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### Psychological parameters of psoriasis

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Psoriasis is a chronic, inflammatory scaling dermatosis. The marked visible appearance of the lesions have a negative impact on body image that leads to decreased self-esteem, hence seriously compromising the patient's quality of life. The clinical picture critically affects the social well-being of the patient since the disease is commonly misunderstood and feared by the social environment as being contagious. The patient feels stigmatized and this further intensifies their lack of self-confidence and self-esteem. Feelings of shame and guilt increase the tendency toward suicidal ideation. The poor quality of life of psoriatic patients has been associated with excessive alcohol consumption, increased smoking and greater use of tranquilizers, sedatives and antidepressants. As far as mental impairment is concerned, a correlation has been found between psychological stress and the clinical severity of symptoms: the more mentally affected the patient, the more severe the dermatologic lesions. Similarly, stressful life events constitute a major risk for the occurrence and recurrence, exacerbating the severity and duration of the symptoms. Depression and anxiety can worsen the disease or cause resistance to treatment or patient's indifference, which in turn can lead to expensive and prolonged treatment. Not least, the disease itself contributes to anxiety, depression and psychological stress, thus creating a "vicious circle" that is difficult to manage. Given that women seem to invest more in their personal appearance than men, it is hardly surprising that female psoriatic patients report higher levels of depression. Similarly, the risk of mental disorders is also higher in younger patients for whom body image plays an equally significant role. The severity of the disease, side effects of therapy and mental disorders are among the causes that have been attributed to sexual dysfunction reported by some psoriatic patients. At the social level, stigma, social rejection, feelings of shame, embarrassment and lack of confidence provoked by the disease often lead to the discontinuation of daily activities and social withdrawal. This review attempts to describe the prevalence of psychological stress and its negative social impact on patients with psoriasis. The recognition and treatment of these psychosocial problems may contribute to improving the quality of life for patients and reduce treatment costs. The collaboration between the psychiatrist and the dermatologist is a fundamental prerequisite toward addressing these issues.

**Key words:** Psoriasis, psychological stress, quality of life, anxiety, depression.

## Introduction

There is a common misperception that skin diseases are somehow less serious than other systemic diseases. This can be attributed to the fact that although skin disorders are often chronic, they are not life-threatening. As a result the perceived impact on the patient is more likely to be underestimated. Specifically in the case of psoriasis which constitutes the subject of this study, health professionals often underestimate the degree of psychological and social morbidity associated with this disease.

It is therefore obvious that the burden of psoriasis extends beyond the physical symptoms experienced by the patient. The therapies recommended to control psoriasis, not only can be related to adverse events which can have a negative effect on patient's physical activity, but they can also influence many different aspects of their life, including career, finances, leisure activities and relationships.

The consequences on the patient's social and mental health can be dramatic. The decrease in the overall quality of life can be explained by the fact that patients with psoriasis often believe that although they are unable to understand how it is to live without the disease, they can however imagine it, especially during symptom free periods.<sup>1</sup>

## Symptoms of psoriasis

At this point it is important to mention the main symptoms of psoriasis, which greatly affect patient's mood and quality of life. The most common clinical manifestation of psoriasis is skin lesions. Intense pruritus is the second most frequently reported symptom. This view was confirmed by Gupta et al, in a study which reported that pruritus was one of the most distressing symptoms for patients with psoriasis. Depression and severity of comorbid mental disorders were found to correlate with pruritus intensity.<sup>2</sup>

Rapp et al stated that joint pain, burning sensation and how the bones or joints look have adverse psychological effects in patients with psoriasis. Pruritus and skin soreness were the symptoms that were closely associated with an impaired quality of life. Moreover, the physical and psychosocial aspects of

psoriasis interact to create an overall negative impact on patients' well-being.<sup>3</sup>

It appears that psoriasis' severity has a strong correlation with both the physical symptoms and the psychosocial impact of the disease. The more severe the psoriasis, as perceived by the patient, the more uncomfortable or apprehensive the patient becomes about his or her physical appearance, and the more unsightly and excluded the patient feels.<sup>2</sup> This psychological distress can lead to significant depression and social isolation.

## Quality of life psoriasis

Quality of Life (QOL) measurement is the ideal method to properly assess the full effect of psoriasis on patients' daily life. The development of validated psychometric tools to assess the impact of the disease is a relatively recent achievement and has become increasingly important in the evaluation of disease severity, interventions, and allocation of resources. Information with regards the quality of life include patients' subjective evaluation of the influences of their current health status on their ability to achieve and maintain a level of overall functioning that allow them to pursue valued life goals and that are reflected in their general well-being.<sup>4</sup>

The negative impact of psoriasis on a patient's quality of life is well documented in the literature, reinforcing the perception that the psychosocial impact of psoriasis is as important as its physical consequences, contributing to the overall morbidity of the disease.<sup>5</sup> Psoriasis severity is evaluated by the clinical features and the total body surface area (BSA) affected. However, clinical severity, on the basis of the criteria above mentioned, is not always easy to be determined and assessed. Thus the patients' view of the cause, the consequences of chronicity and the treatment of psoriasis are mandatory related to the clinical presentation of the disease.<sup>5</sup>

Therefore the assessment of the clinical severity of psoriasis is not always directly associated with patient's physical symptoms. Patients may have a relatively small BSA involved but the location of the lesions often prevents patients from participating in everyday activities and the visibility of the disease weighs heavily on emotions and self-image. For ex-

ample, a patient whose lesions are easily observed (e.g., on the hands and elbow), are evaluated as having a mild psoriasis considering the International Classification of BSA. Nevertheless the functional impairment would be great and patient is likely to be more affected socially and psychologically than a patient whose equal-sized lesions are in a less conspicuous location (e.g., on the abdomen).<sup>6</sup>

Krueger et al reported that the severity of psoriasis is mainly a quality of life issue.<sup>7</sup> The physical and psychosocial effects of the disease are difficult to be evaluated only on the basis of patients' symptoms during flares and remission. These effects should be assessed based on the long-term history of the disease as the psychological consequences of psoriasis affect and enhance patients' physical symptoms. Furthermore, disease progression can lead to further psychosocial problems and patients' mood may enhance the natural progression of the signs and symptoms of psoriasis.

To further investigate the impact of psoriasis on quality of life of elderly patients, the role of psychiatric disorders such as anxiety and depression that were present before the onset of disease is often studied. In a study of patients with skin diseases, patients were classified according to the greatest impact that mental illness had in their quality of life. Psoriasis had a significantly greater impact on the quality of life of the elderly, when compared with younger patients. Particularly among women who suffered from anxiety or depression. Older women suffering from anxiety or depression had the greatest impairment in quality of life.<sup>8</sup> This could probably be explained by the fact that psoriasis affects the appearance of patients' skin and women are usually much more concerned about their appearance than men. As a result psoriatic lesions have a negative impact on their body image and lead to lower self-esteem.<sup>9</sup>

### **Psychosocial impact**

Clinical symptoms of psoriasis are associated with a significant reduction in patients' quality of life. In addition, their chronic daily stress of having to cope with the disease further contributes to poor QOL. Psoriasis patients often feel self-conscious, helpless, embarrassed, angry and frustrated about their ill-

ness. Furthermore they suffer from higher rates of depression and increased risk of disease recurrence.<sup>10</sup>

Gupta et al (1998) found a 9.7% prevalence of a death wish and a 5.5% prevalence of acute suicidal ideation in psoriasis patients.<sup>10</sup> A significant percentage of patients report having moderate to extreme levels of anxiety, depression, and anger, not only during flares, but also while in remission. Even the time of diagnosis can be significantly associated with psychological symptoms of the patients.

Another study of Wahl et al showed that more than half of patients with psoriasis suffered from depression and anxiety. Additionally impairment of QOL was associated with alcohol consumption, cigarette smoking and the use of tranquilizers, sleeping pills and antidepressants.<sup>11</sup> A recent study in Greek population confirmed those of previous studies, as patients with psoriasis experienced significant impairment in quality of life, anxiety, low self-esteem and social isolation. Especially female patients presented with lower self-esteem than male patients.<sup>12</sup>

As mentioned above, the psoriatic patients reported higher degrees of depression and anxiety than the healthy population, while women with psoriasis reported higher levels of depression compared with men. A study by Akay et al, showed that psoriasis can significantly worsen depression. Stressful life events play an important role in the development of the psychosocial status in patients with psoriasis. The role of stressful life events in the development of guttate psoriasis is estimated 1.7% (0.8–3.6) whereas the comorbidity with anxiety and different kinds of psoriasis is 4.6%.<sup>13</sup>

Stigmatization and social rejection are common problems in the experience of psoriasis. Patients have feelings of shame, embarrassment and lack of confidence because of their disease. These emotions result in significant levels of life disruption as well as social withdrawal.<sup>14</sup> In a study of 137 patients with moderate to severe psoriasis, 26.3% of them reported that they had experienced at least a period of social isolation in the past. Such periods were triggered by the presence of psoriasis on a visible part of the body, even if it did not affect the ability of active participation of people in social activities. Social rejection, manifest in the perceived deprivation of human touch, is correlated with many negative symptoms

in daily life of people with psoriasis as well as higher rates of psychological morbidity, including depression.<sup>4</sup>

Fortune et al found that stress of patients with psoriasis was the best predictor of disability scores, as this reflected the social pressures from the people around them. Except patients' physical appearance, their age distribution seems to play an important role in the emergence of mental disorder. Patients in the 18 to 45 year age group tend to experience the most difficulties related to socialization, appearance, daily activities, occupation and finances.<sup>15</sup>

This might be because the stigma of having psoriasis exerts its greatest influence during early adulthood when patients are trying to accept their body image and beginning to develop their social networks and careers.<sup>16</sup> Sampogna et al in 2006 have studied the effects of age, gender, quality of life, and psychological distress in hospitalized patients with psoriasis. Patients were divided into two age groups: younger than 65 years and older than 65 years. They showed that the older patients had lower quality of life and they were exposed to more stressful events during their life. Furthermore, the prevalence of stress and depression in psoriasis patients was higher than that of the healthy population. A significant correlation was found between the psychological stress and the clinical severity of the symptoms of psoriasis, as patients with major psychological distress had more severe psoriatic skin lesions.<sup>9</sup>

The correlation between employment and education level with the incidence of depression and anxiety in patients with psoriasis has been investigated. Though there was no correlation between the education level and incidence of depression and anxiety, lower depression levels were observed in employed patients.<sup>8</sup>

Studies failed to show a significant relationship between gender and acute onset of symptoms and comorbid mental disorders. Men and women are affected equally by the impact the disease has on their appearance, career and socialization. Psoriasis is associated with a decrease in sexual functioning for a significant proportion of patients. In a study of 120 patients, 40.8% of them were sexually affected, reporting a decline in sexual activity. Over 60% of those affected attributed this decrease to the effects

psoriasis had on their appearance. Additionally physical symptoms like joint pain, scaling, and pruritus, as well as associated psychopathological disorders such as depression, seem likely to negatively affect sexual activity.<sup>7</sup>

In a survey of 100 patients with moderate to severe psoriasis, 19% of them had experienced instances of gross social rejection, because of the symptoms and the general state of the disease. This occurred most often at public gathering places and centers of activity, like the gym, pool, or hairdresser.<sup>8</sup> The feeling of rejection and stigmatization were strongly correlated with disrupted work experience, the frequent seeking of psychiatric help and excessive alcohol consumption. Patients tended to avoid interpersonal relationships and social interactions in public places where they might encounter rejection, reducing their social and occupational opportunities and further decreasing their overall QOL.<sup>4</sup>

### **Financial impact**

Psoriasis is associated with a significant financial impact. According to several studies and financial calculations, it was estimated that the outpatient cost of psoriasis in 1993 was in the range of \$1.6 to \$3.2 billion, with an annual cost per patient of \$650 to \$800. The financial burden to the individual patient includes the cost of care, the time needed to care for psoriasis, interference with work and a decrease in their QOL.<sup>17</sup> As expected, the negative impact of psoriasis on patients' financial status and on their QOL is greater in those with more severe disease and lower family support. This is a different aspect of this complex social phenomenon. In a study including patients with severe psoriasis, the occupational disability caused by the disease was a significant factor leading to deterioration of mental symptoms and depression.<sup>18</sup> The study nevertheless identified and quantified the impact of the disease in the professional activity of patients. Of the employed patients, 59.3% lost time from work during the preceding year because of their illness and of those who were unemployed, 33.9% attributed their employment status to their psoriasis. Men report more occupational impairment than women. Women seem to seek medical attention more often before they reach a point of taking time off work.

## Conclusions

In conclusion, the medical community seems to be focusing on the use of proper medical practices and on the impact these can have on the patient's life, especially for those with underlying psychiatric disorders. The combination of objective and subjective dimensions dominate research on quality of life.

The above mentioned studies demonstrate that psoriasis has a strong impact upon patients' daily activities and quality of life. The main cause of this

impact is extensive skin involvement. This finding is consistent with a wide range of research studies indicating that the affected body surface has a significant influence on the disease progression and greatly affects quality of life.

Age has a weak negative correlation with the quality of life of patients with psoriasis, suggesting that younger patients tend to achieve reduced therapeutic results. Psoriasis seems to have a greater effect on women's mental health, which leads to a greater reduction in their quality of life and a significant impact on their current treatment plan.

# Ψυχολογικές παράμετροι της ψωρίασης

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Η ψωρίαση είναι μια χρόνια φλεγμονώδης δερματοπάθεια η οποία, λόγω των εμφανών δερματικών αλλοιώσεων, έχει επίπτωση στην εικόνα του σώματος, με αποτέλεσμα τη μείωση της αυτοεκτίμησης και τη δημιουργία σοβαρών προβλημάτων στην ποιότητα ζωής των ασθενών. Η κλινική εικόνα της νόσου προκαλεί επιφυλακτική και αρνητική στάση από τον κοινωνικό περίγυρο, γεγονός που επιτείνεται όταν λόγω άγνοιας η νόσος θεωρείται λανθασμένα ως μεταδοτική, με αποτέλεσμα οι ασθενείς να βιώνουν κοινωνικό στίγμα, ή και να αυτοστιγματίζονται. Το γεγονός αυτό επιτείνει ακόμα περισσότερο τη μείωση της αυτοπεποίθησης και της αυτοεκτίμησής τους, προκαλεί αισθήματα ντροπής και ενοχής και αυξάνει τα ποσοστά αυτοκτονικού ιδεασμού. Η κακή ποιότητα ζωής των ψωριασικών ασθενών έχει συσχετισθεί με μεγαλύτερη κατανάλωση αλκοόλ, αύξηση του καπνίσματος και μεγαλύτερη κατανάλωση ηρεμιστικών, υπνωτικών και αντικαταθλιπτικών φαρμάκων. Όσον αφορά στην ψυχική επιβάρυνση, έχει βρεθεί συσχέτιση μεταξύ του ψυχικού στρες και της κλινικής βαρύτητας των συμπτωμάτων της ψωρίασης, καθώς οι ασθενείς με σημαντική ψυχική δυσφορία έχουν σοβαρότερες δερματολογικές βλάβες, ενώ παράλληλα τα στρεσογόνα γεγονότα της ζωής αποτελούν σημαντικό κίνδυνο για την εμφάνιση, την υποτροπή, τη βαρύτητα και τη διάρκεια των συμπτωμάτων. Η κατάθλιψη και το άγχος μπορούν να επιδεινώσουν τη νόσο ή να προκαλέσουν αντίσταση στη θεραπεία ή παραμέληση αυτής, οδηγώντας τον ασθενή σε ακριβότερες και μακροχρόνιες θεραπείες. Αλλά και η ίδια η νόσος συμβάλλει στη δημιουργία άγχους, κατάθλιψης και ψυχικού στρες, με αποτέλεσμα να δημιουργείται ένας φαύλος κύκλος που δύσκολα αντιμετωπίζεται. Οι γυναίκες με ψωρίαση αναφέρουν υψηλότερα επίπεδα κατάθλιψης, γιατί όπως φαίνεται συνήθως επενδύουν περισσότερο στην εξωτερική τους εμφάνιση συγκριτικά με τους άνδρες. Επίσης, ο κίνδυνος εμφάνισης ψυχικών εκδηλώσεων είναι αυξημένος σε νεότερους ασθενείς, στους οποίους η εικόνα του σώματος παίζει μεγαλύτερο ρόλο. Η βαρύτητα της νόσου, οι παρενέργειες της θεραπείας και οι ψυχικές διαταραχές



είναι μερικοί από τους λόγους που μπορεί να οδηγήσουν τους ασθενείς με ψωρίαση σε σεξουαλική δυσλειτουργία. Σε κοινωνικό επίπεδο ο στιγματισμός, η κοινωνική απόρριψη, τα συναισθήματα ντροπής, αμηχανίας και έλλειψης εμπιστοσύνης που νιώθουν λόγω της ασθένειας, οδηγούν συχνά στη διακοπή των δραστηριοτήτων της καθημερινής ζωής καθώς και στην κοινωνική απόσυρση. Η παρούσα ανασκόπηση επιχειρεί να περιγράψει την επικράτηση της ψυχικής επιβάρυνσης και των αρνητικών κοινωνικών επιπτώσεων στους ασθενείς με ψωρίαση. Η αναγνώριση και η αντιμετώπιση των ψυχοκοινωνικών προβλημάτων που εμφανίζουν οι ασθενείς αυτοί μπορεί να συνεισφέρει στη βελτίωση της ποιότητας της ζωής τους και να μειώσει το κόστος θεραπείας. Η συνεργασία του δερματολόγου με τον ψυχίατρο αποτελεί βασική προϋπόθεση για την κατά το δυνατόν, καλύτερη επίλυση των ψυχοκοινωνικών προβλημάτων των ασθενών.

**Λέξεις ευρετηρίου:** Ψωρίαση, ψυχολογικό stress, ποιότητα ζωής, άγχος, κατάθλιψη.

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