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Letter to the Editor

The psychosocial burden of psoriasis: addressing mental health, societal stigma, and disparities in marginalized populations

Sir,

Psoriasis is a chronic inflammatory skin condition that has a 2-3% global prevalence and imposes a significant psychosocial burden.[1] The pathogenesis of psoriasis involves a complex interplay of genetic, environmental, and immunological factors. Current clinical management often focuses on its visible and systemic manifestations and remains limited in capturing the environmental component.

While therapeutic advancements have significantly reduced disease severity and improved the quality of life for many patients, these advancements have not fully addressed the psychosocial distress and mental health components associated with the chronic nature of psoriasis.

Individuals with psoriasis experience a disproportionately higher level of anxiety compared to the general population. A meta-analysis revealed that 34% of psoriasis patients reported anxiety symptoms, with social anxiety disorder affecting 15%, generalized anxiety disorder affecting 11%, and unspecific anxiety disorder affecting 9% of respondents.[2] In contrast, population-level data estimates that 19% of U.S. adults experience any form of anxiety annually, with social anxiety disorder and generalized anxiety disorder affecting 7% and 3% of adults, respectively.[3]

Additionally, disease severity and exacerbations have been associated with psychosocial stress, inadequate social support, and avoidance behaviors. For example, individuals with psoriasis are more likely to endorse feelings of skin shame, a form of shame related to physical appearance and stigmatization that can lead to social withdrawal and heightened emotional distress.

Evidence suggests that the psychosocial burden of psoriasis is pronounced among already vulnerable patient populations such as women, racial and ethnic minorities, young adults, and individuals identifying as LGBTQIA+.[4] While decreased self-esteem, negative body image, and social isolation are general psychosocial comorbidities associated with psoriasis, sociocultural standards of beauty and societal stigmatization may significantly increase the burden of comorbidities experienced by these patient populations. Individuals from these groups are more likely to experience the intersection of societal stigmatization, health disparities, and limited access to mental health resources. When compounded, these factors exacerbate psychosocial distress and may lead to further isolation of already marginalized individuals.

Targeted interventions that address the psychosocial impact of psoriasis in a culturally informed and inclusive manner are integral to mitigating disease burden and improving quality of life. Interventions like cognitive behavioral therapy (CBT) and mindfulness-based cognitive therapy (MBCT) have illustrated encouraging outcomes in reducing anxiety symptoms and also encouraging positive coping strategies when combined with current standard treatment strategies.[5]

However, the implementation of psychotherapeutic interventions is currently particularly limited by access to mental health professionals, insurance coverage, and inadequate integration into dermatological care. Furthermore, promoting diversity in clinical trials and addressing systemic barriers such as insurance coverage and geographic access are essential for improving management. The direct integration of adjunctive treatment modalities would provide a more holistic approach to psoriasis care and enable dermatologists to address the psychosocial comorbidities disproportionately affecting their patients of marginalized backgrounds.

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