

Under my Skin: The Psychosocial Dimension of Psoriasis

Por Baixo da minha Pele: A Dimensão Psicossocial da Psoríase

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Psoriasis is an inflammatory, immune mediated, non-communicable chronic disease, with a relapsing-remitting course, known to have a negative impact on the quality of life of patients. It may be associated with psoriatic arthritis as well as with cardiovascular and cerebrovascular diseases.^{1,2} It is estimated that approximately 400 000 people live with psoriasis in Portugal.³

We discuss the case of a 54-year-old man with inconsistent follow-up for psoriasis for 15 years and who also had depression and alcohol dependence with psychiatry follow-up, and was referred to social services due to financial issues causing poor therapy adherence. The patient presented to the emergency department with erythematous, scaly plaques sparing only the cervical and facial regions, with a high Psoriasis Area and Severity Index (PASI) of 65 (range 0-72) (Fig. 1). He was admitted to the dermatology department, where he had been hospitalized four times in the previous five years for the same problem, with a diagnosis of moderate-to-severe psoriasis. During hospitalization, treatment with cyclosporine, betamethasone cream,

and emollient resulted in a significant improvement of the lesions, and the patient was discharged with a dermatology follow-up appointment scheduled. Following hospitalization, depression and alcohol abstinence improved, as did adherence to treatment. The patient identified psoriasis as the primary cause of prolonged unemployment and as the main precipitating and perpetuating factors of depression and alcohol dependence.

This case supports the notion that patients with psoriasis require a clinical-psychosocial approach. According to a Portuguese study conducted in patients with psoriasis, 55% (n = 310) had some degree of anxiety/depression, and due to the symptoms associated with the disease, 13% (n = 73) had already reported being absent from work for an average of 18.8 days per year, and 43% (n = 243) have incurred medical expenses of more than €30 per month.⁴

Aside from physical symptoms, changes in physical appearance frequently result in social stigma and psychological distress, which may increase the risk of psychiatric comorbidities. Psychological distress, on the other hand, may precipitate episodes of psoriasis exacerbation resulting in an increased disease burden.⁵ Work absenteeism due to appointments and hospitalization, as well as the costs associated with the disease (medicines and appointments), all play a significant role.

The lack of awareness of the disease, combined with a non-multidisciplinary approach, may serve as the trigger for social stigmatization, with significant psychological and social/occupational consequences.



Figure 1 – Erythematous-scaly plaques on the torso and limbs

We recommend raising awareness of psoriasis and identifying patients who require a multidisciplinary clinical-psychosocial approach in order to improve the quality of life of both patients and their relatives.

AUTHOR CONTRIBUTIONS

BRS, TGP: Drafting, critical review and approval of the manuscript.

PP: Critical review and approval of the manuscript.

PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in 2013.

REFERENCES

1. Campanati A, Marani A, Martina E, Diotallevi F, Radi G, Offidani A. Psoriasis as an immune-mediated and inflammatory systemic disease: from pathophysiology to novel therapeutic approaches. *Biomedicines*. 2021;9:1511.
2. Griffiths C, Armstrong A, Gudjonsson J, Barker J. Psoriasis. *Lancet*. 2021;397:1301-15.
3. Torres T, Filipe P, Menezes Brandão F, Figueiredo A, Pinto Soares A, Sousa Basto A, et al. Epidemiology of psoriasis in Portugal: a population-based study. *Acta Med Port*. 2023 (in press). doi:<https://doi.org/10.20344/amp.19048>.
4. Moital I. Estudo PeSsOa - perfil clínico-epidemiológico e da qualidade de vida dos doentes com psoríase em Portugal. Lisboa. 2016. [cited 2022 Nov 27]. Available from: https://psoportugal.pt/wp-content/uploads/2020/04/Estudo-PeSsOa_suma%CC%81rio-executivo_resultados_v1.2.pdf.
5. Cai Q, Teeple A, Wu B, Muser E. Prevalence and economic burden of comorbid anxiety and depression among patients with moderate-to-severe psoriasis. *J Med Econ*. 2019;22:1290-97.

DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

PATIENT CONSENT

Obtained.

COMPETING INTERESTS

The authors have declared that no competing interests exist.

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