Available online at www.sciencedirect.com

ScienceDirect

Comprehensive Psychiatry 70 (2016) 200–208

COMPREHENSIVE PSYCHIATRY

www.elsevier.com/locate/comppsych

Health-related quality of life and its association with alexithymia and difficulties in emotion regulation in patients with psoriasis

Marco Innamorati[a,*], Rossella M. Quinto[a], Claudio Imperatori[a], Viviana Lora[b], Dario Graceffa[b], Mariantonietta Fabbricatore[a], David Lester[c], Anna Contardi[a], Claudio Bonifati[b]

[a]*Department of Human Sciences, European University of Rome, Via degli Aldobrandeschi 190, 00163 Rome, Italy*
[b]*Center for the Study and Treatment of Psoriasis, San Gallicano Dermatologic Institute, IRCCS, Via Elio Chianesi 53, 00144 Rome, Italy*
[c]*Stockton University, NJ, USA*

Abstract

Background: Health-related quality of life (HRQoL) in psoriasis patients could be negatively affected by medical (e.g., obesity) and psychological (e.g., depression, anxiety, and alexithymia) conditions the presence of which suggests difficulties in understanding and regulating inner states and emotions. Thus, the aim of this study was to investigate HRQoL and its association with obesity and difficulties in understanding and regulating inner states and emotions in patients with psoriasis. A second objective was to examine whether the presence of difficulties in understanding and regulating inner states and emotions may mediate the association between psoriasis and poor HRQoL.
Method: One hundred adult outpatients and 97 healthy controls were administered a checklist assessing major socio-demographic variables, and measures of HRQoL, difficulties in emotion regulation, alexithymia, anxiety, depression, and food craving.
Results: Psoriasis patients (compared to controls) reported more frequently obesity, alexithymia, anxiety, depression and food craving, and reported lower scores on the mental and physical components of HRQoL. A mediation model, with mental health as the dependent variable, indicated significant direct and indirect (through BMI, difficulties in emotion regulation, anxiety, depression, and food craving) effects of psoriasis on the quality of life, so that psoriasis was associated with worse mental health. A second mediation model with physical health as dependent variable indicated only a significant indirect effect (through BMI and depression) of psoriasis on the quality of life.
Conclusions: Psoriasis is characterized by poor HRQoL and the presence of difficulties in understanding and regulating inner states and emotions. In patients with psoriasis the possible influence of food craving on abnormal eating habits should be carefully assessed.

1. Introduction

Psoriasis is a common, genetically-determined, chronic, inflammatory skin disease characterized by rounded erythematous and dry scaling patches (http://www.ncbi.nlm.nih.gov/mesh/?term=psoriasis), with significant costs for both the patients and the health-care system [1]. In European adults, the prevalence of psoriasis varies from 1.2% in Croatia [2] to 8.5% in Norway [3]. Patients with psoriasis may experience substantial disability related to the discomfort caused by symptoms such as pruritus and arthralgia [4], and a poor quality of life [5–8]. Psoriasis is frequently associated with several comorbidities (e.g., cardiovascular disease, diabetes, obesity, and the metabolic syndrome), including psychological conditions (e.g., depression and anxiety) [9–11] which are frequently associated with worse health-related quality of life [6,12] and adherence to treatment regimens [13]. For example, depression may affect between 10% and 62% of psoriasis patients [10,14], even in patients with less severe psoriasis [14,15]. Kurd et al. [16] analyzed data from a population-based cohort study of 146,042 patients with mild psoriasis, 3956 patients with severe psoriasis, and 766,950 patients without psoriasis. Patients with psoriasis reported higher rates of depression, anxiety and suicidality than patients without psoriasis, and higher rates of depression, anxiety and suicide ideation were observed in patients with severe psoriasis than in patients with mild psoriasis.

* Corresponding author.
E-mail address: marco.innamorati@unier.it (M. Innamorati).

http://dx.doi.org/10.1016/j.comppsych.2016.08.001
0010-440X/

Alexithymia (i.e., the difficulty in describing or recognizing emotions and in distinguishing between feelings and the bodily sensations of emotional arousal) has also been reported to be associated with psoriasis [17,18], although there are inconsistent results [19,20]. It has been considered to be a risk factor for susceptibility to disease [21] and has been found to be associated particularly with depression [17,22]. The high presence of depression, alexithymia and other psychological problems in psoriasis patients suggests that understanding and regulating their inner states and emotions may be a problem for these patients.

Obesity is another frequent comorbidity in patients with psoriasis [9,23–27], and some authors have proposed that the relationship between the two conditions may be bidirectional [27], with obesity being a risk factor for the development of psoriasis [28], and the lifestyle of psoriasis patients (e.g., decreased physical activity and unhealthy dietary habits) a mechanism which may lead to obesity [27]. The research on eating disorders has highlighted a parallel between addictive behaviors and obesity [29,30]. For example, cravings may also have an important role in obesity [31,32], especially in the precipitation of binge eating episodes [33–35], and dropout from weight-loss treatment programs [36]. One specific aspect of food craving is the fact that it is frequently associated with difficulties in regulating inner states and emotions [37–40], so that food may be used to numb negative emotional states arising from perceived psychosocial distress.

In conclusion, patients with psoriasis typically report several medical and psychological conditions (e.g., depression, anxiety, alexithymia, obesity, and food cravings) associated with the presence of difficulties in understanding and regulating inner states and emotions and a poor quality of life. The objective of the present study was to investigate the health-related quality of life (both emotional and physical health) and its association with obesity and difficulties in understanding and regulating inner states and emotions in patients with psoriasis. We hypothesized that psoriasis patients (compared to nonclinical controls): (1) have worse health-related quality of life; and (2) have more difficulties in understanding and regulating their inner states and emotions, that is, they report more severe alexithymia, depression, anxiety, and difficulties in emotion regulation. Consistent with the hypothesis that patients with psoriasis may have difficulty in controlling their inner states and emotions, we also expected that (3) psoriasis patients are more frequently obese and report more severe food cravings than do controls. We also examined whether the presence of difficulties in understanding and regulating inner states and emotions may mediate the association between psoriasis and poor health-related quality of life, hypothesizing that the presence and severity of difficulties in understanding and regulating inner states and emotions may be associated with worse health-related quality of life. In our study the use of mediation models could help us to understand whether the presence and severity of difficulties in understanding and regulating inner states and emotions could be used to explain the differences in health-related quality of life between psoriasis patients and people without this dermatological disease.

2. Materials and methods

2.1. Sample

One hundred consecutive adult outpatients (41 women and 59 men) were enrolled at the Center for the Study and Treatment of Psoriasis of the San Gallicano Dermatologic Institute in Rome, between January 2015 and May 2016. The mean age of the patients was 50.45 years (*SD* = 15.24; range = 18–79 years). All the patients had a diagnosis of psoriasis vulgaris. Inclusion criteria for the patients were an age of 18 years old and older and a diagnosis of psoriasis vulgaris. The exclusion criteria were the presence of a major disease of the central nervous system (such as epilepsy, dementia, Parkinson's disease), the presence of other immune-mediated diseases sharing the same physiological mechanisms of psoriasis (e.g., Crohn's disease, psoriatic arthritis and rheumatoid arthritis), and the inability to complete the assessment for whatever reasons, including denial of informed consent. The controls were 97 adults (49 women and 48 men) recruited non-randomly from the general population who did not report a current or past diagnosis of psoriasis. The mean age of the controls was 47.46 years (*SD* = 18.85; range = 18–83 years). The same inclusion/exclusion criteria used for the patients were used for the controls. The controls were recruited from those attending adult education classes and from an advertisement posted for established community groups. Other characteristics of the sample are reported in Table 1.

2.2. Measures

All participants were administered a checklist assessing major socio-demographic variables (gender, age, marital status, school attainment, profession, height and weight) and a battery of psychometric questionnaires assessing psychological variables (health-related quality of life, difficulties in emotion regulation, alexithymia, anxiety, depression, and food craving). Self-reported height and weight were used to calculate the BMI. For the patients, clinical information (disease severity, age at onset of psoriasis, family history of psoriasis, and comorbidities) was retrieved from medical records. The psychometric battery included Italian versions of the: (1) Short Form-12 Health Survey (SF-12) [41,42]; (2) Difficulties in Emotion Regulation Scale (DERS) [43]; (3) Hospital Anxiety/Depression Scale (HADS); (4) Toronto Alexithymia Scale (TAS-20); and (5) Food Cravings Questionnaire-Trait-reduced (FCQ-T-r).

The severity of psoriasis was assessed by two experienced dermatologists (CB, VL) using the Psoriasis Area and Severity Index (PASI). The PASI score (range 0–72)