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The relationship between illness perception, depression and quality of life in patients with psoriasis who referred to Haj Daie dermatology clinic in Kermanshah

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ABSTRACT

The present study is an attempt to determine the relationship between illness perception with depression and quality of life in patients with psoriasis. This is a correlational descriptive study. The population of this study included all patients with psoriasis who referred to Haj Daie dermatology clinic in Kermanshah in the fall of 2015. 80 patients were selected from this population through convenience sampling. The brief illness perception questionnaire (brief IPQ-R), Beck's Depression questionnaire (BDI-II) and quality of life questionnaire (SF-36) were used to collect the data. Data were analyzed by mean, SD and Pearson correlation. The results showed that there is a significant positive relationship between illness perception, quality of life and its components. The results also showed that there is a statistically negative relationship between illness perception and depressive symptoms. According to the results the authors are recommend to provide an appropriate training and counseling programs patients with psoriasis to improve results of treatment , quality of life.

Keywords: illness perception, quality of life, psoriasis

INTRODUCTION

Over the last 20 years, interest in evaluation and improvement of the life quality in patients with chronic illness has increased significantly, so that improve daily functioning and quality of life of patients with chronic diseases come to an end [1]. Ansar *et al* [2] showed that the total score for quality of life in patients with psoriasis was significant lower than control group. In addition to the low quality of life, patients with psoriasis also face some problems in terms of mental functions. Some common emotional reactions that these patients experience are included anxiety, depression, shame, guilt and helplessness, they are the source of preoccupation and concern about the disease is severe[3]. Symptoms of depression in patients with psoriasis are associated with disappointment, social isolation, and self-harm tendencies [4]. In a study entitled "feelings of depression and anxiety in patients with psoriasis" by Enshaeyehand *et al* [5], was showed that the relative prevalence of depression in the patients was 69.9 that the most common type of depression was observed relative frequency of 5.26.

Psoriasis is a systemic inflammatory illness that affects approximately 2% of people [6]. The Symptoms and lesions psoriasis including scaly red plaques with distinct margins. Most lesions are associated with pain and itching. The world prevalence of this illness is reported 1 to 3 percent and differs from one ethnic group to another [7]. The prevalence of illness is equal among men and women and trends to be unpredictable and immedicable [8]. Psoriasis can occur at any age and is associated with some problems such as depression, low quality of life , cardiovascular

illness, stroke, lymphoma, diabetes mellitus, metabolic syndrome and Psoriatic arthritis [9]. Psoriasis does get to have a hidden life. Patients may be scared that others discover their disease, disease of entertainment such as sunbathing, for this reason patient with psoriasis avoid to face with people, people with Psoriasis have poor perception of their illness. Patients' perception of their illness known as illness perception or Representation by a patient's diagnosis is formed on the basis of information attraction from various sources and patients' beliefs. This factor can affect the people mental health and their ability to cope with the illness [10]. Illness Perception includes 5 different dimensions: identification of illness symptoms, timeline of illness, illness causes, illness consequences and curability of the illness. Each of these dimensions can affect the quality of life for patients with psoriasis because health-related quality of life includes those aspects of life that are mostly affected by illness or health [11]. When a one is diagnosed with an illness or when a person is injured, they try to form a cognitive schema of the illness to define it for themselves. The perception of illness is one of most importance in direction of coping strategies and specific behaviors associated with the illness such as adherence to the treatment [10]. Given that no study has ever been conducted on the relationship between illness perception, depression and quality of life in patients with psoriasis, and because of Kermanshah is known as the treatment center of the West of Country and patients with psoriasis in the neighboring cities and psoriasis may refer to Kermanshah for treatment (because of the only phototherapy device is available in Kermanshah in the West of the Country) and on the other hand due to the dry and cold weather conditions in Kermanshah that contributes to the outbreak of this illness, as well as the psychological, stress, anxiety and mental emotions that Kermanshah people have been dealing with since the time of war, the present study aims to determine the relationship between illness perception, depression and quality of life in patients with psoriasis.

MATERIALS AND METHODS

The present study is applied in terms of objectives and correlational descriptive in terms of nature and methodology. The population of this study were included all patients with psoriasis who visited Haj Daie dermatology clinic in Kermanshah in the fall of 1394 and a sample size of 80 patients was selected among them through convenience sampling. After obtaining the permission from the vice chancellor for research in the Islamic Azad University of Kermanshah, the researcher referred the Haj Daie dermatology clinic in Kermanshah and prepared a complete list of patients with psoriasis and number of patients were selected on a voluntary basis through convenience sampling. First the subjects were provided with full explanation about the research questionnaires through the research interviews. They were also assured that their personal information would remain confidential and would only be used for research purposes. After the questionnaires were completed by the patients individually and in the presence of the researchers, the questionnaires were collected. The following questionnaires were used to collect the research data:

1- quality of life standard questionnaire (brief): This questionnaire contains 36 phrases, in the following 8 dimensions: physical functioning, 10 phrases, collective roles, 4 phrases, bodily pain, 2 phrases, , social functioning, 2 phrases, physical and mental health, 5 phrases, emotional role, 3 phrases, vitality and energy 4 phrases, general health status 5 phrases. All these 8 factors, except for a single factor that is related to individuals' health status, include 2 to 10 questions. Reliability and validity of the quality of life questionnaire was measured for the first time by Montazeri *et al* [12]. Reliability and validity of this questionnaire were in the 77% - 95% and 0.65-0.72 range respectively.

2- Illness Perception brief Questionnaire: (brief IPQ-R) is a 38-item questionnaire designed to assess the emotional and cognitive representation of illness [13], the questions of this questionnaire investigate the illness consequences, timeline, self-control, treatment control, the illness identity, concerns, understanding, emotional response and illness cause. The Cronbach's alpha coefficient for this questionnaire was equal to 0.80 and test-retest reliability coefficient over 6-week interval for questions ranged from 0.42 to 0.75 [13]. Bazzazian and Besharat [14] measured the reliability of this questionnaire with Cronbach's alpha; according to their reports, the reliability of this questionnaire is equal to 0.53.

3. Depression questionnaire: Beck Depression questionnaire (BDI-II) which was prepared by Beck *et al* in 1961 was used in the present study. This questionnaire contains 21 questions with each question classified in three categories: emotional symptoms, cognitive symptoms and physical symptoms. According to Aaron T. Beck, Steer, and Garbin (1996) the reliability of the test-retest over one-week interval was equal to 0.93. As for the validity of the questionnaire, average correlation of the questionnaire with the Hamilton Rating Scale for depression, Minnesota

Personality Inventory's Depression Scale, ZUNG SELF-RATING DEPRESSION SCALE, Multiple scale emotional traits and (SCL_90) was more than 0.60[15].

The collected data were analyzed by mean, standard deviation, Pearson correlation coefficient using SPSS software version 19.

RESULTS

The subjects included 34 males (42.5) and 46 female (57.5). The mean age of patients was 35.9 and their standard deviation was equal to 36.4. As for marital status, 15 patients (18.75 percent) were single and 65 patients (18.75 percent) were married. Table 1 provides the mean and standard deviation values for illness perception and quality of life.

Table 1. Mean and standard deviation of variables

	variables	mean	Standard deviation
Illness perception	Perception of illness	36.9	10.09
	Consequences, timeline,	9.55	2.76
	Personal control	8.30	2.86
	Remediability	9.75	2.66
	And Recognition of symptoms	9.30	2.86
Quality of life	Physical functioning,	22.25	6.24
	collective	16.75	5.95
	roles, bodily pain,	17.37	5.50
	Social functioning	18.77	4.63
	Mental /psychological health,	75.51	18.63
	Emotional role,	24.31	14.61
	Vitality,	9.76	3.76
	general health	13.98	4.07
depression	Emotional symptoms,	6.94	4.39
	Cognitive symptoms,	7.78	5.02
	Physical symptoms	5.64	4.02

The Pearson correlation coefficient was used to investigate the relationship between illness perception, depression and quality of life. The results showed that the correlation coefficient between illness perception and quality of life factors (physical functioning, collective role, bodily pain, social functioning, mental health, emotional role, role emotional, vitality, general health) and the quality of life total score was equal to 0/21, 0/33, 0/17, 0/61, 0/20, 0/33, 0/35, 0/11, and 0/44 respectively. The results also showed that the correlation coefficient between illness perception and symptoms of depression (emotional, cognitive, and physical) was equal to -0/46, -0/ 28 and -0 / 12 respectively.

Table 2. correlation coefficient between illness perception, depression and quality of life

Illness perception		
Depression	Emotional symptoms	**0.46-
	Cognitive symptoms	**0.28-
	Physical symptoms	*0.12-
Depression total score		**0.35-
Quality of life	Physical functioning	**0.21-
	Collective role	**0.33
	Bodily pain	*0.17
	Social functioning	**0.61
	Mental health	*0.20
	Emotional role	**0.33
	vitality	**0.35
	General health	*0.11
Quality of life total score		**0.44

** Significant at 0.01. * Significant at 0.05. N=80

CONCLUSION

The present study was designed to determine the relationship between illness perception, depression and quality of life in patients with psoriasis. The results showed that there is a significant negative relationship between illness

perception and depressive symptoms. This means that in patients with psoriasis, positive illness perception and negative illness perception are associated with reduced symptoms of depression and increased symptoms of depression respectively.

These results are consistent with findings of Bahrami *et al* [16] Shirvanian [17], Richard *et al* [18] and Kosakovska *et al* [19]. Illness Perception is a psychological approach that is widely used in connection with psoriasis, this approach is based on patient behavior setting. This approach suggests that in the face of an illness or a life-threatening factor, individuals form a general picture and a specific belief of the illness and its remedy in their mind and this is called Illness Perception. Illness Perception affects psoriasis behavior, their coping with the illness, self-management of the illness and the consequence of the illness [20]. Therefore, obviously patients who have the ability to perform actions against their illness, have a clear perception of their illness and have the ability to accept and cope with reality, thus, these people experience lower depression. On the other hand, patients with psoriasis who believe that their illness has a long, chronic and permanent course, feel of stress, depression and anxiety when thinking of their illness and due to suffering from anxiety, they believe that their illness is chronic and has negative economic, personal and social implications, and tend to experience more depression accordingly.

The results showed that there is a significant positive relationship between illness perception and quality of life and its components. This means that positive illness perception and negative illness perception in psoriasis patients are associated with higher quality of life and lower quality of life respectively. The results of the present study are consistent with findings of Shamili [21], Agha Yousefi, Shaghaghi, Dehestani, Barghi-Irani [22], and Norberg, Salanry, Chan, Riemann [23]. In interpretation of these findings it can be said that people who have a positive illness perception, evaluate the illness symptoms and causes positively, consider their illness controllable and treatable and feel that they are recovering from their illness; in addition the adverse consequences of their illness will be less. According to the reports, people with skin illness experience more negative perceptions, dissatisfaction and discomfort [24]. In addition, studies show that patients with skin illnesses, who believe their illness is chronic and has negative long-term consequences, experience more Disability associated with their illness, return to their work later and show more disability in recreational activities and social interactions and thereby decrease the quality of their lives [25].

Therefore, investigations of illness perception effect on depression and quality of life in patients with psoriasis is necessary because they pave the path for taking the next steps towards planning intervention programs. Whose final goal is to correct the beliefs of patients in order to provide them with better quality of life, reduce depressive symptoms and difficulties in coping with their illness. According to the findings of this study, it can be said that illness perception in patients with psoriasis affects the patient's illness management behavior. Therefore, determination of illness perception in patients with psoriasis can help us to plan for promoting illness perception, reducing depressive symptoms and improving quality of life. In addition, attempts should be made to improve the quality of life of psoriasis patients by contribution to counseling and psychotherapy and participation in of psoriasis supportive groups for dealing with their psychological problems in these patients. Given that the present study was conducted on patients with psoriasis in Kermanshah, its generalization to other chronic illness and other cities should be done carefully.

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