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Source / Izvornik: **Collegium antropologicum, 2011, 35, 81 - 85**

Journal article, Published version
Rad u časopisu, Objavljena verzija rada (izdavačev PDF)

Permanent link / Trajna poveznica: https://urn.nsk.hr/urn:nbn:hr:184:932943

Coll. Antropol. **35** (2011) Suppl. 2: 81–85
Original scientific paper

The Impact of Psoriasis on the Quality of Life and Psychological Characteristics of Persons Suffering from Psoriasis

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A B S T R A C T

Psoriasis, as same as other skin diseases, has an influence on many spheres of patient's life. It influences the mental image the patients have of themselves and it indirectly shapes their personality traits as well as it defines the quality of their lives. The purpose of the study was to examine the impact of psoriasis on the quality of life and gender differences in the quality of life and explore presence of neurotic symptoms among persons suffering from psoriasis in comparison to general population. During the treatment of persons suffering from psoriasis at the special hospital Naftalan in Ivanić Grad personality questionnaire and Quality of life scale were administered to 61 participants (m=25; f=36). Our results showed few gender differences in the satisfaction with specific life domains, but only differences in the satisfaction with sexual life could be related to the different effects psoriasis has on the quality of life of men and women. Our participants experience more anxiety and depression symptoms as well phobic fears in comparison to general population. Found genders differences in the presence and intensity of anxiety symptoms closely resemble those documented in the general population therefore aren't typical for people suffering from psoriasis.

Key words: *psoriasis, quality of life, gender differences, depression, anxiety, neurotic symptoms*

Introduction

Quality of life is a compound experience of satisfaction with life style, course and conditions, options and constraints person has in life. It's based on personal experiences, aspirations, wishes and values and is determined by the set of psychological characteristics and by objective life conditions. Psoriasis as other skin conditions affects numerous life areas and by means of it influences the quality of life[1]. It influences the self-image of the person affected and through these changes indirectly personality attributes. It can have impact on different life aspects such as social relations, sexual life, work, leisure activities, self-esteem linked to body appearance and appraisals of sexual attractiveness. Large European study on the sample of 17,990 psoriatics, showed that in the moderate or severe psoriasis cases: 56% have difficulties regarding clothing choice, 45% experience need for more baths, 40% wash/change clothes more often, 38% has difficulties in sport activities, in 34% psoriasis affected sleep, in 27% it inhibits work/school activities and in 26% psoriasis affects social relations[2].

According to the results of the American National Psoriasis Foundation[3], over 54% of the psoriatic patients report significant levels of depressive symptoms. Some studies found even higher prevalence of different mental disorders[4]. The levels of reported depression in psoriasis patients have been repeatedly found to be significantly higher than that of the healthy population[5–7].

Regarding the gender differences in the life satisfaction among people affected by psoriasis, studies didn't show unambiguous results. Studies on the large samples have been conducted and some showed[8–9] existence of gender differences yet others didn't[10–12]. When the differences were found they suggested more severe impair-

Received for publication May 11, 2011

ments of emotional life, personal relationships, social functioning and worse appraisals of general health among women[8–9,13–14]. Gupta[15] found that men experience more work related stress than women. Interaction of the age and gender was also reported showing that gender differences in the life satisfaction become emphasized among older people, where women have lower life quality and social relations are especially impaired[9].

Our study has following objectives: to examine the impact of psoriasis on the quality of life and gender differences in the quality of life and explore presence of neurotic symptoms among persons suffering from psoriasis in comparison to general population.

Materials and Methods

During the treatment of persons suffering from psoriasis in Naftalan – Ivanić Grad following questionnaires were administered to 61 participants (m=25; f=36): Crown-Crisp Experiential Index[16], Quality of life scale[17] and Stressful life events scale[18]. Quality of life scale is used for assessment of subjective experience of life quality. It consists from 21 items off which 6 refer to satisfaction with friends, family and emotional relations; 4 items refer to satisfaction with education, job, financial status, single items refer to satisfaction with housing conditions, health, religion, leisure and 6 items refer to general satisfaction with present life, goal achievements and expectations from the future. Participants estimated degree of satisfaction with the certain life domain on the five point ranging from 1 (extreme dissatisfaction) to 5 (extreme satisfaction). Crown-Crisp Experiental Index is intended for examination of accustomed symptoms and personality traits within conventional categories of psychoneurotic illnesses and personality disorders. It consists of 6 scales: freely floating anxiety, phobias, obsessions, somatic manifestations of anxiety, depression and hysteria. However, numerous studies have shown that scale of hysteria is not saturated with the factor of neuroticism as opposed to other scales and is quite possibly measuring extraversion and sociability and not hysterical personality traits that were intentional subject of measurement. Stressful life events scale examines appearance of stressful life events during the last six months. It consists of 14 items (death of the child, spouse, close family member; retirement; divorce; own severe illness or injury; serious financial difficulties; child left home; loss of property; removals; serious fights with household members; food shortage; unemployment in the family; own unemployment) and 3 items for filling in with events not covered in the former 14 items.

Statistics

For data analyzing, t-tests and Mann-Whitney U-tests were used. Data were analyzed with the SPSS 14.0 package.

Results

Experienced stressful life events can considerably impact the life quality. In our sample, 54.09% of persons suffering from psoriasis experienced stressful life event during the last six months (m=52%; f=55.55%).

Participants estimate their quality of life averagely (arithmetic mean of average grades on all 21 items) with the score 3.75 (m=3.89; f=3.65). This average score is placed between score 3 (»neither satisfied nor unsatisfied«) and score 4 (»somewhat satisfied«).

Average scores (arithmetic means of participants' answers) of men on particular items of the Quality of life scale, show that men are most satisfied with their family of origin, sexual life, education, social position, housing conditions, marriage/cohabitation union and generally with present life. Men are satisfied (score 4 or above) with 10 out of 15 specific life aspects. They are least satisfied with health, quality of living in the last year, society surrounding (democratic rights and freedoms). They are neither satisfied nor unsatisfied with present goal achievements. They are not assured whether they'll achieve in the future what wasn't achieved up to now and when they compare to others they find their lives neither better nor worse. However, their dissatisfaction with health and quality of the living in the last year as well as their uncertainty regarding goal achievements doesn't affect their general satisfaction with present life that is quite high.

Women are most satisfied with their family of origin, socialising, religion, children, housing conditions and marriage/cohabitation union. They are least satisfied with society surrounding (democratic rights and freedoms), health, financial status, sexual life and love affair. They are neither satisfied nor unsatisfied with their quality of living in the last year; the same applies to goal achievements. They are not assured whether they'll achieve in the future what wasn't achieved up to now and when they compare to others they find their lives neither better nor worse (Figure 1).

When men and women are compared, men estimate higher satisfaction with love affair, sexual life, education, job, social position, society surrounding, financial status, housing conditions, marriage and higher general satisfaction with present life. In comparison to women, they would be more satisfied if life continued at the same quality as up to now. Men and women are equally satisfied with their family of origin, socialising, leisure and almost equally unsatisfied with their health. Women are more satisfied than men with religion, children, quality of living in the last year, goal achievements. Among these differences, t-tests showed following as statistically significant: men are more satisfied with sexual life, society position, financial status and education and women are more satisfied with quality of living in the last year. Altogether, it can be concluded that men are more satisfied with the quality of life than women (Table 1).

Examination of psychological characteristics assessed through Crown-Crisp Experiential Index, showed that

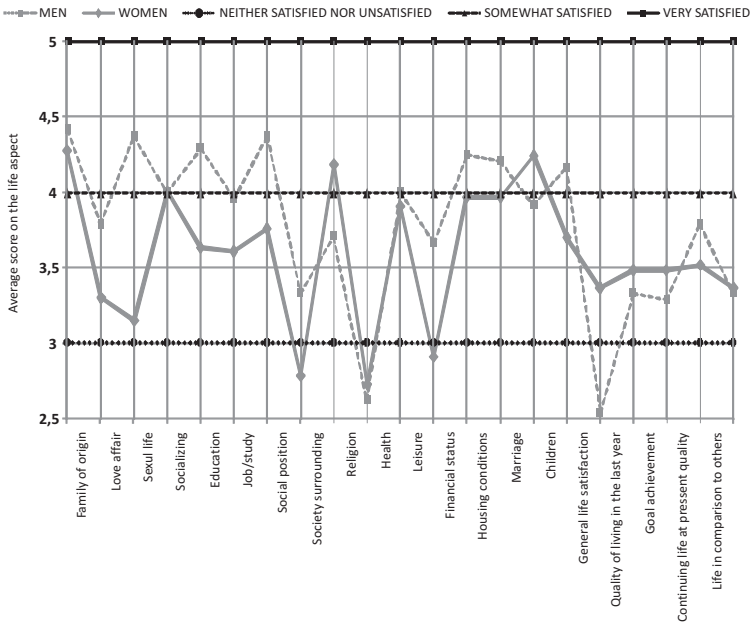

Fig. 1. Gender comparisons in satisfaction with different life aspects.

TABLE 1
STATISTICALLY SIGNIFICANT DIFFERENCES IN THE LIFE QUALITY BETWEEN MEN AND WOMEN SUFFERING FROM PSORIASIS

		$\overline{X}$		SD	t-test	DF	p
Sexual life	M	4.38	M	1.013	3.529	55	0.001
	F	3.15	F	1.460			
Education	M	4.29	M	0.806	2.220	55	0.031
	F	3.64	F	1.270			
Position in the society	M	4.38	M	0.711	2.374	55	0.021
	F	3.76	F	1.119			
Financial status	M	3.67	M	1.308	2.232	55	0.030
	F	2.91	F	1.234			
Quality of living in the last year	M	2.54	M	1.141	–2.613	55	0.012
	F	3.36	F	1.194			

our sample achieve considerably higher results on the scales of neurotic symptoms compared to general population. Figure 2 indicates that profiles of male participants more resemble to the profiles of women from general population than to the profiles of men from general population. Male participants show more phobic fears and are more depressive than women from general population. Female participants show far most neurotic symptoms in comparison to both, general population and male participants. Statistical analysis revealed following gender differences: women experience more freely floating anxiety (fears without apparent fear object) (Mann-Whitney $U=272.5$; $p<0.05$) comprising indefinite fears, groundless tensions or even panic; more **s**omatic manifestations of anxiety (Mann-Whitney $U=263.0$; $p<0.05$) such as headaches, shortness of breath, digestive disturbances, different body sensations, loss of appetite, fatigue and exhaustion, sleeping difficulties, sweating and changes in the interests for sex and achieve higher results on the scale of hysteria (Mann-Whitney $U=267.5$; $p<0.05$). We didn't find statistically significant gender differences on the scales of phobias, obsessions and depression (Figure 2).

Discussion

Our results show that participants are dissatisfied with health, both men and women. Yet, this dissatisfaction doesn't affect their general satisfaction with present life which is still relatively high. Men are satisfied with larger number of different life aspects than women and estimate higher general satisfaction with present life. Men and women are equally satisfied with their family of origin, socialising and leisure implying that our sample didn't reveal gender differences in social functioning

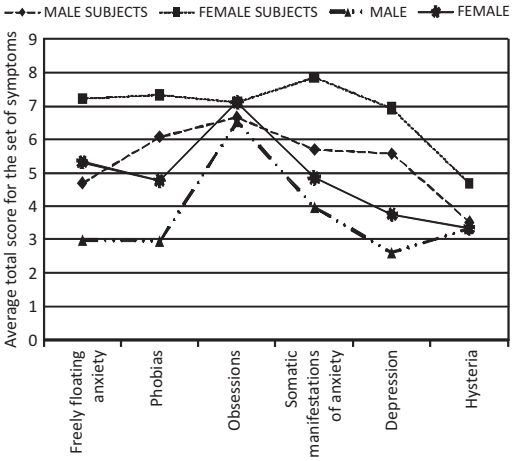

Fig. 2. Comparison of CCEI sample and general population profiles.

found in some of the previous studies[8–9,13–14]. Men are more satisfied with sexual life, society position, financial status and education. Most of these differences are related to objective factors of socioeconomic gender (in) equality. Interesting is the difference in the satisfaction with sexual life which could be related to the research findings showing that women invest more in their appearance, are often less satisfied with it than men and their self-concept depends more on body image[19–21]. Psoriasis is a disfiguring illness and therefore affects body image. Self-respect and appraisals of physical attractiveness could be more threatened in women. Since sexual life is strongly related to the satisfaction with body appearance this can be the cause why women suffering from psoriasis are less satisfied with their sexual life than men. Underlying mechanism could be reduction of interests for sex caused by lowered self-esteem or similar.

Men are less satisfied with the quality of living in the last year. We saw that equivalent percentages of men and women reported stressful life events in the past six months. We would expect if stressful events affected the quality of life they would exert stronger influence on women. It was found women more often than men develop PTSD symptoms after traumatic events[22]. Suggested reasons are higher susceptibility to anxiety, relying on emotional instead of problem focusing copying strategies and fewer support resources (education, financial status, time available) among women[22]. However, our results are opposite to expectations. Among our male participants who are generally satisfied with present life and with numerous (10 out of 15) specific life domains, these stressful events could be perceptually more salient precisely because of their up to then relatively high life quality. Among women, these stressful events added less to the perception of the quality of living in the last year because they were generally less satisfied with present life than men.

Similar results regarding low contribution of gender factors to the quality of life were found in other studies. Among sociodemographic factors, marital status and employment are commonly found to be associated with the quality of life[11,23]. Marital status is especially relevant contributor to the life quality of persons suffering from psoriasis or other severe diseases[11].

Crown-Crisp Experiential Index profiles revealed that persons affected by psoriasis experience higher generalized anxiety, more phobic fears, more somatic manifestations of anxiety, more depressive symptoms compared to general population. Our results are in accordance with studies showing high prevalence of depressive disorders among psoriatics[3–7]. Difficulties in social functioning, sexual life, sleeping difficulties, coetaneous pains, stigmatization, lower self-esteem can be aggravating factors contributing to higher levels of depression and anxiety among people having psoriasis. Differences on the scale of phobic fears are reflecting higher prevalence of social anxiety and hypochondriac worries among psoriatics. Differences on the scale of somatic anxiety symptoms are partially related to higher generalized anxiety in our sample. But these differences couldn't completely be attributable to higher levels of anxiety. Some of the somatic anxiety symptoms are also presenting somatic difficulties arising from psoriasis itself or its impact on psychosocial life (sleep difficulties, prickly burning body sensations, weakening of interest for sex).

Gender differences on the scale of hysteric symptoms (actually measuring extroversion and sociability) are greater in our sample (psoriatics) than in general population. These results indicate that women affected with serious illnesses in comparison to men are more inclined to use social support resources for the purposes of coping.

Women affected by psoriasis show higher generalized anxiety and more somatic anxiety symptoms than men. These gender differences regarding the presence of neurotic symptoms (CCEI) are similar to the gender differences found in general population and therefore are not typical to psoriatics. Lynn and Martin[24] found that women achieve higher results on neuroticism scales in 37 countries. These well documented differences are likely influenced by distinct social norms for acceptability of different emotional expressions and copying strategies in man and women.

Conclusion

Both men and women in our sample are unsatisfied with their health but irrespective of that they show considerable overall satisfaction with present life. Gender differences in the impact of psoriasis on the quality of life aren't numerous. The majority of found differences can rather be attributed to other factors (socioeconomic gender (in)equality) than to the impact of psoriasis. The exception is difference in satisfaction with sexual life that could be related to different effects disfiguring illnesses have on men and women. Men and women affected by psoriasis showed higher levels of generalized anxiety and depression, more phobic fears and more somatic manifestations of anxiety compared to general population. Our sample showed gender differences in the presence and level of generalized anxiety and somatic symptoms of anxiety but these differences closely resemble those com-

monly observable in the general population. Greater differences on the scale measuring extroversion and sociability in our sample in comparison to general population suggest that women affected with serious illnesses are more inclined to use social support resources for the purposes of coping than men.

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UTJECAJ PSORIJAZE NA KVALITETU ŽIVLJENJA I PSIHOLOŠKA OBILJEŽJA OBOLJELIH OSOBA

SAŽETAK

Psorijaza, kao i druge kožne bolesti, utječe na mnoga područja života, utječe na predodžbu koju pacijent ima o sebi i indirektno oblikuje osobine ličnosti te definira kvalitetu življenja. Svrha ovog istraživanja je bila ispitati kakav utjecaj ima psorijaza na kvalitetu življenja, ispitati spolne razlike u kvaliteti življenja te istražiti zastupljenost neurotskih simptoma kod osoba oboljelih od psorijaze u odnosu na opću populaciju. Tijekom liječenja u specijalnoj bolnici za liječenje i rehabilitaciju osoba oboljelih od psorijaze Naftalan-Ivanić grad, primijenjeni su upitnik ličnosti i Skala kvalitete življenja na 61 ispitaniku (m=25; ž=36). Naši rezultati pokazali su nekoliko spolnih razlika u zadovoljstvu specifičnim aspektima življenja, ali samo razlike u zadovoljstvu seksualnim životom mogu se povezati sa različitim utjecajem koji psorijaza može imati na kvalitetu življenja kod muškaraca i žena. Naši ispitanici doživljavaju više anksioznosti, depresivnih simptoma i fobičnih strahova u usporedbi sa općom populacijom. Pronađene spolne razlike u intenzitetu i učestalosti simptoma anksioznosti vrlo su slične razlikama pronađenim u općoj populaciji, stoga nisu tipične za osobe oboljele od psorijaze.