

EXPERIENCE OF ANXIETY AND DEPRESSION AMONG PSORIASIS PATIENTS

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ABSTRACT

The aim of this study is to explore the experiences and feelings of anxiety and depression among psoriasis patients. "Psoriasis" a skin disease of organic nature has tremendously attracted the attention of Social and Health Scientists and more so the psychologists who feel desperately concerned with the mental health of people. The current research followed cross sectional research design. The sample consisted of 300 psoriasis patients drawn through purposive sampling technique from various government hospital of Lahore city. The participants were administered Hospital Anxiety and Depression scale (HADS) urdu version in addition to demographic questionnaire. Data was analysed using descriptive and inferential statistics. Descriptive statistics indicated that out of 300 respondents the patients' age ranged from 18-56 years with mean age of 37 years. The results revealed that the experience of anxiety ($t=3.084$ $p<.01$) and depression ($t=2.718$ $p<.01$) was observed more in women than men, it was also found that severity of the disease affected the emotional well being of the patients. The implications of the study were discussed.

Keywords: Anxiety, depression, psoriasis patients

INTRODUCTION

There is a common misperception that skin diseases are somehow less serious than other medical illnesses. This can be attributed, in part, to the fact that skin disorders are often chronic but not life-threatening, and so the perceived impact on the patient is more likely to be minimized in the minds of health professionals, government policy makers, and the general public (Jobling, 1976).

Skin problems are generally the most common diseases seen in primary care setting all over the globe and its prevalence ranges from 20-50% in developing countries.

Psoriasis sufferers feel that people in general, including doctors, underestimate the overall impact the disease has on their lives. It is evident that the disease burden of psoriasis extends beyond the physical symptoms experienced by the patient (Wahl, 2002).

Psoriasis

Psoriasis is a chronic inflammatory skin disease, with strong genetic basis, characterized by complex alterations in epidermal growth. Differentiation and multiple biochemical immunologic and vascular abnormalities, and a poorly understood relationship to nervous system function. Its root cause remains unknown. Historically psoriasis was widely considered to be keratinocytes. With the discovery that T cells specific immunosuppressant cyclosporine A CsA was highly active against psoriasis most researchers have focused on the immune system (Hunziker, 1993).

The disorder is a chronic recurring condition which varies in severity from minor localized patches to complete body coverage. Fingernails and toenails are frequently affected. Psoriasis can also cause inflammation of the joints, which is known as psoriatic arthritis. Almost 10 to 15 percent of people with psoriasis have psoriatic arthritis (Camp, 1998).

Psoriasis does not show a static clinical picture, lesions grow and regress. New lesions start as small pinpoint papillae. In the early phase, the papules unite, become confluent, and form plaques (Camp, 1998).

Psoriasis is not exclusively a skin disease. Extracutaneous manifestations are common. Nail changes are frequent in psoriasis. Nail psoriasis produces a variety of changes in the appearance of finger and toe nails. These changes include discolouring under the nail plate, pitting of the nails, lines going across the nails, thickening of the skin under the nail, and the loosening (onycholysis) and crumbling of the nail (Camp, 1998).

Psoriasis and feelings of Anxiety and Depression

Psoriasis can severely affect the individual's daily physical, psychological, and social functioning (Rapp *et al.*, 1999), and these difficulties are often compounded by the standard medical treatments for the disease, many of which are time consuming, inconvenient, messy, or odoriferous. In addition to coping with the physical discomforts of psoriasis and its treatment, patients must also contend with the reactions of other people to their unsightly skin lesions (Ginsburg & Link, 1989).

Many are anxious and depressed, with a 9.7% prevalence of a death wish and a 5.5% prevalence of acute suicidal ideation. In fact, there is a direct association between disease severity and psychosocial impact of the disease: the more severe the psoriasis, the more the patient will feel embarrassed, ashamed, and depressed. Even during periods of remission, patients continue to harbor these feelings and suffer. Thus the psychological impact of psoriasis results in disruption of work, an increased need for psychiatric consultations, and greater use of tobacco, alcohol, tranquilizers, and antidepressants (Poikolainen *et al.*, 1990).

Ahmed and Ahmed in 2007 suggest that patients with skin disease are at increased risk for the development of depression, anxiety. Compared with control group, skin patients had an increase risk of a clinical diagnosis of depression, and an increase in the risk of anxiety.

On the basis of previous literature review the present research aims to examine the psychological aspect of the disease by exploring the symptoms of anxiety and depression among psoriasis patients. It is hypothesized that

- There is gender difference in the experience of anxiety and depression after the onset of psoriasis.
- Women are psychologically more prone to and concerned about the distressingly annoying symptoms of psoriasis as compared with men.

METHOD

This research explored the feelings of anxiety and depression in patients suffering from psoriasis.

Research Design

The research was laid out through Cross sectional research design. Purposive sampling technique was used in the present research because the choice of the sample was contingent upon the availability and consent of the participants.

Participants

The sample consisted of 300 psoriasis patients with age range 18-56yrs (M=37 yrs). The sample (N=300) was distributed across gender i-e, 150 men (50%) and 150 women (50%) who met inclusion criterion. The participants were taken from different government hospitals of Lahore cosmopolitan.

The participants met the following inclusion criteria

- 18 years of age or more,
- presence of psoriasis with involvement of either upper/lower or both limbs
- absence of any severe mental or physical illness,
- at least 8 years of formal education, ability to read Urdu,
- and who will give their informed consent

MEASURES

Duly standardized urdu version of the **Hospital Anxiety and Depression Scale (HADS)** was used for data collection.

Hospital Anxiety and Depression Scale (HADS)

The HADS (Snaith & Zigmond, 1994) is a self-report questionnaire developed to detect adverse anxiety and depressive states. **The Hospital Anxiety and Depression Scale (HADS) is a screening device for measuring the severity of anxiety and depression separately.** It is a useful and reliable instrument for non psychiatric hospital departments and in other similar settings. It is a present state instrument but not one which is limited to an immediate stressful situation but also for a long term effects. Since it was developed for use with non-psychiatric population, it does not rely upon symptoms which may be present in people with physical illness alone, such as pain and weight loss. The internal consistency of the two subscales (A-scale, & D-scale) was established by Morey *et al.*, (1991) on the responses of 568 people. Cronbach alpha was .93 for A-scale and .90 for D-scale. The validity and reliability of the HADS was reviewed by Clark and Fallowfield (1993) and found to be satisfactory.

Standardized Urdu version of HADS (Mumford & Tareen, 1991) was used for the study. Clients were asked to choose one response from the four given for each statement. They were instructed to give an immediate response and be dissuaded from thinking too long about their answers.

PROCEDURE

The research was described to participants as part of the thesis work of Ph.D. A consent form was given to the participants and they were ensured that the information acquired from them will be held confidential and will not be used for any other purpose than this research. After acquiring the informed consent, the demographic information including age, gender, education, marital status was recorded through demographic form. In order to identify the anxiety and depression of the patients HADS Urdu version was administered.

RESULTS

The SPSS software version 13 was used to analyze data. Descriptive statistics such as means and standard deviations of the scores of anxiety, depression on HADS were tabulated. Independent samples t-test were applied to assess differences in experience of anxiety and depression among men and women suffering from psoriasis.

Table 1. Comparison of men and women psoriasis patients in their experience of depression

Groups	N	M	S.D	t	df	p
Women	150	14.97	3.565	2.718**	298	.002
Men	150	13.88	3.399			

**p<.01

Table 2. Gender difference of psoriasis patients in their experience of anxiety

Groups	N	M	S.D	t	df	p
Women	150	15.04	2.912	3.084**	298	.002
Men	150	13.89	3.534			

**p<.01

Results of the table 1 and 2 have shown significant difference in the symptoms of anxiety ($t=3.084$ $p<.01$) and depression ($t=2.718$ $p<.01$) between female and male patients.

The descriptive statistics have shown that women psoriasis patients experience more anxiety ($M=15.04$, $SD=2.912$) than men ($M=13.89$, $SD= 3.534$). Similarly the feelings of depression are more in women ($M=14.97$, $SD= 3.565$) than in men ($M=13.88$, $SD= 3.399$).

DISCUSSION

This research explored the experiences of anxiety and depression among people suffering from psoriasis. Researcher’s main finding was that patients do feel anxiety and depression along with the physical discomfort of the disease. Psoriasis is not only a disease that affects the skin, but it is also a disease that can affect the physical, emotional, social and psychological aspects of life. Also gender plays an important role in experience of anxiety and depression in psoriasis patients. Previously it was found that gender generally was not associated with the effect of psoriasis on QOL (Gupta & Gupta, 1995). However, results of this study showed that Psoriasis appears to have a greater impact on women’s lives. The level of emotional distress has implications for the progression and treatment of the diseases themselves, as stress can be a trigger for flaring up both psoriasis and psoriatic arthritis in many patients (Yokozeki, 1995).

Result findings have shown that women were more prone than men to experience anxiety, depression, anger, frustration, embarrassment and helplessness with regards to their psoriasis. In addition, they reported more day-to-day physical discomfort than men, including itching, irritation and pain from psoriasis.

Women with psoriasis and psoriatic arthritis are markedly more likely than men to suffer from the emotional and psychological effects of the diseases, according to survey data released by the Pakistan Psoriasis Foundation (PPF) in 2010.

Twenty percent of women reported psoriasis is a very large problem in their everyday lives, compared with just 12 %of men.

Two-thirds of women (67 %) said that psoriasis affects their overall emotional well-being, compared with 57 % of men.

Women were 12 % more likely than men to say psoriasis interferes with their capacity to enjoy life (59 % vs. 52 %).

Women also were particularly found more sensitive to the effect of psoriasis on their appearance. More than half (57 %) of women said their psoriasis is disfiguring, compared with 48 % of men, and nearly half (48 %) of the women surveyed said they alter their clothing choices to conceal psoriasis, compared to a third (32 %) of men (PPF,2010).

However, it is interesting that women in the current research sample, reported that they and other women would be more likely than men to be victimized by discrimination and prejudice. This finding, provide converging evidence that people with psoriasis have apprehension about themselves and this apprehension in turn leads to the feelings of anxiety as well as depression among them.

In the words of a sixteen-year-old girl, “It is not easy being a teenager with an uncomfortable, embarrassing, and time-consuming skin disorder. It is one of several problems including school, family, or friends. I could blame Psoriasis for any problem that I have”

According to the National Institute of Health (NIH), up to 7.5 million people have psoriasis which equates to about 2.2 % of the population. Although the percentage of women who have psoriasis is about equal to that of men but this chronic skin condition seems to have a much more dramatic psychological effect upon women (NIH, 2011).

The Pakistan Psoriasis Foundation reports that in an analysis of survey data from 5,000 psoriasis patients, 20 % of women said that psoriasis was a very large problem in their everyday lives, compared to only 12 % of men. In addition, approximately 60 % of women said that psoriasis interferes with their ability to enjoy life, as compared to only 52 percent of men. Overall, women have a much more difficult time dealing with the psychological and social issues brought about by having psoriasis (PPF, 2010)

Roenigk & Roenigk (1978) found that women are bothered by their psoriasis at least as much as men are, although men have equally or more severe disease than women. On the basis of the severity of the disease and its impact on patients, the treatment of men and women with severe psoriasis should be roughly similar (Lebwohl & Tan 1998). There were significant sex-specific differences in the treatment of severe psoriasis. Sex-specific treatment differences have been encountered elsewhere in medicine and have been ascribed to physician bias (Safran & Rogers *et al.*, 1997). Other possible reasons for the differences include different disease severity or treatment preferences between men and women (Schulman, Berlin & Harless *et al.*, 1999).

Implications

This study represents an important advancement in knowledge about psoriasis, the symptoms of depression and fatigue, and the relation between them. Overall, our data support previously published results indicating that patients with psoriasis carry a significant burden of disease. Furthermore, these results suggest that a comprehensive approach to psoriasis treatment, including screening for and management of depression could benefit patients and potentially lead to a happier and healthier life.

Limitations and Suggestions

The current research has several limitations. The future researchers may take guidance to conduct/replicate the research by using the suggestions.

One potential limitation of this study is that despite the widespread use of the HADS, some studies have concluded that HADS is better used as a screening instrument for anxiety and depression rather

than as a diagnostic tool or for monitoring symptoms over time. In addition, the fairly short treatment period during which HADS data were collected may have limited our findings; therefore, additional long-term studies would be useful in further elucidating the long-term impact of anxiety and depression in patients with moderate-to-severe psoriasis.

Also the sample was collected only from the city of Lahore that also causes poor generalizability. The scope of the study would have enhanced by collecting data from different parts of the country.

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