Quality of life issues in psoriasis

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Introduction

Health-related quality of life (HRQOL), has been defined as “peoples’ subjective evaluation of the influences of their current health status… on their ability to achieve and maintain a level of overall functioning that allows them to pursue valued life goals and that is reflected in general wellbeing” [1, 2]. Psoriasis is a chronic disease with physical, psychosocial, and economic implications that commonly interfere with patients’ daily functional capacity, and consequently, their quality of life.

In 2006, the National Psoriasis Foundation surveyed over 500 patients and found that 80% of respondents with psoriasis and 85% of patients with psoriatic arthritis considered their disease to be a moderate to large problem in their lives [3]. Many healthcare professionals base their clinical assessment on physical signs and symptoms, and by using conventional measures such as the Psoriasis Area and Severity Index (PASI) score. However, clinical severity of psoriasis is not always an accurate predictor of the extent to which psoriasis affects a patient’s quality of life. Studies have shown that the PASI score does not always correlate with patients’ assessments of their quality of life, nor does it provide a full indication of the psychosocial disability they face [4, 5]. In fact, a patient’s perceived severity of psoriasis has been shown to be related to the distress they feel on a daily basis [6]. Since psoriasis can affect some patients with mild disease to the same degree as those with very severe disease, it is necessary to evaluate the physical manifestations and the psoriasis-related quality of life when assessing the disease’s overall impact.

Quality of life measures

In order to accurately assess HRQOL, many measures have been developed and utilized in clinical studies. In addition to general quality of life measures, dermatology-specific and psoriasis-specific instruments have been created that provide more defined information about how skin diseases affect patients on various physical and psychosocial dimensions. While a detailed description of
the differences between these indices is beyond the scope of this chapter, it is important to be aware of these measures because they are the foundation for much of the quality of life data in the literature. Underscoring their importance, forums such as the Group for Research and Assessment of Psoriasis and Psoriatic Arthritis and the International Psoriasis Council have recently been created to ensure the validity and standardization of these instruments [7]. General measures of quality of life include HAQ (Health Assessment Questionnaire) and the SF-36 (Short-Form 36). Dermatology-specific measures include the DLQI (Dermatology Life Quality Index), DQOLS (Dermatology Quality of Life Scale), and the Skindex-29. The DLQI is the most utilized and validated measure of HRQOL in psoriasis and it is calculated from a summary of ten items that measure six subscales: symptoms and feelings, daily activities, leisure, work and school, personal relationships, and treatment satisfaction [7, 8]. Psoriasis-specific measures include IPSO (Impact of Psoriasis Questionnaire), KMPI (Koo-Menter Psoriasis Instrument), PDI (Psoriasis Disability Index), PLSI (Psoriasis Life Stress Inventory), and SPI (Salford Psoriasis Index.) The large number of instruments available reflects the multitude of dimensions that are involved in evaluating quality of life; patient evaluations often warrant the use of multiple instruments in order to ensure adequate assessment.

Physical impact

The cutaneous and arthritic manifestations of psoriasis can significantly impact the physical capabilities of patients. This physical impairment has been shown to be comparable to patients with other chronic diseases such as cancer, heart disease, hypertension, diabetes, arthritis and depression [1, 9]. The National Psoriasis Foundation (NPF) sponsored a large survey in 1998 and found that 26% of psoriasis patients claim their disease forced them to alter or stop their normal day-to-day activities [10]. In the 2005 NPF Survey Panel, 36% reported problems using their hands, 31% had problems walking, 31% had problems sitting and 31% had problems standing for long periods of time in the past month due to their psoriasis [11]. EUROPSO (European Federation of Psoriasis Patient Associations) surveyed 17’990 psoriasis patients and found that the greatest impact on quality of life centered around activities of daily living, especially activities related to physical appearance [12]. Such activities include clothing choice and participating in physical activities that may cause sweating or increased visibility. The respondents with moderate or severe disease were most affected, but patients with mild surface involvement were affected as well [12]. Interestingly, the only time direct correlations between PASI scores and quality of life are demonstrated, occurs when psoriasis affects areas of the body that are visible [6]. Patients may be more reticent to involve themselves in physical activities in which the lesions will be seen, such as swimming or sexual activity. Illustrating this