) [2,3]
Perera *et al.* 2000	1997	Sri-Lanka	D	1772	0-65+	PT	0.44 (0.14 to 0.76) [2,3]	NR	NR
Hellgren *et al.* 1967	1961-1963	Sweden	D/Ph	38670	≥7	PP	2.00 (1.83 to 2.11) [2,3]	1.50 [1,9]	2.30 [1,9]
Lofvendahl *et al.* 2014 (pre-validation)	2005-2010	Sweden	Ph	1055766	NR	NR	1.53 (1.51 to 1.56) [2,3]	1.54 (1.50 to 1.57) [1]	1.53 (1.49 to 1.56) [1]

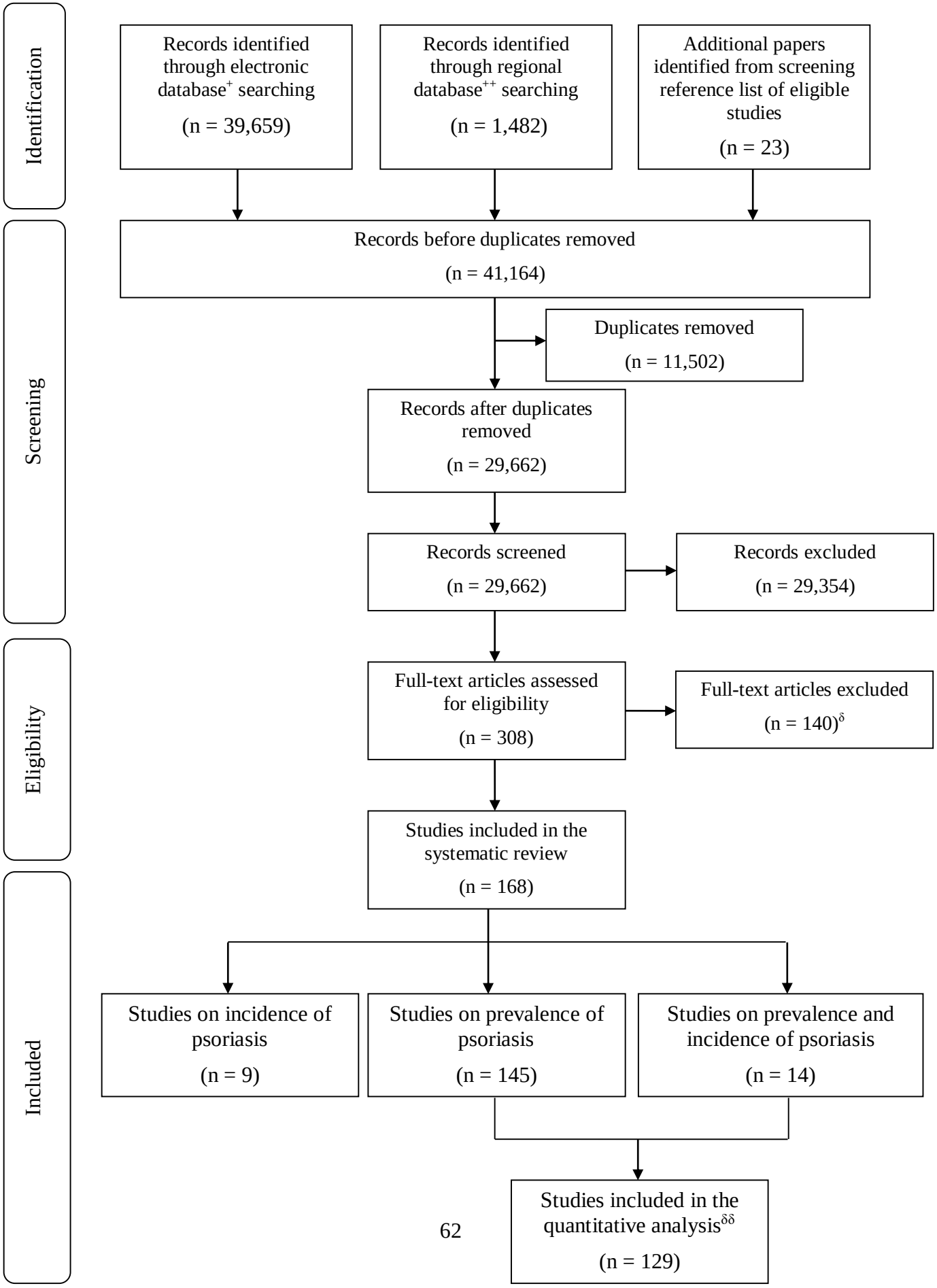
Lofvendahl *et al.* 2014 (post-validation)	2005-2010	Sweden	Ph	1055766	NR	PP	1.23 (1.21 to 1.25) [2,3]	1.23 (1.20 to 1.26) [1]	1.22 (1.19 to 1.25) [1]
Chang *et al.* 2009	2000-2006	Taiwan	D	1000000	0-70+	PP	0.19 [1]	0.16 [1]	0.23 [1]
Tsai *et al.* 2011	2006	Taiwan	D/Ph	23000000	0-70+	PT	0.24 (0.23 to 0.24) [2,3]	0.18 [1,9]	0.29 [1,9]
Chiang *et al.* 2012	2004-2005	Taiwan	D/Ph	1000000	≤30-70+	PP	0.22 (0.21 to 0.23) [3,6]		
Wang *et al.* 2016	2003	Taiwan	D	22604550	NR	PT	0.16 (0.15 to 0.16) [2,3]	NR	NR
	2004			22689122			0.18 (0.18 to 0.18) [2,3]	NR	NR
	2005			22770383			0.18 (0.18 to 0.18) [2,3]	NR	NR
	2006			22876527			0.19 (0.18 to 0.19) [2,3]	NR	NR
	2007			22958360			0.19 (0.19 to 0.19) [2,3]	NR	NR
	2008			23037031			0.19 (0.19 to 0.19) [2,3]	NR	NR
	2009			23119772			0.20 (0.20 to 0.20) [2,3]	NR	NR
	2010			23162123			0.20 (0.20 to 0.20) [2,3]	NR	NR
	2011			23224912			0.21 (0.21 to 0.21) [2,3]	NR	NR
	2012			23315822			0.22 (0.22 to 0.22) [2,3]	NR	NR
	2013			23373517			0.22 (0.22 to 0.22) [2,3]	NR	NR
Gibbs *et al.* 1996	1994	Tanzania	D/Ph	1114	NR	PT	0.10 (0.00 to 0.27) [2,3]	NR	NR
El Fekih et al. 2007	NR	Tunisia	D	5778	0-60+	PT	0.57 [1,9]	NR	NR

Dowlatshahi *et al.* 2017	2002-2012	The Netherlands	Ph	2000000	NR	PP	1.58 (1.56 to 1.59) [3,6]	NR	NR
Cakir *et al.* 2012	NR	Turkey	D	17835	0-90	PT	0.44 (0.43 to 0.45) [1,5]	0.41 (0.40 to 0.42) [1,5]	0.47 (0.46 to 0.49) [1,5]
Serdaroğlu *et al.* 2012	NR	Turkey	D	8502	NR	PT	0.50 (0.35 to 0.66) [2,3]	0.50 (0.29 to 0.71) [3,6]	0.54 (0.32 to 0.76) [3,6]
Nevitt *et al.* 1996	NR	UK	SR/Ph	5395	0-100	PT	1.48 (1.20 to 1.80) [1]	NR	NR
Gelfand *et al.* 2005	1987-2002	UK	Ph	7533475	0-90+	LT	1.52 (1.51 to 1.53) [1]	1.52 (1.50 to 1.53) [1]	1.53 (1.51 to 1.54) [1]
Gillard et al. 2005	2002-2003	UK	Ph	789335	0-65+	PP	0.78 (0.76 to 0.79) [2,3]	NR	NR
Seminara et al. 2011	NR	UK	Ph	7520293	0-90+	PP	1.87 (1.86 to 1.88) [2,3]	1.87 (1.86 to 1.89) [2,3]	1.86 (1.85 to 1.88) [2,3]
Springate *et al.* 2017	1999	UK	Ph	2674645	0-100	PP	2.30 (2.28 to 2.32) [1,5]	2.32 (2.29 to 2.34) [1,5]	2.28 (2.26 to 2.31) [1,5]
	2000			3301115			2.27 (2.25 to 2.28) [1,5]	2.29 (2.26 to 2.31) [1,5]	2.25 (2.23 to 2.28) [1,5]
	2001			3818715			2.26 (2.25 to 2.28) [1,5]	2.27 (2.25 to 2.29) [1,5]	2.26 (2.24 to 2.28) [1,5]
	2002			4252621			2.30 (2.29 to 2.32) [1,5]	2.32 (2.30 to 2.34) [1,5]	2.29 (2.27 to 2.31) [1,5]
	2003			4627496			2.35 (2.34 to 2.36) [1,5]	2.37 (2.35 to 2.39) [1,5]	2.34 (2.32 to 2.36) [1,5]
	2004			4802311			2.43 (2.41 to 2.44) [1,5]	2.44 (2.42 to 2.46) [1,5]	2.42 (2.40 to 2.44) [1,5]
	2005			5046387			2.50 (2.48 to 2.51) [1,5]	2.51 (2.49 to 2.53) [1,5]	2.48 (2.46 to 2.50) [1,5]
	2006			5142674			2.55 (2.53 to 2.56) [1,5]	2.57 (2.55 to 2.58) [1,5]	2.53 (2.51 to 2.55) [1,5]
	2007			5205217			2.60 (2.59 to 2.61) [1,5]	2.62 (2.60 to 2.64) [1,5]	2.58 (2.56 to 2.60) [1,5]
	2008			5340144			2.65 (2.64 to 2.66) [1,5]	2.67 (2.65 to 2.69) [1,5]	2.63 (2.61 to 2.65) [1,5]
	2009			5371557			2.70 (2.68 to 2.71) [1,5]	2.71 (2.69 to 2.73) [1,5]	2.68 (2.66 to 2.70) [1,5]

	2010			5275862			2.74 (2.73 to 2.76) [1,5]	2.76 (2.74 to 2.78) [1,5]	2.73 (2.71 to 2.75) [1,5]
	2011			5250139			2.77 (2.75 to 2.78) [1,5]	2.79 (2.77 to 2.81) [1,5]	2.76 (2.74 to 2.78) [1,5]
	2012			5212122			2.78 (2.77 to 2.80) [1,5]	2.80 (2.78 to 2.82) [1,5]	2.77 (2.75 to 2.79) [1,5]
	2013			4811019			2.82 (2.80 to 2.83) [1,5]	2.83 (2.81 to 2.85) [1,5]	2.81 (2.79 to 2.83) [1,5]
Johnson *et al.* 1978	1971-1974	USA	D	20749	1-74	PT	1.43 [1,9]	NR	NR
Koo *et al.* 1996	1991-1993	USA	SR	33411	<18-65+	LT	2.60 [1,9]	NR	NR
Javitz *et al.* 2002	1993-1995	USA	Ph	407847	2-74	PP	0.70 (0.68 to 0.73) [2,3]	0.69 (0.65 to 0.73) [2,3]	0.72 (0.68 to 0.75) [2,3]
Arzensek *et al.* 1984	1979-1981	Yugoslavia	D	190	NR	PT	1.58 (0.00 to 3.35) [2,3]	NR	NR

Diagnostic methods: D = Dermatologists; Ph = Physician; SR = Self-reported diagnosis. Prevalence measure: PT = Point prevalence; PP = Period prevalence; LT = Lifetime prevalence. Notes: [1] Value reported from the study; [2] Rate checked and confirmed; [3] Confidence Interval (CI) estimated and added by the authors as it was not present in the original study; [4] Standardised rate; [5] Age and/or sex adjusted; [6] Rate calculated from number of cases provided from the paper; [7] Rate calculated from personal information given by the author(s) of the study; [8] Weighted percentage; [9] It was not possible to calculate CI due to lack of raw data. NR = Not Reported.

eFigure 1. PRISMA Flow Diagram* detailing the stages of the systematic review and numbers of records included or excluded.



[*] Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). *P*referred *R*eporting *I*tems for *S*ystematic Reviews and *M*eta-*A*nalyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097. [δ] Reasons for exclusion included: i) The studies not carried out on the general population (i.e. patients were identified from specific populations such as dermatology clinics, hospital admission/visits or specific subgroups of the population). ii) The studies not providing sufficient information to calculate prevalence and/or incidence rates for psoriasis. iii) The studies only focused on psoriatic arthritis. [δδ] Studies included in the statistical analyses were studies that reported on prevalence of psoriasis from a single data point (i.e. unique data sources).

References

1. Downes MJ, Brennan ML, Williams HC, et al. Development of a critical appraisal tool to assess the quality of cross-sectional studies (AXIS). *BMJ Open* 2016;6(12):e011458. doi: 10.1136/bmjopen-2016-011458