

# STRATEGIES TO IMPROVE QUALITY OF LIFE IN PSORIASIS

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## Summary

*Psoriasis is a chronic inflammatory dermatosis characterized by well-defined erythematous-squamous plaques and plaques with thick, adherent, silvery scales [2], with a strong impact on patients' quality of life.*

*Scientific studies have identified a profound impact of dermatologic disorders on patients' quality of life, driven by increased levels of anger, depression, anxiety, decreased self-esteem, etc [5, 14, 17].*

*The present article aims to conduct a single-center prospective statistical study, with the objective of quantifying the impact of psoriasis on patients' quality of life by completing an anonymous questionnaire to identify the main areas impacted by the disease and to propose ways to increase the quality in patients diagnosed with psoriasis, regardless of the stage of the disease or the therapeutic strategy addressed.*

**Keywords:** psoriasis, dermatosis, quality of life, improvement, patients, family.

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## Introduction

Psoriasis is a chronic inflammatory dermatosis, characterized by hyperproliferation of keratinocytes, with a capricious, sometimes disabling, course. Psoriasis vulgaris accounts for more than 2/3 of cases of psoriasis and is clinically expressed by well-demarcated, erythematous-squamous, erythematous plaques, generally asymptomatic, rarely with local pruritus. The scaling is stratified, of variable thickness, white-solid, easily removable [1, 2, 3].

Psoriasis affects between 1 and 3% of the global population, manifesting without a gender

predilection, this pathology has a significant impact on physical and functional health and social life, generating a considerable psychosocial effect on patients [4, 5, 6, 7]. The prevalence of psoriasis in the general population in Romania is 4.9%, and psoriatic arthritis affects 1.38% of the population. The majority of cases, over 70%, begin before the age of 40 years, with a peak incidence between 16 and 22 years of age, and a second peak incidence between 57 and 60 years of age, according to the Romanian Society of Dermatology [8].

Studies highlight a number of factors that influence the quality of life of psoriasis patients.

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First, the affected body surface area plays a significant role; patients with extensive skin lesions, particularly women and younger people, experience a more pronounced decrease in quality of life. Also, the localization of lesions in the over 40 age group is crucial; localized psoriasis on the hands and feet may limit daily activities. In addition, the age and gender of patients influence the severity of the impact of psoriasis on quality of life, with older patients and women often more affected. Associated symptoms, such as itching and pain, can interfere with activities of daily living, including self-care, contributing to a further decrease in quality of life. The presence of associated diseases can also aggravate the situation [9].

## Methodology

Psoriasis is a common pathology in medical practice, having a significant impact on the quality of life of affected patients. The present research, conducted in the form of an investigative study, aims to identify the changes that occur in the work and social life of individuals diagnosed with psoriasis. This approach allows a deeper understanding of the repercussions of psoriasis on patients' social integration and functioning as well as its psychosocial implications.

The aim of the research study is to identify the impact of psoriasis on the patient and the family and to find viable solutions to improve the overall condition.

Research objectives:

- To investigate a link between psoriasis and other health problems;
- To identify the mental and affective states experienced by the psoriasis patient;

Research hypotheses:

- ✓ If psoriasis patients receive support from their family, they will more easily overcome all obstacles caused by the pathologic condition;
- ✓ The better informed patients are about the dermatologic pathology - psoriasis, the easier they will understand and accept the disease condition;

## Material and Methods

### Material

The patient sample consented to the use of the data obtained from the questionnaire and its utilization in this research study on a group of 30 respondents aged 18-75 years from urban and rural areas.

### Methods

This study was carried out as part of a bachelor's thesis, and is a single-center prospective statistical research aimed at assessing the impact of psoriasis on patients' quality of life. The study was conducted through a detailed literature review coupled with the application of scientific research tools. The investigative approach adopted is a prospective cohort, using a questionnaire for data collection, followed by statistical processing of the data, with patients diagnosed with psoriasis as subjects.

The questionnaire was developed using Google forms and consists of 24 items with different response options (multiple choice items, short answer items, fill-in items, etc.). The questionnaire was anonymous and was administered online in socialization groups that have psoriasis pathology as a topic of interest (psoriasis patient groups, medical interest groups and groups associated with complementary alternative therapies), between 08.12.2023-25.02.2024.

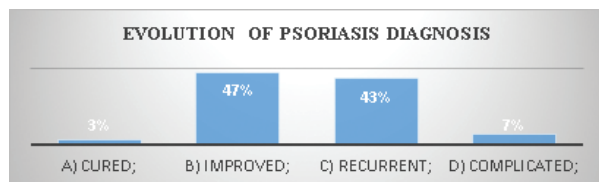
## Results

The research was conducted on a group of people diagnosed with psoriasis, with all participants providing informed consent to take part in the study. Data analysis revealed that patients aged between 35 and 55 years showed the greatest openness to research, accounting for 53% of the research cohort, suggesting a greater understanding of the need for studies to access specific treatments.

Urban respondents also showed high interest in providing information about psoriasis, reaching 80%. In terms of gender, women were found to be more receptive to health-related changes, with 63% participating, compared to men who accounted for 37%. Marital status analysis revealed that 56% of respondents were married, suggesting significant support from

partners. Education also influenced participation in the study, with 57% of respondents having a higher education, which increased their receptiveness to medical research.

Participants came from different professional backgrounds (medical, psychological, economic, legal, technical, journalistic, educational), indicating that profession may influence the perception of psoriasis and its impact on the work environment. This research emphasizes the importance of demographic and socio-economic variables in understanding patients' perspectives on the disease and medical research.



Graph no. 1 - Evolution of psoriasis diagnosis. Source: Authors [19].

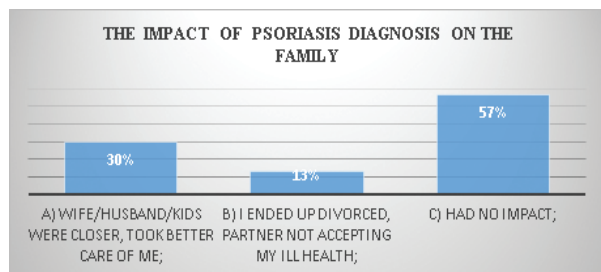
Analyzing the data presented, 47% of patients diagnosed with psoriasis believe that the course of psoriasis has improved over time, while 43% believe that they have experienced relapses. The majority of respondents indicated that changes in disease course were observed after a period of 1 year (10%) or 6 months (10%), while the remainder reported varying intervals, ranging from a few weeks to several years. Some patients associated psoriasis relapse with periods of increased stress. In addition, 7% of respondents said that the condition had worsened, while 3% considered that it had cured.

Patients who opted for one of the response options - cure, improvement or relapse - mentioned various treatments that had a positive impact on the course of the disease, including Clobetazole Propionate, Thermal Water and Cerasterol 2F, Calcipotriol, Salicylic Acid Ointment 3%, Mometazone Fuorate, Betamethasone Diprionate and Salicylic Acid, Hydrocortisone Butyrate, Selenium Disulfide and Salicylic Acid, Dimethyl Fumarate, Tildrakizumab, Metrotrexate, Ixwxwkizumab, etc. However, a relatively small percentage of patients reported negative experiences, with one respondent specifying that after 7 months of

methotrexate treatment, the condition had spread and symptoms worsened, along with deterioration in mental state.

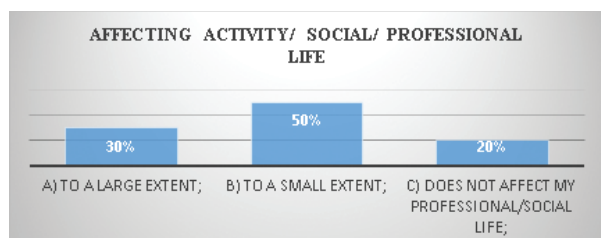
From graph no. 2, we can deduce that 57% of people believe that the diagnosis had no impact on the family, on the contrary they were indifferent; 30% of patients diagnosed with psoriasis received support from their family (husband, wife, children), while 13% of those surveyed ended in divorce because their partner did not accept the psoriasis patient's illness.

Analyzing graph no. 3, we can see that 50% of the patients surveyed believe that their professional activity or social life has been affected to a lesser extent, while 30% of the respondents believe that psoriasis has affected their life and career to a great extent. It can also be seen from the above graph that 20% of patients are not affected by this dermatological problem.

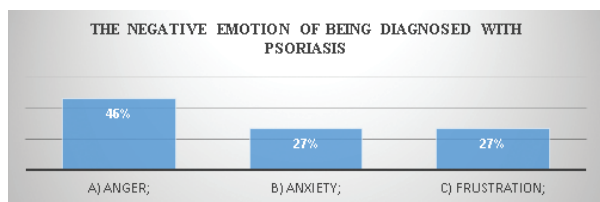


Graph no. 2 - Impact of psoriasis diagnosis on the family. Source: Authors [19].

We observe in the graph above, a percentage of 46% felt anger when diagnosed with psoriasis, and in equal proportions 27% felt anxiety or frustration as their main emotion. From these data we can draw the conclusion that the psychological impact is important for psoriasis patients.



Graph no. 3 - Affecting activity/ social/ professional life. Source: Authors [19].

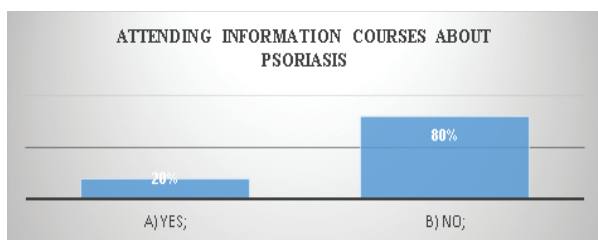


Graph no. 4 - The negative emotion of being diagnosed with psoriasis. Source: Authors [19].

A percentage of 20% of the patients surveyed reported a negative impact of their dermatologic diagnosis, manifested by emotional distress and stress. In addition, 33% indicated that they had experienced depressive states as a result of the same condition. These results suggest a significant correlation between dermatologic conditions and patients' mental health, highlighting the need for an integrative approach in the management of these conditions.

From the data of this study we observe that 70% of the respondents considered that they did not need psychological counseling and that they have managed their emotions on their own from the time of diagnosis to the present. A relatively small percentage of 23% had consulted a psychologist to get emotional regulation and to learn different coping strategies and 7% had consulted a psychiatrist for psychiatric treatment.

Analyzing the data presented in graph no. 5, it can be seen that a majority of 80% of the participants did not attend information sessions on psoriasis given by specialized medical professionals. In contrast, 20% of respondents stated that they received adequate information from qualified health professionals trained to provide quality education to psoriasis patients, leading to positive health management outcomes.



Graph no. 5 - Attending information courses about psoriasis. Source: Authors [19].

## Discussions

According to the study, psoriasis vulgaris is the most common form of the disease encountered among the respondents, with a prevalence of 53%, which emphasizes that this form is the most common form of the disease among the patients evaluated. Psoriatic arthritis and inverse psoriasis occur in significant percentages of 14% and 11% respectively. These data suggest a clinical diversity among patients with psoriasis, confirming the rationale for the use of varied therapeutic approaches. Data found in the literature overlap with the study results citing a significant mean prevalence of 77.9%. In contrast, psoriatic arthritis has a lower prevalence of 5.1% and palmo-plantar psoriasis is rare at only 3.4%.

Gutate psoriasis is identified in only 1.6% of cases, suggesting a possible underdiagnosis of this type of psoriasis in the study population [10].

These discrepancies suggest that the prevalence of forms of psoriasis may vary depending on the population studied, the assessment methods used and the diagnostic criteria. The symptomatology confirmed by clinical data, which patients experienced both in the onset and in the progressive phase of the disease, included cutaneous symptoms: well-demarcated red plaques, covered with off-white scales, various skin lesions, rashes, joint swelling, local erythema or inflammation, intense pruritus, hair loss, local pain, pustules, dry, dehydrated or thickened skin, integument and mucosal changes and emotional symptoms: psychological and physical discomfort, insomnia, restlessness, anxious and depressive states, panic states, as well as social and professional isolation, the information being also confirmed by the literature [11, 12].

Analyzing the data available in the study, we identified the following comorbidities: hypertension, aortic insufficiency, Hashimoto's disease, polynodular goiter, pituitary microadenoma, type II diabetes mellitus, grade I obesity, hepatic steatosis and laryngeal cancer. According to international literature, psoriasis is associated with numerous complications, including inflammatory bowel and joint diseases, cardiovascular disease, obesity, diabetes and metabolic syndrome. All being directly proportional to the severity of psoriasis-associated complications [5].

A significant 67% of the participants are on a specific treatment for psoriasis, associating an increased compliance in treating the disease. However, 33% of respondents are not taking treatment, which could lead to worsening of the disease.

The present study data indicate that only 30% of respondents reported a negative influence on their social and professional life. These findings are supported by the international literature, which emphasizes that patients experience social restrictions and negative feelings, which profoundly affect personal identity, given that skin appearance plays a key role in social interactions. Previous studies suggest that patients with psoriasis experience difficulties in interpersonal relationships due to stigmatization and poor understanding of the disease, which limits social interactions and leads to avoidance strategies in public situations. This deep-rooted prejudice not only impacts on social life, but also has repercussions on patients' professional activity, contributing to increased psychological distress and body image dissatisfaction [13].

The research study highlights the impact psoriasis has on patients' quality of life, emphasizing the complex interplay between the physical and emotional aspects associated with this dermatological condition. Analyzing the existing research data, it can be observed that the negative emotions experienced by patients at the time of diagnosis and during the therapeutic process contribute to the development of psychological disorders, the most commonly associated being depression. In our study, we found that the prevalence of depression among patients diagnosed with psoriasis was 33%. These results are consistent with data from other international research. Previous studies in patients with psoriasis have reported prevalences of depression ranging from 8.5% to 89.1%. These studies have highlighted the coexistence of depressive and anxiety symptoms among individuals affected by this dermatologic disorder. [14, 15, 16] The study results suggest that psoriasis not only affects the physical health of patients, but also has considerable mental health implications, thus emphasizing the need for an integrated approach in the management of this condition.

Patients diagnosed with psoriasis are associated with significant psychosocial

morbidity, defined by difficulties in managing emotions, feelings of guilt, distortions in body image and anxiety in social interactions. These aspects confirm the profound impact that this dermatologic condition has on patients' quality of life, highlighting the need for therapeutic interventions that address not only the physical aspects of the disease, but also the associated psychological and social dimensions [18, 19].

## Conclusions

This study suggests that psoriasis has a variable impact on quality of life, affecting different categories of patients differently. While some may experience minor effects, for others the consequences may be significant. The data confirm the hypothesis formulated at the beginning of the study, highlighting that the majority of patients included are married and benefit from emotional and physical support from their family, allowing them to lead a near-normal life, depending on the course of the disease.

Tackling this issue requires interdisciplinary collaboration between dermatologists, nurses, psychiatrists and psychologists to ensure holistic and effective patient care.

To make current treatment more effective, including the psycho-emotional distress associated with psoriasis, we propose a number of ways to improve the current treatment to contribute to a significant improvement in patients' quality of life:

- ✓ Encouraging participation in recreational and social activities that can enhance emotional well-being;
- ✓ Promoting psychological interactions within the family to involve family members in the therapeutic process;
- ✓ Facilitating participation in support groups that provide patients and families with the opportunity to interact with people experiencing similar difficulties;
- ✓ Having the medical team set realistic short, medium and long-term goals to give patients a sense of control and direction in the therapeutic process.
- ✓ It is the responsibility of the medical team to educate and teach patients about what treatment means and how they should apply it.

Providing detailed and accurate information to all patients is an essential component in the effective management of their health.

This multidimensional approach (dermatologists, nurses, psychologists and psychiatrists), will not only contribute to improving the quality of life of patients, but also to optimizing therapeutic outcomes.

The research direction we propose to pursue will focus on evaluating the effectiveness of these personalized interventions, with the aim of developing an evidence-based care framework to support patient-centered medical practice.

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Conflict of interest  
NONE DECLARED

The study is part of the bachelor's thesis entitled "The Role of the Medical Assistant in the Care of Patients with Psoriasis" – 2024.

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