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ORIGINAL ARTICLE

Perspectives of psoriasis patients in Turkey

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ABSTRACT

Background: Psoriasis is a chronic skin disease that can have severe psychosocial effects. The aim of this study was to assess the perspectives of psoriasis patients regarding their illness.
Methods: One hundred and ten psoriasis patients in the 18–65 age group were included. Data were collected via a "face to face interview" method. The questionnaire included mainly three topics (socio-demographic characteristics of patients; self-evaluations of patients about their disease; knowledge and attitudes about psoriasis).
Results: The majority of the patients stated that psoriasis as a socially troubling disease. Almost half of them believed that "stress and unhappiness" was a predisposing factor of their illness. Belief that the occurrence of the disease was due to a contagious infectious agent was the second most frequent factor that patients emphasized. "Signs and symptoms of psoriasis" was the most frequent difficulty patients faced because of psoriasis. Most of the patients who still have their parents, those who have a closest friend in life, and more than half of the patients who have their closest friend at work all stated that there was a change in social relations, mostly arising from their counterparts. More than half of the married patients stated that there was a change in social relations, mostly arising from their spouses.
Conclusion: Psoriasis is more than a cosmetic nuisance and can be associated with psychosocial effects that seriously affect patients' lives and social relations. Increasing the patients' knowledge of the disease could have a positive effect on the relations the psoriasis patients have within their social environment.

Introduction

Psoriasis is one of the most common dermatological diseases. According to various reports, it appears in 1–5% of the human population. Some authors report that more than 5% of people suffer from psoriasis; this is because many may hide the disease and/or seek unconventional treatments.[1] Albeit primarily a disease of the skin, psoriasis patients have been shown to suffer from as much disability as other patients with chronic illnesses, such as heart disease, diabetes, cancer, arthritis, hypertension, and depression.[2] Because psoriasis is non-fatal, its profound impact on overall patient well-being is often underestimated.[3] Psoriasis has a negative impact on physical, emotional, social, sexual, and financial well-being.[2] Most studies have been conducted among inpatients or outpatients with severe disease, and there has been less research of patients' own assessments of the impact of psoriasis, although it is agreed that patients are in the best position to assess their quality of life.[4] To date there has also been less research investigating patient perspectives on other aspects of their psoriasis, such as treatment satisfaction, healthcare consulting behavior, disease education and support. It has been proven in previous studies that patients with psoriasis see the need to improve their knowledge of the disease and self-care methods.[5]

The aim of this study was to assess the perspectives of psoriasis patients regarding their illness through the determination of their opinions: if they consider psoriasis as socially troubling or not; their beliefs about the predisposing factor of their illness; their opinions about the most important difficulty they have faced because of psoriasis; and their perception of changes in their social relations.

Materials and methods

This study included 110 psoriasis patients in the 18–65 age group who attended the Ankara Numune Education and Research Hospital's Department of First Dermatology between May 2008 and May 2009. All subjects participated after giving their informed consent. Patients with erythrodermic psoriasis, guttate psoriasis, or with only palmoplantar lesions were excluded. Data were collected

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via a "face to face interview" method. The questionnaire included three main topics: socio-demographic characteristics of patients; self-evaluations of patients about their disease; and knowledge and attitudes about psoriasis. The age, gender, marital status, health insurance, occupation, duration of disease, and Psoriasis Area and Severity Index (PASI) scores were noted. Patients were asked to state their opinions about various diseases, most of which were known to be socially troubling (leprosy, syphilis, Behçet's disease, AIDS, cancer, gonorrhea, tuberculosis, and psoriasis). In order to assess their knowledge of psoriasis, we asked them what they believe are the predisposing factors of their illness (stress and unhappiness, drugs, having underlying diseases, undernourishment and poverty, smoking, drinking alcohol, contagious infectious agents, dust and air pollution, genetic factors, immunity, other factors, or whether they have no idea). The patients were asked about the most frequent difficulty they faced because of psoriasis (financial problems, hospitalization, stress, anxiety and other negative feelings, signs and symptoms of psoriasis, going to public places, if they had no significant difficulty, or if they had no idea). The patients' beliefs regarding the predisposing factors of their illness, and their opinions about the most important difficulty that they face because of psoriasis, were also assessed according to the gender, status of education, PASI scores and duration of disease. To do this, PASI scores and duration of disease were divided into three groups (PASI 8.0–10: Group 1; 10.1–15: Group 2; >15.1: Group 3), (duration of disease <7 years: Group 1; 7.1–15 years: Group 2; >15 years: Group 3).

In this study we assessed patients' perceptions of their social relations within their social environment, dividing these into four different categories (closest friend at work, closest friend in life, parents, spouse); the patients were asked if there had been a change in these social relations or not after being diagnosed with psoriasis. For each category, the patients reported whether the perception of change arose either from themselves, from both sides or from their counterparts alone.

Results

One hundred and ten patients with plaque-type psoriasis were included in this study. The minimum age was 18 and the maximum age was 65. The mean age of the patients was 39.2 (SD: 12.8) years. The mean duration of disease was 14.1 years (SD: 10.4), and the mean PASI was 14.3 (SD: 5.1). The number of patients was 26, 45, and 39 in the PASI groups 1, 2, and 3 respectively. According to the duration of disease, there were 39 patients in group 1, 35 patients in group 2, and 36 patients in group 3.

There were 50 female (45.4%) and 60 male (54.5%) patients. Seventy-nine patients (72.7%) were married, 32 patients (29.9%) had no formal education, and 44 patients (40.0%) were graduates of primary school. The majority of the patients (96.3%) were covered by a government health insurance system.

The patients were asked to state their opinions about various diseases, most of which were known to be socially troubling. The majority of the patients regarded psoriasis as a socially troubling disease (94.5%); however, the percentage of patients who thought AIDS was a troubling disease was lower (46.3%). A total of 29.09% of the patients did not regard tuberculosis as a socially troubling disease and 34.5% of the patients had no opinion about tuberculosis. Nearly one out of two patients (47.2%) had no idea what leprosy was (Table 1).

Almost half of the patients (43.6%) believed that "stress and unhappiness" was a predisposing factor of their illness. Occurrence of the disease due to a contagious infectious agent was the second most significant item that the patients emphasized (24.5%). The other beliefs (and their percentage occurrance) that the patients had regarding any predisposing factor were as follows: drugs (7.2%), undernourishment and poverty (4.5%), genetic factors (4.5%), smoking or drinking alcohol (3.6%), dust and air pollution (2.7%), having underlying diseases (1.8%), immunity (0%). Eight patients (7.2%) had no opinion regarding a predisposing factor. There were no patients who suggested any other predisposing factors not mentioned above.

Table 1 The percentage of psoriasis patients who find various diseases socially troubling.

Disease	Yes (%)	No (%)	Do not know (%)
Leprosy	33.6	19.0	47.2
Syphilis	16.3	23.6	60.0
AIDS	46.3	36.3	17.2
Cancer	65.4	34.5	0.0
Gonorrhea	28.1	37.2	34.5
Behçet's disease	55.4	30.9	13.6
Tuberculosis	36.3	29.0	34.5
Psoriasis	94.5	5.4	0.0

"Signs and symptoms of psoriasis" was the most frequent difficulty that patients faced because of psoriasis (49.09%), especially the cosmetic concern. The second most frequent difficulty was "stress, anxiety, and other negative feelings" (20.0%). However, "no significant difficulty" was the second most frequent perception in both the patients with no formal education and those in PASI group 3. The other difficulties stated by the patients were financial problems (12.7%) and going to public places (6.3%). No patients stated hospitalization as the most frequent difficulty. Thirteen patients (11.8%) mentioned that they had no significant difficulties. The distribution of patients' beliefs about the predisposing factor of their disease according to gender, status of education, duration of disease, and PASI were similar; "stress and unhappiness" and occurrence of the disease due to a contagious infectious agent were the first two items stated.

Nineteen out of 34 patients (55.8%) who have their closest friend at work, 42 out of 79 married patients (53.1%), 45 out of 87 patients (51.7%) who still have their parents, and 15 out of 29 patients (51.7%) who have a closest friend in life perceived a change in relations generally arising from their counterparts (Table 2).

We also assessed the social relations of married patients with their spouses; 24 married patients thought that a contagious infectious agent was the causative factor of their illness. Most of them (37.5%) stated that there was a behavioral change arising from themselves, and 29.1% perceived a change arising from their partners.

Discussion

Psoriasis is a chronic skin disease that can have severe psychosocial effects. Its chronicity, frequent relapses, the absence of a permanent cure, and symptoms such as pruritus make it hard to live with. Furthermore, the cosmetic disfigurement of psoriasis has a negative

Table 2 Psoriasis patients' perceptions of the source of the change in social relations.

Social relations with:	Change arising from both sides (%)	No change arising from either side (%)	Change arising from the patient (%)	Change arising from the counterpart (%)
Closest friend at work ($n = 34$)	5.8	44.1	17.6	32.3
Closest friend in life ($n = 29$)	6.8	48.2	20.6	24.1
Parents ($n = 87$)	6.8	48.2	6.8	37.9
Spouse ($n = 79$)	16.4	46.8	13.9	22.7