

Psychosocial Problems and Adjustment Patterns among Patients with Psoriasis

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Abstract

Background: Psoriasis is a chronic condition that significantly impacts many facets of life and causes patients to experience several psychosocial issues that impair their ability to adjust. This study **aimed** to assess psychosocial problems and adjustment patterns among patients with psoriasis. This study utilized a descriptive-correlational **design**. The dermatology department and outpatient clinic at Benha University Hospital in Benha City, Qalyubia Governorate, served as the study's **setting**. **Sample:** a convenient sample of 100 psoriasis patients was selected from the previous setting. **Instruments:** (1): A structured Interviewing Questionnaire Sheet, (11): Psychosocial Problems scale and (111): adjustment patterns scale. **Results** reflected that less than half of studied patients had moderate level of psychosocial problems. Also, more than half of the studied patients had low level of adjustment patterns. The study **concluded** that there was a highly statistically significant negative correlation between mean scores of total levels of psychosocial problems and adjustment patterns among the studied patients. According to results researchers **Recommended** conduction of stress management and assertiveness training program for all patients with psoriasis to relieve their psychosocial problems and enhance adjustment patterns.

Keywords: Adjustment patterns, Psoriasis, Psychosocial Problems

Introduction:

One prevalent chronic inflammatory condition is psoriasis, wherein the skin, particularly the extensor regions of the arms and legs, face, scalp, lower back, palms, and occasionally nails, develops elevated, erythematous plaques coated in silvery scales. Profound psychosocial comorbidity is linked to psoriasis, and its impact goes far beyond its clinical manifestations. Psychosocial comorbidities that are closely linked to psoriasis include substance abuse, suicidal thoughts, and depression and anxiety (Blackstone et al., 2023).

Furthermore, psoriasis is a chronic condition that has an unpredictable path of remissions and relapses, requires long-term

care, and has no known cure. It also frequently interferes with a patient's ability to engage in social activities, job, education, and marriage. Social and psychological issues include low self-esteem, increased impulsivity, elevated depression and anxiety, inferiority, exclusion from peer group activities, and sexuality issues are all highly likely to emerge in psoriasis patients (Arora, 2023).

Every aspect of the patient's functioning is impacted by the psychosocial effects of psoriasis. It affects the patient's relational (work, family, and community) and intimate (emotional well-being, personal relationships, sexuality, and leisure) areas (Torales et al., 2022). Moreover, patients are more sensitive to other people's views and worry about how

others see or assess them, avoiding publicity and defending their self-worth. This might lead to feelings of loneliness, sadness, and shyness, making it difficult for them to complete tasks or enjoy things (**Dickson, 2023**).

Adjustment patterns toward psychosocial problems that come from psoriasis disease is highly significant and pose many obstacles and opportunities. Including, enabling the patients to develop realistic objectives and discover personal abilities and expertise (**Wang et al., 2022**). In addition to encouraging patients to verbalize their fears, emotions, feelings, and thoughts about the current situation, as well as to reinforce positive coping responses, positive appraisal is a key component of adjusting to chronic illness, which entails taking constructive actions when considering the effects of the illness. A positive evaluation can help people feel better and seek support by substituting pride and contentment for feelings of anger and grief (**Kim&Noh, 2023**).

When providing psoriasis patients with holistic care, psychiatric mental health nurses play a crucial role since they should see the patients as a single bodily, psychological, social, and spiritual entity. When it comes to health promotion, prevention, treatment, and rehabilitation, nurses play a part in health education. Additionally, nursing staff who work with patients who have psoriasis need to be extremely knowledgeable about lifestyle modifications, including physical activity, dietary changes, health improvement, psychological adaptation and stress management, social support, and self-concept enhancement (**Aldeen, 2024**).

Significance of the study:

Worldwide, 125 million people suffer with psoriasis, a chronic and recurrent skin condition. It causes morbidity and several serious psychosocial issues. **In Egypt**

percentage varies from 0.19% to 3% of population (**Abdallah et al., 2023**). Psoriasis patients have a greater prevalence of psychosocial problems (20–50%) and are 1.5 times more likely to have depressive symptoms than people without psoriasis (**Hamidizadeh et al., 2023**).

Additionally, psoriasis negatively influences many facets of a patient's life, causing physical discomfort and limiting everyday activities that have a substantial impact on social and professional functioning (**Zhong et al., 2023**). Additionally, psoriatic patients exhibit significant distortions in their perspective of their bodies, which negatively affects not only their psychosocial and adjustment patterns but also treatment outcomes and adherence (**Rzeszutek et al., 2022**). Therefore, this study aims to assess psychosocial problems and adjustment patterns among patients with psoriasis

Aim of the study:

This study aimed to assess psychosocial problems and adjustment patterns among patients with psoriasis

Research questions:

- 1- What are the levels of psychosocial problems and adjustment patterns among patients with psoriasis?
- 2- Is there a relation between psychosocial problems and adjustment patterns among patients with psoriasis?

Subject and Methods:

Design: A descriptive correlational design was utilized to achieve the aim of this study.

Setting: The current study was carried out at the dermatology department and the dermatology outpatient clinic in the phototherapy unit at Benha University Hospital, Benha City, Qalyubia Governorate. Both facilities are affiliated to the Ministry of High Education and provide services to the

city of Benha and the nearby villages. Located on the ground level of the outpatient building, the dermatological outpatient clinic is open from 9 a.m. to 12 p.m. and consists of a single room that is separated into waiting, examination, and diagnostic areas. Every day except Friday, this clinic offers dermatological care and follow-up services.

The dermatology department is situated in the medical building on the seventh floor. It has two entrances: one for resident patients and another that leads to a narrow band room and a room for laser treatment. There are four beds in each room. For the treatment of psoriasis patients, the chosen hospital designated four days each week (Saturday and Tuesday for females and Sunday and Thursday for males) from 9 am to 1 pm. Additionally, the hospital offers both male and female patients two treatments per week on narrow band UVB machinery.

Sample Size:

One hundred psoriasis patients having a medical diagnosis from the forementioned setting were included in the study. With a 95% confidence interval and at 80% power analysis, the sample size was between 80 and 100 psoriasis patients. Based on the number of recurrent cases from the prior year, a sample size of 100 patients was chosen.

Sample Technique:

The following inclusion criteria were used to select a convenient sample of 100 psoriasis patients: a confirmed diagnosis of psoriasis, no history of psychiatric disorders, and the absence of other dermatological disorders.

Instruments of Data Collection: Three instruments were used.

Instrument (1): A Structured Interviewing Questionnaire Sheet:

The researchers created the questionnaire to evaluate the following

components based on a scientific evaluation of the literature:

Section I: Socio-demographic data: To obtain information regarding (age, sex, marital status, educational level, occupation, monthly income and residence).

Section II: Clinical data: To obtain information regarding (duration of disease, type of psoriasis, affected site, the symptoms experiencing, number of hospitalizations and family history).

Instrument (II): Psychosocial problems scale:

It was developed by (Zaki, 2008). It evaluated the psychosocial issues that psoriasis sufferers face. It contained 33 items in 5 categories: 12 items were related to psychosocial problems; 10 items were related to the vocational and social environment; 4 items were related to the domestic environment; 4 items were related to family relationships; and 3 items were related to emotional relationships. On a scale of 0 to 2, each response was given a score (2 = always, 1 = sometimes and 0 = rarely). Psychosocial problems were low for those with high scores and high for those having low scores.

Scoring system:

0-22: high psychosocial problems.

23-44: moderate psychosocial problems.

45-66: low psychosocial problems.

Instrument (III): Adjustment patterns scale:-

It was developed by (Zaki, 2008). It evaluated the psychosocial adjustment patterns psoriasis patients employed. It contains 51 items in 3 categories: avoidant patterns, seeking support and active patterns.

- Avoidant patterns: (23 items) including 4 subcategories, emotional venting (6 items), denial (3 items), cognitive

withdrawal (5 items) and negativity (9 items).

- Seeking support (9 items) including 2 subcategories, turning to religion (4 items) and seeking social support for instrumental reason (5 items).
- Active patterns: (19 items) including 4 subcategories, planning (4 items), acceptance (4 items), positive interpretation (3 items) and active coping (8 items).

Each answer being scored on a scale value of 0 to 2 (2=use always, 1=use sometimes, 0=use rarely),

Scoring system:

0-50: low use of the adjustment pattern.

51-102: High use of the adjustment pattern.

Administrative approval:

The dean of Benha University's nursing faculty and the director of Benha University Hospital in the Qalyubia Governorate granted formal consent for data collecting prior to the study's execution. The administrative staff were given information on the purpose and nature of the study. The subjects gave their oral consent to engage in the study, after which it proceeded without encountering any opposition.

Validity

Five experts in the field of psychiatric mental health nursing from Benha University served on the jury that conducted the content validity of the instruments, evaluating their applicability, comprehensiveness, relevance, and clarity. The final form was created after researchers made several adjustments, such as rewording and rearranging some sentences and adjusting the instruments' Arabic and English translations.

Reliability:

By giving the identical instruments to the same subjects in comparable circumstances on

one or more occasions, the researchers used reliability to verify the internal consistency of the instruments. Alpha Cronbach reliability was used to compare the results of multiple tests (Test-re-Test reliability). At (0.92) for the psychosocial problems scale and (0.95) for the adjustment patterns scale, the instruments demonstrated strong reliability.

Ethical considerations:

- Prior to data collection and following an explanation of the study's purpose, ethics committee approval was obtained from Benha University's faculty of nursing (REC. PSY. NP46).

- Prior to data collection and after outlining the purpose of the study, the patients under study gave their consent to take part.

- Patients' anonymity was guaranteed since each completed questionnaire was assigned a code number rather than their names.

- The patients were given the assurance that the questionnaire would only be utilized for the study and would be thrown away at its end.

- The patients who took part in the research were made aware of their freedom to leave at any moment and without explanation.

A Pilot study:

To evaluate the instruments' applicability, clarity, and dependability, a pilot study was carried out. To do that, ten patients, or 10% of the entire sample, were used for study testing. Later, this sample was removed from the study's true sample.

The results of the pilot study:

(1) The instruments were clear and applicable; however, several statements were reworded and retranslated to make them easier for the patients under study to grasp.

(2) No difficulties were found to be interfering with the data collection procedure.

(3) The instruments were prepared for usage after this pilot study

Field work:

The actual field work of this current study was carried out within 3 months from the beginning of September 2024 to the end of November 2024, through the following steps:

- The researchers greeted and introduced herself to the patients under study before beginning data collection. To secure the cooperation of the patients under study, a thorough description of the purpose, importance, and kinds of instruments required to complete the study was given. Prior to data collection, each patient's oral agreement was gained.
- Individual interviews were conducted with each patient in the waiting areas of the dermatology department in the phototherapy unit at Benha University Hospital and the dermatology outpatient clinic.
- Under the researchers' supervision, each patient completed the questionnaire. The researchers assisted patients who struggle with reading in recording their responses.
- The researchers collected data from the dermatology department and outpatient clinic by visiting the hospital twice a week (on Thursday and Saturday) from 9 and 11 a.m. Interviews were conducted with an average of four to five patients per day, or 32:34 patients every month. The study instruments took an average of thirty to forty minutes to complete. It took roughly ten minutes to complete the sociodemographic and clinical data, fifteen minutes to complete the psychosocial problems scale, and fifteen minutes to complete the adjustment patterns scale. Following the completion of the study instruments, the researchers thanked the patients for their participation and revised ensure all the data was complete.

Statistical analysis:

The Microsoft Excel Program and Statistical Package for Social Science (SPSS) version 20 computer program was used to perform the statistical analysis of the data. Data were presented using descriptive statistics in the form of frequencies and percentage of categorical data, the arithmetic mean (X) and standard deviation (SD) for quantitative data. Qualitative variables were compared using chi square test (X)², P-value to test association between two variables and R- test to the correlation between the study variables.

Results:

Table (1) mentions percentage distribution of the patients under study according to their socio-demographic data. It reports that, half (50%) of the studied patients their age ranged between 55-≤65 years with Mean age (49.52 ± 7.39) years. As regard to sex and marital status, more than half and two-thirds (62% & 66%) of them are males and married, respectively. In addition, less than half (45%) have secondary education/diploma level, more than half (60%) of the studied patients are unemployed and half (50%) of those who are employed have free work. Findings illustrate also, more than two thirds and more than half (68% & 52%) of the studied patients have insufficient income and residing at rural areas respectively.

Table (2) shows percentage distribution of the studied patients according to their clinical characteristics. It reveals that, two-fifths (40%) of the studied patients have psoriasis from less than 5 years, with Mean age (6.56 ± 3.07) years, less than two thirds (62%) have plaque psoriasis, and more than half (56%) have psoriasis at the upper extremities. In addition, the majority (88% and

84%) of the studied patients have a symptom as itching and scaly, respectively. Also, results reveal that, the majority (80%) of the studied patients were never admitted to hospital, more than one quarter (27%) have a family history of psoriasis and more than half of those with family history (55.6%) have brother or sister suffer psoriasis.

Figure (1) illustrates percentage distribution of the studied patients related to psychosocial problems subscale. It illustrates that less than half of the studied patients (42% & 41%) have moderate level about vocational and social environment and emotional relationship, respectively. Moreover, more than one third of the studied patients (33% & 35%) have high level about psychological problems, family relationship and domestic environment respectively.

Figure (2) clarifies percentage distribution of the studied patients related to total psychosocial problems. It reports that less than half of studied patients (40%) have moderate level of total psychosocial problems. Also, more than one third of studied patients (33%) have high level of total psychosocial problems. While less than one third of the studied patients (27%) have low level of total psychosocial problems,

Figure (3) reports percentage distribution of the studied patients related to adjustment patterns subscale. It illustrates that more than half (59, 62%) of the studied patients have low level of avoidant pattern and seeking support respectively. Also shows that less than half (43%) of the studied patients have high level of active patterns.

Figure (4) reveals percentage distribution of the studied patients related to total adjustment patterns. It reports that more than half of the studied patients (61%) have low level of using adjustment patterns. While nearly two-fifths (39%) of the studied patients have high levels of using adjustment patterns.

Table (3) reports relationship between socio-demographic data and total level of psychosocial problems among the studied patients. It shows that, there is highly statistically significant relation between total psychosocial problems of the studied patients and their monthly income of the family at ($P = < 0.01^{**}$). Also, there is statistically significant relation with their age and educational level at ($P = < 0.05^{*}$). While there is no statistically significant relation with their sex, marital status, occupation and residence at ($P = > 0.05$).

Table (4) mentions relationship between clinical characteristics and total level of psychosocial problems among the studied patients. It displays that, there is statistically significant relation between total psychosocial problems of the studied patients and their type of psoriasis and number of hospitalizations at ($P = < 0.05^{*}$). While there is no statistically significant relation with their duration of disease and family history of psoriasis at ($P = > 0.05$).

Table (5) illustrates relationship between socio-demographic data and total level of adjustment patterns among the studied patients. It demonstrates that, there is statistically significant relation between total adjustment patterns of the studied patients and their monthly income of the family at ($P = < 0.05^{*}$). While there is no statistically significant relation with their age, sex, marital status, educational level, occupation and residence at ($P = < 0.05$).

Table (6) shows relationship between clinical data and total level of adjustment patterns among the studied patients. It displays that, there is highly statistically significant relation between total adjustment patterns of the studied patients and their duration of disease and number of hospitalizations at ($P = < 0.01^{**}$). While there is no statistically significant relation with their type of psoriasis and family history of psoriasis at ($P = > 0.05$).

Psychosocial Problems and Adjustment Patterns among Patients with Psoriasis

Table (7) mentions correlation between total psychosocial problems and total adjustment patterns among the studied patients. It reports that, there are highly statistically negative

correlations between total psychosocial problems and total adjustment pattern of the studied patient at p. value < 0.01**.

Table (1): Percentage distribution of the studied patients according to their socio-demographic data (n=100).

Socio-demographic data	Studied patients (n = 100)	
	No.	%
Age (years)		
15 < 25 years	8	8.0
25 < 35 years	9	9.0
35 < 45 years	14	14.0
45 < 55 years	19	19.0
55 ≤ 65 years	50	50.0
Mean ± SD 49.52 ± 7.39		
Sex		
Male	62	62.0
Female	38	38.0
Marital status		
Single	19	19.0
Married	66	66.0
Widowed	12	12.0
Divorced	3	3.0
Education level		
Illiterate	8	8.0
Read and writes	8	8.0
Primary education	10	10.0
Preparatory education	16	16.0
Secondary education / diploma	45	45.0
University education	13	13.0
Occupation		
Employed	40	40.0
Unemployed	60	60.0
In the case of work, what kind of work? (n=40)		
Private sector employee	10	25.0
Public sector employee	10	25.0
Free work	20	50.0
Monthly income of the family		
Enough	20	20.0
Enough and save	12	12.0
Not enough	68	68.0
Residence		
Urban	48	48.0
Rural	52	52.0

Table (2): Percentage distribution of the studied patients according to their clinical characteristics (n=100).

Clinical characteristics of the studied patients	Studied patients (n = 100)	
	No.	%
Duration of disease(years)		
< 5 years	40	40.0
5 < 10 years	32	32.0
10 < 15 years	16	16.0
≥ 15 years	12	12.0
Mean ± SD 6.56 ± 3.07		
Type of psoriasis		
Plaque psoriasis	62	62.0
Guttate psoriasis	10	10.0
Inverse psoriasis	8	8.0
Pustular psoriasis	20	20.0
Affected site*		
The head	32	32.0
The trunk	20	20.0
The upper extremities	56	56.0
The lower extremities	36	36.0
All parts of the body	40	40.0
The symptoms that you are experiencing*		
Scaly	84	84.0
Itching	88	88.0
Pain in the skin	64	64.0
Pain in the joints	36	36.0
Cracked skin	44	44.0
Burning of the skin	24	24.0
Bain deformity	12	12.0
Bleeding	4	4.0
Number of hospitalizations		
Never	80	80.0
Once	12	12.0
Twice	8	8.0
Three times or more	0	0.0
Is there a family history of psoriasis?		
Yes	27	27.0
No	73	73.0
If the answer is yes, who is it? (n=27)		
The father/the mother	9	33.3
The brother/the sister	15	55.6
The uncle	3	11.1

(*) Responses not mutually exclusive

Psychosocial Problems and Adjustment Patterns among Patients with Psoriasis

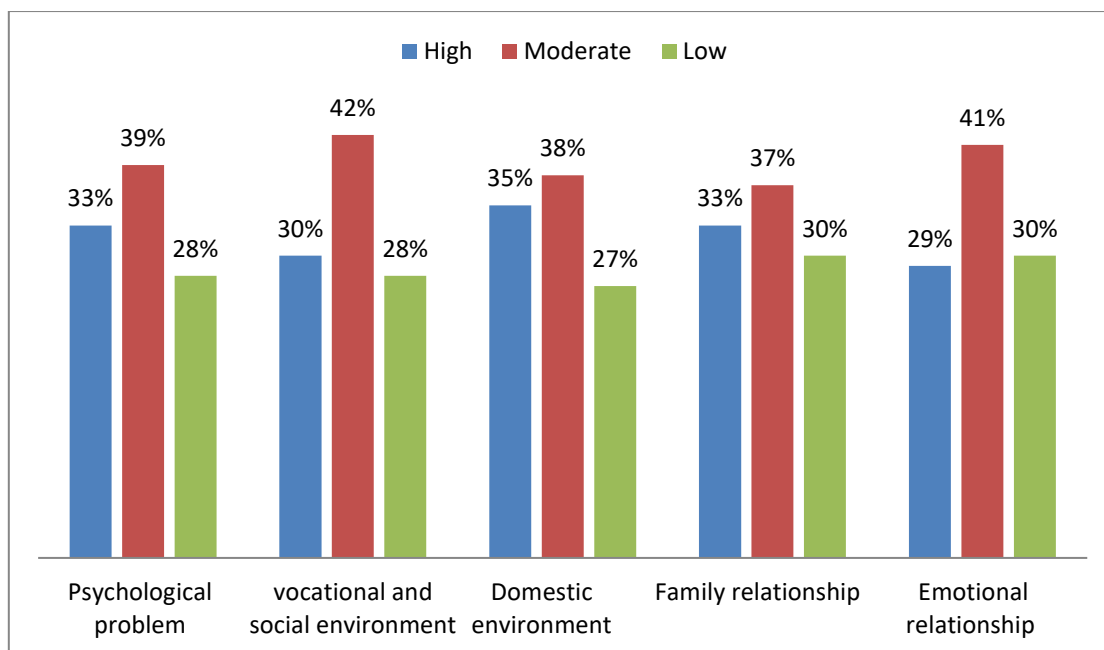


Figure (1) Percentage distribution of the studied patients related to psychosocial problems subscale (No= 100)

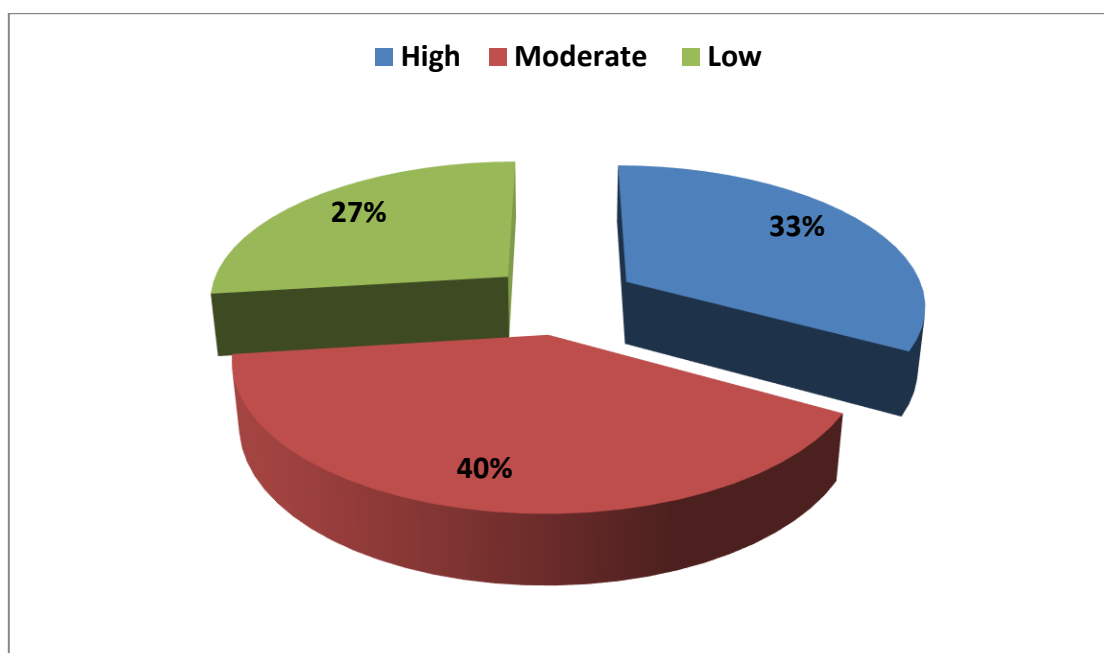


Figure (2) Percentage distribution of the studied patients related to total psychosocial problems (No= 100)

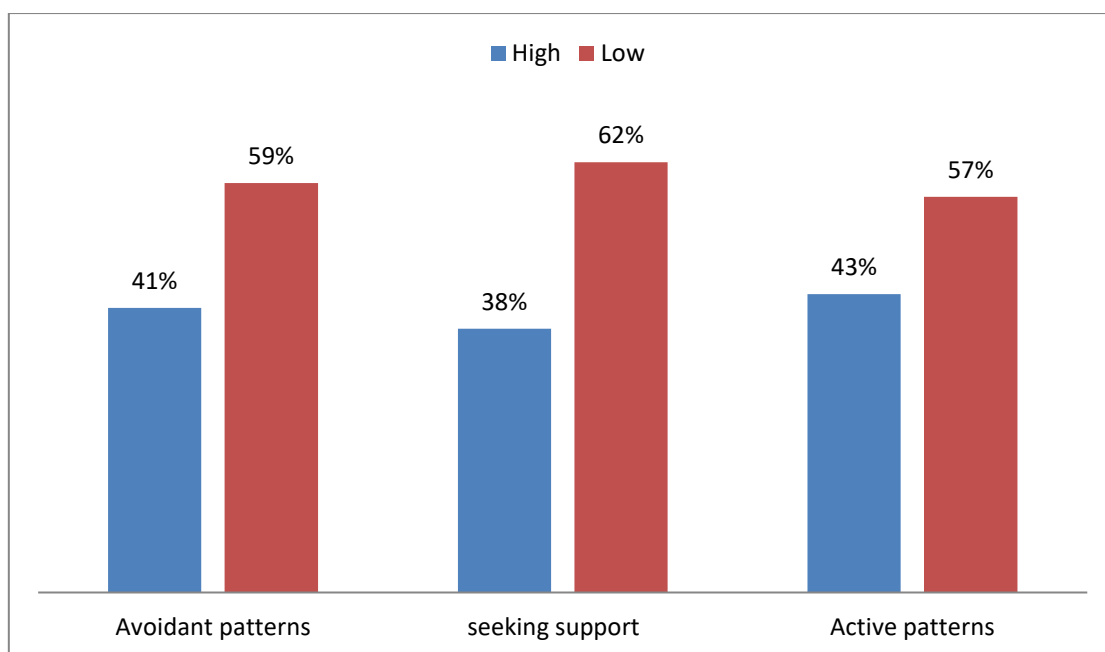


Figure (3) Percentage distribution of the studied patients related to adjustment patterns subscales (No= 100)

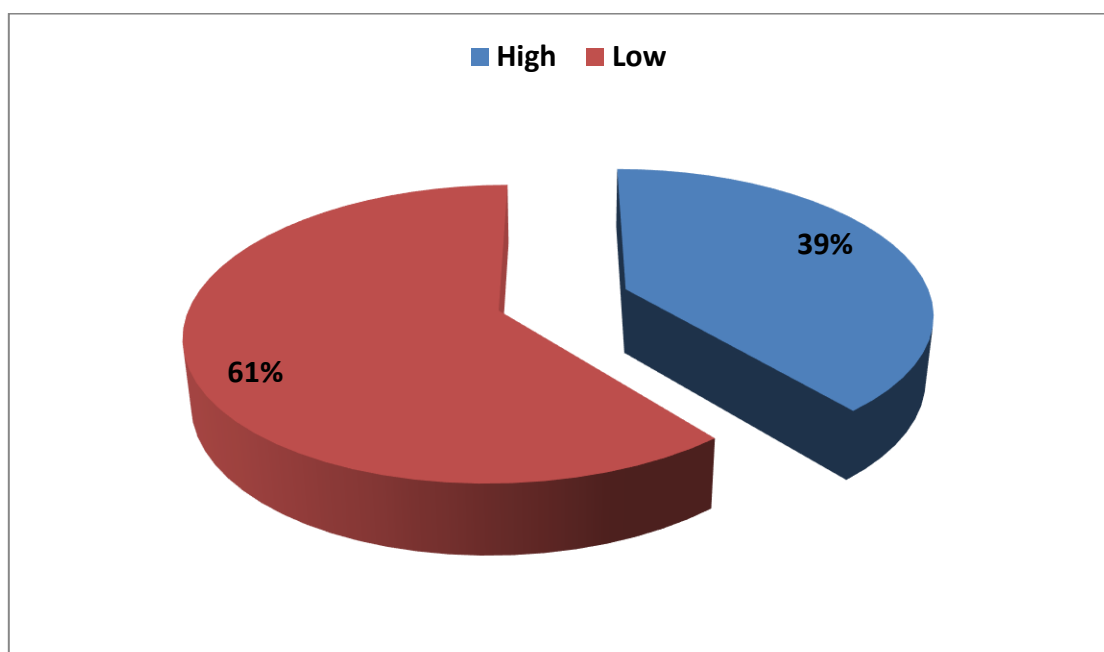


Figure (4) Percentage distribution of the studied patients related to total of adjustment patterns (No= 100).

Psychosocial Problems and Adjustment Patterns among Patients with Psoriasis

Table (3): Relationship between socio-demographic data and total level of psychosocial problems among the studied patients (n=100).

Socio-demographic data		Total level of psychosocial problems						X ²	P-Value
		High		Moderate		Low			
		No.	%	No.	%	No.	%		
Age (years)	15 < 25 years	4	5.9	0	0.0	4	33.3	13.30	<0.05*
	25 < 35 years	9	13.2	0	0.0	0	0.0		
	35 < 45 years	8	11.8	3	15.0	3	25.0		
	45 < 55 years	13	19.1	5	25.0	1	8.3		
	55 ≤ 65 years	34	50.0	12	60.0	4	33.3		
Sex	Male	39	57.4	14	70.0	9	75.0	2.027	>0.05
	Female	29	42.6	6	30.0	3	25.0		
Marital status	Single	15	22.1	0	0.0	4	33.3	10.13	>0.05
	Married	42	61.8	16	80.0	8	66.7		
	Widowed	8	11.8	4	20.0	0	0.0		
	Divorced	3	4.4	0	0.0	0	0.0		
Educational level	Illiterate	7	10.3	1	5.0	0	0.0	13.61	<0.05*
	Read and writes	7	10.3	1	5.0	0	0.0		
	Primary education	7	10.3	2	10.0	1	8.3		
	Preparatory education	12	17.6	4	20.0	0	0.0		
	Secondary education / diploma	24	35.3	12	60.0	9	75.0		
	University education	11	16.2	0	0.0	2	16.7		
Occupation	Employed	27	39.7	10	50.0	3	25.0	1.961	>0.05
	Unemployed	41	60.3	10	50.0	9	75.0		
Monthly income of the family	Enough	12	17.6	6	30.0	2	16.7	19.80	>0.01**
	Enough and save	2	3.0	2	10.0	8	66.7		
	Not enough	54	79.4	12	60.0	2	16.7		
Residence	Urban	36	52.9	8	40.0	4	33.3	2.212	>0.05
	Rural	32	47.1	12	60.0	8	66.7		

No significant at $p > 0.05$. *Significant at $p < 0.05$. **highly significant at $p < 0.01$.

Table (4): Relationship between clinical characteristics and total level of psychosocial problems among the studied patients (n=100).

Clinical characteristics		Total level of psychosocial problems (n=100)						X ²	P- Value
		High		Moderate		Low			
		No.	%	No.	%	No.	%		
Duration of disease (years)	< 5 years	24	35.3	8	40.0	8	66.7	8.392	> 0.05
	5 < 10 years	24	35.3	4	20.0	4	33.3		
	10 < 15 years	12	17.6	4	20.0	0	0.0		
	≥ 15 years	8	11.8	4	20.0	0	0.0		
Type of psoriasis	Plaque psoriasis	42	61.8	12	60.0	8	66.7	16.44	< 0.05*
	Guttate psoriasis	6	8.8	0	0.0	4	33.3		
	Inverse psoriasis	4	5.9	4	20.0	0	0.0		
	Pustular psoriasis	16	23.5	4	20.0	0	0.0		
Number of hospitalizations	Never	52	76.4	20	100.0	8	66.7	12.09	< 0.05*
	Once	8	11.8	0	0.0	4	33.3		
	Twice	8	11.8	0	0.0	0	0.0		
Family history of psoriasis	Yes	22	32.4	2	10.0	3	25.0	3.945	> 0.05
	No	46	67.6	18	90.0	9	75.0		

No significant at p > 0.05.

***Significant at p < 0.05.**

Psychosocial Problems and Adjustment Patterns among Patients with Psoriasis

Table (5): Relationship between socio-demographic data and total level of adjustment patterns among the studied patients (n=100).

Socio-demographic data		Total level of adjustment patterns (n=100)				X ₂	P- Value
		High		Low			
		No	%	No	%		
Age (years)	15 < 25 years	4	10.3	41	67.2	9.570	>0.05
	25 < 35 years	35	89.7	20	32.8		
	35 < 45 years	14	35.8	4	6.6		
	45 < 55 years	30	79.9	45	73.8		
	55 ≤ 65 years	4	10.3	6	9.8		
Sex	Male	20	51.3	28	45.9	4.621	>0.05
	Female	19	48.7	33	54.1		
Marital status	Single	0	0	0	0	3.975	>0.05
	Married	4	10.3	6	9.8		
	Widowed	5	12.8	10	16.4		
	Divorced	30	79.9	45	73.8		
Educational level	Illiterate	0	0	0	0	10.74	>0.05
	Read and writes	1	2.6	1	1.6		
	Primary education	4	10.3	26	42.6		
	Preparatory education	0	0	0	0		
	Secondary education / diploma	20	51.3	30	49.2		
	University education	14	35.8	4	6.6		
Occupation	Employed	4	10.3	6	9.8	3.284	>0.05
	Unemployed	35	89.7	55	90.2		
Monthly income of the family	Enough	4	10.3	6	9.8	13.58	<0.05*
	Enough and save	5	12.8	10	16.4		
	Not enough	30	79.9	45	73.8		
Residence	Urban	30	79.9	10	16.4	3.293	>0.05
	Rural	9	23.1	51	83.6		

No significant at $p > 0.05$.

*Significant at $p < 0.05$.

Table (6): Relationship between clinical characteristics and total level of adjustment patterns among the studied patients (n=100).

Clinical characteristics		Total level of adjustment patterns(n=100)				X ²	P-Value
		High		Low			
		No.	%	No	%		
Duration of disease (years)	< 5 years	4	100.0	21	38.2	22.79	0.001**
	5 < 10 years	0	0.0	24	43.6		
	10 < 15 years	0	0.0	6	10.9		
	≥ 15 years	0	0.0	4	7.3		
Type of psoriasis	Plaque psoriasis	6	75.0	31	56.5	5.176	>0.05
	Guttate psoriasis	2	25.0	8	14.5		
	Inverse psoriasis	0	0.0	8	14.5		
	Pustular psoriasis	0	0.0	8	14.5		
Number of hospitalizations	Never	8	100.0	46	83.6	10.46	0.001**
	Once	0	0.0	8	14.5		
	Twice	0	0.0	1	1.8		
Family history of psoriasis	Yes	0	0.0	14	25.5	6.745	>0.05
	No	8	100.0	41	74.5		

. No significant at $p > 0.05$.

**highly significant at $p < 0.01$.

Table (7): Correlation between total psychosocial problems and total adjustment patterns among the studied patients (n=100).

Correlation between Studied Variables	Total adjustment patterns(n=100)
Total psychosocial problems(n=100)	r. -.699 p. value .01**

**highly significant at $p < 0.01$ **

Discussion

Psoriasis is one of the most prevalent dermatological conditions, in which about 2% of people worldwide suffer it. Patients experience a recurrent and intermittent course of illness, which is indicative of a chronic illness. Having a chronic condition like psoriasis makes it difficult for the person to function and go about their everyday life. It is associated with physical handicap, pain, discomfort, and social stigma. Patients' psychosocial aspects are negatively impacted by the physical look of psoriasis lesions (Ferri, 2022).

According to the sociodemographic details of the patients under study, the mean age of the patients was 49.52 ± 7.39 years, and half of them were between the ages of 55 < 65. According to the study, this outcome may be because people at this age were more susceptible to psoriasis since their aging skin was less able to withstand flare-ups of the condition. This conclusion was confirmed by Mohamed et al., (2022), who discovered that around half of the patients in the study were older than 50. Additionally, Zhong et al., (2023) reported that most of the patients in the study were between the ages of 50 and 60. However, research by El-Komy et al., (2022) found that the study group's mean age was 39.3 ± 17.9 years, which contradicted this conclusion.

In terms of sex, the current research's findings showed that less than two-thirds of the patients were men. According to researchers, this might be because cigarette smoking more common among men which considered risk factor of psoriasis. Alajmi et al., (2021) provided support for this finding by pointing out that less than two-thirds of the patients under study were men. This result contradicts Salle et al., (2023) reported that less than two-thirds of the patients under study were female.

Concerning marital status, the present research indicated that, two-thirds of patients were married. From researchers' perspective, this result might be because the majority of the studied patients were old as their age ranged between 55-≤65 years. This finding aligned with the findings of Yavuz Daglioglu et al., (2023), who reported that almost two-thirds of the patients were married.

According to the current study, less than half of participants had a secondary education or a diploma. According to the researchers, this outcome might be because most Egyptians prefer to finish their intermediate education, especially because over half of the research participants came from rural areas. This finding concurred with Taliercio et al., (2022), who discovered that less than half of the patients had a diploma or secondary education. However, Homayoon et al., (2022) reported that almost three-quarters of the subjects had a high degree of education, which contrasted with this conclusion.

Regarding occupation, the present study indicated that more than half of the studied patients was unemployed. According to the researchers, this result might be due to that most of the studied patients age ranged between 55-≤65 years and were reaching the retirement age. This result was agreed with Zhong et al., (2023) stated that more than half of the studied patients were unemployed. This finding disagreed with a study done by Kumsa et al., (2023) reported that, the majority of the studied patients were employees.

The current study found that over two-thirds of the patients under study had inadequate monthly income. From researchers' perspective, this result might be because more than half of the studied patients were unemployed. This finding disagreed with Mohamed et al., (2022) stated that

about three quarters of studied patients had enough family monthly income.

Regarding residence, the present study indicated that, more than half of participants were living in rural areas. This outcome may be explained by the fact that in Egypt the percentage of people living in cities had been steadily declining as more people relocated to rural areas because of rising living expenses. This conclusion coincided with the findings of **Aladl et al., (2022)**, who found that over half of the patients in the study lived in rural areas. This conclusion contrasted with that of **Constantin et al. (2023)**, who concluded that almost two-thirds of patients lived in cities.

Based on the patients' clinical data, the current study found that two-fifths of the patients had psoriasis for less than five years, with a mean age of 6.56 ± 3.07 years. According to the researchers, this outcome might be because the patients in the study had psoriasis for a long time because it's a chronic condition. This conclusion was in line with **Park & Kim's (2022)** findings, which showed that the average duration of psoriasis in the individuals under study was under five years. Additionally, this conclusion was consistent with that of **Aladl et al., (2022)**, who discovered that over half of the patients in their study had psoriasis for less than five years. This conclusion conflicted with **Salle et al., (2023)** findings, which showed that the mean duration of psoriasis was 23.2 years (\pm standard deviation 15).

As regard to type of psoriasis, the present study indicated that, less than two thirds of the studied patients had plaque psoriasis. This result could be explained by the fact that psoriasis vulgaris (also known as chronic psoriasis or plaque-like psoriasis) is the most common form of psoriasis. In addition, doctors weren't sure why people get plaque

psoriasis. This result was in the same line with **Tanaka et al., (2024)** stated that the majority of patients had plaque psoriasis.

over half of the individuals in the study had psoriasis on their upper extremities. The finding that the upper extremities were the most susceptible area for psoriasis may be explained by the fact that the condition is more common in areas where friction and excessive sun exposure occur. This conclusion was contradicted by the findings of **Moselhy & Abdallah (2024)**, who found that the scalp and lower extremities were the body areas most affected.

Concerning to symptoms experiencing, the majority of the studied patients had a symptom as itching and scaly. According to the researchers, this result could be due to that, people with psoriasis have cells that reproduce much more rapidly than they could so the outer layer of the skin becomes especially thick and forming scale as well as heat, skin dryness, scale, hot water, sweating, and emotional stress can increase inflammation and make itching even worse.

This result coincided with **Liyanage et al., (2023)** finding that itching was a symptom experienced by most of the patients in the research. On the other hand, three quarters of the patients in the study experienced erythema, edema, and pruritis, along with potential palmoplantar involvement and psoriatic nail alterations, according to **Alajlan et al., (2022)**.

The current investigation found that most of the patients did not have a history of hospitalization based on the number of hospitalizations. According to the researchers, this outcome may be because the patients in the study had psoriasis for less than five years, and at-home treatment was effective in controlling their symptoms. This result was consistent with that of **Poór et al.,**

(2020), who noted that the majority of the participants in the study had no prior hospitalization history. However, this result was contradicted by **Bulat et al., (2022)**, who pointed out that 10% of the participants in the study had no prior hospitalization history.

Regarding family history of psoriasis, the result of current study showed that, more than one quarter had a family history of psoriasis. According to the researchers, this result might be due to that psoriasis disease had a genetic predisposition and psoriasis expression was a consequence of genetic susceptibility combined with immunological factors and environmental triggers. This finding was consistent with a study done by **Solmaz et al., (2022)** reported that, more than one quarter had a family history of psoriasis.

Regarding the subscale of psychosocial problems, the current study found that less than half of the patients had a moderate level of emotional relationships, vocational and social environment. This could be due to concerns about the future, recurrent follow-up, feelings of shame and stigma associated with the disease, or thoughts about the disease process. These results supported the findings of **Coelho et al., (2022)**, who reported that most of the patients under study had moderate psychosocial issues. Furthermore, **McInnes (2020)**, who noted that psoriasis is a chronic condition that causes depression and social isolation, validated these findings.

As regards total psychosocial problems the present study revealed that less than half of studied patients had moderate level of total psychosocial problems. While one third of studied patients had a high level of total psychosocial problems. Researchers believe this could be because some patients complain that society doesn't accept skin diseases because of their appearance. These

patients also report feeling anxious, depressed, and stressed when they meet new people, and they may feel like they were the targets of offensive comments. These negative effects on their private and social lives can lead to social dysfunction and embarrassment in social situations. This finding was agreed with a study done by **Hepat et al., (2023)** stated that, most of the studied patients had significantly higher level of total psychological problems, leading to higher rates of depression, anxiety and stress.

The current study found that over half of the patients showed poor levels of using seeking support when it came to the adjustment patterns subscale. According to the researchers, this outcome may be the result of psoriasis sufferers utilizing avoidant coping mechanisms to deal with their sickness. They may sleep more than normal or attempt to forget about the issue entirely to avoid thinking about it. However, these results conflicted with those of **Dimatteo (2022)**, who observed that psoriasis patients were more likely to seek support.

Regarding to using of active patterns, the present study revealed that less than half of studied patients had much use of active patterns. This finding was supported by **Braden, (2021)** mentioned that the patients with psoriasis disease who using active adaptation methods that made him face the problem and don't hesitate or withdraw and set specific goals for helping to reduce the burden of chronic disease.

As regard of adjustment patterns scale among the studied patients, the present study reported that, more than half of the studied patient had low level of using adjustment patterns. While nearly two-fifths of the studied patients had high levels of using adjustment patterns. From the researchers' point of view this might be due to that psoriasis is chronic skin disorder that might

had a negative effect on the patients ,the disease reduce patients' beauty as affect skin appearance that determines patients' body image and any pathologic change in the skin, psoriasis can decrease self-esteem, isolate patients from the society and had a poor effects on the private social life and adjustment pattern This finding in line with finding of **Dimatteo, (2022)** mentioned that, patients with psoriasis experiencing significant adjustment pattern impairments.

Concerning to the relationship between socio-demographic characteristics of patients and their total psychosocial problems, the result of this study revealed that there was a highly statistically significant relation between total psychosocial problems of the studied patients and their monthly income. From researchers' point of view this might be due to that psoriasis is a disease has an economic burden on the individual and their families due to the cost of treatment that make people more susceptible to stressors, increased anxiety and depression as well as this might be due to most studied patients with psoriasis are unemployed and not had fixed monthly income, with increasing disease process these lead to psychosocial problems.

This finding was supported by study done by **Pollo et al., (2021)** found that there was a highly statistically significant relation between total psychosocial problems of the studied patients and their monthly income. On other hand, this finding was disagreed with a study done by **Bakar et al., (2023)** found that there was no association between socio demographic data with psychological distress.

Moreover, the result of this current study revealed that there was a statistically significant relation between total psychosocial problems with patients' age and educational level. From researchers' point of view this might be due to that when the age

advances, patients may feel distressed, hopeless, and depressed due to the long duration of disease, treatment, pain, disability caused by psoriasis as well as the possibility of improvement decreased, become dissatisfied with the condition and have psychosocial problems. In addition to, patients with moderate level of education might be less aware of the nature of problem and more worried about potential consequences, hence have psychosocial problems.

This finding was parallel with a study done by **Pollo et al., (2021)** found that there was a significant relation between total psychosocial problems and patients' age and educational level. In other side, this finding was contraindicated with a study done by **Bakar et al., (2023)** noted that there is no association between socio demographic data with psychosocial problems.

Regarding to relationship between clinical data and total level of psychosocial problems among the studied patients, the current study results demonstrated that there was statistically significant relation between total psychosocial problems of the studied patients and type of psoriasis and number of hospitalizations. According to the researchers this might be due to that the majority of patients have plaque psoriasis that often occur on the scalp and extensor aspects of knees and elbows with considerable itching, and patients complain of soreness and pain with manifestations extending beyond visual presentation to encompass psychosocial burden. In addition to, the majority of the studied patients were never hospitalized, this may be due to that patients might adherence to treatment and condition is stable, but the disease affect psychosocial status. This finding was agreed with a study done by **Hepat et al., (2023)** stated that, there was statistically significant relation between total

psychosocial problems of the studied patients, their type of psoriasis and number of hospitalizations.

Regarding to relationship between socio-demographic data and total level of adjustment patterns among the studied patients, the current study results demonstrated that there was statistically significant relation between total adjustment patterns of the studied patients and their monthly income of the family. From the researchers' point of view this might be due to that most studied patients with psoriasis were unemployed and not have fixed monthly income, with increasing disease process these lead to decrease adjustment patterns.

This finding was supported with a study done by **Belachew et al., (2023)** mentioned that, there was a significant association between adjustment patterns of the studied patients and their monthly income. On other hand this finding was disagreed with a study done by **Ahmad Fuat et al., (2022)** stated that, there was no significant relation between total adjustment patterns of the studied patients and their monthly income of the family.

Concerning to relationship between clinical data and total level of adjustment patterns among the studied patients, the current study results indicated that there was a highly statistically significant relation between total adjustment patterns of the studied patients, their duration of disease and the number of hospitalizations. According to the researchers this might be due to the fact that patients with long duration of disease have a significant impact on mental, emotional, social functioning and well-being as they feel disappointed and loss of hope. In addition to, most of the studied patients may come to hospital regularly to seek treatment affect their adjustment patterns.

This finding was agreed with a study done by **Jankowiak et al., (2022)** reported that there was statistically significant relation between total adjustment patterns of the studied patients their duration of disease and the number of hospitalizations. On other hand, this finding was in consistent with a study done by **Halioua et al., (2020)** stated that, there was no relation between adjustment patterns of the studied patients, their duration of disease and the number of hospitalization.

Regarding to correlation between total psychosocial problems and total adjustment patterns, the current study results reflected that, there was a highly statistically significant negative correlation between total psychosocial problems and total adjustment patterns among the studied patients. These mean that when psychosocial problems increased, severe negative effect on adjustment patterns. From the researchers' point of view this might be due to that, patients with psoriasis having symptoms of psychosocial problems including: feeling of guilt, shame and as this emotional effect of psoriasis was found to have negative impact on patient's daily activities, sleeping, work activities and adjustment patterns. This finding was agreed with a study done by **Arora, (2023)** mentioned that there was negative correlation between total psychosocial problems and total adjustment patterns among the studied patients.

Conclusion

There was a strong relationship between psychosocial problems and adjustment patterns among the studied patients. The present study revealed that, less than half of studied patients had moderate level of total psychosocial problems. While more than one third of studied patients had a high level of total psychosocial problems. Furthermore,

more than half of the studied patients had a low level of total adjustment patterns. Also, there were a highly statistically significant negative correlation between total psychosocial problems and total adjustment patterns among the studied patients

Recommendations:

- In order to improve psoriasis patients' adjustment patterns and psychosocial wellness, psychosocial nursing intervention should be incorporated on a regular basis.
- To enhance psoriasis sufferers' psychosocial lives, psycho-educational nursing programs should be implemented to increase public awareness of psoriasis, its causes, early detection, and treatment options.
- Stress management and assertiveness training program should be implementing to psoriasis sufferers to alleviate psychosocial issues and improve adjustment patterns.
- Using social media, raise patient awareness about psoriasis.
- To generalize the findings, more research is required on a sizable sample of psoriasis patients from various geographic locations.

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المشاكل النفس إجتماعية وأنماط التكيف لدى مرضى الصدفية

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المقدمة: الصدفية هي مرض جلدي شائع يؤثر على الدورة الحياتية لخلايا الجلد، وترتبط باعتلال نفسي اجتماعي عميق مع عبء يمتد إلى ما هو أبعد من العلامات والأعراض الجسدية والنفسية. تصنف الصدفية كأحد الأمراض الغير مهددة للحياة، إلا أنها قد تؤثر على حياة المصاب بشكل كبير. وتلعب أنماط التكيف دورا هاما في مواجهة المشاكل النفس إجتماعية لدى مرضى الصدفية. **الهدف من البحث:** تهدف هذه الدراسة إلى تقييم المشاكل النفس إجتماعية وأنماط التكيف لدى مرضى الصدفية. **تصميم البحث:** تم استخدام التصميم الارتباطي الوصفي لتحقيق الهدف من هذه الدراسة. **مكان إجراء البحث:** أجريت هذه الدراسة بالعيادة الخارجية للأمراض الجلدية وقسم الأمراض الجلدية بوحدة العلاج الضوئي بمستشفى بنها الجامعي بمدينة بنها بمحافظة القليوبية. **عينه البحث:** عينة ملائمة من ١٠٠ من مرضى الصدفية من المكان السابق ذكره. **أدوات البحث:** لقد تم استخدام ثلاث أدوات لجمع البيانات. الأداة (١): استبيان المقابلة الشخصية. أداة (٢): مقياس المشاكل النفس إجتماعية. أداة (٣): مقياس أنماط التكيف. **النتائج:** أظهرت النتائج أن أقل من نصف المرضى الذين تم دراستهم كانوا يعانون من مستوى معتدل من المشاكل النفس اجتماعية. أيضاً، كان لدى أكثر من نصف المرضى الذين تم دراستهم مستوى منخفض من أنماط التكيف. **الخلاصة:** خلصت الدراسة إلى وجود علاقة سلبية ذات دلالة إحصائية عالية بين متوسط درجات المستويات الإجمالية للمشاكل النفس اجتماعية وأنماط التكيف بين المرضى الذين تم دراستهم. **التوصيات:** وفقاً للنتائج، أوصى الباحثون بإجراء برنامج لإدارة التوتر وتدريب الحزم لجميع مرضى الصدفية لتخفيف مشاكلهم النفس اجتماعية وتعزيز أنماط التكيف.