Psoriasis and depression: a commentary on “In psoriasis, levels of hope and quality of life are linked”

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Dear Editor,

In a previous issue of the Archives of Dermatological Research, we were very interested in the article by Hawro et al. entitled “In psoriasis, levels of hope and quality of life are linked” in which the investigators reported that the levels of hope and quality of life linked in patients with psoriasis [6]. However, we wish to make some comments on hope and quality of life in dermatological diseases especially psoriasis.

Psychiatric problems are common in many dermatological diseases. Approximately 95% of the patients directed to a liaison center have been diagnosed with a psychiatric disorder. Most common diagnoses are depression with 44% and anxiety disorder with 55% [8]. Psoriasis is a chronic and immune-mediated skin disease. Psychiatric disorder comorbidity is high in psoriasis [3]. In many studies, depression has been identified at a high rate in patients with psoriasis. The frequency of depression has been identified as 51% in a study [8]. Depression seen in half of the patients may affect the quality of life quite negatively [7, 9]. In a study with a very large sample, depression risk in women with psoriasis has been found to be higher than those without psoriasis [4]. In a recent study, the quality of life of 3971 patients with psoriasis has been assessed with EuroQol-5 Dimension Questionnaire (EQ-5D). Most severely affected component of EQ-5D is anxiety and depression [2].

In the study of Hawro et al., it has not been specified whether there is a comorbid psychiatric disorder in the study sample or not. However, depression is a confounding factor in this study. According to DSM-5, hopelessness (A.1. criteria) and quality of life impairment (B. criteria) are among the diagnostic criteria of depression [1]. The presence of hopelessness and quality of life impairment in a patient with depression at the same time would not be surprising. Depression can be the underlying reason that causes hopelessness and quality of life impairment in patients with depression. Therefore, the severity of depression affects both parameters.

Basic Hope Inventory-12 has been used in the study. This scale measures the level of basic hope. However, to measure the hopelessness related to comorbid depression, Beck Hopelessness Scale should have been used additionally. It would be more appropriate to use the wording “basic hope” instead of “hope” at the article title.

In addition, recent studies demonstrate that the gut-brain axis disruption may lead to depression and psoriasis through immune mechanisms [5]. Gut microbiota dysbiosis may be the underlying problem that causes both depression and psoriasis in patients with psoriasis. This may be one of the reasons of high depression comorbidity rates in patients with psoriasis. This relationship could have been mentioned in the discussion section of the article.

In the study of Dommasch et al., individuals diagnosed with depression or receiving antidepressant treatment have
been excluded from the study [4]. In addition, in the study of Hawro et al., it would have been better to exclude those diagnosed with depression or receiving antidepressant treatment from the study.

Sincerely,
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References