

Why Shouldn't We Forget About the Role of Clinical Psychologists in the Treatment of Patients with Psoriasis?☆



¿Por qué no debemos olvidar el papel del psicólogo clínico en el abordaje terapéutico de los pacientes con psoriasis?

In 1985, the American writer John Updike published an article in *The New Yorker* entitled "At War With my Skin", in which he shared his experience, emotions, and coping strategies as a patient with psoriasis.¹ Thirty years later, based on data from 823 patients, we are able to show that the severity and extension of lesions are in fact correlated with the presence of negative emotions.² It is now pertinent to ask in which direction this correlation runs.

Given that a reduction in the severity of lesions improves self-perceived anxiety and mood,³ it might seem reasonable to expect that an improvement in psoriasis lesions would lead to an improvement in psychological involvement. However, our experience, which is consistent with that of the Dermatology Department of Hospital Universitario Doctor Negrín, points to a more complex relationship.

The article by Madrid-Álvarez et al.⁴ shows that psychological involvement tends to persist, even in patients whose psoriasis is almost completely under control (PASI < 2). This finding coincides with those of studies showing that mood was independent of improvement in lesions⁵ or that mood disorders persisted during remission periods.⁶

Articles such as that cited and appearing in *ACTAS DERMOSIFILIOGRÁFICAS*⁴ help to ensure that we do not forget the need

to provide patients with comprehensive care. This includes measures for identifying and reducing the psychological involvement that, despite the evidence, can—and usually does—go unnoticed by health professionals.⁷

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