

Impact of Psoriasis on Patients Psychological Aspect at Out Clinical Consultation

Haider Mohammed Haloob AL-Abedi¹, Hussein Mansour Ali Al-Tameemi², Mariam Mohammed Ali Kareem Alshibil³, Athraa Abbas Al-Zeyadi⁴

¹Ph.D Adults Nursing, Faculty of Nursing, University of Kufa

²Ph.D. Community Health Nursing, Faculty of Nursing, University of Kufa

³M.Sc. Adults Nursing, Faculty of Nursing, University of Kufa

⁴M.Sc. Maternal and Newborn Health Nursing

hayderm.alabadi@uokufa.edu.iq, hessinm.alemimi@uokufa.edu.iq, mariam.alshebil@uokufa.edu.iq

Abstract— Objective: this study aimed to assess psychological aspect on patients with Psoriasis. To find out a relationship between patient's psychosocial aspect and their demographic and clinical data. **Methodology:** Descriptive correlation design (Quantitative) was adopted in the current study to achieve the early stated objectives. The study was carried out from February 4st, 2022 until May, 23th, 2022 in Al Najaf city. A (Purposive Sample) of ((78) patients with psoriasis, those who visit Outpatient Medical Clinics. Data collected through using of a well-designed questionnaire consist of three parts: Part I: Demographic information sheet: It was consisted of (7) items. Part II: Clinical Data: It was consisted of (5) items. Part III: Psychological Aspect: It was consisted of (13) items. **Results:** The findings of the present study indicate that the overall assessment about psychological aspect are moderate. Also there is a non-significant association ($P > 0.05$) between the overall assessment of psychological aspect and their demographic data. **Conclusion:** The study concluded that the overall assessments for patients' of psychological aspect are moderate. **Recommendation:** Setting up psychological rehabilitation centers for psoriasis to assist patients and families to skip the catastrophe of the disease and to improve their psychological status.

Keywords— Impact, Psoriasis, Psychological Aspect.

I. INTRODUCTION

Psoriasis is a chronic inflammatory disease with both a physical and psychosocial burden. Psoriasis is a chronic inflammatory disease with a global prevalence of approximately 2% and significant psychiatric comorbidity (Armstrong and Read 2020). Given its chronic nature and obvious symptoms, psoriasis has a substantial influence on quality of life. A well-known systemic trigger of psoriasis is psychological stress. It has been linked to both the disease's early stages and the flare-ups of psoriasis that has already been present (Bulat et.al, 2020; Brandon et.al, 2019).

Psoriasis is a skin condition that typically affects the knees, elbows, trunk, and scalp and results in red, itchy, scaly patches. Psoriasis is a frequent, chronic condition that has no cure. It frequently flares up for a few weeks or months, then subsides for a period or enters remission. There are treatments that can help you control your symptoms (Shi, et al. 2022).

It has been reported that psoriatic patients are more depressed or anxious than are medical control patients and dermatological controls. Because psoriatic lesions are usually visible, patients often incur negative reactions from others that contribute to shame and embarrassment and stigmatization. While it appears that psoriasis can have a major negative impact on the lives of some patients, it is also apparent that not all patients suffer equally or in the same way, some patients suffer devastating consequences while others report minimal effects (Singh, et al. 2019).

Objectives of the study:

This study aimed to assess of psychological aspect on patients with Psoriasis. To find out a relationship between patient's psychosocial aspect and their demographic and clinical data such as age, gender, level of education and socioeconomic status.

II. METHODOLOGY

Descriptive cross-sectional design is adopted in the current study to achieve the early stated objectives. The study started from February 4st, 2022 until May, 23th, 2022 in Al Najaf City/ Outpatient Medical Clinics. A Non-Probability (Purposive Sample) of (78) patients with psoriasis, those who visit Outpatient Medical Clinics, are included in the study sample according to the following criteria : Duration of psoriasis 6 months and more ,the age > 20 years ,patients able to verbal communication.

To accomplish the initially mentioned aims, the researcher adopts and develops an assessment tool. The questionnaire consist of three parts: Part 1: demographic Data: this part consists of (7) items, which includes age, gender, level of education, monthly income, residence, marital status, occupation status. Part 2: clinical Data: this part consists of (5) items: (duration of disease / years, type of psoriasis, psoriasis location, associated disease, are you use drug for long time). Part 3: psychological Aspect: the researcher used a specific scale for psychological aspect measurement which titled Depression Anxiety and Stress Scale 21 (DASS-21) (patients with psoriasis). This is a 13 item scales which is rank on (4) point scale, but we modified it to three point scale due to expert's suggestion (always, some time, never). The data collection was done by applying of the developed

questionnaire with aid of structured interview technique with the subjects as they were individually interviewed. The study subjects are interviewed in a similar way. The interview technique spends about 20-25 minutes for each subject.

Inferential data analysis: include Chi-Square test (X^2) to test the association between the studies variables according to its type.

Ethical consideration:

To maintain the patient's values and self-respect before acquiring data is one of the most fundamental concepts. The researchers achieved this agreement from the ethical committee at the Faculty of Nursing / University of Kufa. The researchers promised to keep the patient's information confidential, and use these data for this study only then he explained the purpose of this study to each participant without affecting the routine visiting and care. In addition to the foregoing, the researcher informed each participant that they could leave at any time, even though the interview procedure wasn't over.

III. RESULTS

Table (1) shows that the following age groups (18-28) considered as the highest percentage (46.2%) for each one among the study sample, regarding gender of the study sample, the study indicate that (52.6%) are males, also this table present that the majority of the sample (32.1%) are College.

The results indicate that (51.3%) of study sample had sufficient monthly income to some extent, (83.3%) are living in urban residential area, and the majority of the study sample (53.8%) are married. Concerning occupational status, about (53.8%) of the study sample are Governmental.

This table 2 shows duration of disease, that the majority of the study sample (55.1%) their disease duration was from (2-8) year. Regarding to the type of psoriasis, the results reveal that the majority of the study subjects (64.1%) were with Common Psoriasis type. In regards to psoriasis location, the table shows that majority of the sample (50%) are Scalp Psoriasis. In addition, the majority of the study sample

(61.5%) do not have any associated disease, and (82.1%) of the study results have not drug use for long time.

TABLE (1): The Study Sample Distribution According to their demographic data

Demographic Data	Groups	Freq.	%
Age\Years	<= 17	1	1.3
	18 - 28	36	46.2
	29 - 38	22	28.2
	39 - 49	10	12.8
	50 - 59	6	7.7
	60+	3	3.8
Gender	Male	41	52.6
	Female	37	47.4
Level of Education	Do not read and writes	8	10.3
	Read and writes	6	7.7
	Primary school	1	1.3
	Middle school	8	10.3
	Secondary school	8	10.3
	Institute	21	26.9
	College	25	32.1
Socio-economic status	Postgraduate	1	1.3
	Satisfied	21	26.9
	Satisfied to some extent	40	51.3
Residency	Un satisfied	17	21.8
	Rural	13	16.7
	Urban	65	83.3
Marital status	Single	26	33.3
	Married	42	53.8
	divorced	6	7.7
	separated	4	5.1
Occupation	Housewife	18	23.1
	Governmental	42	53.8
	Unemployed	9	11.5
	Free job	9	11.5
Total		78	100.0

This table 3 shows, that the patients' responses to the psychological aspect items for the following items (I found it difficult to relax and rest, I felt sad and sad, I felt confused and upset, and I felt like I was consuming a lot of energy in nervousness). Have low response and moderate for the remaining items.

TABLE (2): Statistical distribution of the study sample according to their present clinical data.

Clinical Data	Years	Freq.	%
Duration of Disease\Years	<= 1	11	14.1
	2 - 8	43	55.1
	9 - 15	17	21.8
	16 - 22	3	3.8
	30+	4	5.1
Type of Psoriasis	Common Psoriasis	50	64.1
	Guttate Psoriasis	14	17.9
	Erythrodermic psoriasis	14	17.9
Psoriasis Location	Scalp Psoriasis	39	50.0
	Nail Psoriasis	13	16.7
	Intertriginous Psoriasis	26	33.3
Associated Disease	Don't have disease	48	61.5
	Cardiovascular disease	10	12.8
	Renal disease	9	11.5
	Diabetes mellitus	11	14.1
Are you use drug for long time	Yes	14	17.9
	No	64	82.1
Total		78	100.0

TABLE (3): Statistical distribution of the study sample responses to the psychological aspect

Questions		Always	Some time	Never	Mean	Assessment
I found it difficult to relax and rest	Freq.	43	31	4	1.5	low
	%	55.1	39.7	5.1		
I felt dry in my mouth	Freq.	15	30	33	2.23	moderate
	%	19.2	38.5	42.3		
I had trouble breathing	Freq.	20	33	25	2.06	moderate
	%	25.6	42.3	32.1		
I lost my enthusiasm for anything	Freq.	31	31	16	1.81	moderate
	%	39.7	39.7	20.5		
I felt sad and upset	Freq.	40	31	7	1.58	low
	%	51.3	39.7	9.0		
I felt that I was valued as a person	Freq.	29	25	24	1.94	moderate
	%	37.2	32.1	30.8		
I got scared for no good reason	Freq.	27	35	16	1.86	moderate
	%	34.6	44.9	20.5		
I felt that life had no meaning	Freq.	31	36	11	1.74	moderate
	%	39.7	46.2	14.1		
I felt confused and upset	Freq.	36	35	7	1.63	low
	%	46.2	44.9	9.0		
I found it difficult to take the initiative to do things	Freq.	28	40	10	1.77	moderate
	%	35.9	51.3	12.8		
I felt my heart beating without physical exertion	Freq.	21	43	14	1.91	moderate
	%	26.9	55.1	17.9		
I was afraid of situations where I might lose my temper	Freq.	28	43	7	1.73	moderate
	%	35.9	55.1	9.0		
Expend a lot of energy in nervous	Freq.	37	33	8	1.63	low
	%	47.4	42.3	10.3		
Didn't it seem to me that I could feel feelings coming at all?	Freq.	30	36	12	1.77	moderate
	%	38.5	46.2	15.4		
I felt a shiver (two blades, for example)	Freq.	16	35	27	2.14	moderate
	%	20.5	44.9	34.6		
Were you inclined to overreact to circumstances and events?	Freq.	25	38	15	1.87	moderate
	%	32.1	48.7	19.2		
Overall assessment of psychological aspect		1.8229				moderate

N (100), high (mean of score 2.34 and more), moderate (mean of score 1.67-2.33), low (mean of score (1-1.66), cut off point (0.66)

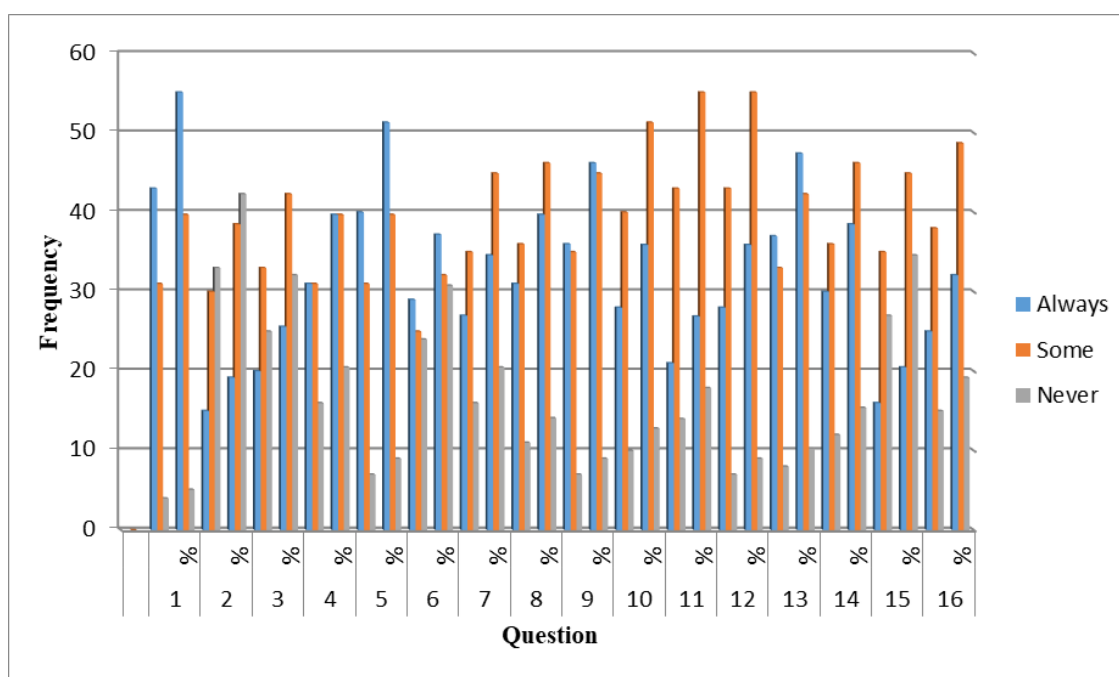


Fig. 1: Patients Psychological Aspect Responses

This table shows that there is a non-significant relationship between psychological aspect and demographic data in all items at p-value more than 0.05.

TABLE (4): Relationship between overall assessment of sample Psychological Aspect and demographic data

Demographic Data	Rating	Severity of Psychological Aspect			Chi-Square			Sig.
		Always	Sometime	Never	χ^2	df	P. Value	
Age\ Years	<= 17	0	1	0	12.884	10	0.230	NS
	18 - 28	12	15	9				
	29 - 38	9	13	0				
	39 - 49	5	4	1				
	50 - 59	4	2	0				
	60+	2	1	0				
Gender	Male	17	19	5	.031	2	0.985	NS
	Female	15	17	5				
Educational Level	Do not read and writes	3	4	1	9.717	14	0.783	NS
	Read and writes	1	4	1				
	Primary school	1	0	0				
	Secondary school	4	3	1				
	Middle school	2	4	2				
	Institute	12	8	1				
	College	8	13	4				
Postgraduate	1	0	0					
Socio-economic status	Satisfied	8	8	5	5.555	4	0.235	NS
	Satisfied to some extent	19	17	4				
	Un satisfied	5	11	1				
Occupation	Housewife	10	8	0	11.44	6	0.076	NS
	Governmental	13	22	7				
	Unemployed	3	3	3				
	Free job	6	3	0				

Table (5): Relationship between overall assessment of sample Psychological Aspect and Clinical data

Demographic Data	Rating	Severity of Psychological Aspect			Chi-Square			Sig.
		Always	Sometime	Never	χ^2	df	P. Value	
Duration of Disease	<= 1	2	5	4	39.2	30	0.020	S
	2 - 8	14	24	5				
	9 - 15	9	7	1				
	16 - 22	3	0	0				
	30+	4	0	0				
Psoriasis Location	Scalp Psoriasis	18	17	4	4.470	4	0.346	NS
	Nail Psoriasis	3	9	1				
	Intertriginous Psoriasis	11	10	5				
Associated Disease	Don't have disease	23	18	7	7.259	6	0.298	NS
	Cardiovascular disease	3	6	1				
	Renal disease	1	6	2				
Are you use drug for long time	Yes	7	7	0	2.577	2	0.276	NS
	No	25	29	10				

This table shows that there is a non-significant relationship between psychological aspect and clinical data in all items while there is significant relationship between psychological aspect and duration of disease at p value more than 0.05.

IV. DISCUSSION

The study results indicate that the following age groups (18-28) considered as the highest percentage for each age group of the study sample (46.2%). This result is in agreement with Tribó, et al., (2019). Their result indicated that the patients within age 18 years old are the dominant age for the study sample. regarding gender of the study sample, the study indicate that (52.6%) are males.

Regarding gender, the study indicates that (52.6%) were males, Sendrasoa, et al., (2020) indicated in their study that the most of the study subjects were males (60%). In addition, Mahapatro, et al., (2019) in their study show that the over half of the sample (51, 3%) are males. Concerning educational levels, the higher percentage (32,1%) are college. This result

is in agreement with study Sendrasoa, et al. (2020) in their study found that the most of the study subjects are college.

Regarding socio-economic status, the study results indicate that (51,3%) of study sample have sufficient monthly income to some extent. The study finding comes with Aladl, et al., (2020) their study shows that 51,2% from the subjects have middle income. Regarding residency, the current study results show that most of the sample (83.3%) is live who at urban area and the marital status, majority of subjects (53.8%) are married. This result in agree with Eid and Elweshahi, (2016) they indicated that the majority (50.7%) patients of psoriasis is living in urban area and 83.9% of the patients were married. Also Boca, et al. (2019) shows in their results that (86.1%) of the study sample were Urban region

Concerning occupational status, about (53.8%) of the study sample are Governmental. The study finding comes with DiBonaventura, et al., (2018) their study shows that 63.8% from the subjects in the study were employed.

Table (3) this table shows duration of disease, that the high percentage of the study sample (55.1%) their disease duration

was from (2-8) year. This result is supported by El-Moselhy, et al., (2012) they emphasize in their study that majority of their patients had duration of the disease less than 15 years (68%). Regarding to the type of psoriasis, the results reveal that the majority of the study subjects (64.1%) were with common psoriasis type. While for the type of psoriasis, about (72.1%) from the study subjects were ordinary type (Rzeszutek, et al., 2021)

In regards to psoriasis location, the half of the study sample (50 %) was scalp psoriasis. Mahapatro, et al. (2019) find that most patients with scalp psoriasis. In addition, the majority of the study present (61.5%) do not have any associated disease, and (82.1%) of the study results have not drug use for long time. Kassab, et al. (2019) in their study found that the majority of the study subjects were none comorbidities.

The study findings indicate that the overall assessments for patients' of psychological aspect are moderate. The reason for these results may be related to the idea of psoriasis, which is a life catastrophic issue that affects the entire human dimensions physically and psychosocially. A study conducted by Kolli, et al. (2018) mentioned that the psychosocial burden of psoriasis is immense. Stigma, public misconception, mental health concerns, and occupational and interpersonal difficulty are the basis of disease burden. Khan, et al. (2020) stated that the Psoriasis affects quality of life of patients not only physically but also psychologically and financially even when patients are under treatment. Psychological aspects also need to be addressed while treating the physical morbidity.

Psoriasis are associated with impaired quality of life and psychological aspects (Kouris, et al. 2021). Care for patients with psoriasis requires not only treating physical manifestations, but it is also very important to identify and manage psychological conditions due to chronic recurrent nature of the disease (Sharaf, and Ibrahim, 2017).

One aspect, which is important to note, is that the psychological impact of patient with psoriasis is very important, the disease being often associated to psychological distress and low self-esteem (Gudu, and Gossec, 2018).

The results of the present study shows that there is a non-significant relationship between psychological aspect and demographic data in all items at p-value more than 0.05. The results of study conducted by (Włodarczyk, et al. 2019) in their study, whose result stated that there was no significant association between the psychological aspect and their demographic data. There was no statistically significant correlation between age, gender, level of education and psychological aspect (Bulat, et al., 2020).

In addition, El-Hanafy, et al., (2021) found that there is socio-economic such as age, sex, occupation, residence, marital status and smoking did not affect psychological aspect significantly. The results of the present study show that there is a non-significant relationship between psychological aspect and clinical data in all items while there is significant relationship between psychological aspect and duration of disease at p value 0.020. In addition, Eid and Elweshahi, (2016) found that there is negative association between the psychological aspect and clinical data, except disease duration,

showed a significant positive correlation at P value less than 0.05. The results of study conducted by (Sendrasoa, et al. 2020) in their study, whose result stated that there was no correlation was found between gender, localization of psoriasis and the psychological aspect.

V. CONCLUSIONS & RECOMMENDATIONS

According to the study findings and discussion, the study concluded that: The overall assessments for patients' of psychological aspect are moderate. There are a non-significant relationship between psychological aspect and demographic data. There are a non-significant relationship between psychological aspect and clinical data in all items while there is significant relationship between psychological aspect and duration of disease.

Based on the study conclusion, the study recommends the following:

A health education programs should be designed and implemented for nurses to increase and improve their abilities in managing Psoriasis patients. Encouraging the patient to follow the doctor and adherence to taking the treatment through the instruction sheet that is distributed to psoriasis patients free of charge. Setting up psychological rehabilitation centers for psoriasis patients. Provide psychologist to assist patients and families to skip the catastrophe of the disease and to improve their psychological status in the center.

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