



PSYCHODERMATOLOGY

PERSONALITY PATTERNS IN PATIENTS WITH PSORIASIS

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Introduction: Personality plays an important role in the development and management of psoriasis. It can be considered a mediator in the relationship between stressors and individual response. For example, strong negative affectivity and social inhibition traits combined in "Type D" personality (distressed personality) are frequently present in this clinical population. Furthermore, high scores on some scales of MMPI-2 (depression, hypochondria and hysteria) were associated with "type II" psoriasis characterized by late onset and low familiarity (whereas "type I" psoriasis has an early onset and high familiarity). To our knowledge, these personality differences have never been systematically evaluated using a clinician perspective, and no studies subtyping personality features in patient groups with psoriasis have been conducted to date.

Objective: The main goal of this study is to empirically identify personality subtypes among patients with psoriasis. Furthermore, we aimed to explore the associations between these personality subtypes, adherence to prescribed treatments, coping capacities and resilience against stressful events.

Materials and methods: The Clinical Diagnostic Interview (CDI), a semi-structured clinical interview, was used to explore personality characteristics. Then, personality and psychological functioning were evaluated by external raters using the Shedler-Westen Assessment Procedure (SWAP-200), a clinician-report instrument, based on Q-sort methodology, with 200 items describing normal and pathological personality features. Finally, self-report instruments, such as Self-Reported Medication-Taking Scale, Resilience Scale for Adult (RSA), and Brief Cope, were administered.

Results: The Q-factor analysis showed distinctive personality subtypes in patients with





psoriasis: (1) an internalizing style, characterized by higher social avoidance and lower capacity to use attachment relationships to cope with stressors, and (2) a dysregulated style, less resilient to stressor and associated with poor adherence to prescribed treatments.

Conclusions: We considered such investigation critical for improving our understanding of the specific features of each patient and guiding them to the most suitable treatment.

