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Assessment of emotional state of psoriasis patients and the degree of acceptance of the disease

Ocena stanu emocjonalnego pacjentów z łuszczycą oraz stopnia akceptacji choroby

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A – Study Design, **B** – Data Collection, **C** – Statistical Analysis, **D** – Data Interpretation, **E** – Manuscript Preparation, **F** – Literature Search, **G** – Funds Collection

Summary **Background.** Psoriasis is a chronic disease initiating the occurrence of the problems associated with the acceptance of the disease and negative emotional states. The strategy of acceptance of the disease and changes in appearance caused by it is a target phase of the adaptation process.
Objectives. Assessment of emotional state and the degree of acceptance of the disease.
Material and methods. The study was conducted among 105 people of both sexes aged 20 to 60 years hospitalized for psoriasis. In the study the HADS, AIS and CECS scales were used.
Results. High values of intensity of anxiety corresponded to high levels of anxiety as the overall control of emotion and high values of anxiety control. High values of depression corresponded to high values of overall control of emotions and high control values of depression.
Conclusions. The degree of acceptance of the disease depends on experienced emotions and duration of the disease.
Key words: psoriasis, negative emotions, acceptance of illness.

Streszczenie **Wstęp.** Łuszczyca jest przewlekłą chorobą silnie związaną ze stanem psychoemocjonalnym pacjentów. Strategia pogodzenia się z chorobą stanowi docelową fazę wieloetapowego procesu adaptacji.
Cel pracy. Ocena stanów emocjonalnych i akceptacji choroby.
Materiał i metody. W badaniu uczestniczyło 105 osób obojga płci w wieku 20–60 lat hospitalizowanych z powodu łuszczycy. W badaniu wykorzystano skalę HADS, AIS i CECS.
Wyniki. Wysokim wartościom nasilenia lęku odpowiadały wysokie wartości kontroli lęku, a wysokim wartościom nasilenia depresji odpowiadały wysokie wartości ogólnej kontroli emocji. Natomiast korelacja między kontrolą emocji a nasileniem depresji wskazuje, że wysokim wartościom nasilenia depresji odpowiadały wysokie wartości ogólnej kontroli emocji, natomiast wysokim wartościom nasilenia depresji odpowiadały wysokie wartości kontroli depresji.
Wnioski. Doświadczane emocje i czas trwania choroby warunkują stopień akceptacji choroby.
Słowa kluczowe: łuszczyca, negatywne emocje, akceptacja choroby.

Background

Psoriasis is a chronic disease initiating the occurrence of the problems associated with the acceptance of the disease and negative emotional states. The strategy of acceptance of the disease and changes in appearance caused by it is a target phase of the adaptation process. The problem of adaptation to the disease is considered in the framework of the three paradigms (biological, psychological, biopsychosocial) including key components of health and adaptation to the illness. Therefore, it was justified to try to assess the prevalence of emotional states, and the acceptance of the disease in patients with psoriasis.

Objectives

Assessment of emotional state and the degree of acceptance of the disease was done.

Material and methods

The study was conducted among 105 people of both sexes aged 20 to 60 years hospitalized for psoriasis, without the co-existence of negative emotional states caused by other factors. Higher education was declared by 21.0% (N = 22) patients, college education by 46.7% (N = 49), vocational school by 26.7% (N = 28) and a basic education by 5.75% (N = 6). Duration of illness over 10 years affected 46.7% (N = 49) of patients. The need for hospitalization more often than once a year was indicated by 43.8% (N = 46) of respondents.

In the study the HADS scale (assessment of anxiety and depression), AIS scale (acceptance of illness), and CECS scale CECS (emotional control) were used [1]. Chi^2 test of independence was used for contingency tables, the Pearson linear correlation was used for the level of significance was set at $p \leq 0.05$.

Results

The analysis of the HADS scale revealed anxiety disorders in 42.4% of patients (N = 42), in 17.1% (N = 18) depressive disorders were noted, there was no annoyance or aggression.

CECS scale analysis showed that the average score disclosed negative emotions associated with anger was 16.7

points, the emotions associated with depression was 17.6 points, and the feeling of fear 18.6 points. The average score CECS-O describing the disclosure of negative emotions was 52.5 points. The results corresponding to the weak attenuation of anger occurred in 30.5% (N = 32), and a strong level of anger suppression affected 35.2% (N = 37) patients. The results of low attenuation corresponding to a weak depression occurred in 24.8% (N = 26) patients, and a high level of attenuation of depression was manifested by 31.4% (N = 33) of them. By contrast, low attenuation of anxiety was related to 31.4% (N = 33) and strong attenuation of anxiety level was present in 33.3% (N = 35) of patients.

The average level of acceptance of the disease (AIS) was 27.7 points for the whole group. The low results corresponding to a weak acceptance of the disease was 27.6% (N = 29), the average results of 40% (N = 42), the high results 32.4% (N = 34) of patients.

There was no significant association between sociodemographic variables and the severity of anxiety and depression.

A statistically significant correlation between the severity of anxiety and the incidence of hospitalization was demonstrated (p = 0.015) (Table 1). The highest percentage of anxiety disorder was present in 52.17% (N = 46) of patients hospitalized more than once a year.

Analysis of the relationship between sociodemographic factors and acceptance of the disease showed a statistically significant relationship between the acceptance of the disease and the education of the respondents (p = 0.022; χ^2 =14.829; df = 6). Lack of acceptance of the disease was noted in more than 30% of respondents with vocational education.

A statistically significant relationship was also demonstrated between the acceptance of the disease and the patients' professional activity (p = 0.024; χ^2 = 11.263; df = 4).

Indeed, the statistical correlation (p = 0.028) was demonstrated between the acceptance of the disease and its duration. 42.86% (N = 49) of patients suffering for over 10 years did not accept their health state.

The AIS scale scores correlated significantly (inversely) with the intensity of anxiety (p = 0.020) and severity of depression (p = 0.001) (Table 1).

Table 1. Acceptance of the disease by AIS and disclosed negative emotions by HADS

Expressed emotions (HADS)	Acceptance of illness (AIS)	
Anxiety	r = -0.2262	p = 0.020
Depression	r = -0.3200	p = 0.001

The severity of anxiety significantly correlated with overall control of emotions (p = 0.005) and the control of anxiety (p = 0.005). Intensity of depression was correlated significantly with the general control of emotions (p = 0.002) and a control of depression (p = 0.001) (Table 2).

Table 2. Intensity of negative emotions by HADS and control of negative emotions by CECS

Control of emotions (CECS)	Intensity of anxiety (HADS)		Intensity of depression (HADS)	
General	r = 0.2698	p = 0.005	r = 0.3025	p = 0.002
Depression			r = 0.3280	p = 0.001
Anxiety	r = 0.3267	p = 0.001		

High values of intensity of anxiety corresponded to high levels of anxiety as the overall control of emotion and high values of anxiety control. High values of depression corresponded to high values of overall control of emotions and high control values of depression.

Discussion

In the case of psoriasis there is a correlation between stress and negative emotions [2–4], which was confirmed by the results of the present research. The findings showed that patients with a relatively advanced level of illness maintain control of negative emotions as well as the relationship between the duration of the disease and the level of acceptance of the disease, which corresponds with the results of other authors [5, 6]. Negative emotions can be considered a source of deterioration in patients' health. There was no evidence of the impact of sociodemographic factors on the intensity of negative emotions, similarly to other authors [7].

Among other factors, the impact of quality of life is closely linked to education [8], which was confirmed in the present study – inactive patients with lower education demonstrated worse level of acceptance of the disease. Perhaps this is connected with the resource of knowledge and the skills of its acquisition.

The time of hospitalization was a main factor determining of state anxiety. This fact can be explained by relation to hospitalization and patients' dependency from the health care team as demonstrated by other researchers, while a high level of acceptance of the disease reduces the risk of depression and negative emotions. These results correspond with the results of other authors [9].

The results of the study clearly confirmed the important role of acceptance of the disease and the emotional state that must be taken into account in the care of the patient.

Conclusions

1. An important element of caring for patient with psoriasis is a reduction of the level of negative emotions as well as reduction of the frequency of hospitalization.
2. Experienced emotions and duration of the disease condition the degree of acceptance of the disease.

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