

Psychological distress in patients using systemic therapies for psoriasis: the role of beliefs about illness and anger suppression (abstract only)

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Title: Psychological distress in patients using systemic therapies for psoriasis: the role of beliefs about illness and anger suppression

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High levels of psychological distress can influence long-term outcomes for people with psoriasis via psychophysiological and behavioural pathways such as alcohol use or non-adherence to medication. Beliefs about illness affect how people cope and adjust to psoriasis but few studies have explored these relationships in those using biologic therapies. We assessed levels of general and psoriasis-specific psychological distress and levels of anger experience in patients using conventional systemic and biologic therapies. We evaluated factors associated with distress using regression analyses.

Cross-sectional data from 811 patients using conventional systemic and biologic therapies for the treatment of moderate to severe psoriasis and enrolled in the British Association of Dermatologists Biologic Interventions Register (BADBIR) were collected from 35 dermatology centres across England. We measured anger expression (State-Trait Anger Expression Inventory), distress (Hospital Anxiety and Depression Scale; HADS), beliefs about psoriasis (Revised Illness Perception Questionnaire) and medication (Beliefs about Medicines Questionnaire). A score ≥ 8 on the HADS indicates a possible or probable caseness of anxiety and/or depression.

High proportions of the sample were classified as possible or probable caseness for anxiety (40%) and/or depression (24%), with two-thirds reporting strong negative psoriasis-specific distress and almost half (47%) reporting strong feelings of anger towards their psoriasis. In total, 11.5% reported a high level of anger suppression. Stronger suppression of anger was associated with anxiety (standardised beta (β) .401, $p \leq .001$), depression (β .398, $p \leq .001$) and negative psoriasis-specific distress (β .105, $p = .001$). Holding strong beliefs that psoriasis has negative consequences was associated with negative psoriasis-specific distress (β .491, $p \leq .001$). There were different drivers of anxiety and depression with worries about appearance associated with anxiety (β .133, $p = .006$) whereas concerns that psoriasis is noticeable to others associated with depression (β .172, $p \leq .001$). Patients who expressed the strongest medication concerns were more likely to report higher depression scores (β .103, $p = .002$).

Psychological distress remains high for many patients using systemic therapies. Some patients using biologics may require additional interventions to target long-held beliefs and address emotion-focused coping strategies in order to improve clinical outcomes and quality of life.

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