THE IMPACT OF PSORIASIS ON THE HUMAN PSYCHE

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ABSTRACT

Skin diseases have an undesired impact on the human psyche because they represent external manifestations of health, visible to anybody, thus frequently making the patient feel frustrated. This can lead to a negative impact on the patients’ quality of life, causing social anxiety, depression and suicidal ideation.

Psoriasis is a chronic inflammatory skin disease which affects almost 2% of the population living in industrialized countries. It is characterized by patches of red, inflamed skin often covered with loose, silvery scales. Most common sites of involvement are the scalp, elbows, knees, hands, feet, trunk, and nails. Considering this, it is very important for dermatologists to evaluate the patients holistically and to send them to psychological counselling whenever necessary [1].

Keywords: psoriasis, quality of life, stress, depression, anxiety, psychotherapy.

INTRODUCTION

Given the lack of information on the co-dependence between psoriasis and mental illness, I considered it necessary to study specialised works and make a formal review of the main data that can be useful in evaluating these patients. This paper represent a summary of the main studies warning about the need of collaboration between dermatologists, psychiatrists, psychologists and general practitioners.

PSORIASIS AND THE IMPACT ON THE QUALITY OF LIFE

Quality of life assessment in patients with psoriasis is done using scales or questionnaires. The Psoriasis Area Severity Index (PASI) is an index used to express the severity of psoriasis. It combines the severity (erythema, induration and desquamation) and percentage of affected area [2]. There are studies showing that psoriasis causes impairment to the patient in a much greater degree than other dermatological disorders or chronic diseases. Feelings of shame, excessive care to aesthetics, fear of rejection or humiliation are common complaints in people in general, but these are magnified when the person has psoriatic arthritis or pruritus [3].

In most situations, it is not only the patient’s life which is affected by the disease, but also the life of their close ones. Stress caused by anticipating the
reactions of other people to their pathology has the greatest negative impact on everyday life [4]. Jager and collaborators have conducted a study in Sweden which included 39 patients and showed a moderate correlation between quality of life and psoriasis severity assessment index (PASI). This proves that it is not about how extensive the lesions are, but how they affect the perception of the patients about themselves [5].

**STRESS AND PSORIASIS**

Stress occurs when a person experiences traumatic events (change of job, illness, financial problems), personal problems or lack of social support. Patients believe that stress is the primary factor that makes psoriasis worse and exclude causes such as infections, trauma, drugs, food or weather [6].

Nerve endings in the skin are stimulated when the body is exposed to stress and this will lead to molecular imbalances and will trigger dermatological pathologies in susceptible patients (psoriasis, atopic dermatitis, acne, hives) [7]. G. Schmid-Ott and others discovered that dermatological diseases occur in stressed individuals in a proportion of 78%, compared to the relaxed ones which had a rate of only 37% [8].

Other research has shown that for those with high stress levels healing was more difficult and that they have severe injuries on extended areas of the body [9]. Patients who are calm and optimistic have a better evolution, while lesions heal twice as fast [10].

Management of psoriasis can be improved by adjunctive psychotherapy, given that 60% of patients report that their health got worse after stressful periods. This correlation occurs because the hypothalamic-pituitary and neuroadrenergic systems are very active in this period and release stress hormones that stimulate the mast cells to secrete locally proinflammatory cytokines which maintain the psoriatic lesions for a longer period of time [11].

**PSORIASIS - DEPRESSION, ANXIETY AND SUICIDAL IDEATION**

A study from USA conducted by C. Olivier and collaborators which included 150,042 patients with various forms of psoriasis showed an overwhelming incidence of psychiatric disorders among them (anxiety, depression, suicidal ideation). At younger ages, the disease affects mostly men and associates severe forms. Alcohol is often used as a coping method and causes extended lesions [12].

Social anxiety often causes the patients to adopt an avoidance behaviour and live in isolation. Women with psoriasis are more prone to depression. Sometimes they may have cutaneous manifestations of psychiatric disorders, as it is in hallucinatory parasitosis, obsessive compulsive disorder, depression [13].

In 2012, the Journal of the European Academy of Dermatology and Venereology noted that stress connected to family and love life problems has a greater impact on the onset of psoriatic lesions than daily stress, especially for women. For evaluation the researchers used the Hamilton A and Hamilton D assessment scales, while the PASI score was statistically significant [14].

Research conducted in Poland by P. Lakuta and others concluded that social anxiety increases proportionally with the disease severity and this is more frequent if it is associated with young age onset. Interpersonal relationships are influenced by the patients' agreeable self-image and any false assumptions on how they are valued by the interlocutor [15].
Patients who undergo relaxation techniques and cognitive behaviour therapy have a lower level of anxiety and a reduction in the extent of lesions. The estimation is made by the visual assessment scale that aims erythema, desquamation and mercy. Pharmacotherapy of psychiatric disorders is rarely used because it often worsens, as in the case of Prozac. Phototherapy can exacerbate psychiatric disorders. According to J.G. Modell and collaborators, in severe cases of depression, monoamine oxidase inhibitors or tricyclic antidepressants are preferred [16].

**PSORIASIS AND CHILDREN**

Juvenile Psoriasis is a chronic and incurable dermatological disease affecting approximately 0.7% of children globally. This pathology affects the harmonious development and causes dysfunctional relationships with the family, playmates and classmates. Even more, it can have a major impact on individual's self-perception. Children with psoriasis are often affected in greater proportions, form a psychological point of view than those who suffer from diabetes or epilepsy [17].

Jager and collaborators have selected a group of Dutch subjects and observed the impact of psoriasis on quality of life in children. To achieve its goals, the study used two questionnaires, one for evaluating quality of life in children with skin problems (CDLQI) and the other one to assess the impact of chronic disease on daily activities depending on the degree of itching, pain and fatigue (ISDL). Although most patients had moderate forms of psoriasis, 65% of patients reported feelings of stigmatization, 71% reported pruritus and 43% reported fatigue. Patients also experienced feelings of shame, they were asked if the lesions are contagious, were rejected from the play group, 60% could not relax during their holidays and more than 50% avoided to have common hobbies with other children or sexual interaction [18].

Another study conducted by these researchers compared quality of life in children and adults with psoriasis in a group of 1762 patients and concluded that the early onset of the disease had a decisive impact on social limits in a child's life [19].

A.C. Smidt and collaborators from Mexico who wanted to study the impact of dermatological diseases on teenagers aged between 12 to 17 years, applied a test that assesses their psychosocial and physical incapacities (Skindex-Tenn Prototype Item 22). Many statements validated by participants with psoriasis included phrases with a strong emotional impact, such as: "I worry that my condition is quite serious and will evolve, my dermatological problem makes me feel sad, I often stay at home due to my illness, I am usually nervous because I have this disease, my skin disease prevents me to show my affection (touching, holding hands), I feel ashamed and frustrated with how I look, I do not have the courage to be with someone, I choose clothes depending on the extent of the lesions " [20].

It is clear that the onset of psoriasis in childhood produces numerous imbalances in the psychological development of the child and in his ability to adequately integrate into community, elements that will produce a degree of disability throughout life. Thus, dermatologists must take more responsibility regarding this pathology among children and consider more effective treatments. Also, physicians should advise parents to offer psychological counselling for their children to help them develop coping mechanisms and adequate integration into the community [21].
CONCLUSIONS

Although most of the analysed studies are retrospective and the conclusions are not entirely statistically significant, the increased numbers of studies in this field supports the presence of mental imbalances in psoriasis and the need for psychotherapy.

Patients often need to deal with feelings of shame, anxiety, excessive worry over how people perceive them, discomfort in social interactions, depression; all these attitudes lead to avoidance and isolation. Anyway, the patients’ perception about their disease is related to its severity, not the extension of the injuries.

Psoriasis triggered in childhood, in this vulnerable period from a social and psychological point of view, will amplify stigmatization and isolation. Relaxation and breathing techniques, group therapy, yoga, hypnosis, meditation, thermal biofeedback are methods that improve patient status. In addition to a good therapeutic method, patients will notice an improvement in the aspect of the lesions and of pruritus.

In the end, I think each patient must be individually and holistically investigated in order to choose the best method of psychotherapy [22].

REFERENCES

The impact of psoriasis on the human psyche


