



The Level of Stigmatization and Depression of Patients with Psoriasis

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Dear Editor-in-Chief

As a chronic skin condition characterized by periods of remission and recurrence and the necessity for long-term treatment, psoriasis significantly affects the patients' quality of life (1). This negatively affects the everyday functioning of psoriatic patients who frequently feel excluded and have decreased self-image and self-esteem, reflected by their impression of being stigmatized (2). This situation leads to psychological problems and frequently serves as a secondary source of stress, which in turn can cause depression. Some previous studies revealed that the prevalence of depressive and anxiety disorders among psoriatic patients is higher than among the general population, or individuals with other dermatological conditions (3-5).

The aim of the study was to analyze the effect of demographic variables on the psychological status and level of stigmatization of patients with psoriasis. The study included 202 patients with psoriasis. The inclusion criteria of the study were: confirmed diagnosis of psoriasis (PASI \leq 20), at least 2-yr duration of the disease, age above 18 yr, and lack of other somatic and mental disorders. The level of stigmatization of patients was examined with the Polish adaptation of the 6-item scale developed by Dr. Andrea Evers et al. The patients'

psychological status was determined with Beck Depression Inventory, and their demographic characteristics were collected with our original questionnaire.

The study protocol was approved by the Local Bioethical Committee at the Medical University of Białystok.

The average global score of the 6-item scale for the whole study group amounted to 7.12 and did not exceed the half of the maximum available score. As 0 points on this scale is interpreted as lack of stigmatization and 18 points as severe stigmatization, it can be assumed that although our participants did not display high levels of stigmatization, they were not completely absent. The average gender-specific values of the global score amounted to 6.88 and 7.37 for men and women, respectively. The significant difference in the global stigmatization levels, corresponding to nearly 3 points, was documented between the town/city- and countryside-dwellers (5.67 vs. 8.57). However, the most pronounced differences in stigmatization (corresponding to 6.80 points) were associated with professional activity - pupils/students (11.40) while pensioners and physical workers scored the lowest (4.60 and 4.80 respectively).

A detailed analysis of the results obtained on the 6-item scale revealed that both men and women experienced the greatest discomfort while their dermatological lesions were looked at by others ($P < 0.05$). Patients with psoriasis frequently believe that their bodies are impure, and that others consider their condition a contagious disease (1.32 points).

During the next stage we analyzed the psychological status of our participants, determined with Beck Depression Inventory. The average score of

the whole group corresponded to mild depression (≈ 15.5 points), and the average results of men and women amounted to 14.82 and 16.14, respectively. The highest levels of depressiveness, corresponding to moderate depression, were noted among unemployed (24.52) and divorced patients (21.96). The highest values of BDI were documented for persons affected with psoriasis for more than 30 years (18.44 points). Their levels of stigmatization amounted to 5.22 points.

Table 1: Average scores of the 6-item scale and Beck Depression Inventory stratified according to demographic parameters and characteristics of the disease

	%	Mean score of the 6-item scale	Mean Beck Depression Inventory score	Student's <i>t</i> -test*
Gender				
women	64	7.37	16.14	$P < 0.01$
men	36	6.88	14.82	$P < 0.01$
Place of residence				
town/city	63	5.67	20.12	$P < 0.01$
countryside	37	8.57	10.84	$P > 0.05$
Age bracket				
18 - 39 years	48	9.14	12.68	$P > 0.05$
40 - 80 years	52	5.10	18.28	$P > 0.05$
Marital status				
married	55	8.52	12.68	$P > 0.05$
widowed	17	4.14	18.86	$P < 0.05$
divorced	16	5.46	21.96	$P < 0.01$
single	12	10.35	8.42	$P > 0.05$
Professional activity				
physical worker	32	4.80	10.48	$P > 0.05$
white-collar worker	42	6.62	12.83	$P > 0.05$
unemployed	4	8.18	24.52	$P < 0.01$
pensioner	12	4.60	20.63	$P < 0.01$
pupil/student	10	11.40	8.96	$P < 0.05$
Duration of the disease				
2-10 years	23	11.20	12.22	$P < 0.05$
11-20 years	31	6.66	14.68	$P < 0.05$
21-30 years	16	5.40	12.58	$P > 0.05$
>30 years	30	5.22	18.44	$P > 0.05$
Location of psoriatic lesions (the respondents could select all answers that applied)				
head and neck	66	12.64	16.66	$P < 0.05$
upper limbs	70	8.86	18.84	$P < 0.05$
lower limbs	25	6.22	16.28	$P > 0.05$
chest, abdomen, and back	43	6.18	13.48	$P > 0.05$
buttocks and genitalia	4	10.12	12.12	$P > 0.05$

* the result of the test was considered significant if $P < 0.05$

Similarly, we documented the highest scores of BDI in the group of pensioners (20.63 points); their stigmatization levels corresponded to only 4.60 points. The average score for individuals with symptoms of psoriasis around the head area amounted to 12.64. Detailed data is presented in Table 1.

Our findings suggest that psoriatic patients who experience high levels of stigmatization and/or depressiveness should be offered psychological care.

Acknowledgments

The authors declare that there is no conflict of interests.

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