

## PSORIASIS BEYOND THE SKIN: UNDERSTANDING THE PSYCHOLOGICAL BURDEN

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**Abstract: INTRODUCTION:** Psoriasis, a chronic autoimmune skin condition, manifests through multifactorial etiology involving genetic predisposition, immune dysregulation, and environmental triggers, with clinical presentations varying across plaque, guttate, pustular, and erythrodermic subtypes. Despite primarily dermatological, psoriasis is associated with systemic implications such as psoriatic arthritis and psychological comorbidities, including depression, anxiety, and stress. Notably, psychiatric comorbidities significantly impact patients' well-being and treatment efficacy, highlighting the importance of their identification and management within comprehensive care approaches.

**OBJECTIVE:** Analyze and describe the main psychological and psychiatric aspects and effects in patients with psoriasis of the last years.

**METHODS:** This narrative review explored the correlation between psoriasis and psychiatric or psychological aspects by conducting a thorough search across prominent databases, including MEDLINE – PubMed, COCHRANE, EMBASE, and Google Scholar. The search strategy utilized descriptors “Psoriasis” AND “psychiatric” OR “psychological” to identify relevant literature.

**RESULTS AND DISCUSSION:** The investigation into psychological comorbidities among individuals with psoriasis revealed a significant prevalence, with depression, anxiety, and stress commonly reported across various studies. While the rates varied, depression prevalence ranged from 10% to 40%, and anxiety disorders affected approximately 20% to 40% of psoriasis patients. Psoriasis had substantial impacts on psychological well-being, including self-esteem, body image, and quality of life, with feelings of embarrassment and social withdrawal commonly reported. Psychosocial

factors such as stigma and social isolation were identified as significant contributors to psychological distress, highlighting the need for targeted interventions. Cognitive-behavioral therapy and mindfulness-based approaches showed promise in managing psychological distress. Disease severity correlated with treatment outcomes and psychological burden, emphasizing the importance of holistic care approaches. Psoriasis-related psychological distress adversely impacted treatment adherence and healthcare utilization. Integrated care models involving dermatologists, psychiatrists, and psychologists were deemed essential for comprehensive management. Understanding patient perspectives and implementing holistic treatment approaches were crucial for enhancing outcomes and fostering overall well-being in individuals with psoriasis.

**CONCLUSION:** In conclusion, our study underscores the profound psychological impact of psoriasis, as evidenced by the prevalence of depression, anxiety, and stress among affected individuals, alongside detrimental effects on self-esteem, body image, and quality of life. The presence of psychosocial factors like stigma and social isolation exacerbates these challenges, necessitating targeted interventions to alleviate psychological distress. Integrated care models involving collaboration among dermatologists, psychiatrists, and psychologists are essential for comprehensive management. By tailoring interventions to individual needs and incorporating patient perspectives, healthcare providers can enhance treatment outcomes and promote psychological well-being in individuals with psoriasis. Further research and implementation of multifaceted treatment strategies are warranted to optimize care and mitigate the psychological impact of psoriasis on affected individuals.

**Keywords:** Psoriasis; Psychiatry; Dermatology.

## INTRODUCTION

Psoriasis, a chronic inflammatory skin disorder, is associated with a range of psychiatric comorbidities that significantly impact patients' quality of life and treatment outcomes<sup>13</sup>. Among the most prevalent psychiatric problems observed in individuals with psoriasis are depression and anxiety disorders. Epidemiological studies have consistently demonstrated elevated rates of depression among psoriasis patients, with prevalence estimates ranging from 10% to 30%<sup>14</sup>. Anxiety disorders, including generalized anxiety disorder and social anxiety disorder, are also common in this population, affecting approximately 20% to 40% of patients<sup>15</sup>. Furthermore, psoriasis has been linked to increased levels of stress, which can exacerbate disease symptoms and contribute to psychological distress<sup>16</sup>. These psychiatric comorbidities not only negatively impact patients' mental well-being but also have implications for disease severity, treatment adherence, and overall prognosis<sup>17</sup>. Therefore, the identification and management of psychiatric problems are essential components of holistic care for individuals with psoriasis<sup>18,19</sup>.

Psoriasis, characterized by the rapid proliferation of skin cells resulting in thick, red, scaly patches, is a chronic autoimmune skin condition with multifactorial etiology involving genetic predisposition, immune dysregulation, and environmental triggers<sup>1,2</sup>. The disease primarily affects the scalp, elbows, knees, and lower back, although it can manifest anywhere on the body<sup>3</sup>. Aberrant activation of the immune system, particularly T cells and the release of cytokines such as TNF- $\alpha$ , IL-17, and IL-23, underlies the pathogenesis of psoriasis<sup>4</sup>. Clinical subtypes include plaque, guttate, pustular, and erythrodermic psoriasis, each with distinct presentations and courses<sup>3</sup>. Despite being primarily

dermatological, psoriasis is associated with systemic manifestations such as psoriatic arthritis, cardiovascular disease, metabolic syndrome, and psychological comorbidities, necessitating a comprehensive understanding for accurate diagnosis and management<sup>4,5</sup>.

Epidemiologically, psoriasis affects 2-3% of the global population, exhibiting bimodal peaks in early adulthood and later in life<sup>6,7</sup>. Both genetic predisposition and environmental factors contribute, with stress, infections, smoking, and obesity implicated in disease onset and exacerbation<sup>8,9</sup>. Clinically, psoriasis follows a chronic relapsing-remitting course, characterized by periods of flares and remission<sup>9,10</sup>. Advances in epidemiology have shed light on prevalence, risk factors, and disease progression, enhancing management strategies<sup>11</sup>.

Specialized psoriasis clinics play a pivotal role in offering multidisciplinary care, staffed by dermatologists, rheumatologists, nurse practitioners, and allied health professionals, tailored to patients' needs<sup>11</sup>. These clinics provide accurate diagnosis, individualized treatment plans, access to innovative therapies, and psychosocial support programs<sup>12</sup>. By centralizing care, psoriasis clinics aim to improve treatment outcomes, patient satisfaction, and overall quality of life<sup>10,11,12</sup>.

Psychiatric comorbidities significantly impact psoriasis patients' quality of life and treatment outcomes, with depression, anxiety disorders, and stress being prevalent<sup>13,14,15,16</sup>. Depression rates range from 10% to 30%, while anxiety disorders affect 20-40% of patients<sup>14,15</sup>. Stress exacerbates disease symptoms and contributes to psychological distress<sup>16</sup>. These comorbidities influence disease severity, treatment adherence, and prognosis, necessitating their identification and management as integral components of holistic care<sup>17,18,19</sup>.

## OBJETIVES

Analyze and describe the main psychological and psychiatric aspects and effects in patients with psoriasis of the last years.

## SECUNDARY OBJETIVES

1. Investigate the prevalence and severity of psychological comorbidities among individuals with psoriasis, including depression, anxiety, and stress.
2. Examine the psychosocial factors that contribute to the development and exacerbation of psychological symptoms in psoriasis patients, including stigma, social isolation, and coping mechanisms.
3. Investigate the relationship between disease severity, treatment outcomes, and psychological burden in individuals with psoriasis.
4. Identify risk factors associated with the development of psychological disorders in psoriasis patients, including disease duration, coexisting medical conditions, and demographic factors.
5. Explore the impact of psoriasis-related psychological distress on treatment adherence and healthcare utilization.
6. Evaluate the effectiveness of holistic treatment approaches that address both the physical and psychological aspects of psoriasis in improving patient outcomes and quality of life.

## METHODS

This is a narrative review, in which the main psychological and psychiatric aspects and effects in patients with psoriasis in recent years were analyzed. The beginning of the study was carried out with theoretical training using the following databases: PubMed, sciELO and Medline, using as descriptors: "Psoriasis" AND "psychiatric" OR "psychological" in the last years. As it is a narrative review, this

study does not have any risks. Only studies in English and Portuguese were selected

Databases: This review included studies in the MEDLINE – PubMed (National Library of Medicine, National Institutes of Health), COCHRANE, EMBASE and Google Scholar databases.

The inclusion criteria applied in the analytical review were human intervention studies, experimental studies, cohort studies, case-control studies, cross-sectional studies and literature reviews, editorials, case reports, and poster presentations. Also, only studies writing in English and Portuguese were included.

## RESULTS AND DISCUSSION

The investigation uncovered a substantial prevalence of psychological comorbidities among individuals diagnosed with psoriasis<sup>20</sup>. Across various studies, depression, anxiety, and stress were commonly reported, albeit with some variability in prevalence rates<sup>20</sup>. While certain research indicated depression prevalence ranging from 10% to 30%, others observed rates as high as 40%. Similarly, anxiety disorders were found to affect approximately 20% to 40% of psoriasis patients, thereby contributing to the overall psychological burden associated with the condition<sup>21</sup>. Psoriasis exhibited significant impacts on various domains of psychological well-being, encompassing self-esteem, body image, and quality of life<sup>22</sup>. Patients frequently reported feelings of embarrassment, shame, and social withdrawal due to the visible nature of their skin condition, factors that were closely associated with impaired quality of life and psychological distress<sup>23</sup>.

Findings underscored the crucial role of psychosocial factors in the development and exacerbation of psychological symptoms among individuals with psoriasis<sup>24</sup>. Notably, stigma, social isolation, and maladaptive

coping mechanisms emerged as substantial contributors to psychological distress. Patients experiencing heightened levels of stigma and social rejection exhibited elevated levels of depression and anxiety, underscoring the necessity for targeted interventions addressing these psychosocial stressors<sup>25</sup>. Cognitive-behavioral therapy (CBT) and mindfulness-based approaches emerged as promising interventions for managing psychological distress in psoriasis patients. Several studies demonstrated the effectiveness of CBT in alleviating symptoms of depression and anxiety and enhancing coping strategies among this population<sup>26</sup>. Similarly, mindfulness-based interventions were associated with improved psychological well-being and enhanced acceptance of the disease<sup>27</sup>.

Furthermore, a positive correlation between disease severity, treatment outcomes, and psychological burden in individuals with psoriasis was revealed<sup>28</sup>. Patients with more severe disease manifestations reported heightened levels of psychological distress and lower treatment adherence rates<sup>29</sup>. This highlights the crucial role of holistic care approaches that address both the physical and psychological aspects of psoriasis in optimizing treatment outcomes<sup>30</sup>. Additionally, several risk factors associated with the development of psychological disorders in psoriasis patients were identified, including longer disease duration, presence of comorbid medical conditions, and demographic factors such as younger age and female gender<sup>31</sup>.

Psoriasis-related psychological distress was found to adversely impact treatment adherence and healthcare utilization, with patients experiencing heightened levels of psychological burden exhibiting reduced adherence to treatment regimens and increased likelihood of seeking emergency care or experiencing frequent hospitalizations<sup>32</sup>.

Healthcare providers play a pivotal role in addressing the psychological burden of psoriasis through the implementation of screening, referral, and multidisciplinary care approaches. Integrated care models involving dermatologists, psychiatrists, psychologists, and other allied health professionals are indispensable for the comprehensive management of psoriasis and its associated psychological comorbidities<sup>34</sup>.

Moreover, the study delved into the experiences and perspectives of psoriasis patients concerning the psychological impact of their condition<sup>35</sup>. Patients described a range of coping strategies, including seeking social support, engaging in self-care activities, and participating in patient support groups<sup>36</sup>. Understanding patient perspectives is pivotal for tailoring interventions to cater to the unique needs of individuals with psoriasis<sup>37</sup>. Holistic treatment approaches addressing both the physical and psychological dimensions of psoriasis were found to enhance patient outcomes and quality of life<sup>38</sup>. Multidisciplinary interventions integrating dermatological, psychological, and lifestyle interventions emerged as promising avenues for reducing disease severity, bolstering coping skills, and fostering overall well-being in psoriasis patients<sup>39,40,41</sup>.

## CONCLUSION

In conclusion, the findings presented highlight the significant psychological burden experienced by individuals with psoriasis, underscoring the importance of comprehensive care approaches that address both the physical and psychological aspects of the condition. Our investigation revealed a high prevalence of psychological comorbidities, including depression, anxiety, and stress, among psoriasis patients. These psychological challenges were found to have detrimental effects on various domains of well-



being, such as self-esteem, body image, and quality of life. Psychosocial factors, including stigma and social isolation, were identified as significant contributors to psychological distress, emphasizing the need for targeted interventions to address these stressors.

Moreover, the study identified cognitive-behavioral therapy and mindfulness-based approaches as promising interventions for managing psychological distress in psoriasis patients. Additionally, a positive correlation was observed between disease severity, treatment outcomes, and psychological burden, highlighting the importance of holistic care approaches in optimizing treatment outcomes and enhancing patient well-being. Furthermore, various risk factors associated with the development of psychological disorders in psoriasis patients were identified, providing insights for early intervention and support.

Overall, our findings underscore the imperative for healthcare providers to adopt integrated care models that involve collaboration between dermatologists, psychiatrists, psychologists, and other allied health professionals. By addressing the psychological burden of psoriasis through screening, referral, and multidisciplinary care approaches, healthcare providers can better support patients in managing their condition and improving their overall quality of life. Additionally, understanding and incorporating patient perspectives into treatment planning are essential for tailoring interventions to meet the unique needs of individuals with psoriasis. Moving forward, continued research and implementation of holistic treatment approaches are warranted to enhance patient outcomes and promote psychological well-being in individuals living with psoriasis.

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