sciendo

Journal of Interdisciplinary Medicine

ORIGINAL RESEARCH

DERMATOLOGY // PSYCHIATRY

Psoriasis-Related Stigma: Is There More to Uncover?

Luminita Decean[1], Mihai Badea[1], Roxana Ilies[2], Andreea Sasu[3], Victoria Rus[1], Adriana Mihai[1]

[1] "George Emil Palade" University of Medicine, Pharmacy, Science and Technology, Târgu Mureș, Romania
[2] "Iuliu Hațieganu" University of Medicine and Pharmacy, Cluj-Napoca, Romania
[3] Psychiatry Clinic 1, County Clinical Hospital, Târgu Mureș, Romania

CORRESPONDENCE

Luminita Decean
Str. Gheorghe Marinescu nr. 38
540139 Târgu Mureș, Romania
Tel: +40 745 342 804
E-mail: luminita.decean@umfst.ro

ARTICLE HISTORY

Received: August 19, 2022
Accepted: September 14, 2022

Mihai Badea • Str. Gheorghe Marinescu nr. 38, 540139 Târgu Mureș, Romania. Tel: +40 265 215 551 E-mail: mbadeamihai2011@yahoo.com

Roxana Ilies • Str. Victor Babeș nr. 8, 400347 Cluj-Napoca, Romania. Tel: +40 264 597 256, E-mail: roxanaflaviailies@gmail.com

Andreea Sasu • P-ța Bernády György nr. 6, 540072 Târgu Mureș, Romania. Tel: +40 265 214 410, E-mail: andreea_vinteler@yahoo.com

Victoria Rus • Str. Gheorghe Marinescu nr. 38, 540139 Târgu Mureș, Romania. Tel: +40 265 215 551, E-mail: victoriarus91@yahoo.com

Adriana Mihai • Str. Gheorghe Marinescu nr. 38, 540139 Târgu Mureș, Romania. Tel: +40 265 215 551, E-mail:dradrianamihai@yahoo.com

ABSTRACT

Background: Psoriasis is a common, inflammatory immune-mediated dermatosis, occurring in patients of all ages, sexes, and races, associating significant comorbidities. One such comorbidity is represented by psychological disorders, which negatively influence the clinical course of the disease. The purpose of our study is to offer a first glimpse into the stigmatization of Romanian psoriasis patients, as well as their potential anxious or depressive manifestations. **Materials and methods:** The present study is based on an adapted questionnaire previously used to estimate stigmatizing attitudes in the general population, mirrored to reflect the patients' experience in social situations such as shaking hands, maintaining friendship, kissing, or intercourse. GAD7 and PHQ8 scales were used to screen for anxiety or depression traits in the same patients. **Results:** Our study group consisted of 12 psoriasis patients, with a mean age of 46.75 years. While few patients reported feeling discriminated against in social contexts, 16.66% presented with mild depressive symptoms recorded by PHQ8 and 24.99% presented mild anxiety manifestations according to their GAD7 scores. **Conclusion:** In spite of the small sample group, our study outlines a tendency for depressive and anxious manifestations in patients with psoriasis.

Keywords: psoriasis, discrimination, depression, anxiety, stigma

INTRODUCTION

Psoriasis is one of the more common systemic dermatoses, occurring in patients of all ages, races, and sexes. Psoriasis manifests as erythematous plaques with significant scaling and induration, with a chronic remission-relapse pattern, often associating comorbidities such as psoriatic arthritis, uveitis, Crohn's disease, and psychological or psychiatric disorders.[1]

There is a degree of synergy between psoriasis and decreased psychological wellness: experiencing distress activates the hypothalamus-pituitary-adrenal axis, leading to the secretion of cortisol, catecholamines, and neuropeptides. In turn, these mediators influence the immune system, as well as the inflammatory status of the patient, leading to an increase in severity and frequency of clinical

manifestations.[2] The link between mental status and clinical progress of psoriasis leads to psoriasis being referred to as a 'psychopatological skin disease', with prevalence of psychiatric conditions in psoriasis reported within the 24–90% range.[3]

The present study aims to offer a first glance into the degree of stigmatization experienced by Romanian psoriasis patients, as well as screen for depressive and anxiety disorders in the same population.

MATERIALS AND METHODS

The present cross-sectional observational study relies on an adapted questionnaire, initially devised to estimate stigma in the general population, with the addition of two validated scales.

The initial questionnaire was developed by Sur et al., being applied in its original Romanian form.[4] The questionnaire was mirrored: whereas the original questionnaire asked the general population whether they would be willing to shake hands with a patient with visible lesions, our questionnaire asked patients whether they perceived any discriminatory behavior when shaking hands with other individuals.

The questionnaire collected anonymized personal information: age, sex, residence area, level of education, and whether the responder is a medical professional. The following translated questions regarded their diagnosis:

1) What medical specialist established your diagnosis?

   a) General practitioner
   b) Dermatologist
   c) Another specialist

2) When were you diagnosed with psoriasis?

   a) Less than 2 years ago
   b) Between 2 and 5 years ago
   c) More than 5 years ago

3) Are the manifestations of your skin condition under control?

   a) Yes, in over 90% of the time
   b) Partially: I have visible lesions 50% of the time
   c) I constantly have visible lesions

Having gathered demographic and psoriasis-related information, the following questions were aimed at estimating the degree of social discrimination. The first question estimated the degree of social contact our patients experience at work:

Does your work involve physical contact with other people?

   a) Yes, I interact closely with other people (examples: esthetician, physiotherapist)
   b) Yes, I interact with clients from a distance (examples: cashier, teacher)
   c) Yes, I interact daily with a number of clients or colleagues (examples: manager, lawyer)
   d) I have limited interaction with a small number of people (examples: accountant, IT)
   e) I do not routinely interact with other people (examples: writer, work-from-home employees)

The following questions focused on specific instances of social interaction. These questions were answered on a modified 5-point Likert scale, with the answer options being 'Never', 'Unlikely', 'Likely', 'Very likely'; the middle, neutral item was placed at the end of the answer options: 'I don't know'. The translated questions included in this segment were as follows:

- Do you believe psoriasis affects your professional life?
- Do you believe you have faced discriminatory attitudes while having a meal at a restaurant?
- Do you believe you have faced discriminatory attitudes during social gestures such as handshakes?
- Do you believe you have faced discriminatory attitudes in the context of a kiss on the cheek?
- Do you believe you have faced discriminatory attitudes during sexual intercourse?
- Do you believe you have faced discriminatory attitudes in the context of maintaining friendship?

The Generalized Anxiety Disorder 7 (GAD7) and the Patient Health Questionnaire 8 (PHQ8) questionnaires were applied following these questions.[5,6] The answers were scored according to the instructions for each specific questionnaire, and the interpretation used the established cut-off values.

The questionnaires were printed on A4 white paper and distributed to state and private dermatology practices. Patients were offered the questionnaire in the designated waiting area, being informed that the data collected is anonymized, used strictly for scientific purposes, and their acceptance to participate in the current study has no bearing on the medical services they receive. Responders were

TABLE 180. Answers of the responders to questions regarding social interaction expressed in %

	Never	Unlikely	Likely	Very likely	I don't know
Do you believe psoriasis affects your professional life?	16.66	58.33	25	0	0
Do you believe you have faced discriminatory attitudes while having a meal at a restaurant?	83.33	0	0	0	16.66
Do you believe you have faced discriminatory attitudes during social gestures such as handshakes?	74.97	8.33	8.33	8.33	0
Do you believe you have faced discriminatory attitudes in the context of a kiss on the cheek?	66.64	16.66	0	0	16.66
Do you believe you have faced discriminatory attitudes during sexual intercourse?	66.64	16.66	8.33	8.33	0
Do you believe you have faced discriminatory attitudes in the context of maintaining friendship?	66.64	8.33	8.33	8.33	8.33

over 18 years of age and able to offer their informed consent to participate in this endeavor. The study complies with the ethical requirements outlined in the Declaration of Helsinki. No further instructions were given verbally for the completion of the questionnaire.

The questionnaires were collected, given a code number, and the information was collected in a Microsoft Excel spreadsheet. The same software was used to compute the descriptive statistics, expressed as mean for numeric values (age) and percentage (%) for categorical variables.

RESULTS

The study group is comprised of 12 patients, with a mean age of 46.75 years (range 27–67 years), with 33.33% identifying as female, 50% identifying as male, and 16.66% not disclosing their gender. A proportion of 58.33% of the patients lived in urban areas, 8.33% in rural areas, and 33.33% did not disclose the answer to this question. Fifty per cent of responders have graduated from higher education, 33.33% have graduated high school, and 16.66% did not disclose their educational status. A proportion of 8.33% were healthcare professionals, 58.33% were not involved in healthcare, and 33.33% abstained from an answer.

With regards to their diagnosis, 100% of patients were diagnosed by a dermatologist: 25% were diagnosed within the past 2 years, 16.66% have been diagnosed in the past 2 to 5 years, and 58.33% have been diagnosed for more than 5 years. A proportion of 33.33% of responders have achieved control of the manifestations of their condition in over 90% of time, 25% reported that the manifestations of psoriasis are visible half of the time, while 41.66% report that they constantly have visible lesions.

A percentage of 16.66% of responders had significant close contact with clients as part of their job, 33.33% reported that they interact daily with several colleagues or clients, 25% reported limited job-related social interactions, and 25% reported that they do not routinely interact with other individuals as part of their job.

With regards to the influence of psoriasis on aspects of the patients' social life, the answers are presented in Table 1.

Scoring the PHQ8, 83.3% of patients revealed no symptoms, while 16.66% revealed mild depressive symptoms. On the GAD-7 questionnaire, 74.97% of patients were classified as exhibiting minimal anxiety, with 24.99% exhibiting mild anxiety.

DISCUSSION

Responders in our study group were more likely to feel affected by their condition with regards to their professional life, with casual social encounters such as shaking hands or having a meal scoring low regarding the perception of discriminatory attitudes.

The globally low perception of stigmatization and discrimination can be explained within the study group: most patients have been living with psoriasis for over 5 years, with less than half of our group having constant clinical manifestations of the condition.

In spite of the adequate control of the condition and low perceived social discrimination, a quarter of our responders scored as suffering from mild anxiety on the GAD7 questionnaire, with 16.66% presenting mild depressive features.

A larger study investigating depression and anxiety in psoriasis patients revealed that 8.5% of patients had depressive symptoms and 16.9% had anxiety symptoms, lesions on the lower limbs and dyslipidemia being associated with depression in the studied population.[7] Another study comparing the prevalence of emotional disorders in patients diagnosed with psoriasis revealed that overall, patients with psoriasis were more likely to develop depression compared to the control group, whereas late-onset psoriasis was associated with both anxiety and depression.[8] Overall, the prevalence of psychiatric conditions in psoriasis is suggested to be in the range of 24–90%, with the same authors concluding that psychiatric disorders tend to be underdiagnosed in psoriasis patients.[3]

Stigmatization is described as a phenomenon whereby one individual is distinguished from their social group by a discrediting mark, be it social or biological, thus disrupting social interaction.[9] Whereas some studies find that stigmatization is the most powerful predictor of depressive symptoms for psoriasis patients and that perceived stigma is sufficient to lessen quality of life, other studies state that the localization of lesions does not seem to have an effect on the occurrence of depressive symptoms and feelings of stigmatization.[10–12]

In spite of the small study group, mostly comprised of patients with adequate control of their condition, we expected to find that our patients would feel discriminated against socially, in line with studies on other populations. However, one explanation for the discrepancy in our results resides in the coping strategies used by chronic patients to adjust their mental outlook after receiving their diagnosis. The ability to self-regulate our emotions through the use of defense mechanisms has been discussed extensively in psychology, with Anna Freud identifying denial as one important defense mechanism as early as the 1950s.[13] Denial functions by protecting the self through distorting reality and creating an illusion of control, enabling more appropriate decision-making.[14] Detachment is another protective mechanism of this category, lowering the expectation and perception of pain.[15]

The present project was conducted as a pilot-type study, in order to investigate the real-world application of the adapted questionnaire. A useful avenue of research is represented by a more comprehensive questionnaire, followed by an interview phase in order to confirm or reject the contribution of defense mechanisms of the patients with regards to the perceived stigmatization. Identifying the particular aspects of social interaction that impact psoriasis patients the most paves the way to elaborating effective strategies to inform, educate, and desensitize the general population. The end-goal of studies such as ours is to create a society where patients suffering from psoriasis feel accepted, with the end-goal of increasing quality of life and lessening the influence of stress-mediated chemical interactions on the clinical manifestations of these patients.

CONCLUSION

Our study group, comprised of middle-aged patients with adequate control of psoriasis, report that their professional life is most influenced by their condition. The occurrence of depression and anxiety symptoms in our study group justifies implementing screening questionnaires for psoriasis patients.

CONFLICT OF INTEREST

Nothing to declare.

REFERENCES

1. de Oliveira M de FSP, Rocha B de O, Duarte GV. Psoriasis: classical and emerging comorbidities. *An Bras Dermatol*. 2015;90:9.
2. Hall JMF, Cruser D, Podawiltz A, Mummert DI, Jones H, Mummert ME. Psychological Stress and the Cutaneous Immune Response: Roles of the HPA Axis and the Sympathetic Nervous System in Atopic Dermatitis and Psoriasis. *Dermatol Res Pract*. 2012;2012:403908.
3. Ferreira BR, Pio-Abreu JL, Reis JP, Figueiredo A. Analysis of the Prevalence of Mental Disorders in Psoriasis: The Relevance of Psychiatric Assessment in Dermatology. *Psychiatr Danub*. 2017;29:401-406.
4. Sabau Sur M. Clinical and epidemiological experimental research in atopic dermatitis [dissertation]. Iuliu Hatieganu University of Medicine and Pharmacy Cluj-Napoca; 2021.
5. Spitzer RL, Kroenke K, Williams JBW, Löwe B. A Brief Measure for Assessing Generalized Anxiety Disorder: The GAD-7. *Arch Intern Med*. 2006;166:1092-1097.
6. Kroenke K, Strine TW, Spitzer RL, Williams JBW, Berry JT, Mokdad AH. The PHQ-8 as a measure of current depression in the general population. *J Affect Disord*. 2009;114:163-173.
7. Bakar RS, Jaapar SZS, Azmi AF, Aun YC. Depression and anxiety among patients with psoriasis: A correlation with quality of life and associated factors. *J Taibah Univ Med Sci*. 2021;16:491.
8. Jing D, Xiao H, Shen M, et al. Association of Psoriasis With Anxiety and Depression: A Case-Control Study in Chinese Patients. *Front Med*. 2021;8:771645.
9. Dimitrov D, Szepietowski JC. Stigmatization in dermatology with a special focus on psoriatic patients. *Postepy Hig Med Dosw*. 2017;71:1015-1022.
10. Łakuta P, Marcinkiewicz K, Bergler-Czop B, Brzezińska-Wcisło L. How does stigma affect people with psoriasis? *Postepy Dermatol Alergol*. 2017;34:36-41.
11. Wan MT, Pearl RL, Fuxench ZCC, Takeshita J, Gelfand JM. Anticipated and Perceived Stigma Among Patients With Psoriasis. *J Psoriasis Psoriatic Arthritis*. 2020;5:93-99.
12. Zięciak T, Rzepa T, Król J, Żab R. Feelings of stigmatization and depressive symptoms in psoriasis patients. *Psychiatr Pol*. 2017;51:1153-1163.
13. Davidhizar R, Giger JN. Patients' use of denial: coping with the unacceptable. *Nurs Stand*. 1998;12:44-46.
14. Russell GC. The role of denial in clinical practice. *J Adv Nurs*. 1993;18:938-940.
15. Kalisch R, Wiech K, Critchley HD, et al. Anxiety reduction through detachment: subjective, physiological, and neural effects. *J Cogn Neurosci*. 2005;17:874-883.