

# THE PSYCHOSOMATIC INFLUENCE OF THE EMOTIONAL FACTOR ON THE PROGNOSIS OF PSORIASIS

*The Psychosomatic Influence of Emotional Factors on the Prognosis of Psoriasis*

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## SUMMARY:

Psoriasis, a chronic autoimmune dermatosis, is influenced by emotional factors, especially stress, as highlighted by psychosomatic medicine. The disease, characterized by erythematous and scaly skin plaques, has a multifactorial etiology that includes genetic, immunological and psychological factors. Stress can aggravate psoriasis by intensifying the production of pro-inflammatory cytokines and exacerbating skin inflammation, creating a vicious cycle. In addition, the psychological impact of psoriasis is significant, affecting the self-esteem and quality of life of patients, who often face social stigmatization. Anxiety and depression are common among these individuals, which highlights the need for an interdisciplinary approach that integrates dermatological treatment and psychological support. Effective management of psoriasis should consider both physical symptoms and emotional factors, including the use of complementary therapies such as acupuncture and psychotherapy. The interaction between the hypothalamic-pituitary-adrenal axis and skin inflammation reinforces the importance of addressing stress as part of psoriasis treatment. Interventions that promote emotional balance can improve therapeutic outcomes, highlighting the relevance of a holistic and multidisciplinary approach in disease management.

**Keywords:**Psoriasis. Psychological Stress. Depression. Anxiety.

## ABSTRACT

Psoriasis, a chronic autoimmune dermatosis, is influenced by emotional factors, especially stress, as highlighted by psychosomatic medicine. The disease, characterized by erythematous and scaly skin plaques, has a multifactorial etiology that includes genetic, immunological, and psychological factors. Stress can worsen psoriasis by intensifying the production of pro-inflammatory cytokines and exacerbating skin inflammation, creating a vicious cycle. Furthermore, the psychological impact of psoriasis is significant, affecting patients' self-esteem and quality of life, as they often face social stigmatization. Anxiety and depression are common among these individuals, underscoring the need for an interdisciplinary approach that integrates dermatological treatment and psychological support. Effective psoriasis management should address both physical symptoms and emotional factors, including the use of complementary therapies such as acupuncture and psychotherapy. The interaction between the hypothalamic-pituitary-adrenal axis and skin inflammation reinforces the importance of treating stress as part of psoriasis management. Interventions that promote emotional balance can improve therapeutic outcomes, highlighting the relevance of a holistic and multidisciplinary approach to disease management.

**Keywords:**Psoriasis. Psychological Stress. Depression. Anxiety.

## 1. INTRODUCTION

1 Psoriasis is an inflammatory and hyperproliferative dermatological disease that affects approximately 2% of the world's population, manifesting itself through erythematous lesions, white scales and thickening of the epidermis. Although its exact etiology is still unknown, there are indications that genetic, immunological and environmental factors play an important role in its emergence and evolution. Among these factors, stress stands out as a key element in the exacerbation of symptoms, being identified as a trigger in a significant portion of patients diagnosed with the disease (RODRIGUES et al., 2020).

Psoriasis is not restricted to physical manifestations, it also impacts the mental health of affected individuals. The condition can trigger emotional and social problems such as anxiety, irritability,

bility, mood swings and even social isolation. This emotional suffering is usually associated with the appearance of skin lesions, which are often stigmatized by society, impairing the quality of life of patients. Thus, the interaction between emotional factors and the disease is increasingly evident, suggesting an important psychosomatic relationship (GUEDES; VIANA, 2020).

According to psychosomatic medicine, human beings should be seen as an integrated system, where body, mind and environment interact constantly. Emotional changes, such as stress, can promote physiological changes that directly impact the course of chronic diseases such as psoriasis. From this perspective, emotional imbalance can act as a catalyst for the emergence or worsening of dermatological symptoms, reinforcing the need to understand the influence of stress on the pathophysiology of this condition.

In addition to its implications for the skin, psoriasis is associated with a series of systemic comorbidities, such as cardiometabolic diseases, mood disorders, chronic kidney disease and gastrointestinal problems. These factors, when combined with the emotional impact caused by the disease, create a vicious cycle, where psychological suffering aggravates physical symptoms and vice versa. This complex scenario highlights the need for a multidisciplinary approach in the treatment of psoriasis, which goes beyond dermatological care (MELO et al., 2019).

The concept of psychodermatological diseases refers to skin conditions that have a significant emotional component in their genesis or exacerbation. In addition to psoriasis, other diseases such as vitiligo, acne vulgaris and atopic dermatitis are also influenced by psychological factors such as stress and anxiety. Activation of the sympathetic nervous system in response to stress can trigger a series of physiological reactions, including excessive sweating, vasoconstriction and pruritus, which aggravate the physical discomfort of patients (AZULAY, 2017).

Several studies suggest that the central nervous system (CNS) and the immune system are intrinsically connected, responding to each other through sensory and neuroendocrine stimuli. When an individual faces high levels of stress, the CNS can trigger the release of pro-inflammatory cytokines, such as those released by T lymphocytes, which end up exacerbating skin lesions. This mechanism highlights how emotional factors, especially chronic stress, can directly influence the progression of psoriasis (ABBAS et al., 2019).

Furthermore, chronic stress is associated with the continuous release of cortisol, a hormone that, at high levels, has a negative impact on the individual's overall health. Increased cortisol levels can deregulate the immune system, favoring the worsening of autoimmune diseases, such as psoriasis. In this context, the inclusion of psychosocial interventions in the treatment of the disease becomes crucial, in order to improve the emotional well-being of patients and interrupt the cycle of exacerbation of symptoms (MATOS et al., 2021).

## 2. MATERIAL AND METHOD

This study is a Bibliographic Review carried out from August to October 2024. Literature searches were performed in the PubMed and SciELO databases using the following Health Sciences Descriptors (DeCS): (Psoriasis) AND (Psychological Stress) AND (Depression) AND (Anxiety). The inclusion criteria were: articles in Portuguese, English, Spanish and French, available in English, Spanish and French.

made available in full. The exclusion criteria were: duplicate articles, made available in the form of abstract, which did not directly address the studied proposal and which did not meet the other inclusion criteria. After associating the descriptors used in the researched databases, a total of 18 articles were found. After applying the inclusion and exclusion criteria, 14 articles were selected, with a total of 11 studies being used to compose the collection.

## 3. RESULTS AND DISCUSSION

The influence of the emotional factor in the exacerbation of psoriasis symptoms is widely recognized

in psychosomatic medicine, whose approach is rooted in the integration of body, mind and environment. Since Hippocrates, the view that diseases are modulated by biopsychosocial dimensions has been a basis for understanding conditions such as psoriasis, which has multifactorial causes and involves the interaction between genetic, immunological and psychological factors. Psychosomatic medicine, by recognizing this body-soul unity, reinforces the importance of addressing stress and emotions in the management of chronic diseases (BRAGA et al., 2024).

Psoriasis is a chronic autoimmune dermatosis characterized by the appearance of erythematous and scaly plaques on the skin. Its multifactorial etiology makes it susceptible to several triggers, including emotional stress, which plays a significant role in its exacerbation. Studies show that stress can increase the production of pro-inflammatory cytokines and trigger immune reactions that aggravate skin lesions. Thus, stress, as a psychosomatic factor, not only precipitates the emergence of new lesions, but also intensifies the inflammation already present, creating a cycle that is difficult to break (MAREK-JOZEFOWI-CZ et al., 2022).

The relationship between the nervous system and the skin in psoriasis is well documented, showing how neurotransmitters and hormones released in stressful situations can directly influence skin inflammation. Neuropeptides such as CRH (corticotropin-releasing hormone) and ACTH (adrenocorticotropic hormone) are released in the skin in response to stress and contribute to the proliferation of inflammatory cells, exacerbating psoriasis. The lack of adequate regulation of cortisol, a natural anti-inflammatory, in stressed people intensifies this response, worsening the lesions (DA SILVA et al., 2024).

Furthermore, the psychological impact of psoriasis on patients is significant. The visibility of lesions causes feelings of shame, stigmatization, and social rejection, which can aggravate emotional and psychological stress. Many patients report reduced quality of life, difficulties in social and professional interactions, and a constant feeling of isolation. The chronic stress that accompanies these feelings further aggravates the disease, contributing to the emergence of depressive and anxious conditions, which intensifies the cycle of exacerbation (RUA et al., 2021).

Anxiety and depression are frequently diagnosed in patients with psoriasis, reinforcing the need for an interdisciplinary approach that includes both dermatological treatment and psychological support. Studies show that the severity of psoriasis is correlated with the intensity of depressive symptoms and with the increase in suicidal ideation, especially in cases where the lesions are extensive or disfiguring. This suggests that the emotional factor not only triggers the exacerbation of physical symptoms, but also directly influences the patient's mental well-being (MAREK-JOZEFOWICZ et al., 2022).

The diagnosis of psoriasis, although based primarily on physical examination and the presence of characteristic plaques, requires a holistic approach. Assessing the patient's emotional state and considering their stress history is crucial for effective disease management. Treatments should consider both skin inflammation and emotional factors, since both are deeply interconnected. Stress management through techniques such as cognitive-behavioral psychotherapy can help reduce the emotional burden and, consequently, the severity of skin lesions (RODRIGUES et al., 2020).

Psoriasis treatment has evolved to include not only topical and systemic therapies, but also integrative and complementary practices that aim to restore balance between body and mind. Methods such as acupuncture, foot reflexology and the use of cannabidiol have shown promise in reducing symptoms inflammatory and stress relief. These approaches reinforce the need to treat psoriasis in a holistic, recognizing the interdependence between the emotional state and the physical condition (RODRIGUES et al., 2020).

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Although the main focus in psoriasis treatment is to control skin lesions, emotional management is an essential component for therapeutic efficacy. Patients who are better able to manage stress and anxiety have a more favorable response to dermatological treatments. On the other hand, lack of emotional control can lead to therapeutic failure, with recurrence or worsening of lesions. Therefore, strategies aimed at reducing stress should be considered as an integral part of treatment.

The interaction between the hypothalamic-pituitary-adrenal axis and the cutaneous inflammatory response suggests that the management of stress and emotions may have a direct impact on the progression of psoriasis. Activation of this axis under prolonged stress results in an excessive release of inflammatory cytokines, such as interleukin-6 (IL-6) and tumor necrosis factor alpha (TNF- $\alpha$ ), which are directly related to the exacerbation of skin lesions. Therefore, interventions that reduce the activity of this axis may have positive effects on the evolution of the disease (ABBAS et al., 2019).

Finally, a multidisciplinary approach that combines dermatology, psychology, and integrative practices offers a promising perspective for the treatment of psoriasis. By recognizing the importance of the emotional factor in the exacerbation of symptoms, health professionals can improve the quality of life of patients by promoting more effective management of both physical lesions and emotional symptoms. Psoriasis, as a psychosomatic disease, requires a deep understanding of how body and mind are intrinsically connected in human health.

## FINAL CONSIDERATIONS

Psoriasis is a multifactorial condition that reflects the complex interplay between genetic, immunological and emotional factors. The emotional factor, in particular, plays a significant role in exacerbating the symptoms of this autoimmune dermatosis. In psychosomatic medicine, there is an emphasis on the interconnection between body, mind and environment, addressing the impact of emotions on physical health.

Stress, for example, is widely recognized as a trigger that worsens psoriasis lesions by promoting the production of pro-inflammatory cytokines and increasing the immune response. This demonstrates how the psychosomatic factor, by intensifying the inflammatory cycle, makes controlling the disease more challenging.

In addition to the physical consequences, the psychological impacts of psoriasis, such as social stigma and damage to self-esteem, contribute to the emergence of mental disorders such as anxiety and depression. Psoriasis significantly affects patients' quality of life, creating a continuous cycle between mental health and the severity of skin lesions.

Psoriasis management, therefore, must adopt a holistic approach, which includes emotional control as an essential part of treatment. Stress reduction techniques and psychotherapeutic interventions, in addition to conventional dermatological therapies, are essential to achieve more effective results and improve patients' quality of life.

Thus, the integration between dermatological and psychological practices reinforces the importance of recognizing and treating psoriasis as a condition that goes beyond the skin, involving deep dimensions of the human psyche.

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