Lesions on the back of hands and female gender predispose to stigmatization in patients with psoriasis

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Background: Psoriasis vulgaris is characterized by disfiguring and stigmatizing skin lesions. The links among lesions distribution, severity, and stigmatization remain unclear.

Objective: We sought to investigate if the involvement of visible and sensitive areas is linked to stigmatization.

Methods: In all, 115 patients with psoriasis vulgaris were assessed for disease severity, skin lesions distribution, itch, and stigmatization using the Feelings of Stigmatization Questionnaire. Quality of life was assessed with the Dermatology Life Quality Index and the World Health Organization Quality of Life-BREF.

Results: The localization of psoriatic lesions on the back of hands was related to higher stigmatization levels ($P = .011$, total score of the Feelings of Stigmatization Questionnaire), but not the involvement of nails, the palms, the face, or the genital area nor overall disease severity. All patients reported some level of stigmatization, regardless of the localization of lesions and type of psoriasis. Higher levels of stigmatization characterized patients who claimed not to be able to hide their lesions by clothing ($P = .025$), women ($P = .001$), and the unemployed ($P = .004$). Stigmatization was the strongest predictor of quality of life impairment.

Limitations: Only hospitalized patients were included.

Conclusions: Psoriatic lesions on the back of hands are debilitating and warrant effective treatment. Special attention should be paid to female patients, who are more sensitive to stigmatization. (J Am Acad Dermatol 2017;76:648-54.)

Key words: psoriasis; psychodermatology; quality of life; skin lesions; social rejection; social stigma; stigmatization.

Psoriasis vulgaris is a common chronic skin disorder, characterized by red, raised, and scaling lesions, which may range from small papules and plaques to the involvement of the entire skin (erythroderma). Visible, disfiguring lesions lead to psychosocial distress, quality of life (QoL) impairment, anxiety, and depression.[1-3] The chronic, lifelong course of psoriasis exerts cumulative damaging impact on patients' psyche, life trajectories,[4,5] private lives, and professional careers, reflected by increased rates of divorce,[6] unemployment, and lower incomes.[7]

Goffman,[8] in his pioneer work on stigmatization, defined stigma as an attribute that is in a given social

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context deeply discrediting. Stigmatization in psoriasis may be quantified using standardized and validated questionnaires and was demonstrated in a number of studies.[1,9-17] However, the relevance of disease severity and the localization of lesions for stigmatization are, as of now, elusive. This may be, at least in part, a result of differences in patients' perception of stigmatization, being influenced by individual psychosocial variables, research methodology including algorithms used to record the distribution of skin lesions, or a combination of these.

We hypothesized that the localization of psoriatic lesions at different sensitive body areas may be differently perceived leading to different stigmatization levels. Thus, the primary aim of the study was to analyze if stigmatization depends on the severity of psoriasis and the involvement of visible and genital areas in patients with psoriasis vulgaris. Furthermore, we aimed to analyze the relationships between stigmatization and further clinical and demographic variables, and to investigate the influence of stigmatization and other variables on QoL impairment.

CAPSULE SUMMARY

- Patients with psoriasis vulgaris feel stigmatized.
- Psoriatic lesions on the back of hands but not the overall psoriasis severity are linked to increased stigmatization levels.
- Psoriatic lesions on the back of hands should be considered along with patients' Psoriasis Area and Severity Index scores when choosing their treatment and evaluating their therapy response.

METHODS

Patients

A total of 115 inpatients with psoriasis vulgaris of the Medical University of Łódź Department of Dermatology participated in the study. Patients with active psoriatic arthritis were not included. The study was approved by the Ethics Committee of the Medical University of Łódź. All patients provided informed consent.

Clinical assessment

Patients were examined by a dermatologist, who determined disease severity by use of the Psoriasis Area and Severity Index (PASI), assessed the localization of psoriasis lesions at potentially problematic skin areas (ie, the face, genitals, fingernails, and the backs and palms of hands), took the medical history, and gave instructions on how to fill in the study questionnaires. Patients were asked if their skin lesions could be easily hidden by clothing and determined severity of pruritus on a 10-cm visual analog scale.

Psychometric assessment

Stigmatization was assessed using the self-assessment, validated, Polish 33-item version of the Feelings of Stigmatization Questionnaire (FSQ) by Ginsburg and Link.[1,16] The answer options of each item are scored from 0 to 5 and they are summed up to calculate the total score and the scores of its 6 subscales: anticipation of rejection, feeling of being flawed, sensitivity to the opinions of others, guilt and shame, secretiveness, and positive attitudes. The higher the score is, the more severe the stigmatization.

The Dermatology Life Quality Index (DLQI) is a self-administered, 10-item skin disease—specific health-related QoL (HRQoL) questionnaire.[18,19] The World Health Organization Quality of Life (WHOQOL)-BREF is a generic 26-item, self-assessment QoL questionnaire, validated worldwide in many languages including Polish.[20,21]

Statistical analyses

Data are presented as means with standard deviation, unless stated otherwise. Differences between 2 groups of parametric and nonparametric variables were tested with the 2-sample *t* test and the Mann-Whitney U test, respectively. Cohen d was reported to characterize effect size. Dichotomous variables were compared using χ^2 test. Linear relationships were analyzed using Pearson and Spearman correlations. To investigate the complex influence of clinical, demographic, and psychological variables on HRQoL, multiple linear regression models were used. The choice of the variables included in the final regression models was supported by the forward selection method. Statistical significance was set at *P* less than .05.

RESULTS

Patients' characteristics

The 115 patients with psoriasis included 49 women (median age 47 years) and 66 men (median age 45 years). The mean PASI score was 14.4 ± 9.2. In 81 patients, PASI scores were higher than 10. The mean visual analog scale itch severity was 4.0 ± 2.7, and the mean duration of psoriasis was 19.2 ± 13.5 years. Psoriasis severity was higher in men (PASI score 16.1 ± 10.0) than in women (PASI score 12.3 ± 7.6, *P* = .035). There was no significant difference in