Psychological Aspects of Psoriasis
B) Psoriasis and Quality of Life

H. M. Azab, E. El-Din A. Nada and A. A. Abd El-Rahman

ABSTRACT

Objectives: To assess the impact of psoriasis on patients' quality of life. Subjects and Methods: Sixty psoriasis patients were selected among attendants of outpatients clinic, Dermatology and Venereology Department, Sohag university and 30 healthy age- and sex-matched subjects served as a control. Results: Quality of life of more than half of psoriasis patients was bad (51.7%), compared with 13.3% of the control subjects. Younger psoriasis patients tend to have worse quality of life, as 71.4% of patients aged less than 30 years had bad quality of life compared with 34.4% of those aged 30 years or more. Female patients had worse quality of life than male patients. Patients whose course of disease was progressive had worse quality of life than those with stationary course. As the psoriasis severity increases, there is a tendency to have worse quality of life. A good quality of life was experienced by 42.9% of patients with mild psoriasis, 15% of those with mild disease and only 7.7% of those with severe psoriasis. Conclusions: psoriasis is a psychosomatic disease that significantly affects the quality of patients. Its impact is correlated with disease severity and course, for which females and younger patients are most vulnerable. Recommendations: Psoriatic patients need an empathic and supportive relationship with their physician. The dermatologist should not focus his attention exclusively on the skin of patients.

Introduction

Psychodermatology (or psychocutaneous medicine) focuses on the boundary between psychiatry and dermatology. Understanding the psychological and occupational context of skin disease is critical to the optimal management of psychodermatologic disorders (Koo, 1998). The effect of psoriasis on the quality of life and the resulting psychological disability is usually greater than the physical disability. Many patients with psoriasis have significant levels of anxiety and depression (Fried et al., 1995). Individuals with psoriasis are significantly affected in their health state utility, perception of general health, and social functioning when compared with individuals without chronic disease and those with certain primary medical conditions (Weiss et al., 2002). Psoriasis causes a significant impairment in the quality of life (QoL) of patients with the disease (Finlay and Coles, 1995; Koo, 1996; Fortune et al., 1997 and de Arruda and de Moraes, 2001). Interactions at the workplace or in school, physical activities such as sports and manual labor and activities of daily living (e.g. socializing with family and friends, sleeping and sexual activity) can all be adversely affected by psoriasis. The effect of psoriasis on QoL is consistently underestimated, often resulting in suboptimal care, at least as perceived by patients (Linden and Weinstein, 1999 and Krueger et al., 2001). Measuring improvements in the severity of physical characteristics of psoriasis has been the traditional method of assessing psoriasis therapies. However, measuring the improvement in a patient's QoL provides an assessment of the effect of the disease on the patient's physical, mental and social well-being. Moreover, QoL assesses complementary measures of skin disease severity by demonstrating that improvements in skin disease severity result in meaningful improvements to patients' lives. Therefore, to assess the efficacy of psoriasis therapies, measures of the improvements in both the cutaneous manifestations of the disease and the patient's QoL should ideally be used (McKenna and Stern, 1996 and Ashcroft et al., 1999). This work aims to assess the impact of psoriasis on patients' quality of life.

Subjects and methods

Sixty patients with psoriasis were selected among attendants of outpatients clinic,