Decision-making and illness acceptance in patients with selected chronic dermatoses

Chronic dermatological conditions, such as psoriasis and acne vulgaris, pose significant challenges not only due to their physical manifestations but also because of their impact on patients' psychological, social, and overall life functioning. Both dermatoses frequently begin in early life—psoriasis often manifests during childhood, while acne is especially prevalent during adolescence and among young adults. Furthermore, in both cases, skin lesions typically appear on exposed and visible parts of the body, including the face, scalp, back, arms, and limbs, making them difficult to conceal and subject to public scrutiny.

Psoriasis, a chronic inflammatory skin disease with an immunological basis, affects millions worldwide and is associated not only with cutaneous symptoms but also with serious comorbidities such as psoriatic arthritis, cardiovascular diseases, and metabolic syndrome. Although acne vulgaris is often considered a milder condition, it can nonetheless lead to considerable emotional distress, diminished self-esteem, and even psychiatric disorders, including anxiety, depression, and suicidal ideation. In both conditions, skin changes contribute to stigmatization and social withdrawal, which, in the long term, can adversely affect quality of life, interpersonal relationships, and major life decisions related to education, career, and personal life.

The literature increasingly emphasizes the importance of illness acceptance as a critical component in adapting to life with a chronic disease. Acceptance not only facilitates coping with the limitations imposed by the condition but also supports the maintenance of psychological and social well-being. Moreover, within the framework of the cumulative life course impairment (CLCI) concept, the presence of a chronic disease is understood to have long-lasting and multifaceted life consequences, highlighting the need to evaluate its impact on major life decisions.

The aim of this study was to analyze the level of illness acceptance and the influence of chronic dermatoses—psoriasis and acne vulgaris—on patients' major life-changing decisions. By examining these two prevalent conditions, the objective was to demonstrate the complexity of challenges faced by affected individuals and to underscore the necessity of a comprehensive therapeutic approach encompassing both dermatological treatment and psychological support.

This cross-sectional study included two patient groups: individuals with psoriasis vulgaris and those with acne vulgaris. The primary objective was to examine the impact of dermatological disease on major life-changing decisions (MLCDs) and the level of illness acceptance.

Group 1 – Patients with Psoriasis:

The study involved 166 adult patients with psoriasis vulgaris recruited in southwestern Poland. Psoriasis severity was assessed using the Psoriasis Area and Severity Index (PASI). Demographic and clinical data were collected using a specially designed form. Participants subsequently completed a set of standardized instruments: the Major Life-Changing Decision Profile (MLCDP) to assess the disease's impact on life decisions, the Acceptance of Illness Scale (AIS) to measure illness acceptance, the Dermatology Life Quality Index (DLQI) to evaluate quality of life, and the Numerical Rating Scale (NRS) to assess itch intensity. Statistical analyses were performed using IBM SPSS Statistics (version 26), applying appropriate tests based on data distribution. A $p\text{-value} \leq 0.05$ was considered statistically significant.

Group 2 – Patients with Acne:

The second part of the study included 213 young adults diagnosed with acne vulgaris of at least one year's duration. Acne severity was assessed using the Global Acne Severity Scale. The DLQI and the Cardiff Acne Disability Index (CADI) were employed to assess quality of life, while the 6-Item Stigmatization Scale (6-ISS) was used to measure stigmatization. The statistical procedures mirrored those used in the psoriasis group.

Both parts of the study were conducted in accordance with ethical standards, with approval obtained from the local bioethics committee (No. KB-234/2023) and informed consent from participants. The findings presented in this doctoral dissertation were published across four original research articles.

In the psoriasis group, a moderate level of illness acceptance was observed (mean AIS = 25.1, SD = 8.7), whereas individuals with acne reported a significantly higher level of acceptance (mean AIS = 37.0, SD = 5.2). Despite the absence of severe or very severe clinical cases among acne patients, the condition still impacted their daily functioning, albeit to a lesser extent than psoriasis. In both groups, the greatest challenge was adapting to the limitations imposed by the disease, while feeling like a burden to others was relatively infrequent. A significant negative correlation was documented between illness acceptance and clinical symptom severity in both psoriasis (r = –0.256; p < 0.001) and acne (r = –0.277; p < 0.001). Similarly, strong negative correlations were found between AIS scores and quality of life, as measured by DLQI (r = –0.600; p < 0.001 for psoriasis; r = –0.499; p < 0.001 for acne) and by CADI for acne (r = –0.583; p < 0.001). Additionally, illness acceptance was negatively correlated with stigmatization (r = –0.621; p < 0.001 in the acne group) and itch intensity in psoriasis (r = –0.448; p < 0.001).

Both conditions were found to influence major life decisions. Among psoriasis patients, nearly all (93.4%) reported that their disease had impacted at least one major life decision, compared to 73.3% in the acne group. The mean number of life decisions affected by the disease was significantly higher in the psoriasis group (8.3; SD = 6.2) than among acne patients (2.9; SD = 3.2). The correlation between symptom severity and MLCDP scores was statistically significant for both psoriasis (r = 0.275; p < 0.001) and acne (r = 0.194; p = 0.006). In psoriasis, MLCDP also correlated strongly with itch intensity (r = 0.351; p < 0.001), and in both groups, with quality of life (psoriasis DLQI: r = 0.561; p < 0.001; acne DLQI: r = 0.528; p < 0.001) and stigmatization (r = 0.505; p < 0.001 for acne).

The most frequently modified life domains included physical activity and social life. Among psoriasis patients, swimming avoidance (77%) and dietary changes (70%) were particularly common. The disease also impacted family life—31% of psoriasis patients reported ceasing sexual activity, and 16% abandoned plans to have children. Psoriasis also affected occupational choices—30% considered the disease when choosing a profession, and 22% changed their career path. In the acne group, dietary changes (65.3%) and lifestyle adjustments (42.1%, including smoking and alcohol consumption) were most frequent. Notably, acne did not significantly influence decisions related to education or employment.

Significant gender differences were observed in selected areas. Women with psoriasis were more likely to forgo makeup (29% vs. 5%; p < 0.001) and to retire early (11% vs. 2%; p = 0.014), while men more frequently chose to start their own businesses (13% vs. 3%; p = 0.033). Among acne patients, the only notable gender difference concerned makeup discontinuation (43.3% of women vs. 4% of men; p < 0.001). Women with acne also reported a greater impact of the disease on their social life (p = 0.011).

Both studies revealed a significant negative correlation between illness acceptance and the impact of the disease on major life decisions. For psoriasis, the correlation was $r = –0.545$ ($p < 0.001$), and for acne, $r = –0.475$ ($p < 0.001$), indicating that lower acceptance of the disease is associated with a greater influence on life choices.

These findings underscore the necessity of a holistic approach to dermatological care, one that addresses not only somatic symptoms but also provides psychological and social support. Illness acceptance and the subjective perception of the disease's impact should be integral components of patient assessment and comprehensive therapeutic planning.