

# PERCEIVED STRESS AND INFLAMMATORY SKIN DISEASES : AN ANALYSIS OF DATA REGARDING 7273 PATIENTS

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## INTRODUCTION

Acne, atopic dermatitis (AD), hidradenitis suppurativa (HS) and psoriasis are chronic, inflammatory skin diseases which are frequently accompanied by reduced quality of life (QoL) and increased stress. As such, they impact the patient's Quality of Life and well-being. Stress was defined for the first time in 1936 as the physiological adaptive responses to perceived (psychological) or real (physical) threats ("stressors") to an organism.

Objective :to assess the levels of perceived stress in adult patients with acne, AD, HS or psoriasis

## MATERIAL & METHODS

This was an observational, cross-sectional, non-comparative study conducted between October 2020 and February 2021 in France. The study complied with local legal requirements for the conduct of this type of study and received ethics committee approval [CPP Ile de France X, 2020-AO1621-38] in October 2020. Patient confirmed their non-opposition to the use of their personal data for the purpose of this study.

The present study was initiated upon the request of 5 patient associations used to regularly run large-scale surveys. Stress was assessed through the perceived stress scale (PSS). Stress was assessed using the perceived stress scale (PSS).(24) This questionnaire measures the degree to which situations in one's life are appraised as stressful as well as the patient's well-being. A score <21 indicates that the patient is able to cope with his stress; a score between 21 and 26 indicates that the patients are able to cope most of the time with his stress. However, they are unable to cope with some stressful situations. Patients with a score >27 consider that life is an eternal threat. They suffer most of the time of situations without being able to cope with them.

## RESULTS

7273 patients participated in this study; 1605 had acne, 2538 had AD, 801 had HS, and 2329 had psoriasis. The mean age was 40.62 years; 69.25% were women and 54.37% were employed. The severity of the conditions was considered moderate by 49.73% of patients.

Less than 1 patient out of 5 declared having been able to benefit from a psychological support prescription, 17% for eczema and Verneuil (hidradenitis suppurativa) patients, and around 13% for acne and psoriasis patients.

What is interesting to note is that only 2 out of 3 patients who were offered psychological support finally accepted it.

One third refused for various reasons, including the cost of the psychologist to the patients or the distance of the therapist.

To the question "Are you satisfied with the management of your dermatosis?", more than 1 patient out of 2 answered "yes": 50% for acne, 56% for psoriasis and Verneuil, and nearly 70% for eczema.

Between 9 and 20% of patients confided that they did not know if they were satisfied or not with their treatment.

In terms of perceived stress, more than one subject out of two expressed an uncontrolled perceived stress in the questionnaire used (table 1).

81% of psoriatic respondents who declared that their dermatosis had an impact on their physical appearance had uncontrolled stress (compared to 70% of those who did not declare it).

74% of atopic respondents who reported that their dermatosis affected their physical appearance had uncontrolled stress (versus 57% of those who did not).

74% of acne respondents who reported that their dermatosis affected their physical appearance had uncontrolled stress (versus 67% of those who did not report it).

STRESS PERCEIVED BY ECZEMA SUBJECTS	N	%
None	338	13,60 %
Stress controlled	525	21,12 %
Stress not controlled	1623	65,29 %
STRESS PERCEIVED BY PSORIASIS	N	%
SUBJECTS		
None	82	4,57%
Stress controlled	524	29,18%
Stress not controlled	1190	66,26%
STRESS PERCEIVED BY ACNE SUBJECTS	N	%
None	101	8,67 %
Stress controlled	244	20,94 %
Stress not controlled	820	70,39 %
STRESS PERCEIVED BY HS SUBJECTS	N	%
None	73	17,51 %
Stress controlled	124	29,74 %
Stress not controlled	220	52,76 %

## DISCUSSION

In patients with chronic skin diseases, stress, together with a decreased Quality of Life, is an important issue requiring specific attention and psychological support. Implementing a patient-centred management in chronic skin diseases may thus reduce psychological stress, increase QoL and potential medical adherence to treatment, leading finally to an improved treatment outcome.