

# Journal of Dermatology Forecast

## Assessing Social Functioning in Psoriasis: Implications in Every-Day Practice

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### Letter to the Editor

Dear Editor,

Psoriasis is a chronic, recurrent skin disease with considerable consequences on the patients' psychophysical health [1]. In recent guidelines on the systemic treatments, the psoriasis impact on the patients' quality of life is among the parameters to be considered when choosing the treatment [2]. The decision-making phase is sometimes challenging and the clinicians should evaluate every patient from the best complete possible point of view. In this letter, we suggest the rapid assessment of social functioning as a part of the clinical evaluation of psoriasis. In order to identify an "average functioning" for the population of psoriatic patients, we performed a pilot study and compared psoriatic patients with patients referring to our Dermatologic Clinic for a dermoscopic monitoring of their nevi. The study was performed in accordance with the ethical principles originating from the Declaration of Helsinki 1996 and Good Clinical Practices. A written informed consent was obtained from each patient before study procedures were conducted. Demographic and clinical data were recorded. In particular, we considered age, sex, body mass index, years of education as well as, in terms of presence/absence, the following variables: partner, occupation, tobacco smoking, alcohol consumption, hypertension, diabetes, dystyroidism. All the patients underwent the Zung's self-rating depression scale (Zung's SDS) for the evaluation of affective, physiological, cognitive-behavioral aspects of depression [3] and the Sheehan's disability scale (SDS) for the assessment of functional impairment [4]. Each item on the Zung's SDS is scored from 1 to 4, and the subjects must report how often they felt or behaved in a certain way (10 questions have a negative connotation and the others have a positive connotation), choosing from the following replies: "a little of the time", "some of the time", "good part of the time", "most of the time". The total score of the test is then converted into a z score. A z score > 50 has been considered as a cut-off for depression [3]. The SDS consists of five items. For the first three items, the respondents indicate how much their condition negatively interfered with work/school, social life/leisure activities, family life/home responsibilities. The rating scale of each item goes from 0 (not at all) to 10 (extremely). The three subscales can be combined, as we did, into a total score (ranging from 0 to 30), thus obtaining an evaluation of global impairment. The other two items pertain the number of lost/underproductive days and were not considered in this study [4]. The patients were asked to fill in the SDS thinking only about their cutaneous condition. A statistical analysis was performed using the statistical package for the social sciences 17.0 software. The qualitative variables were expressed as percentage and compared by the  $\chi$ -square test. The quantitative variables were expressed as mean $\pm$ standard deviation and compared through the t - test. The possible correlations between variables were investigated using the Pearson's correlation test. The level of significance was set at  $p \leq 0.05$ . Twenty psoriatic patients were compared to twenty-one subjects with nevi (controls). The mean Psoriasis Area Severity Index-PASI score of the patients was  $16.9 \pm 8$  [5]. No statistically significant difference was found in terms of gender, age, marital status, occupation, voluptuary habits, comorbidities and body mass index; patients suffering from psoriasis were less educated than controls (years of education:  $9.7 \pm 3.2$  versus  $12.7 \pm 3.6$ ;  $p=0.009$ ). No statistically significant difference was found when comparing the Zung's SDS mean scores of patients versus controls ( $48.5 \pm 13.8$  vs  $44.6 \pm 10.6$ ;  $p=0.316$ ). Considering the Zung's SDS z scores above the cut-off, only 9 (45%) psoriatic patients versus 6 (28.6%) controls presented a z score >50 ( $p=0.275$ ). Controls presented a significantly lower mean SDS score when compared to the patients ( $2.3 \pm 4.8$  vs  $16 \pm 7.5$ ;  $p < 0.001$ ). A positive correlation was found between Zung's SDS and SDS ( $r = 0.425$ ;  $p=0.005$ ). No correlation was detected neither between education and SDS ( $r = -0.161$ ;  $p=0.314$ ), nor between PASI and SDS ( $r = -0.198$ ;  $p = 0.416$ ). Despite the small simple size, our findings show a considerable impairment of the social functioning among psoriatic patients. In our sample psoriasis *per se* determined disability, regardless from its severity, since PASI did not relate

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with SDS. The presence of depression could have interfered with the SDS score, but the two groups did not differ in terms of Zung's SDS. Our patients were less educated than controls, but the correlation between education and SDS was excluded. The burden of psoriasis on psychosocial health is universally recognized; however, we often overlook the fact that our patients are seriously disabled. Considering the recent guidelines and the grown number of papers dealing with the psoriasis burden, the patient-related factors should be more considered when choosing the treatment [2]. The prescription of a drug can be challenging in terms of indications, risks and follow-up, but under-treatment and delayed access to effective therapies must be avoided, in order to relieve the patients from a condition of psychophysical suffering. The latter should not be underestimated during the clinical evaluation. Therefore, we strongly suggest that the extent of the psoriasis-related impaired social functioning is evaluated for every patient. Considering poor functioning as a complication of psoriasis has practical implications, because its assessment would provide a complete understanding of the patients' condition and support the clinicians in the decision-making phases. When thinking of the risk/benefit ratio while prescribing a therapy for psoriasis,

an holistic approach should be adopted, considering the patients' health as a whole, with special attention to the impact of psoriasis in everyday life, as perceived and reported by the patients.

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