

Abstract: Clinical and economic aspects of depressive disorders in patients with psoriasis.

This doctoral dissertation explores the issues and complexities of psoriasis as a chronic systemic inflammatory disease. The extensive subject matter of this condition and the aspects associated with it encompasses the clinical, social, economic, mental health and quality of life dimensions. This dermatosis is often described as psychosomatic, which indicates the interrelationship between physical and psychological disorders, also taking into account the multidirectional approach to the condition, with coexisting depressive disorders being one of the significant problems of patients. Patient assessment is an important issue and acts as a kind of guideline in defining the problematic nature of the illness and the expectations that patients have of healthcare. This type of approach is part of an interdisciplinary model of therapeutic management.

This dissertation describes the epidemiology and aetiopathogenesis of psoriasis, taking into account the immunological background, genetic conditions and triggering factors for the manifestation of psoriasis. In addition, the clinical picture, course of the dermatosis and clinical forms are presented. The treatment of psoriasis was also covered, including the classification of psoriatic lesion severity in relation to treatment methods used, topical treatment and systemic treatment, including biologic therapy of psoriasis. In addition, the topic of phototherapy and the aspect of psoriatic skin care were introduced. Depressive disorders are also discussed: epidemiology, aetiopathogenesis and clinical picture, classification and therapeutic methods of depression. The content of the paper also includes the issue of psoriasis and depressive disorders in an interdisciplinary perspective. Quality of life and its determinants are described, psoriasis is discussed as a psychosomatic disease, and the role of self-image and depression in psoriasis patients is discussed. In addition, the economic and social costs of depressive disorders in psoriasis patients, the impact of psoriasis and depression on the burden on the health care system and the economy, including the costs borne by patients, and limitations in physical and psychosocial functioning in psoriasis patients with depressive disorders were outlined.

The main aim of this thesis was to analyse and evaluate selected aspects related to the related to the course of psoriasis in terms of clinical, economic, quality of life and comorbid depressive disorders. The study involved the preparation of a survey form on psoriasis, including the importance of selected factors on the course and severity of psoriasis, taking into account clinical and economic aspects, patients' quality of life and coexisting depressive

disorders. The task was made possible using the tools of the Google Forms platform. A questionnaire consisting of the author's questionnaire and a standardised tool, the Dermatology Life Quality Index (DLQI) questionnaire, Assessment of Psoriasis Severity, was used in the study. A total of 256 patients with psoriasis aged between 18 and 65 years were included in the study. The author's questionnaire contained 59 questions, divided into 8 thematic areas. The DLQI contained 10 questions that determined the impact of dermatosis on patients' daily functioning. The collected results were statistically analysed and presented graphically with figures and tables. A discussion was then undertaken and the results obtained were compared with the literature and with the results of studies by authors and institutions addressing psoriasis and related aspects.

On the basis of the analysis of the results obtained, it was concluded that the vast majority of psoriasis cases have a continuous or cyclic recurring lesion pattern. The relatively high incidence of psoriasis with such specificity may be related to the fact that the treatment prescribed to psoriasis patients does not show sufficient and expected efficacy. In addition, the recurrent nature of the dermatosis is influenced by a number of exacerbating factors. The most common causes of relapses and exacerbations of psoriasis are stress, other diseases and infections, inappropriate dietary behaviour, the influence of certain medications and the use of stimulants. In addition, the issue of seasonality in the course of psoriasis is pointed out, with the autumn-winter season being the one in which patients report a worsening of their condition. According to patients, psoriasis therapy is only temporarily effective: men are more likely than women to rate the treatment as significantly effective, while women are more likely to report a lack of therapeutic effect. Patients who have received a combination of therapies indicate greater treatment efficacy. For patients who received biologic treatment for psoriasis, no reports of treatment ineffectiveness were observed. Psoriasis patients are increasingly opting for private healthcare due to difficulties in accessing appointments with specialists and long waiting times for consultations. According to the patients, medical visits and specialist consultations, as well as antipsoriatic drugs, have the greatest impact on the cost intensity of psoriasis treatment. Nearly 60 per cent of respondents indicate that psoriasis has a negative impact on their financial situation. Among the most common comorbidities in psoriasis are obesity, depressive disorders and cardiovascular disease. Obesity has been observed more frequently in women than in men, hypertension is more common in men. The prevalence of obesity and hypertension increased with age, and these conditions were most common in the age group 51 - 65 years. Depressive disorders in the course of psoriasis affect more than 25 per cent of patients, with a significant

difference noted in terms of gender and age: depression was more common in women and in younger age groups (18 - 25 years). However, data on the prevalence of depressive disorders in psoriasis patients appear to be underestimated due to patients' under-reporting to mental health professionals, which is a result of, among other things, shame and fear of being judged by the environment and lack of knowledge about the impact of depression on the course of psoriasis. Psoriasis patients experience chronic stress, shame, frustration and a sense of stigma. In addition, they perceive a highly negative impact of the dermatosis on their daily physical and social functioning, reduced levels of satisfaction, confidence and self-acceptance, with these aspects more often affecting young people and women. The negative impact of the disease also extends to the professional sphere and the burden on patients' loved ones. Nearly 97% of respondents have experienced or are experiencing negative emotions in relation to the severity of the disease, and more than 95% of patients confirm that psoriasis negatively affects their mental health. Women are more likely to rate their mental health as 'bad'. Nearly one-third of respondents have sought the help of a mental health professional due to the presence of depressive disorders, with the vast majority of respondents indicating a marked improvement in this sphere as a result of receiving professional help. In addition, respondents are far more likely to opt for paid appointments, with quick consultation times, in private facilities due to an urgent need for consultation and a difficult health situation, despite their high costs. The results of the DLQI survey found that a reduction in patients' quality of life affected 96% of psoriasis patients. Very severely reduced and severely reduced quality of life are observed in patients with severe and moderate psoriasis. The aspects most frequently affecting the reduced quality of life of patients are negative feelings associated with skin complaints, feelings of embarrassment and shame due to the presence of psoriatic lesions, and treatment-related problems. The quality of life survey provides important information for a better understanding of patients' needs in order to support them in their daily functioning, against the background of the presence of a disease such as psoriasis and co-morbid depressive disorders. The implementation of therapeutic management should result from a thorough individual case analysis and be based on a multidisciplinary model of treatment.

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