

## Review Article

# Psoriasis and quality of life

## 銀屑病與生活質素

D Butler, R Gupta, E Levin, M Huynh, A Leon, J Koo

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The effects of psoriasis extend beyond the skin. The disease can pervade multiple facets of a person's well-being and negatively impact their daily life in a variety of ways. We searched the relevant literature to investigate the manner and severity with which psoriasis impacts quality of life. The search revealed significant quality of life impacts on the physical, emotional, financial and psychological aspects of life. These effects, while not as obvious as the physical symptoms of the disease, contribute to the severe disease state and should be acknowledged by treating clinicians.

銀屑病的影響並不止於皮膚，此病可多角度地破壞一個人的健全體魄，並對患者的日常生活產生各種負面影響。我們檢索了相關的文獻去調查銀屑病對生活質素影響的模式及嚴重程度，發現患者的生活質素有顯著的影響，並遍及身體、情感、經濟和心理等各層面。這些效果，雖然不及銀屑病的表面病徵直接地構成嚴重病況，但主治醫生務必細心查察。

**Keywords:** Depression, dermatology, life, psoriasis, quality

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**University of Arizona College of Medicine, Tucson, Arizona, USA**

D Butler, BS

**University of Southern California, Los Angeles, California, USA**

R Gupta, BS

**University of California at San Francisco, San Francisco, California, USA**

E Levin, MD

M Huynh, BS

A Leon, MD

J Koo, MD

Correspondence to: Dr. D Butler

515 Spruce Street, San Francisco, 94118, USA

## Introduction

Psoriasis is a chronic, inflammatory skin disease that affects millions across the world and up to 8% of people in particular populations. The varied clinical presentations of the disease can result in a variety of disfiguring and psychologically impairing signs and symptoms. The daily strains of living with psoriasis can compromise several aspects of patients' lives including their physical, social and emotional well-being.

The significant distress and sheer magnitude of the disease burden makes psoriasis a universally relevant issue, however, because of its lack of associated mortality, the negative impact of the

disease is often minimised in the minds of the general public, third party payers, government and even some health care providers. Quality of life scales allow for a validated measurement of the disease burden and gives credence to the gravity of the disease. Measuring a disease's quality of life impact gives a profound depth and insight into a psoriasis patient's condition.

## **What is quality of life?**

The general term incorporates a range of life domains and is measured to investigate a person's overall well-being. The multiple domains include physical well-being, material well-being, social well-being, emotional well-being, as well as development and activity. These aspects are not only uniquely accounted for by a quality of life assessment, but there is also a patient's subjective interpretation which allows the assessment to uniquely include that patient's perspective.

## **How do you measure quality of life?**

Various tools are used to measure quality of life in psoriasis patients. A particular tool used for a study or a particular patient is often chosen based upon the goal of assessment. For example, certain studies use quality of life measures to compare the effects of one disease against another. In these cases, a general health-related quality of life tool is used. In the general health-related quality of life tools, the assessments are not directed to dermatological nuances or particular psoriasis effects. Rather, the measure focuses on obtaining general data regarding the patient's disposition and difficulties. Conversely, when investigators or clinicians seek a more specific comparison within the field of dermatology or even within the specialised psoriasis patient population, specific quality of life measures called dermatological quality of life and psoriasis-specific measures can be used. These tools can focus on the particulars of the disease and address their unique quality of life effects.

It is also important to remember, quality of life tools are not only relegated to the research realm; they can be utilised in the clinical setting to help with decision-making and treatment plans. Due to the subjective nature of a patient's suffering, the severity of psoriasis cannot be assessed purely on physical aspects of the disease such as body surface area coverage. Treating clinicians must assess the significance of the patient's disease in the context of the totality of his or her clinical presentations both physical and psychosocial. One such tool that helps clinicians and patients in the clinical setting is the Koo-Menter Psoriasis Instrument (KMPI). This quality of life tool is a diagnostic algorithm which combines the patient's clinical severity as well as the severity of their quality of life impact in order to aid in the decision to start or not start systemic therapy. As a formal measure, it elucidates the entire scope of the patient's condition.<sup>1</sup>

## **How does psoriasis impact quality of life?**

The public nature of skin manifestations often makes the effects of psoriasis profound in the eyes of the patient and the people around them. Social stigmatisation, pain, discomfort, physical disability and psychological distress are just some of the potential concurrent universally negative effects of the skin disease.<sup>2</sup> It is not difficult to imagine how the disease not only diminishes a patient's quality of life, but can even completely devastate life quality.

Close to 75% of psoriasis patients report that the disease has a moderate to large negative effect on their quality of life. This not only includes the strain of disease management, but also includes the daily alterations in normal activity to accommodate the negative features of the disease.<sup>3</sup> This can lead to loss of self-confidence and social isolation. In fact, many psoriasis patients feel isolated from both the general public and also their treating physicians. A study showed that patients often feel their treating physician fail

to fully appreciate the significance of the disease's negative impact.<sup>4</sup> These taxing effects that accumulate to diminish quality of life can even result in suicidal ideation. One study found that at least 20% of those with psoriasis have contemplated suicide.<sup>3</sup> These facts only begin to highlight the depth of the disease impact.

### **Emotional effects of psoriasis**

The emotional and psychological effects of a chronic and deforming skin disease can be significant; for instance, psoriasis patients are significantly more likely to be depressed than age and level of education-matched subjects.<sup>5</sup> Contributing to the increased likelihood of depression in these patients is a pervasive feeling of hopelessness owing to the chronic and recurring nature of the disease.<sup>6</sup> Patients are continually reminded about the likely life-long treatment they will have to endure. This longstanding and future lack of control is a particularly troubling aspect of the disease for patients.<sup>7,8</sup>

### **Social effects of psoriasis**

Another intrinsic piece of quality of life is the social interaction between a person and others in their environment. For centuries, people have used their skin as a means of social expression which makes the effect of skin issues extend beyond the individual. Psoriasis patients feel stigmatised, ashamed, and embarrassed regarding their appearance, and can subsequently develop maladaptive coping strategies and problems with body image.<sup>2</sup> Some of these strategies include multiple ways of avoiding interaction to prevent unpleasant social consequences. Discussing their condition, covering the lesions and avoiding contact with others are shown to have a significant negative impact of their quality of life.<sup>9-11</sup>

The constant challenges of these patients are evident because everyday activities are changed or altered to diminish social consequences.

Swimming, using public showers, living conditions without adequate privacy and even intimate relationships are all significant challenges. Patients report a feeling of humiliation with these actions that most people do daily without much thought.<sup>12</sup> Sexual limitations due to self consciousness is a common complaint, showing that the negative effects reach into the most cherished and intimate of relationships.<sup>13,14</sup>

### **Financial and productivity effects of psoriasis**

There are both physical and psychological effects of psoriasis which add difficulties to the daily demands of work. Sixty percent of patients report missing 26 work days directly due to their psoriasis.<sup>10</sup> Lost wages from missed work is not the only way psoriasis affects patients financially. Patients must pay for medication, visit their physician, and accrue other costs of care that exacerbate the financial burden. These monetary challenges are associated with disease severity. One study showed as severity worsened, patients visited multiple practitioners as well as suffering from notable decreases in income.<sup>15</sup>

### **How does psoriasis compare?**

In a groundbreaking study published in the Journal of the American Academy of Dermatology, researchers sought to compare the plight of psoriasis patients with that of patients with other diseases. The investigators specifically chose severe, chronic diseases such as arthritis, cancer, hypertension, heart disease, diabetes and depression for the comparison and used a general health-related quality of life instrument. Results showed that negative health-related quality of life effects are similar for psoriasis as to other severe chronic diseases. Detailed examination of the effects showed reduced physical and mental quality of life scores of the SF-36 measure in psoriasis comparable to that of cancer, heart disease, depression and diabetes amongst

others.<sup>16</sup> Without the awareness of significant morbidity and mortality, the suffering of psoriasis patients can be misunderstood as superficial. Yet, the conclusion of the above study that psoriasis impacts life as heavily as other severe diseases gives credence to the strain of those with the skin disease and corrects the distortion regarding the impact of this condition.

### **What is the effect of treatment on quality of life?**

While the negative effects of the disease are profound and far-reaching, there are numerous treatment options which are proven to diminish or completely rid patients of these deleterious effects. With adequate treatment, the induration, scaling and erythema of the disease can be significantly minimised or eliminated. When adequately treated, it is possible that psoriasis patients can completely avoid the litany of negative life effects. One recent study found 86% of patients treated with etanercept significantly improved in every quality of life category.<sup>17</sup> A recent study looked at the effects of treatment on quality of life as compared to other chronic diseases. It was found that while the effects of untreated psoriasis are similar to severe, chronic diseases, those patients treated with 24 weeks of adalimumab had resultant quality of life scores similar to patients with asymptomatic essential hypertension.<sup>18</sup>

### **How to approach patients?**

The doctor-patient relationship is essential when treating a chronic disease like psoriasis. The complex nature of psoriasis and its effects makes management of the disease multi-dimensional so that apart from pharmacological treatment regimens, counselling regarding coping strategies, emotional support and education also need to be considered. An awareness of the significant impact on quality of life will necessitate the attending physician to address these issues and

provide ample material to combat these negative quality of life effects.

Education and counselling can even enhance in the ultimate efficacy of pharmacological therapy. A systematic review published in 2013 showed that quality of life impairments were directly connected to poor adherence to medication regimens.<sup>19</sup> Without the ability or strategies to cope with the disease, compliance can suffer and result in overall less efficacious treatment leading to a harmful vicious cycle. It is in the best interest of the patient and clinician to address the issue of compliance with awareness that concurrent negative quality of life effects can and will challenge the patient's ability to adhere to the treatment schedule.<sup>20</sup> Empathising with the patient and addressing the difficulty of their situation can be the most beneficial way to start. Physicians with a knowledge of the disease's impact can use that to prophylactically address the need for compliance, educate the patient regarding the benefits of continuous treatment and guide the patient to seek social support.<sup>6</sup> These methods seem simplistic but have proven to be effective. In fact, one study showed that when patients were taught to educate others regarding the non-contagious nature of the disease, social distress was diminished and quality of life was improved.<sup>21</sup>

### **Conclusion**

Psoriasis is a severe and debilitating skin condition with effects that pervade multiple facets of patients' lives. From physical to emotional to financial impact, the disease carries negative quality of life effects that are comparable to heart disease, diabetes and even cancer. Despite the challenges of the disease, there are proven therapeutic interventions, both pharmacological and non-pharmacological at the disposal of practitioners and patients. With a more comprehensive understanding of this prevalent disease, including its quality of life impact, our fight against it can be made stronger and more efficacious.

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