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THE RESULTS OF FACIAL PSORIASIS IN PATIENTS AND DETERMINING THE PSYCHOLOGICAL FACTORS AND QUALITY OF LIFE REPORTED BY THE PATIENT

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Abstract: The study included 105 patients distributed for two groups (patients 70 and 35 controls). Data was collected from different hospitals from Iraq with a duration of 1 Feb 2022 to 2 Mar 2023 where found that the disease significantly affects quality of life and health. Severe skin lesions can cause discomfort, disability, and interference with daily activities. People with psoriasis have a higher risk of developing work-related disability, including difficulty performing tasks, exercising, and caring for their families.

The study sample included a total of 105 people, including 45 men and 25 controls, all between the ages of 25 and 40, who had had psoriasis for more than three years, with DLQI scores of 14.2±2.8 and 20.2±3.9, respectively. In carrying out the clinical scores, both the physical role and the mental quality of life score were assessed.

Through studying the cases in this research, it was found that there is an inverse relationship between quality of life in this study according to the Dermatology Life Quality Index.

Key words: QOL, Facial psoriasis, Dermatology Life Quality Index, BMI, Patient.

Introduction

The truth about psoriasis is that it is a long-lasting swelling of the skin that is visible on the body. This means that as one goes about one's daily activities[1,2], one is trying so hard to put up with the disease, which greatly affects the psychology of such patients. On a different note, this is confidence or conviction in one's own worth, strength, efficacy, and success[3,4].

In this context, it can be described as a subjective experience based on an individual's real appraisal of themselves. The term body image encompasses the subjective feelings of the individual, whether consciously or unconsciously held, in relation to their body. It transforms with an individual's growth phase in life [5,6,7].

Approximately 2% of the global population is affected by psoriasis, a chronic autoimmune disease characterized by inflammation. It is important to note that psoriasis itself does not result in mortality, yet it can lead to a number of other complications [8].

In addition to the skin and nails, psoriasis can affect other organs, including the joints (psoriatic arthritis) and eyes (uveitis). Furthermore, it is associated with an increased risk of cardiovascular disease[9,10]. To date, there is no cure for psoriasis, which is a disease that cannot be treated completely in the same way as other autoimmune diseases. Furthermore, the disorder's relapsing-remitting clinical course significantly contributes to its burden [11].

The objective of this report is to provide a comprehensive overview of psoriasis, including its prevalence, etiology, natural history, impact on quality of life, relevance to health, diagnosis, and treatment, research needs and implications for health care services, as well as procedures that can be implemented at the advanced level to enhance psoriasis patient care [12].

Psoriasis appears for the first time in about three-quarters of patients before the age of 40 years, and it appears for the first time in a third of patients before the age of 20 years. Psoriasis affects 70.0% of children[13].

The etiology of psoriasis remains elusive. It appears that abnormal keratin formation, epidermal proliferation, suppression of the immune system, and genetic factors may play a role in the pathogenesis of the disease. The likelihood of a child developing psoriasis is 41% if both parents are affected and 14% if only one is. Furthermore, the probability of a child contracting the disease is 6% if one of his brothers is injured[14].

Material and method

The study included 105 patients distributed for two groups (patients 70 and 35 controls. The sociodemographic characteristics of all participants were taken into account, as well as the calculation and subsequent documentation of PASI scores to determine the clinical severity of the disease. Furthermore, the results of the Dermatology Life Quality Index (DLQI), the Body Image Scale, and the Rosenberg Self-Esteem Scale were evaluated.

The effects of psoriasis on the quality of life and the relationship to health are comparable to those of other no communicable diseases in their impact on both aspects. The severity and location of the skin lesions may result in severe physical discomfort and severe physical disability. Itching and pain can result in disturbances to fundamental activities, including personal care and sleep. Individuals with psoriasis are at a greater risk of developing work-related disabilities, including difficulties in performing certain occupational duties, engaging in physical exercise, and caring for their families.

A diagnosis of psoriasis typically relies on the identification of typical cutaneous lesions. While there are no blood tests that require the sampling or scraping of the skin to rule out infection, there are also no specific diagnostic procedures for this disease. In rare instances, other disorders may be diagnosed and the diagnosis confirmed.

The research was cross-sectional, and it was authorized by the ethics board. We ruled out respondents who were illiterate, had another chronic or psychological ailment, had a body mass index of ≥30 kg/m2, and those who denied completing the survey.

Interpret psoriasis Area Severity Index (PASI) scores. Mild psoriasis is indicated when PASI is less than or equal to 5; moderate psoriasis when PASI reaches 6–9; and severe psoriasis if PASI exceeds 10. The practice of valuing these indices has been controversially understand because there are insinuations. A specialist Psychologist created an instrument known as the Dermatology Life Quality Index (DLQI), containing ten questions to measure skin diseases like psoriasis and eczema, among others using psychological methods. Each question varies from 0 (the least) to 3 (the most) according to its intensity level, which may require an understanding about the skin disease under consideration.

The author employed a beta regression analysis to evaluate the data, and the alpha and lines illustrate the statistical significance of the predictor variable effects on the dependent variable, namely the magnitude of homelessness (i.e., the frequency of occurrences). A P-value of less than 0.05 was deemed to be statistically significant.

Results

Table 1- Distribution of patients according to age

Age	Patients N=70	Control N=35	P-value
25-29	40	10	0.09
30-34	20	15	0.64
35-40	10	10	0.00

Table 2- Distribution of patients according to sex

Age	Patients N=70	Control N=35	P-value
Male	45	20	0.088
Female	25	15	0.73

Table 3- Distribution of patients according to BMI

Age	Patients N=70	Control N=35	P-value
24-28	32	18	<0.001
29-32	30	12	<0.001
higher than 32	8	5	0.856

Figure 1- Classification of comorbidities found in this study

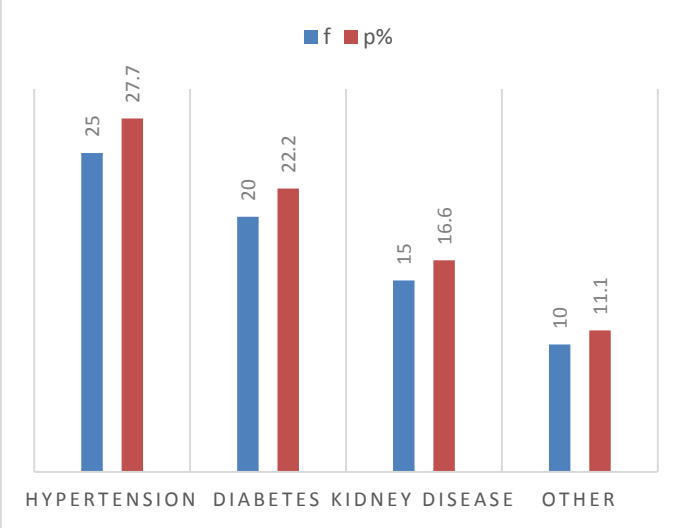

Figure 2- Distribution of patients according to smoking

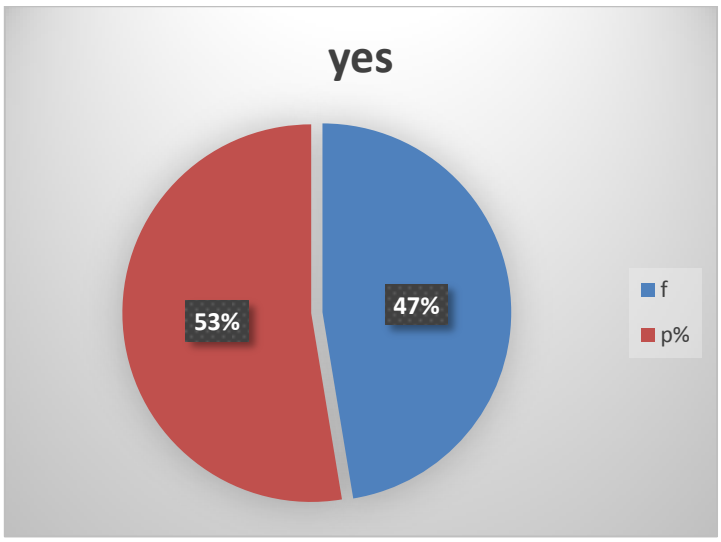

Figure 3- Classification of Marital status found in this study

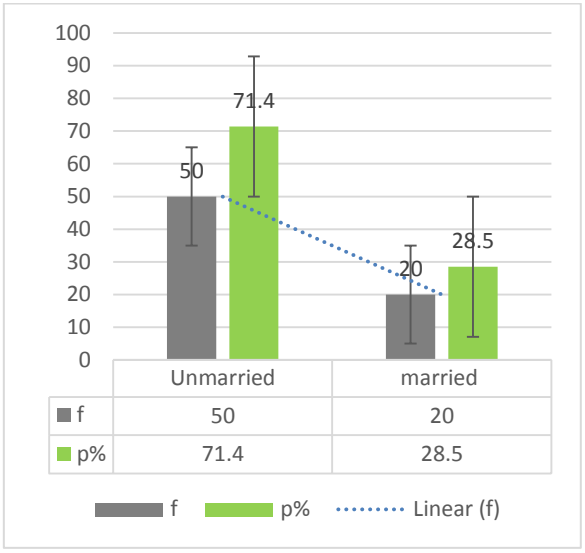

Figure 3- Classification Medical and surgical antecedents of found in this study

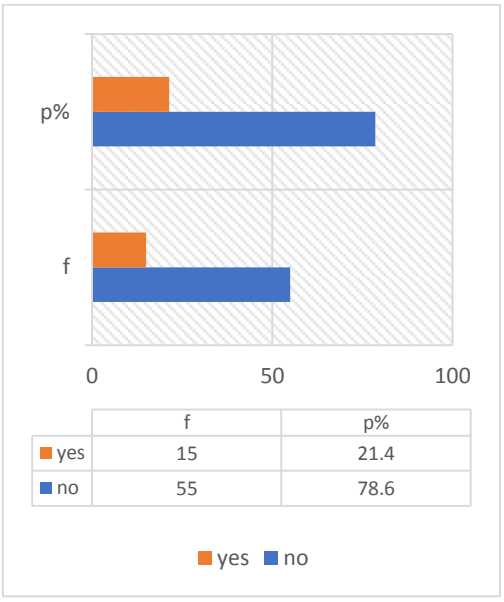

Figure 5- Distribution of patients according to symptoms

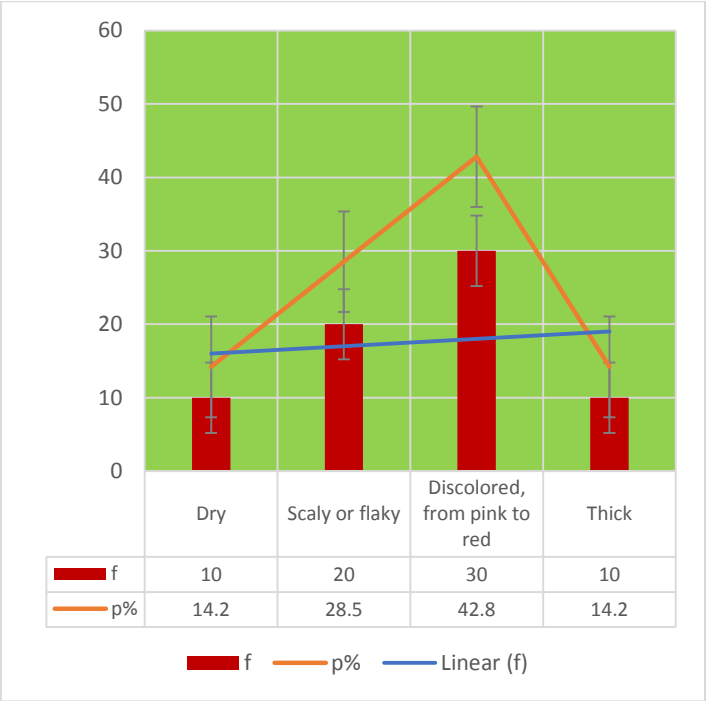

Figure 6- Facial psoriasis can present in a few different ways

Table 4- Outcomes of patients according to the Dermatology Life Quality Index

Variable	Patients	Control	P-value
(PF)	11.2±3.3	5.5±1.2	0.083
Role physical	14.2±2.8	4.4±0.98	<0.001
Vitality	8.8±2.2	17.6±3.7	0.001
Social	15.3±4.1	7.9±2.1	0.0023

side			
The emotional side	**12.5±1.9**	**4.4±0.6**	**0.077**
Public Health	**16.7±2.87**	**6.9±1.33**	**<0.001**
Mental quality of life	**20.2±3.9**	**8.5±2.77**	**<0.001**

Table 5- Risk factors in this study were determined according to logistic regression

Variable	OI (CS)	P-value
Age	0.8-1.2 (1.0)	0.82
Mental quality of life	2.2-3.4 (2.5)	0.02
Plaque psoriasis	2.5-5.1 (3.7)	<0.001
Discolored, from pink to red	2.6-4.2 (3.1)	<0.001
Public Health	3.1-5.8 (4.7)	0.0045
Sex female	2.67-3.3 (2.9)	<0.001

Table 6- Correlation between QOL and negative outcomes of patient and control

Variable	Negative	Patients	Control
R correlation	1	-0.92	0.84**
Sig	--	0.82	<0.001
N	105	70	35

Discussion

This study aimed to determine the prevalence of depression and anxiety in patients with psoriasis in a Moroccan region. It also investigated how quality of life, which is influenced by various factors, is related to depression and anxiety[15].

The research revealed that mental quality of life was suffered by 70% of the psoriasis patients, which was higher than that of the control group. And therefore, several possible reasons exist as to why variance occurs or is reported in studies that measure the prevalence of depression in psoriasis patients. Firstly, the prevalence of depression can be greatly influenced by the characteristics of the population studied[16,17,18].

Richards et al. (43%) and Daudén et al. (40.2%) found vitality to be 8.8 ±2.2 in psoriasis patients, although anxiety was reported to be slightly more common in other studies[19,20].

Patients with psoriasis may feel anxious about their appearance and have low self-esteem due to fear of being ostracized by people and psychological and sexual obsessions. It is known that they suffer from psychological distress, which can cause discrimination in employment and social isolation. Numerous studies have found higher rates of depression and anxiety among people with psoriasis compared to the

general population. Epidemiological studies indicate that people with psoriasis have an increased risk of developing psychological disorders compared to people who do not have psoriasis.

Studies have shown that rates of depression are higher amongst women diagnosed with psoriasis in comparison to men diagnosed with psoriasis. This observation concurs with prior research examining the connection between gender and depression in people who have psoriasis.

However! The study found no correlation between gender and anxiety among respondents who had psoriasis; that is, having more women does not mean there is more likelihood for them to suffer from anxiety while having psoriasis personally. It agrees with an assertion made within certain other pieces of research works linking between psoriasis and anxiety disorder Lie Blatt (pattern).

Many studies have shown that psoriasis causes skin and other peripheral systemic symptoms, such as cardiovascular disease, colon disease, and also visual impairment, and it can also lead to mental and psychological disorders. People with psoriasis also have an unbalanced diet, which leads to a deterioration in their quality of life, as there are studies that have proven that obesity is linked to the occurrence or severity of psoriasis symptoms, as weight loss greatly helps to alleviate symptoms.

A study published in the International Journal of Dermatology in 2012 collected all publications related to psoriasis and psychopathology for the years 2005 to 2010. The search terms used were psoriasis and its association with depression, anxiety, stress, alcohol, smoking, and sexual dysfunction. Self-image, anxiety, somatisation disorders, and mental illness. This study used a narrative method, which helped to review previous studies and to, analyse methods of treating psychological and mental disorders in psoriasis patients, and to suggest new therapeutic approaches. However, the study was not able to provide a quantitative result due to the heterogeneity of the results obtained.

Conclusion

Patients with psoriasis are more susceptible to depression and anxiety and have a poorer quality of life compared to the control group. An inverse relationship was found between them with $P<0.001$, and according to Using logistic regression, we discovered that there are some factors like advanced age that contribute to them occurring, are female gender and marital status. It will be beneficial for patients if they can be detected at an early stage and have comorbidity relationships through which they share medical practitioners from dermatology, psychiatry as well as psychology.

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