ALBANIAN JOURNAL OF TRAUMA AND EMERGENCY SURGERY
Volume 10 | Issue 2 | July 2026
Pages: 2176-2180
DOI: https://doi.org/10.32391/ajtes.v10i2.531

CASE REPORTS

From Skin to Mind. Psoriasis and Its Psychological Burden. Psoriasis and Depression: A Clinical Case

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Received: 18 March 2026 • Accepted: 30 April 2026 • Published online: 20 July 2026

ABSTRACT

Background: Psoriasis is a persistent immune-driven skin disease shaped by environmental and psychological triggers like infections, stress, and climate. Beyond its physical toll, psoriasis deeply disrupts daily life, straining social connections, family bonds, and professional pursuits. Psychiatric conditions, particularly depression, frequently accompany it, affecting up to 30% of patients.
Case Report: We share the story of a 24-year-old woman battling chronic plaque psoriasis, whose condition resisted topical treatments and led to deepening depression. Through a collaborative approach blending dermatological care and psychiatric support, including systemic methotrexate and antidepressants, she experienced remarkable progress both physically and emotionally.
Conclusions: This case powerfully illustrates the heavy psychological weight carried by those with chronic plaque psoriasis. It calls attention to the urgent need for integrated dermatological and mental health care, ensuring patients receive truly comprehensive support.
Keywords: Psoriasis; Depression; Psychodermatology; Quality of life; Methotrexate; Multidisciplinary care

How to cite this article:
Muja, D., & Vasili, E. (2026). From skin to mind: Psoriasis and its psychological burden. *Albanian Journal of Trauma and Emergency Surgery*, *10*(2), 2176-2180. https://doi.org/10.32391/ajtes.v10i2.531

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INTRODUCTION

Psoriasis is a long-lasting inflammatory s kin disease marked by red plaques topped with silvery scales. Its roots lie in a complex interplay of genetics and immune system imbalance. (1)

Because its symptoms are so visible, psoriasis reaches far beyond the skin, casting a shadow over patients' emotions and social lives. (2) It shapes self-image, strains relationships, and disrupts daily routines. Many living with psoriasis describes a diminished quality of life and struggle to keep up with social and professional roles. (2,3)

Psychiatric comorbidities are frequently observed in patients with psoriasis, with depressive disorders being among the most prevalent (4,5). Misconceptions about psoriasis, particularly the belief that it is contagious, contribute to stigmatization and social exclusion, thereby exacerbating psychological distress (6.7).

Understanding the link between psoriasis and mental health is vital for truly holistic care. This awareness inspires clinicians to actively seek out and address depressive symptoms early on (8).

Case Report

A 24-year-old woman arrived with widespread, scaly red plaques covering her trunk, elbows, knees, and scalp, a vivid testament to both the physical and emotional toll of psoriasis. (Fig.1,2,3,4,5,6)

The lesions were thick, well-defined, and had a noticeable impact on her physical appearance. During the consultation, she avoided eye contact and appeared visibly uncomfortable and emotionally affected.

She reported being diagnosed with psoriasis at the age of 16, initially with lesions localized to the elbows and knees. A dermatologist confirmed the diagnosis, and treatment with topical corticosteroids was initiated.

Around the same period, the patient experienced significant emotional stress following her parents' divorce and subsequent relocation to live with her grandmother, who suffered from chronic heart disease. She described this time as emotionally overwhelming, marked by loneliness and a sense of instability. Shortly thereafter, the disease progressed, with new lesions appearing on the scalp.

Figure 1. & 2. Whitish scaling, diffuse erythema of face, scalp, and posterior aspect of trunk

Figure 3 & 4. Diffuse erythema, whitish scaling on both the anterior and posterior trunk

Figure 5 & 6. Erythematous plaques, whitish scaling on both arms and legs.

As the condition became more visible, the patient gradually withdrew from social interactions. Fear and misunderstanding from others—particularly concerns about contagion—led to avoidance, which further intensified her isolation. Over time, this contributed to the development of depressive symptoms, affecting her participation in school and daily activities.

A psychiatric evaluation confirmed depression secondary to psoriasis, and antidepressant treatment was initiated. Despite multiple dermatological consultations and treatment adjustments over the years, the patient continued to experience fluctuating periods of remission and exacerbation, both physically and emotionally.

A multidisciplinary approach was adopted, combining psychiatric management with supportive psychotherapy and dermatological treatment, including intramuscular methotrexate [7.5 mg weekly for three months], topical corticosteroids, and regular laboratory monitoring, demonstrating the importance of coordinated care.

Within two weeks of starting systemic therapy, a

clear improvement in skin lesions was observed. This physical improvement was accompanied by a noticeable positive shift in the patient's self-esteem and emotional state. She was also encouraged to engage in physical and recreational activities, such as sports and swimming, to support her overall well-being.

At present, the patient remains in remission, expresses a more optimistic outlook, and accepts her physical appearance.

DISCUSSION

Psoriasis is a chronic systemic condition that affects both the skin and patients' psychological well-being. In this case, the widespread distribution of lesions contributed not only to physical discomfort but also to significant emotional distress.

The psychosocial impact of psoriasis is substantial, influencing mental health, social relationships, and overall quality of life (9,10). The link between psoriasis and depression is well documented and appears to be bidirectional, with each condition potentially worsening the other.

This interaction can result in a range of negative outcomes, including worsening of skin symptoms, increased itching, reduced quality of life, poor adherence to treatment, frequent changes in healthcare providers, and repeated hospitalizations.

Patients dealing with both psoriasis and depression often struggle to maintain consistent treatment and may seek multiple medical opinions in search of improvement. (11,12). In addition to medical treatment, they require empathy, understanding, and a care approach that considers their emotional and social context.

Selective serotonin reuptake inhibitors have proven effective, and combining dermatological and psychiatric care fosters a sense of teamwork, leading to better patient outcomes. (13)

CONCLUSIONS

Psoriasis and depression often influence each other, and understanding this bidirectional link can empower clinicians to intervene effectively, fostering hope for better management.

Women, children, and elderly individuals with psoriasis may be particularly vulnerable to developing depression (14). Social stigma and diminished self-esteem play a key role in this relationship.

Early recognition of psychological symptoms and the integration of mental health support into dermatological care are essential. A combined therapeutic strategy combining both psychotherapy and pharmacological treatment can significantly improve patient outcomes.

Routine screening for depression should be incorporated into everyday clinical practice to ensure timely identification and intervention.

Editorial Statements

Ethics Approval and Consent to Participate
This study involved the analysis of data from human participants. The research protocol was reviewed and approved by the Institutional Ethics Committee and was conducted in accordance with institutional regulations, the principles of the Declaration of Helsinki, and internationally accepted standards for biomedical research ethics.

Data Availability Statement
The datasets generated and/or analyzed during the current study are available from the corresponding author upon reasonable request.

Author Contributions (CRediT): Conceptualization & Methodology: DM; Data Curation, Investigation

and Writing – Original Draft: DM, EV: Formal Analysis: EV: Writing – Review & Editing: DM, EV: Supervision: EV. Both authors have read and approved the final version of the manuscript.

Artificial Intelligence (AI) Statement
The authors used a generative artificial intelligence tool solely for language editing and grammar improvement. All scientific content, data analysis, interpretation, and conclusions were independently developed, verified, and approved by the authors.

Funding: This research received no specific grant from any funding agency in the public, commercial, or notfor-profit sectors.

Conflict of Interest: The authors declare that they have no competing interests or conflicts of interest related to this study.

Acknowledgements: The authors thank all the healthcare professionals at our institution whose work contributed to the development of evidence-based data, regarding our paper

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