

Experience with Psoriasis in a Psychosomatic Dermatology Clinic

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We studied 179 psoriatic patients by semistructured colloquia and psychometric tests and determined their cutaneous psychoneurophysiological profiles by biofeedback methods. The Paykel scale for stressful events showed that 72% of psoriatics had experienced significant stressful events about one month before the appearance of the psoriasis. The Zung test for anxiety and depression showed a high level of anxiety in the psoriatic patients. 64% of the patients who were treated by BFBtraining had a decrease in their PASI index for severity and the extent of the disease and also fewer recurrences at the one-year follow-up. The results of the World Experience Inventory indicated difficulties related to body image and to relationships with others. Psoriasis influenced the sexuality of the patients. It is always difficult when one is afflicted by ill health to enjoy life and the general scores of SWL (Satisfaction with Life), were significantly lower than those of a control group. **Key words:** psoriasis; stress; quality of life; alcohol consumption.

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EXPERIENCE WITH PSORIASIS IN A PSYCHOSOMATIC DERMATOLOGY CLINIC

The observation that psoriasis often appears or recurs after trauma or stressful events has prompted investigations into the possibility that psychological factors may be a cause (or co-cause) of the disease (1-7). The relationship between pruritus

and psoriasis is another aspect that indicates the importance of the bond between psychological factors and the manifestations of psoriasis (8, 9). In addition, the development of psoriasis easily causes anxiety and difficulties in social relationships (10, 11).

MATERIAL AND METHODS

We have approached psoriasis from the psychosomatic point of view at the Psychosomatic Dermatology Outpatient Clinic of the Institute of Dermatology in Milan. We studied 179 psoriatic patients by semistructured colloquia, psychometric tests (MMPI, Zung Anxiety and Depression, Paykel rating scale for stressful events) and we determined their cutaneous psychoneurophysiological profiles by biofeedback (BFB) methods.

RESULTS AND CONCLUSION

The Paykel scale for stressful events showed that 72% of psoriatics (category not requested and not checked) had experienced a significant stressful event about one month before the appearance of the psoriasis (12). The MMPI did not reveal any abnormalities in the personalities of our patients, while the Zung test for anxiety and depression showed a high level of anxiety in the psoriatic patients (12).

The cutaneous psychoneurological profiles showed statistically significant increases in muscle tension and cutaneous galvanic resistance under conditions of mental, emotional or physical stress (13). This we considered indicative of a possible link between the psoriasis and a corresponding psychoneurological

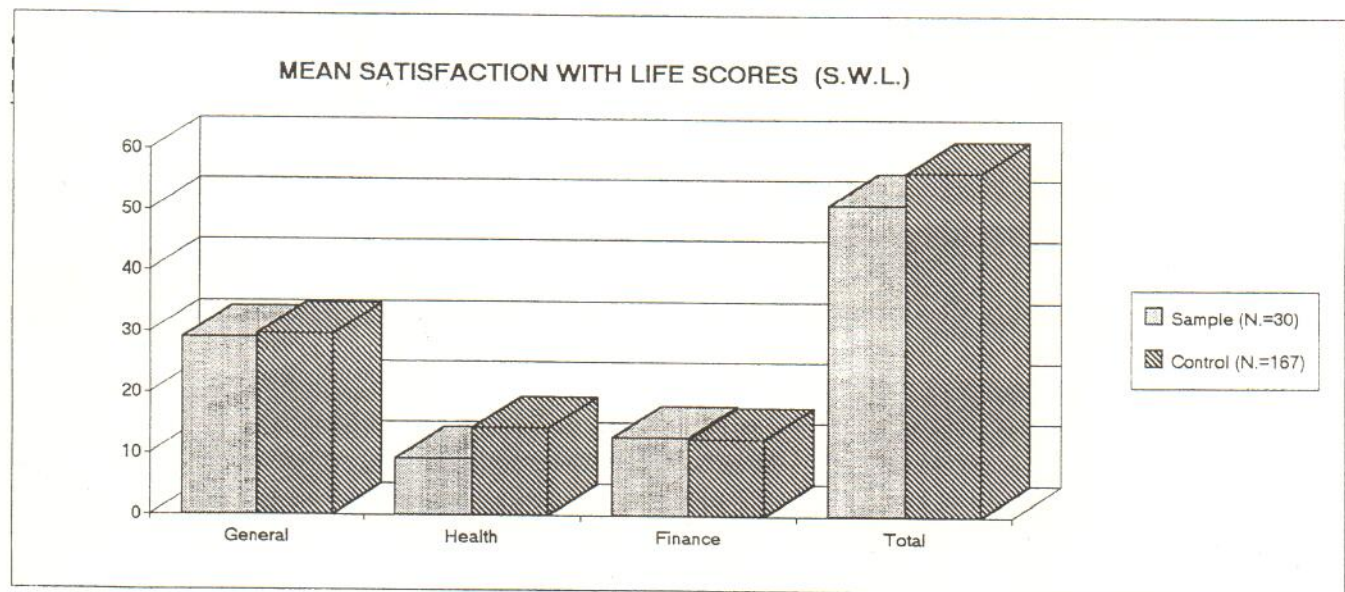


Fig. 1. The experience of Psoriasis in a Psychosomatic Dermatology Service.

substrate. 64% of the patients who were treated by BFBtraining (EMG feedback) had a decrease in their PASI index (14) for severity and extent of the disease, in particular decreases in erythema, infiltration and desquamation. They also reported less extensive disease and fewer recurrences at the one-year follow-up (15).

Another aspect we investigated was the quality of life of psoriatic patients, which we studied in 30 psoriatic men.

The study design was transverse, with 10 subjects less than 33 years of age, 10 between 45 and 54 years and 10 between 63 and 72 years. We wished to see if the impact of psoriasis on the quality of life increases with increasing time. The instruments used to evaluate the quality of life were the WEI (World Experience Inventory), BSRI (Bem Sex Role Inventory) and SWL (Satisfaction with Life). The results of the WEI indicated difficulties related to body image and to relationships with others. The extent, the severity and the localization of the psoriatic lesions influenced and conditioned the sexuality of the patient, but without affecting the sexual identity. It is always difficult when one is affected by ill health to enjoy and be satisfied with life and the general scores were significantly lower than those of a control group. From the more generalized view of the clinical sessions, we concluded that there is no strict correlation between the severity of the disease and the psychological suffering. Each of the patients responds subjectively to the cyclicity of the disease, but from time to time assigns different significance to it. In an earlier study (16) we found a positive correlation between the duration of the disease and behaviour (e.g., alcohol consumption).

In conclusion, the results of this preliminary study emphasize the need for a more thorough investigation that will also take into account the changes in quality of life during the long-term treatment that is needed by psoriatic patients.

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