Theme 1

Psoriatic disease, mental health, stigma, and quality of life

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Psoriatic disease is an autoimmune disease that includes two specific inflammatory conditions. The two conditions, psoriasis and psoriatic arthritis, result from an overactive immune system.

Psoriatic disease and mental health are intricately linked. People living with psoriatic disease may experience various physical symptoms, such as fatigue and stiffness, and psychological effects like anxiety, depression, embarrassment, and shame[1]. The emotional distress and mental health impact can be as severe as the experience of physical symptoms[2]. People with psoriasis and psoriatic arthritis are also subjected to discrimination, stigmatisation and further psychological harm, often affecting their perception and quality of life[3].

What is at stake?

Psoriatic disease has a major impact on quality of life, negatively affecting mental health and relationships[4]. The psychosocial burden of disease is well documented. In Europe, 12% have been diagnosed or have shown signs of depression[5]. A study on the prevalence of comorbid depression among patients with psoriasis found rates between 20% and 60%[10]. In France, 44% of people with psoriatic arthritis reported anxiety[8]. The World Psoriasis Happiness Report found that 30% of people with psoriasis are lonely, a proportion significantly higher than that of the general population[6].

Severity of depression in people with psoriatic disease is associated with higher levels of stigmatisation, lower perceived social support, female gender, and a shorter duration of the disease[7]. Stigmatisation emerged as the most powerful predictor of depressive symptoms for people with psoriatic disease[7]. Stigmatisation is related to the fear of social rejection and deprivation of the basic need for belonging[7]. Strategies for reducing the stigmatisation of people with psoriatic disease are required.

About the thematic briefs

The 2022 IFPA Forum will bring together stakeholders from the psoriatic community to develop a roadmap for action and promote regional uptake and implementation of the recommendations put forward in the World Health Organization (WHO)'s Global Report on Psoriasis. The Forum discussion will focus on the most pressing unmet needs of people with psoriatic disease and the quality of care. It will be structured around the following five themes:

- **Psoriatic disease, mental health, stigma, and quality of life**
- **Health workforce**
- **Access to early diagnosis, proper treatment, and financing for psoriatic disease**
- **Involving patients and patient organisations in decision-making processes**
- **Digital transformation and telemedicine**

Policy and practice in Europe

Constant mental instability leads to unhappiness, and it becomes a cycle that needs to be broken. Mental pain affects one's cognition, emotion, and other thinking processes, and it is urgent to recognise its psychosocial and emotional burden[6,8]. However, in Europe, as in other regions of the world, the psychosocial burden of psoriatic disease does not get the level of care and attention it requires. Psoriatic disease treatment guidelines do not address mental health concerns[6]. Only 27% of patients report that their doctor spoke with them about their mental health[6]. Finally, there are no validated instruments available to determine psoriatic disease's psychosocial burden[9]. To improve psoriasis care and patient wellbeing, ways to assess and address mental health problems need to be developed and implemented in clinical practice.

Acting on mental health, discrimination, and stigma

Health care professionals (HCPs) should consider mental health, stigma, and quality of life when treating or managing psoriatic disease. Clinical guidelines and recommendations for recognising and addressing the psychosocial burden should be established as a first step toward improving the treatment and management of psoriatic disease.

Tools and competencies for assessing and treating the psychosocial burden of psoriatic disease should be developed. Improving physician and non-physician clinicians' knowledge, competence, confidence, and performance in assessing psoriasis, patients with psoriatic arthritis, and quality of life using developed scales and tools can significantly ease the psychosocial burden of disease.

Psychosocial interventions are equally crucial in addressing the burden of psoriatic disease, and a more holistic view of healthcare which integrates mental healthcare into the primary healthcare system is recommended. An interdisciplinary care approach is recommended, directed to the patients' fundamental psychological and social needs, which often go unnoticed, along with the visible physical symptoms.

About IFPA

Founded in 1971, IFPA is the international federation of psoriatic disease associations. We are the psoriatic disease community. Our members represent over 60 million people living with psoriatic disease. Together, we advocate for progress.

Key takeaway

Health care professionals need more integrated means of treatment to address the unmet need of psoriatic disease and its psychosocial burden and improve patient satisfaction and quality of life.

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