



# Physical, Social, and Psychological Impacts of Psoriasis

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## 1 INTRODUCTION

Psoriasis is an immune-mediated inflammatory disease of the skin (Balaji and Devaraj, 2016). It is a chronic disease and impacts to patient's lives physically, mentally and socially. Around 100 million of patients are affected from psoriasis worldwide (National Psoriasis Foundation, 2006). Various studies have revealed the impact of psoriasis on patient's lives. Emotional, social, family, sexual intimacy, physical functioning, professional, and educational life are mostly affected areas and psoriasis also had a moderate or above impact on overall quality of life (Vettuparambil and Asokan, 2015).

Psoriasis is found to be associated with stress related disorders, low self-esteem and depression. Depression can lead to social isolation, while it makes stigma and rejection from the society. Despite of that, high rate of suicidal thoughts are more common among individuals with psoriasis (National Psoriasis Foundation, 2006). Hence, psoriasis is a not simply a problem for the individuals affected from the disease, but it also a social issue. In comparison with other countries, limited literature is available on psoriasis in Asian countries including Sri Lanka. Thus, it is high time to explore how psoriasis can impact on patients' life in a Sri Lankan

context in order to improve the quality of care provided for these patients. Hence, the main purpose of this study was to explore physical, social and psychological impacts on patients having psoriasis in dermatology unit of the National Hospital of Sri Lanka (NHSL), Colombo.

## 2 METHODOLOGY

A qualitative phenomenological approach was used for this study to explore the experiences and feelings of the patients. A total of 20 adult patients with ages 18 years or above and who have been diagnosed for psoriasis and taking treatment minimum for six months were purposively recruited for the study. Those having a history of mental disorders and acute physical illnesses were excluded.

Ethical approval was obtained from the Ethics Review Committee of NHSL and prior permission to access the setting was taken from the relevant authorities. Written informed consent was obtained from each voluntary participant. Privacy and confidentiality were maintained throughout the study. Data was collected through face to face in-depth interviews that were lasts for 30-40 minutes period. Open ended questions which were assessed physical, social and



psychological impact of psoriasis were used to direct the interview. All interviews were tape recorded and transcribed to verbatim. Each transcript was read multiple times by the researchers to understand the meanings. Content analysis method was used for data analysis. Primary data was coded, and then the codes were clustered to derive themes.

### 3 RESULTS AND DISCUSSION

#### 3.1 Physical impact on psoriasis patients

In identifying the physical impact, the findings of the study revealed that most of the participants (n=12) had pain, itching, burning sensation, flakes and deformity. The themes were derived as pain and discomfort; the alteration of body image; and the activity impairment. These are mostly evident by following views and ideas of the participants.

*"Itching is affected me so much. Sometimes I itch my skin thoroughly and at that time I can see blood and discharges come out"* (Patient A).

The alteration of body image of patients was clearly evident.

*"I don't like to see my face and body by the mirror. The less colour patches and scaly skin make me nervous"* (Patient B).

The activity impairment was evident with participant's statement of;

*"I am a tailor, I am very hard to do my job with this disfigured fingers. But I have to continue it because my family is depending on it"* (Patient C).

Similarly, Fortune (2005) has shown that patients can experience distressing itching, bleeding, noticeable flakes and attention drawing physical appearance on

their skin. In addition, it has shown that approximately, 5% of patients have joint involvement also. In accordance with findings of Ramsay (1988), the patients considered physical appearance of their skin as the worst aspect of having psoriasis. According to National Psoriasis Foundation (2006), almost 75% of patients believed that psoriasis had moderate to large negative impact on their quality of life with alteration in their daily activities. Current study findings have shown that altered body image was the most affected aspect for patient's lives, whereas pain was the most recent cause for the activity impairments among them. Findings of the present study further emphasized that physical discomfort and disappearance caused to develop negative social and psychological impact on patients.

#### 3.2 Social impact on psoriasis patients

As revealed from the study findings, social impact were merged under four themes as the alteration of family, sexual and social relationships; negative financial impacts; rejection; and the alteration of life pattern. Most of the participants (n=11) had experienced that their relationships had been changed. Patients stated as;

*"I live with my wife. Sometimes she is not bothering me. She doesn't care of me. I am fed up about my life"* (Patient C).

This finding was supported by the findings of Krueger *et al.*, (2001) as psoriasis can have major effects on disrupting family, and social life; and relationships also.

With regard to negative financial impacts on their lives, one participant mentioned that;

*"I had to pay lot of money for my treatments, when I was taking treatments from private sector. I couldn't bear it. Those medications are very expensive."*



*That's why I came to the government hospital"* (Patient D).

In addition to, finally (1995) also has indicated that, psoriasis patients have a higher financial burden due to absenteeism in addition to the cost of caring for their disease. Other than that participants had daily experiences of neglecting them at public places and in social activities. One patient mentioned regarding rejection.

*"When I sit on a seat the person in my next get up and go away. I experience it number of times in the day at the bus or train"* (Patient B).

Contributing to feelings of shame and isolation, psoriasis patient experienced social discrimination and humiliation as refusal from society (National Psoriasis Foundation, 2006). A young woman said regarding the changing of life patterns as;

*"I like to wear clothes with different styles and colours, but disease is a barrier for that. I have to even cover my head with scarf to hide my scalp"* (Patient E).

Forty percent of patients surveyed by the American National Psoriasis Foundation (2006) and said that choosing comfortable clothing was the most difficult daily task that was influenced by psoriasis.

### **3.3 Psychological impact on psoriasis patients**

When considering the psychological impacts on the patients, two themes were derived as the negative self-perception and emotional impairment. Statements of some of the patients (n=5) are shown below.

*"I always try to hide my patches from the public. Because, when patches appear on my skin, I lose my self-esteem"* (Patient E).

A patient with disease of the visible areas of the body (hands/ face) may have greater

psychological symptoms compared with a patient with disease of the same area on a less utilized area of the body (Choi and Koo, 2003). One participant mentioned regarding his experiences

*"When my disease gets worse I feel it is better if I have to be alone"* (Patient F).

Depression was most significant psychological impact and ultimately most of the patients tend to get suicide and it was evident with these statements of;

*"I can't understand how my wife will get it when I am with peeling and scaling skin. At the time my disease was worst I thought to terminate my life. I couldn't tolerate that physical and psychological effect"* (Patient G).

Present findings are comparable with previous studies and one study has shown that psoriasis is associated with a variety of psychological difficulties, including poor self-esteem, sexual dysfunction, anxiety, depression and suicidal ideation (Basavaraj, 2011). Hrehorow *et al.*, (2011) found visible lesions cause feelings of stigmatization which can lead to psychological stress and social withdrawal. In a study of 127 patients with psoriasis 9.7% reported a wish to be dead and 5.5% reported active suicidal ideations at the time of study (Gupta *et al.*, 1993).

## **4 CONCLUSIONS AND RECOMMENDATIONS**

Present findings could reveal uncovered areas of impacts of psoriasis on patients' life in physical, social and psychological aspects in Sri Lankan context. Physically psoriasis patients were found to be suffered from moderate to severe pain, discomfort, altered appearance and activity impairment. Socially, psoriasis has impact on patients' sexual, family and social relationships and poor financial



status. Changing of appearance was lead to experience

Rejection and social isolation mostly due to people's misunderstanding about the disease. Psychologically every patient has developed negative self-perception. Emotional influence of psoriasis was great and depression and suicidal thoughts were highest among them.

It is highly recommended to improve public awareness about psoriasis by providing information with using mass media and it will help to reduce social impact for psoriasis patients. Organizing counselling sessions will be helped to reduce the rate of psychological morbidity and expand the general psychological support for patients who are severely depressed. Empowering social support services also recommended to improve patient's overall quality of life.

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