

Evaluation of Complications of Iraqi Patients with Genital Psoriasis and Determination of Logistic Regression: Review Study

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Abstract: There are notable physical and mental health comorbidities associated with psoriasis; a chronic disease caused by the immune system inflammatory disease. In addition to determining a logistic analysis to evaluate risk variables for Iraqi individuals suffering from genital psoriasis, the current study intends to perform a thorough assessment to evaluate the patient's quality of life with bad outcomes. In order to evaluate the quality of life as well as detect adverse events, this evaluation documented patient data of 66 individuals. We compared our data with four other evaluations and only included ladies. Using the DIS, FSDS, DLQI, and other scales, a number of questionnaires were given to female patients in order to evaluate their symptoms, risk factors, and quality of life, including sexual function. These patients often suffer from poor self-esteem and stigma related to their skin disorder, which can hinder their ability to date, interact with others, and pursue relationships. Over the course of their lifetimes, upwards of 63 percent of adult psoriasis sufferers develop genital psoriatic lesions. However, because of shame, stigma, or nervousness around this delicate topic, patients usually refrain from talking to their doctors about these issues. However, compared to people with psoriasis everywhere on their body, those with psoriasis at sensitive regions, such as the genitalia, may have worse quality of life deficits. This is particularly true with regard to sexual function, romantic connections, and personal interactions.

Keywords: Genital psoriasis; Sexual function; Adverse effects of illness; Symptoms; General health quality of life.

INTRODUCTION

All age groups may have genital psoriasis, which is classified as an immune-mediated dermatological entity (IMID) and can occasionally reoccur (Parisi, R. *et al.*, 2013; Rachakonda, T.D. *et al.*, 2014; Farber, E.M. *et al.*, 1974). The majority of the time, it is discovered after the illness is advanced. To confirm the diagnosis in a clinical manner, there cannot be objective international standards (Meeuwis, K.A.P. *et al.*, 2018; Meeuwis, K.A. *et al.*, 2011). Its primary foundation is the observation of these distinguishing indicators. Genital lesions are now being examined with the dermatoscope (Zamirska, A. *et al.*, 2008). Another issue that restricts the correct diagnosis is its recurrent-remitting course. The distribution of males and women is equal. Regretfully, the great majority of people with

genital psoriasis are not given treatment (Meeuwis, K.A. *et al.*, 2012; American Academy of Dermatology Work Group *et al.*, 2011).

Due to a lack of social awareness, genital psoriasis is frequently misdiagnosed as an allergic response, irritating dermatitis (33%), or a sexually transmitted illness (4.2%) (Gelfand, J.M. *et al.*, 2007). Early on, clinical symptoms such as burning, stinging, itching, dyspareunia, as well as vaginal discharge can be mistaken as signs of other illnesses (Gelfand, J.M. *et al.*, 2006; Rapp, S.R. *et al.*, 1999). In order to properly diagnose and treat genital psoriasis and improve the psychophysical condition of the patient, a multidisciplinary approach is frequently necessary (Gupta, M.A. *et al.*, 1993).

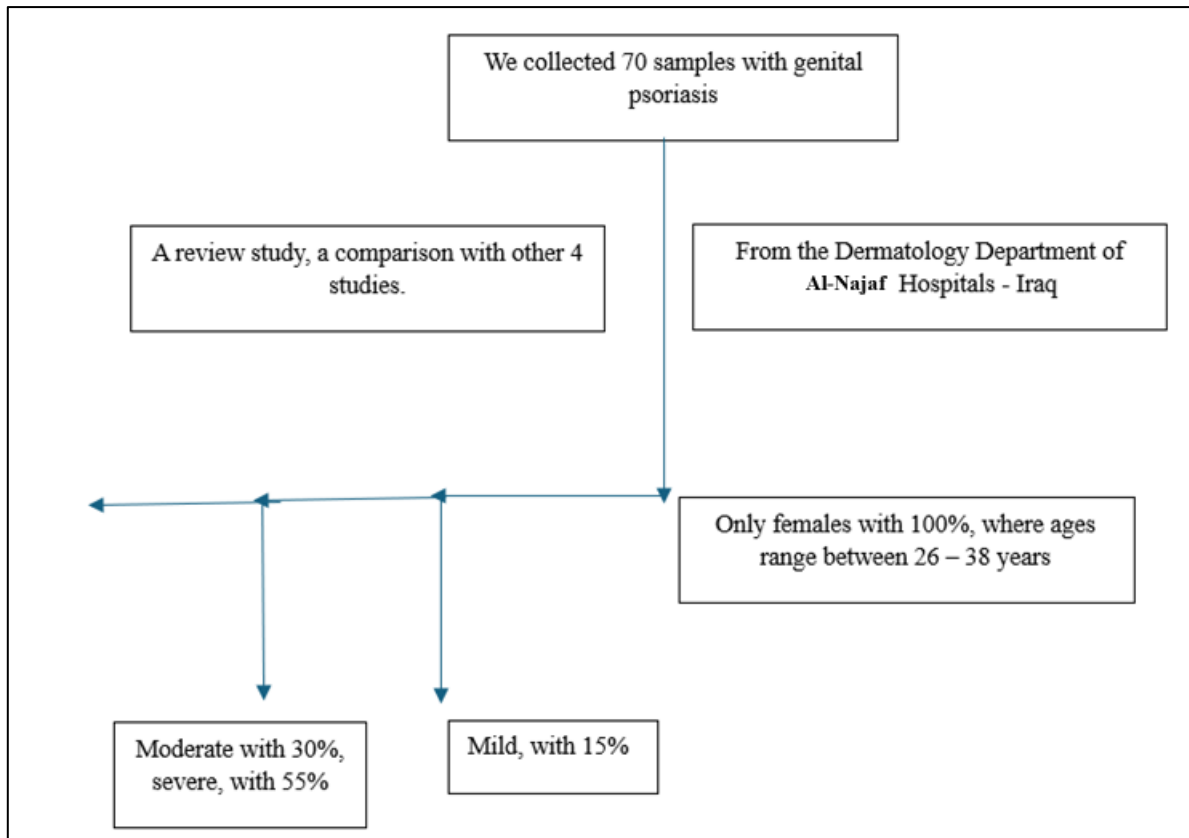


Figure 1: A flow chart performing of our current review for patients with genital psoriasis

Prevalence of Genital Psoriasis Symptoms in Patients:

Numerous studies have highlighted the significant impact on the quality of life of genital psoriasis symptoms on patients with psoriasis. 63% of people who have psoriasis on other parts of their bodies also have it on their genitalia (Dowlatshahi, E.A. et al., 2014). 70% of psoriasis patients

reported experiencing genital symptoms, with 70% reporting recurrent involvement, according to a study (Perrott, S.B. et al., 2000). In addition, the most common symptom of genital psoriasis, itching, was found in 46.1% of psoriasis patients, according to a prospective study (Pearce, D.J. et al., 2006).

Table 1: Distribution of symptoms on all last studies

Authors	No. of patients	Symptoms
Our review	70	The common symptom is itching (97%), discomfort (92%), redness (80%), and scaling (78%).
Zamirska A et al,	20	Itching (40 percent), redness (95 percent), stinging or burning (40 percent), and pain (20 percent) were cited as the symptoms that caused the most discomfort.
Meeuwis KA et al,	354	Patients say that the itch is more intense (4.2) than the burning (3.5) and pain (2.8). Redness was more intense (5.1) than scaliness (3.7) and induration (2.4). Intensity of all symptoms was significantly higher for women compared with men.
Gelfand JM et al,	22	This study showed that genital itch with 86%, followed by burning with 49%.
Cather JC et al.,	270	Females are significantly more likely than males to report experiencing itching and burning, which includes 82%.

Genital Psoriasis Impact on Sexual Function:

In comparison with those without genital psoriasis, patients with genital psoriasis experience significant sexual dysfunction. Genital psoriasis patients have less sexual desire, avoid sexual

relationships, and have a lower frequency of sexual activity. When compared to patients who have psoriasis lesions on nonsensitive parts of their bodies, these patients are less at ease with themselves when it comes to dating, intimacy, and

nudity. Patients either experience pain during or worsen their symptoms after sexual activity. When compared to men, genital psoriasis has a greater impact on women's sexual function and causes dyspareunia in women. However, treatment for the

genital lesions alleviates this distress. Males also experience impairments in sexual function, but the presence of psoriasis lesions in the genital area was not associated with any statistical increase in erectile dysfunction.

Table 2: Sexual function of all patients observed with last studies

Authors	Patients	Effect on sexual function
Our review	70	Patients with genital psoriasis had a higher rate of erectile dysfunction.
Zamirska A et al,	20	Physical effects like cracking or pain, as well as psychosocial effects like embarrassment and feelings of stigmatization, contributed to impaired sexual experience.
Meeuwis KA et al,	354	A decrease in sexual activity was found to be correlated with groin psoriasis severity.
Gelfand JM et al,	22	Significantly more sexual impairment compared with patients without genital involvement; no difference between males and females.
Cather JC et al.,	270	Patients suffering from discomfort significantly more often stated the psoriasis have a negative influence upon sex life.

Impact on General Health and Quality of Life:

Impacts on quality of life Compared to psoriasis patients without vaginal involvement, those with genital psoriasis have a markedly worse overall quality of life. Physical activity, interpersonal interactions, work and schooling, and emotions are all adversely affected by genital psoriasis. Despite the fact that these patients report feeling stigmatized, two studies indicate that genital

involvement patients feel stigmatized compared to psoriasis patients with no genital lesions, Whereas one study found no stigmatization (Pearce, D.J. et al., 2006; Sampogna, F. et al., 2012). Two further investigations showed that compared to individuals without genital symptoms, those having genital psoriasis or pain had greater depressive symptoms (Malakouti, M. et al., 2017).

Table 3: Evaluation of general health quality–life

Authors	Scales	Effect quality of life
Our review	DLQI	impairments in relationships with friends and family (45%), physical activity (60%), work/school (35%), and mood/emotion (95%).
Zamirska A et al,	PISS	Far greater internalized shame in comparison with people that have no genital involvement.
Meeuwis KA et al,	EQ-5D	All psoriasis patients reported experiencing some degree of stigmatization, and there was not a statistically significant distinction between those with and without genital involvement.
Gelfand JM et al,	FSDS	Significantly more acute quality of life in terms of interpersonal relationships, symptoms and emotions, everyday activities, leisure, employment and education, and therapy as compared to patients with no genital dysfunction (DLQI 8.5 vs. 5.5).
Cather JC et al.,	PSODisk	Patients with genital involvement had a significantly reduced quality of life (67.75 vs. 47.5)

Table 4: A logistic regression of risk factors related to Genital psoriasis overall reviews

Authors	Risk factors	Overall CI % 95
Our review	Age Sex (females) Severity of illness Medical care Severe symptoms (itching and pain) Location Degree of pain Sexual function	0.99 (0.70 – 1.12)

Zamirska A <i>et al.</i> ,	Higher PASI scores. Male and female patients experience more symptom load. Under recognition and undertreatment are worsened by a reluctance to discuss symptoms.	1.20 (0.46 – 2.98)
Meeuwis KA <i>et al.</i> ,	Lowers overall quality of life due to negative sexual health effects. Increases sexual discomfort and negative genital self-image.	1.03 (0.56 – 4.23)
Gelfand JM <i>et al.</i> ,	Flexural participation. Gender: male. Psoriasis type 1. correlates with both improved sexual health and a higher quality of life.	1.90 (0.38 – 3.16)
Cather JC <i>et al.</i> ,	Pain, itching, and physical discomfort. Psychological difficulties include emotional anguish, social restriction, and stigmatization. Affects general well-being and self-esteem.	1.48 (1.06 – 2.88)

DISCUSSION

Numerous studies have started to describe the influence of genital psoriasis on quality of life, but they do it using a variety of various aspects of life tools. According to previous research, genital psoriasis lowers the quality of life in a number of areas, most notably sexual function along with distress (Anstey, A. *et al.*, 2012; Finlay, A.Y. *et al.*, 1994). Genital sores cause distress, especially for women. Patients with genital psoriasis frequently itch, burn, and sting, which can disrupt intimate and sexual interactions (Derogatis, L.R. *et al.*, 2002). Genital psoriasis has a major negative influence on quality of life, and patients who have it have higher levels of depression than those who do not have genital psoriasis but are already more susceptible to depression than the general population (Abraham, L. *et al.*, 2008).

In other situations, patients may be too ashamed to answer honestly regarding genital symptoms and sexual function, and they are frequently reluctant to address genital difficulties with their doctors. According to certain studies (Rosen, R.C. *et al.*, 1997; Rosen, R.C. *et al.*, 1999; Cather, J.C. *et al.*, 2017), all of the patients preferred telephone interviews over in-person ones. The authors hypothesized that it may be because the patients felt awkward or ashamed about talking about such delicate subjects.

Although there are established tools to assess the quality of life for patients with psoriasis of the scalp and nails, there are currently no approved tools for genital psoriasis (Ryan, C. *et al.*, 2015). In order to better characterize the influence that genital psoriasis had on patients' quality of life, outcome measure scales have been created. In an area where there is currently a dearth of high-quality information, these tools could help

researchers and doctors better understand exactly how different treatments affect patients' quality of life during clinical trials (Gupta, M.A. *et al.*, 1997). The sensitivity, as well as the elevated absorption of topical medications in this location, make treating genital psoriasis particularly difficult (Meeuwis, K.A. *et al.*, 2015).

CONCLUSIONS

Genital psoriasis represents a debilitating skin condition that has a significant impact in terms of sexual and mental health. Itching and discomfort remained the most common symptoms among the participants, as was the case with every study. It raised awareness of the necessity for meeting this unmet need in order to provide these patients with the proper treatment.

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