

Impact of psychosocial aspect parameters on psoriasis patients' quality of life at outpatient clinic in Al-Dewania City, Iraq

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Objective: To assess the impact of psychosocial factors on patients with psoriasis' quality of life and to determine how those factors affect that quality of life.

Methodology: Psoriasis patients in Al-Diwaniyah City were collected from 1-05-2022 through 30-05-2022 for a total of 100 patients. Frequency and percentage for their demographic data were calculated. Using the SPSS statistical tool, a statistical analysis was done to determine the psychological impact of psoriasis on quality of life.

Result: Men (less than 25 years old) in all age

categories made up the majority of study participants. The study sample's educational level was secondary and many had no work. Most psoriasis patients were married and resided in cities. Quality of life was moderate in 71% patients.

Conclusions: The majority of the study sample, or around half of it, was male and within age categories. Quality of life was fair in majority.

Keywords: Psychosocial aspect, psoriasis, quality of life.

INTRODUCTION

Up to 2% of the population suffers from the persistent, debilitating skin condition called psoriasis. Patients who have psoriasis may have severe negative effects.¹ Simple daily tasks like cooking, bathing, getting dressed, and sleeping are affected, as are work performance and leisure pursuits. Psoriasis is a chronic, inflamed, and dermatological condition that causes noticeable, painful skin lesions and disfigurements. It can affect any region of the body and has a substantial negative impact on patients' quality of life.^{2,3} The knees, elbows, trunk, and scalp are the most common areas of the body to develop red, itchy, scaly patches of psoriasis.

It frequently goes through cycles when it flares up for a few weeks or months, then subsides or enters remission. Many patients can manage their symptoms with treatment.^{4,5} A biopsychosocial model has been proposed to investigate how these factors interact to cause the negative effects of psoriasis.⁶ The disease has an impact on a person's ability to operate physically, psychologically, and socially. Some of the negative impacts of psoriasis include itchiness, physical discomfort, emotional suffering, financial burden, time spent each day caring for the skin, social rejection, and time missed from work.

Significant and insignificant life events, personality traits, social intelligence, social support, symptom management and stress management help many patients.^{7,8} Psoriasis significantly lowers patients'

quality of life in terms of their health (HRQoL). In a poll conducted by the National Psoriasis Foundation, nearly 75% of patients felt that their quality of life (QoL) had been negatively impacted by psoriasis, including changes to their everyday activities.^{9,10}

In terms of its physical, mental, and require explanation and very well, patients' subjective assessments of the impact of a condition and/or therapy are represented in their health-related QoL. It is particularly pertinent to the research and treatment of illnesses that have an impact on patients' day-to-day life.^{11,12} Physical, psychological, and social functioning are all impacted by the chronic skin condition psoriasis.^{13,14}

Numerous psychological issues, including as low self-esteem, sexual dysfunction, anxiety, sadness, and suicidal thoughts, are linked to psoriasis.^{15,16} Other measures of disease severity do not always correlate with or predict high depression/anxiety scores, obsessiveness, and difficulties verbally expressing emotions, particularly anger, social stigmatization, high stress levels, depression, and other psychosocial comorbidities experienced by these patients.^{17,18} The aim of this study was to assess the impact of psychosocial factors on patients with psoriasis' QoL and to determine how those factors affect that QoL.

METHODOLOGY

The study was conducted using a cross-sectional study design to assess the psychosocial component and quality of life of psoriasis patients as well as the impact of the

psychosocial component on the patients' quality of life. We enrolled 100 patients with psoriasis who regularly attend our clinic in Al-Qadesia city using a purposive sampling. The procedure of gathering data was started for the time frame of 1 May 2022 to 30 May 2022.

Patients were the subjects of the data collection, and each interview with a patient lasts 20 to 25 minutes. The study's goals led to the creation of a questionnaire. There are three main components, including a sheet with personal information. Clinical information such as types, sizes, and localized psoriasis as well as demographic and social-demographic information. Other part was psychological and social aspects. In addition to QoL for psoriasis its by Final 25 items of the PSORIQ by (Richards, 2015).

Statistical Analysis: Version XVI of SPSS was used to analyze the study data.

RESULTS

Out of 100 patients, majority were less than 25-year age. Overall quality of life was moderate in 71% patients (Table 1). Social aspect among patients showed that it was poor or bad in 77% patients (Table 2). Overall evaluation for psychological aspect among patient with psoriasis showed that it was poor to bad in 91% patients (Table 3). Summery statistics for relationship between demographic data and overall evolution for quality of life is shown in Table 4.

Table 1: Overall evaluation for quality of life among patient with psoriasis.

Rating	Frequency	%	Mean of Score	Evaluate
Low	13	13	2.03	Moderate
Moderate	71	71		
High	16	16		
Total	100	100		

Table 2: Overall evaluation for social aspect among patient with psoriasis.

Rating	Frequency	%	Mean of Score	Evaluate
Good	3	3	2.51	Bad
Poor	43	43		
Bad	54	54		
Total	100	100		

Table 3: Overall evaluation for psychological aspect among patient with psoriasis.

Rating	Frequency	%	Mean of Score	Evaluate
Bad	39	39	1.7	Poor
Poor	52	52		
Good	9	9		
Total	100	100		

Table 4: Summery statistics for relationship between demographic data and overall evolution for quality of life.

Demographic Variable	Chi Square	D.F	Pvalue
Age/years	4	8	0.85
Job	3.8	6	0.07
Marital status	3.6	6	0.72
Residence	5.72	2	0.032
Type of psoriasis	7.73	4	0.10
Local of psoriasis	7.20	4	0.12

DISCUSSION

Our study found that the most study subjects are < 25 years old. Quality of life in patients with psoriasis showed that 80 patients who agreed to complete the questionnaire. The majority of them were men, with a mean age of 36.5 years. Additionally, the data showed that the majority of psoriasis patients were married despite the fact that the study sample's level of education is secondary and related to material position. The majority of patients were married and had a moderately long education a previous study.¹⁹ Our study's findings showed that the majority of psoriasis patients resided in metropolitan areas. Our study's findings are at odds with this one. South African psoriasis patients' quality of life in comparison to urban patients, who had a mean score for psoriasis of 11.9 (S.D. 8.7), rural patients had a substantially higher score of 17.2 (S.D. 12.8) ($p = 0.045$).^{20,21}

The connection between psoriasis severity and quality of life was considered. Patients with scalp involvement had significantly higher PASI and BSA scores.^{22,23} According to the study sample's replies to questions about their quality of life, the majority of the responses were from psoriasis patients. Consequently, 25 out of 100 patients reported a significant or worse quality of life impairment, with a mean 2.03 score, despite the fact

that the majority of the research group had mild psoriasis.

According to the findings of our study, even moderate psoriasis can affect a patient's ability to go about their daily activities. For this reason, it may be helpful to evaluate a child's psoriasis patient's quality of life. The Impact of psoriasis on the quality of life and psychological characteristics of people suffering from psoriasis experienced stressful life events can considerably impact the quality of life.²⁴

The results obtained in this study reveal that quality of life was predominantly affected by a moderate effect (50%), followed by a small effect on patients' lives. The QoL of patients with psoriasis was predominantly affected by a moderate effect (33.3%), followed by a small effect on patients' lives. The study results for the overall evaluation of the psychological aspect domain that indicate most responses among psychological aspects are poor with psoriasis.

CONCLUSION

The majority of the study sample's male participants were middle-aged within their age groupings. Additionally, the study sample's education level is secondary, and none of the participants had jobs. In terms of marital status, the findings show that the majority of psoriasis patients are married and reside in cities. However, the majority of the study participants have a common form of scalp psoriasis. Psychological aspect domain that indicates most of responses among psychological aspect are poor with psoriasis.

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