

A cross-sectional study to determine the outcomes of psoriasis patients and their relationship with depression

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Abstract

Objective To determine the type of relationship generated between psoriasis and the severity of depression and anxiety.

Methods Sixty patients with psoriasis from different hospitals in Thi-Qar, Iraq, with ages ranging from 30 to 60 years were enrolled in the study. The patients were distributed according to gender, with 40 women and 20 males. A DLQI Life Quality Index Score questionnaire was used to assess depression and anxiety levels in the patients. We depend on Scale (HADS) as an indicator for measuring anxiety and depression in psoriasis patients, which consists of 14 items, seven related to anxiety and seven related to depression. The study followed the binding rules of clinical practice and obtained consent from the participants. The study period lasted for a year from March 2020 to April 2021.

Results The study found that 40% of the psoriasis patients had a level of depression higher than the average, indicating a significant correlation between depressive activity and the severity and prevalence of psoriasis; the patients' work was measured using the mean \pm SD which was found suggesting potential impacts on their quality of life. The distribution of psoriasis lesions among the patients showed that most patients suffered from upper limb lesions (66.6%), scalp lesions (58.3%) and facial lesions (50%).

Conclusion We concluded there is impact with a statistically significant relationship of psoriasis on the patients' quality of life, as measured by the DLQI score, indicating potential impacts on work and overall well-being.

Key words

DLQI; Depressive; Psoriasis; Facial lesions.

Introduction

The psoriasis is one of the broken heartbeats of the main affected area, an adult site and genera in a grave that has an impact on the quality of life, causing the patients to make mental changes that appear in the depression and annihilation of

the underlying manifestations in this environment.^{1,2}

Psoriasis is known to be a systemic, inflammatory, and autoimmune disease. Psoriasis is not contagious, but it can lead to social isolation and worsen the quality of life of a person with this condition.³⁻⁵

According to published studies, people with psoriasis have a high risk of developing depression.⁶⁻⁸

The study found that 16.5% of patients with

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psoriasis showed symptoms of depression, and at the same time, severe depression was more common in patients with psoriasis than in people without such diseases.^{9,10}

Depression is a mental disorder characterized by pathologically low mood with pessimistic negative self-evaluation. Depression in patients with psoriasis is the focus of researchers' attention. Depressive states are known to be a factor in the history of dermatology. The patient's usual life the possibilities of his professional activity are limited.¹¹⁻¹³

Statistical data indicate a huge percentage of psoriasis patients worldwide within 3-5%. The disease mainly affects the skin, which appears in the form of a red rash with a characteristic inflammatory reaction. At the same time, the upper part of the plate is covered with silver scales. The main difficulty in treating the disease is the lack of drugs for a complete recovery.¹⁴⁻¹⁶ It is assumed that the main factors affecting the prevalence of psoriasis are metabolic abnormalities, external factors, stress, and heredity.¹⁷⁻²⁰

Method

Patients with psoriasis, observed by a dermatologist, were selected as 60 patients from different hospitals in Thi-Qar, Iraq, were included.

A cross-sectional study was designed for patients suffering from psoriasis in Iraq through cooperation with Dhi-Qar Hospital, where 60 patients were collected and distributed according to gender, with 40 female patients and 20 males. A questionnaire was distributed to patients that included questions related to the clinical file in addition to demographic characteristics. The type of psoriasis was determined in addition to the existing diseases and family history.

The data collected in this study was treated confidentially through voluntary participation and will only be used for statistical purposes after signing consent with Iraqi patients in Dhi Qar Governorate.

In this study, the DLQI and the anxiety and depression scale in patients. These questionnaires were identified by the relevant patient's document number, the results were transferred to a table in Excel format, and the data was saved in the disease service database. Dermatology, and no written names, phone numbers, or addresses were recorded.

A study was conducted in accordance with the binding rules of clinical practice after obtaining the consent of the persons participating in the study.

The study period, which included collecting patients and analyzing the results, was a year-long period of study from March, 2020 to April, 2021.

Results

Through looking at the demographic information of the patients, as shown in the table below, we find that the mean (\pm SD) to the patients' work is 45 ± 12.2 , and the patients were distributed according to sex, with females 66% and males 33.3%. The large category was no smokers among the patients, as most patients suffer from Hypertension and diabetes.

As for the psoriasis area, most patients suffer from upper limb lesions 66.6%, and scalp lesions 58.3% and facial lesions 50% (**Table 1**).

This index measures the quality of life of dermatological patients, and it has been used in more than 36 skin diseases. Where it has been widely adopted and can be applied by physicians in routine clinical practice in order to assist in

Table 1 Demographic results of patients.

Age (mean±SD)	45±12.2
Gender	
Female	40 (66.6%)
Male	20 (33.3%)
Education level	
Primary education	4 (6.6%)
Secondary education	15 (25%)
Bachelor's or equivalent	30 (50%)
High education	11 (18.33%)
Smokers	8 (13.3%)
Disease	
Diabetes mellitus	21 (35%)
Hypertension	20 (33.3%)
Dyslipidaemia	19 (31.6%)
Psoriasis area	
Facial lesions	30 (50%)
Scalp lesions	35 (58.3%)
Upper limbs' lesions	40 (66.6%)
Psoriatic arthropathy	20 (33.3%)

clinical study and evaluation in making a treatment decision. The DLQI has good and proven reliability and validity. It has been designed for use in adults over 16 years of age. The questionnaire is filled out by the patient himself without the need to explain the exact details, and usually, it takes a minute or two to fill out the form.

The DLQI score is calculated by adding the mark of each question, resulting in a maximum of 30 points and a minimum of 0 points. A higher total corresponds to a worse quality of life. This measure can also be expressed as a percentage.

The results of the DLQI can be interpreted as:

0-1: Absolutely no impact.

2-5: Little impact on the QOL.

6-10: An average effect

11-20: A significant impact.

21-30: A very severe impact.

Discussion

Through the distributed questionnaire and through the scale of the degree of depression in

patients with psoriasis, the prevalence of depression was widely reduced among patients.

As it was found nine patients with a depression score of 16.8 patients (18) and eight patients with a depression score from 23 to 24.

A sample size calculation was performed based on data from the psoriasis population described in Thi-Qar with a described proportion of depression of 40% at a confidence level of 90% and an error of 8%; a sample of 60 patients would be required.

This explains the hypothesis that there is a direct relationship between psoriasis and the prevalence of depression, and this is what this study verified.

In recent years, the evaluation of one's quality of life has gained clinical and scientific attention and has now become a standard when prescribing or adjusting medication. Additionally, diseases have an impact on an individual's physical well-being and can alter their behaviour and emotional responses, ultimately affecting their position in society. Therefore, it is crucial to obtain a thorough understanding of how the disease affects the essential functions of an individual, allowing the creation of a comprehensive approach to evaluate their quality of life (**Table 3**).

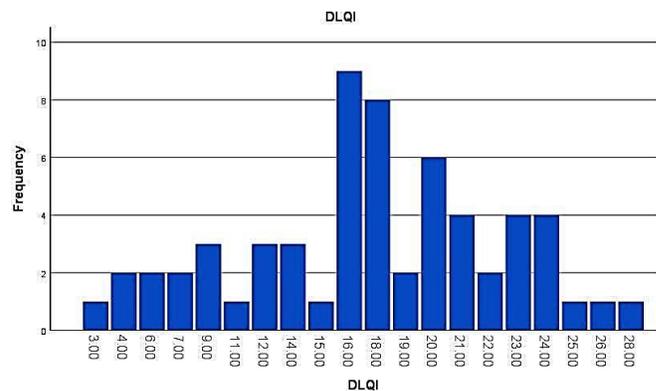


Figure 1 DLQI Life Quality Index Score.

Table 2 Correlation between psoriasis area with depression patient.

Correlations		DLQI	Depression patient upper limbs' lesions
DLQI	R relationship	1	0.99
	Sig		0.001
	N	60	60
Depression patient Upper limbs' lesions	R relationship	0.99	1
	Sig	0.001	
	N	60	60

Table 3 Assessment results in depression of patients according to HAM-D Depressed mood item.

	HAM-D value
Facial lesions	19.2±3.1
Scalp lesions	11.1±1.9
Upper limbs' lesions	13.1±2.2
Psoriatic arthropathy	10.9±1.6

Our study proved that psoriasis has a There is direct relationship which indicates negative effects with the quality of life of patients related to physical, social, and psychological well-being, as well as their family members' lives, and clinical assessments alone do not accurately reflect the overall effect of the disease on patient's daily activities, Suggest that psoriasis have effect negative a multidimensional on patients' QoL, and that healthcare providers should consider the psychosocial aspects of the disease when treating patients.

As for the effect of the age of patients with psoriasis on the quality of life, it cannot be said conclusively that the older the patient, the lower the quality of life, although there is a slight relationship between the age of patients with psoriasis and the quality of life. Indicators of life, i.e., that psoriasis had an impact on quality of life both at an early age and in the elderly. Most likely, the social activity of patients with psoriasis is of primary importance.

According to other study, the prevalence of depression in patients with psoriasis in Taiwan

was 11.52%, which was higher than the prevalence in the general population, and as Parafianowicz study he was found the point

prevalence of mental disorders was significantly higher in the psoriatic group than in the control group, with affective disorders being diagnosed in all cases.

Conclusion

The analysis performed showed statistically significant associations between quality-of-life indicators and psoriasis patients. Therefore, in people with a low degree of social activity, the correlation coefficient is ($p < 0.001$) according to a questionnaire. It should be noted that this study revealed a significant association between degree of depressive activity, severity, and prevalence of psoriasis, whereas subjective life satisfaction reflects to some extent the success of adapting to illness, and mental health is closely related to the quality of life.

Timely diagnosis of emotional disorders, as well as their correction in a dermatological institution, is an integral part of therapeutic, rehabilitative, and preventive measures.

Recommendation

1.The authors concluded that a patient with psoriasis should consult a physician if they begin to experience any symptoms of depression.

"Psoriasis has far-reaching consequences for patients' physical and mental health, including the potential to increase the risk of depression. We urge all psoriasis patients to consult a dermatologist, as modern treatment can

improve their quality of life."

3. In patients with psoriasis, examination of health-related psycho-emotional status and quality of life is recommended.

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Author's contribution

AAK: Study design, acquisition of data, manuscript writing, critical review, has given final approval of the version to be published.

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