Some methodological considerations and limitations of this study need to be addressed. First, the worst pain intensity score over the past 24 h was used to describe and analyse changes in skin pain intensity over time. When interpreting the descriptive information about pain intensity in this paper, one must take into consideration that the mean baseline intensity score of 4.4 is based on worst pain experience. Secondly, the estimation of clinically meaningful improvement in pain intensity used in the present study (23, 37) needs further validation for skin pain. Furthermore, the relatively small sample size may have precluded us from finding any association between demographic characteristics and skin sensory symptoms, as well as significant differences in change in skin pain intensity between patients with PASI 50 and those with less improvement in psoriasis. Note also that the regression analysis does not identify a straightforward cause-effect relationship between PASI and skin pain intensity. Finally, due to the inclusion of patients from 1 inpatient and outpatient dermatology hospital clinic, the findings from this study may not be generalizable to psoriasis patients in general practice and private practice.