

COMMENTARY

What are important predictors of perceived stigmatization in patients with psoriasis? Commentary to 'Significance of chronic pruritus for intrapersonal burden and interpersonal experiences of stigmatization and sexuality in patients with psoriasis' by R. Sommer *et al.*

The World Health Organization (WHO) passed a resolution on psoriasis in 2014, which included the following sentence: 'All Member States recognized the burden of psoriasis and committed to increase their efforts to fight the stigma and unnecessary exclusion of people living with psoriasis'.¹ The psychosocial component of the disease was thus recognized and explicitly mentioned. Another result of this conference was the aim to publish a 'Global Report on Psoriasis', which is available for 5 years by now. In this report, among other aspects psychological problems associated with psoriasis are illustrated. Despite new, often effective treatment options such as biologicals, psoriasis is still considered a highly stigmatizing disease. A questionnaire-based study, in which healthy subjects were shown images of different dermatoses, revealed that psoriasis was regarded as more bothersome than any other investigated dermatosis except for herpes labialis and that psoriasis was the skin condition that provoked feeling pity most often.²

In addition to perceived stigmatization, psoriasis patients report severe impairment of quality of life,¹ reduced satisfaction with their sexuality³ and have an increased vulnerability for depression, anxiety disorders and suicidal ideation.⁴

Frequent physical symptoms of psoriasis include scaling of the skin, itching or scratching, erythema, rash, skin pain and bleeding (all of these symptoms occur with a prevalence of 57–92%).¹

Predictors of perceived stigmatization in psoriasis patients have been investigated previously.⁵ However, itching was not explicitly recorded as predictor variable in this study. The following variables turned out to be the most important predictors of feelings of stigmatization: higher disease impact, lower age, lower education, greater disease visibility, longer disease duration, higher disease severity and higher levels of social

inhibition.⁵ When social inhibition is seen as personality trait it represents a construct related to stigmatization. People with high scores on this scale tend to feel inhibited in social interactions, which can be regarded as consequence of being stigmatized. It is thus not surprising that this factor turned out to be a significant predictor of stigmatization in this study.⁵

The recently published study by Sommer *et al.*⁶ examined the association between pruritus as one of the most important symptoms of psoriasis and interpersonal experiences of stigmatization and impairment of sexuality in a sample of 107 patients. The authors used many of the questionnaires that were previously applied in a large ($n = 5487$ patients with different dermatoses and 2808 healthy skin controls) multicentre study of the European Society for Dermatology and Psychiatry (ESDAP-II-Study; also see published study protocol by Dalgard *et al.*⁷). In addition to these variables, Sommer *et al.*⁶ recorded sexual problems, QoL, patient benefits and disease severity.

A first result was that patients with moderate to severe acute pruritus did not experience more stigmatization and/or impairment of their sexuality than patients with mild or no pruritus. In line with this result, the severity of pruritus was not significantly associated with perceived stigmatization or sexual dysfunction. However, in the regression analysis, the scratch frequency was shown to be a significant predictor of the experience of stigmatization. This is not surprising as scratching behaviour is an indicator of the visible component of the itch scratch cycle and thus represents the most relevant factor for social interactions. In addition, psoriasis severity was shown to be significantly associated with both target variables, perceived stigmatization and sexual dysfunction. This result can be interpreted in such a way that the size of the affected skin area, reddening and scaling as part of the PASI illustrate the visibility of the disease which of course should be an important factor when it comes to feelings of reduced attractiveness, dissatisfaction with interpersonal relationships and social exclusion.

Taken together, the studies by Sommer *et al.*⁶ and van Beugen *et al.*⁵ suggest that those aspects of the disease that are conspicuous in social interactions should be regarded as important factors triggering the experience of stigmatization.

Besides these findings, patients with psoriasis were shown to have an increased vulnerability for psychiatric comorbidities and to report more suicidal thoughts.⁴ Those severely affected by the disease also have a higher risk to feel stigmatized.^{5,6} Patients with psoriasis thus are not only impaired by the symptoms of the disease, but also have a high psychosocial burden. Whether the important results on perceived stigmatization are specific for

patients with psoriasis or also apply to patients with other visible skin conditions remains unclear thus far. The above-mentioned ESDAP-study-II⁷ should provide results that can help to clarify this question.

Irrespective of this, the study by Sommer *et al.*⁶ provides additional evidence that the psychosomatic co-care of this group of patients and destigmatization of the disease through education campaigns is highly necessary to establish sustainable treatment.

Conflict of interest

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References

- 1 World Health Organization. Global report on psoriasis. [WWW document] 2016; URL http://apps.who.int/iris/bitstream/10665/204417/1/9789241565189_eng.pdf (last accessed: 9 April 2021).
- 2 Donigan JM, Pascoe VL, Kimball AB. Psoriasis and herpes simplex virus are highly stigmatizing compared with other common dermatologic conditions: a survey-based study. *J Am Acad Dermatol* 2015; **73**: 525–526.
- 3 Sampogna F, Abeni D, Gieler U *et al.* Impairment of sexual life in 3,485 dermatological outpatients from a multicentre study in 13 European countries. *Acta Derm Venereol* 2017; **97**: 478–482.
- 4 Dalgard FJ, Gieler U, Tomas-Aragones L *et al.* The psychological burden of skin diseases: a cross-sectional multicenter study among dermatological out-patients in 13 European countries. *J Invest Dermatol* 2015; **135**: 984–991.
- 5 van Beugen S, van Middendorp H, Ferwerda M *et al.* Predictors of perceived stigmatization in patients with psoriasis. *Br J Dermatol* 2017; **176**: 687–694.
- 6 Sommer R, Augustin M, Hilbring C *et al.* Significance of chronic pruritus for intrapersonal burden and interpersonal experiences of stigmatization and sexuality in patients with psoriasis. *J Eur Acad Dermatol Venereol* 2021; **35**: 1553–1561.
- 7 Dalgard FJ, Bewley A, Evers AW *et al.* Stigmatization and body image impairment in dermatological patients: protocol for an observational multicentre study in 16 European countries. *BMJ Open* 2018; **8**: e024877.

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