Psoriasis and Mental Health Issue Brief

The National Psoriasis Foundation exists to find a cure for psoriasis and psoriatic arthritis and to eliminate their devastating effects through research, advocacy and education. The Foundation is the largest psoriasis patient advocacy organization and charitable funder of psoriatic disease research worldwide. The Foundation assists approximately 1.5 million people annually through educational programs and services. Psoriasis, the most prevalent autoimmune disease in the nation, is a noncontagous, chronic, inflammatory, painful, disfiguring and disabling disease for which there is no cure. It is often accompanied by psoriatic arthritis, a specific form of arthritis that is painful and debilitating and causes joint damage. Psoriasis appears on the skin, most often as red, scaly patches that itch and may bleed, and it requires sophisticated medical care. Current studies indicate that the prevalence of psoriasis in the United States ranges between 2 and 3 percent, affecting approximately 7.5 million Americans.¹

In addition to the physical impact, psoriasis significantly affects mental and emotional functioning. People with psoriasis report feeling self-conscious, embarrassed and helpless, as well as that the disease can cause severe disruptions in their everyday interactions with colleagues, friends and family, as well as in their close personal or intimate relationships. Patients with psoriasis and psoriatic arthritis experience fatigue and sleep impairment, linked to factors including pruitus (itch), depression, pain and obstructive sleep apnea.² In children, social development, which contributes to many developmental milestones, is particularly impaired.³ Pediatric patients with psoriasis also have an increased risk of developing psychiatric disorders, especially depression and anxiety.⁴

Research on the association between psoriasis and mental health disorders has established:

- As many as 60 percent of psoriasis patients report clinically significant psychiatric symptoms (such as depression) and may receive a psychiatric diagnosis.⁵ The prevalence of depression in patients with moderate to severe psoriasis is approximately 24 percent⁶, as compared to an estimated 6.7 percent of the adult U.S. population.⁷ Patients with psoriasis have a 39 percent increased risk of depression, a 31 percent increased risk of anxiety and a 44 percent increased risk of suicidality. Patients with severe psoriasis have a 72 percent increased risk of depression.⁸
- Women with depression have an increased risk of psoriasis.⁹
- It has been documented that individuals with psoriasis are twice as likely to have thoughts of suicide as people without psoriasis or with other chronic conditions.¹⁰ Almost ten percent of psoriasis patients surveyed report a wish to be dead and five percent report actively thinking about suicide.¹¹
- Psoriasis is independently associated with stress-related disorders and behavior disorders, including Post Traumatic Stress Disorder (PTSD). ¹², ¹³ Psoriasis with onset prior to age 40 may adversely affect the patient's capacity to cope with stress.¹⁴
- A patient's mental health state can interfere with their ability to adhere to and respond to treatment.¹⁵ Moreover, control of psoriasis symptoms is associated with improvements in psychological symptoms.¹⁶ It is important for clinicians to evaluate patients with psoriasis for depression, anxiety and suicidality in order to improve outcomes.¹⁷

With the significant relationships between psoriasis and other disabling, life-threatening and costly chronic conditions, the National Psoriasis Foundation urges greater collaborative federal investment in—and commitment to—leveraging existing funding and knowledge, expanding the base of understanding of the disease and engaging other stakeholders to contribute to psoriasis research efforts that benefit both psoriasis and conditions comorbid with this difficult disease, including mental health issues associated with psoriasis such as depression, suicidality, anxiety and other stress-related and behavioral disorders. As such, in FY 2015 the National Psoriasis Foundation urges Congress to:

- Support the implementation of the CDC’s psoriasis and psoriatic arthritis public health agenda, by allocating $1.2 million in the FY2015 Labor, Health and Human Services, Education and Related Agencies (LHHS) Appropriations bill to implement a public health agenda for psoriasis and psoriatic arthritis at the CDC’s National Center for Health Statistics (NCHS).
- Encourage a process within NIH, including the National Institute of Mental Health (NIMH), to guide now disparate research efforts in order to optimize federal research investments and ensure discoveries are applied across common goals that complement and advance the understanding of causes, treatments and cures for both psoriasis and its comorbid conditions.
- Encourage federal agencies to study the mental health aspects of psoriasis, identify appropriate interventions and make
recommendations for providing physical and psychological care to people living with psoriasis.


