Proceedings of International Scientific Conference on Multidisciplinary Studies
Hosted online from Moscow, Russia
Date: 11th April, 2024
ISSN: 2835-5733 **Website:** econferenceseries.com

QUALITY OF LIFE AND PSORIASIS: PSYCHOLOGICAL ASPECTS

Ziyokhujaeva Nozima Baxtiyor Qizi
Kimyo International University in Tashkent

Annotation:
The literature review presents modern data on quality of life (definition of the concept of "quality of life", concept of quality of life research). The influence of psoriasis on various components of quality of life is shown. The latest scientific information on psychoneuroimmune interactions in psoriasis is reviewed. The psychological characteristics of patients suffering from psoriasis are characterized.

Keywords: Psoriasis, therapy, diagnosis, pathogenesis, biological products, psychological aspects.

Introduction

Over the past decade, there has been increased interest in studying the quality of life in chronic diseases research (including dermatological) as a new technology integral indicator describing the most important special functions of a person and allowing to give deep multifaceted analysis of changes in these functions when development of the disease and their recovery during treatment. The new methodology makes it possible to study the quality the quality of life of both healthy people and patients with diseases personal forms of pathology. I make up the main important things that need to be studied during the development of
disease and assessing the effectiveness of its treatment, being there are physical, psychological and social benefits well-being of the patient, which reflects the desire for development a holistic view of man. More and more of the object of medical intervention the patient transforms falls into the subject of the treatment process,
rightly occurring when radical cure is not possible at least improving the quality of life [30,37]. The concept of "quality of life" in everyday life and in research is understood very differently. Therefore, for scientific assessment requires a precise definition of this concept. The concept of "quality of life" appeared in 1977 [30]. The definition of "quality of life" means a set of factors reflecting the quality of physical logical, mental, social and role or functional associated lifestyle indieviduuma [1]. The concept of "quality of life" also includes

the stump of correspondence between the desired and the actual way of life. The general concept of "quality" life in the medical aspect reflects the functionalitynew state of the human body in connection with the disease [20].WHO recommends defining quality of life as individual correlation of one's position in life neither society in the context of its culture and value systems ties with the goals of a given individual, his plans, possible possibilities and degree of disorder [36]. Russian specialists dealing with the problem we propose tunderstand the quality of life as quality life, the degree of a person's comfort both within himself, and within their society [24,30,51]. Some authors emphasize that quality of life nor does it imply not so much the objective presence of material and intangible items, how many stump with which what a specific person desires is physical some mental and social state actually is achieved [1.36]. Modern concept of quality research life was formed in foreign medicine in 70-80 years of the last century. Main components the concepts of quality of life research are: multidimensionality: quality of life includes information about the main areas of life person (physical, psychological, social, spiritual and financial). Quality of life related health, contains components not related to associated with the disease, and allows differentiation carefully determine the effect of the disease and treatment on the patient's condition; variability over time: quality of life varies over time depending on the conditioned house of endogenous and exogenous factors of the condition sick. Quality of life data makes it possible to maintain constant monitoring of the patient's condition and if necessary, adjust therapy; participation of the patient in assessing his condition: this The quality of life aspect is extremely important. Assessment of quality of life made by the patient himself, a valuable and reliable indicator of his general condition. Quality of life data alongside traditional copper Qing conclusion made by the doctor allows create a complete and objective picture of the disease [30]. Quality is being studied especially intensively today life in dermatology. And this is no coincidence. In dermato logical practice, the proportion of chronic diseases, and, despite the fact that most of these dermatoses do not pose an immediate threat for life, chronic and incurable nature Some of them (for example, psoriasis) have a negative impact on the patient's quality of life. Such a pessimist a technical assessment of the general state of the problem lies at the heart of the constant relevance of scientific research in the field of pathogenesis and therapy of psoriatic diseases. Among all dermatological pathologies, psoriasis occupies one of the leading places. Share of

the disease in the village matological profile is 12-15% [53]. Prevalence of psoriasis according to various sources literature among the world's population is from 0.1% to 5% [9,10,15,48]. In medical geographical classification of humans skin diseases psoriasis means “ubiquitous disease”, that is, all locally occurring [9]. Common in Sweden The incidence of psoriasis is 2.3%, in the USA - up to 1.5%, in Russia – 1% [33]. High incidence of psoriasis in our country The current stage of development of civilization is explained by the str fast pace of social life, increasing emonational load, requiring enormous nervous and intellectual efforts, as a result of which often “scissors” arise between the possibilities of biological nature of man and living conditions. Isho Because of this, psoriasis is often classified as called “diseases of civilization” [11]. The skin is (at least partially) visible my part of the body and the bearer of an important part of the properties of dividuals who are assessed by others as attractive and unattractive. His image in society, and with it his social position in the dumb.

These degrees are determined by the properties of the skin. Image, which is the result of a person's representation about oneself, and the resulting sense of self-consciousness knowledge largely depends on the degree of their assessments in society (everyone knows the feeling of high self-esteem of persons arousing admiring glances others) [2]. Visible to the naked eye and to non-professionals unaesthetic chronic dermatoses, in chaness, psoriasis significantly reduce the patient’s image among his surroundings and thereby also himself assessment: patients feel that they are being watched, they are singled out, shunned, sometimes ridiculed and, as a rule, are condemned. They adapt to this situation by masking and covering lesions on the skin (with makeup, beard, hairstyle clothes, avoiding touching, undressing, etc. d.), become distrustful, introverted and fearful in intimate relationships [55]. As for the everyday side of life, these individuals problems arise that can hardly be imagined to create healthy people (how to find a hairdresser, how swimming at a public beach, how to try on clothes in the store). For a patient suffering from a skin disease (in including psoriasis), have a negative impact telial ideas and disgust on the part of ok berating, shame, feelings of inadequacy anxiety and uncertainty about the future on the part of the patient. Patients get used to people touching them are reluctant. That's why they themselves often don't reach out hands shake. This alone has a rather serious effect on quality of life of patients with psoriasis [2]. Jacek Szczepitowski, Adam Reich, exploring quality lives of patients

with psoriasis, note that patients, those suffering from psoriasis are less socially active: 72% refuse to visit the pool, 64% - overall public baths, 55% experience a feeling of shame, 53% – shy, 50% avoid crowded places, 46% together talk about the impact of psoriasis on intimate life, 46% say unattractive clothing to hide your height panic, 40% avoid playing sports. 34% not use the services of a hairdresser, 15% experience fear of losing your job. It is also interesting that 41% of patients they consider treatment and everything connected with it to be much more painful problem affecting the quality of life than psoriasis itself [23]. Not only physical indicators are important for the patient whose condition, satisfaction is of no small importance mental anxiety. Psychological aspect is especially significant in diseases, in pathogens where this factor plays a significant role [20]. Psoriasis is a prime example of such a disease. In modern medicine, human disease is considered appears as a violation of adaptation (disadaptation), dys harmony of biological and social processes, connected exercised with an increased load on the body, compensation the potential of which is not unlimited. Disruption protectively adaptive mechanisms lead to structural and functional disorders at all levels and, above all, neuroendocrine and immune neu systems, which are the pathogenetic basis development of the disease. Thus, stress in the isto phase communication is realized by the clinical symptoms of that

or another disease (in particular, psoriatic diseases) [11]. Psoriasis is a multifactorial process in which the genetic program is carried out under the influence eat damaging exo and endogenous factors. Ha The nature of lesions in psoriasis is largely due to depends on the pathogenic influence of factors that provoke disease. There are several dozen of them (stress, infection, trauma, medications, etc.) With severe mental shocks and development of psoriasis due to negative emotions associated with more than 50% of patients, and the interval between cause and effect in 1/3 of these patients is about 2-14 days, and for the rest - no more than 3 weeks [46]. In addition to the purely time dependence between the effects of emotional stress and manifestations skin pathology, a clear paralysis is often observed lelism between severity, prevalence, asset course, duration of the disease and intensity of psycho-emotional disorders [38,55]. As evidenced by numerous studies, most skin diseases (atopichelic dermatitis, psoriasis, etc.), traditionally referred to we are to psychosomatic, have in development, before total, genetic and immunological basis, psichogenic factors act as a link in the rare sequential immunological events and lead

to the emergence or exacerbation of dermatosis only in close connection with the main factors of the pathogenesis [13,41]. At the same time, a detailed study of the pathogenesis of the dermis toses (in particular, the study of exchange and functions neuropeptides, which largely determine the course pathophysiological processes in psoriasis) allow makes it possible to objectify the mechanisms of psychogenic stress action on the skin process and indicates a sign the important role of mental trauma and adverse events situations in the development and course of diseases attributable to psychosomatic [40]. Implementation of the genetic program leading to the manifestation of the psoriatic process, realizing is under the control and with the participation of neuroendocrine no system. At the same time, it is the neuroendocrine the system is the first to respond to external influences (stress), that is, it is a kind of mediator between the external environment and the skin [10]. E. Farber et al. determine the biochemical basis the negative impact of stress in psoriasis is being studied the role of the central nervous system and peripheral nervous system. The authors found that many characteristic signs of psoriasis (Koebner phenomenon, horizontal alternation of layers of parakeratosis in psoriasisatic plaques, symmetry of rashes, etc.) may occur due to the release of nerve fibers of neuropeptides, which in psoriasis you act as a link between neurological and inflammatory reactions [29]. According to the hypothesis put forward by the authors, under the influence and endogenous stimuli from the nervous tissues release neuropeptides (substance P), which activate immunocompetent cells (macrophages, lymphocytes, etc.) and inflammatory mediators Substance P initiates a chain of immune and meta pain processes (release of histamine, heparin, leukotriene, prostaglandin D2 , proteinases), which leads to increased vascular permeability and zodilation, promoting the development of isomorphic reactions. At the same time, on the cells of the epidermis in the lesions the number of neural receptors increases th growth factor [12]. Study of psychoneuroimmune interactions in modern dermatology has become one of the priorities directions [17,19]. An important role in these skin plays a role in interactions: it has been proven that it does not only contains receptors for almost all of it romeditors and peptide hormones of the hypothalamus giphyseal adrenocortical system, but can also synthesize them [21,31]. In addition, the skin has immune functions: currently in disarray act as a lymphoepithelial organ, providing providing lymphocytes with optimal environment and conditions to implement an immune response. All this allows consider the skin as an organ directly involved

both in the body's response to stress and in the implementation research of the immune response [32]. It should also be emphasized the change in mental state of patients with psoriasis. ON THE. Egorov et al. (1979) note that in progress advanced stage of the disease psychoemotional the condition of patients with psoriasis is accompanied by depression this with tension and nervousness, and a hundred bilization of the mental state does not entail which improves the skin process [14]. It is known that depression is accompanied by activation it of the immune system, which leads to an increase in the content decreases in peripheral blood of leukocytes and neutrons fils, as well as to increased production of signal proteins theins – cytokines: interleukin1, interleukin 2, interleukin 6, tumor necrosis factor alpha, interferon gamma, etc., which in turn when participate in the manifestation of skin manifestations psoriasis [47]. Conducting a study of psychological status patients suffering from psoriasis and their family members.

V.P. Adaskevich, V.P. Dubrova (2003) obtained the following Sharing data: 1. patients are junior or only with children in the family; 2. leadership in the family is unconditionally attributed mother, which patients describe using op. definitions “strong-willed”, “imperious”; 3. the fathers of these families are led, controlled, subordinate marry their wives, drink alcohol to relieve stress tension (however, in other social spheres, they occupy responsible, “command” positions); 4. Parents’ requirements for their children are very strict contradictory: on the one hand, “You can’t do anything do it yourself,” and on the other: “You must be an excellent student,” that is, “you must, but you can’t” (this is how the con conflict of obligation); 5. the concept is of great importance for patients “beauty”, and precisely external (parents from childhood instilled that “good boys and girls should be clean, beautiful"); 6. In companies of their peers, they do not occupy a leadership position. ruling provisions, but obey the majority, with many people develop friendly relations, but no close friends. As a result of the study, the authors note that patients are brought up in an emotional situation deprivation from the mother, who traditionally considered a source of emotional comfort in all Mie. In addition, the open expression of emotions in their semyah is not encouraged and even punished, which creates alexithymia, that is, limited ability to the perception of one’s own feelings, their adequate belief balization and expressive transmission. According to psihosomatic theory of Sifneos, alexithymia – vecurrent psychological disorder underlying ve psychosomatic diseases [41]. Besides this the authors characterize the

personality profile of pain patients suffering from psoriasis: reduction of frustration no tolerance with fixation on the frustrating situation, fear of the future, desire to completely protect yourself from unpleasant memories and experiences vanity, detachment, isolation, low ability
to empathy and setting life goals, passive nal life position [3]. O.L. Ivanov et al. (2006) characterize the circle this way mental disorders in patients with psoriasis: 1. most patients have mental disorders anxiety disorders depressive and affective of a different nature of varying degrees of severity; 2. 1/4 of the patients, noting the role of psycho-emotion nal factor in the next exacerbation, experiencing
there is only slight psychological discomfort; 3. approximately 1/3 of patients (mostly husband ranks) do not note at all what or psychological some problems [17]. A.B. Rakhmatov and R.G. Schoolboy (1991), studying psiemotional status of patients with psoriasis, identify whether neurotic disorders of varying severity symptoms: irritability, suspiciousness, sleep disturbance, fast fatiguability. In addition, the authors point out that with a stable course of psoriatic process (with annual exacerbations of the skin process with involving new areas of skin) in patients, more often than with a labile course (irregular exacerbations, long-term remissions), hypochondriacal and hysterical states along with schizoid and pawound disorders, as well as an increase in you prevalence of conflict [38]. It should be noted that especially severe mental disorders occur when psoriasis develops occurs in childhood. Children with psoriasis face restrictions in behavior due to with whom they also sympathize. They are insecure about themselves, introverted, subject to mood swings niya, have difficulties in relationships with parents and during contacts with others, with the opposite gender, and also experience difficulties in subsequent professional activity [3]. So, psoriasis, in turn, also has significant impact on the psyche and personality of the patient. Thus, taking into account the above, in OS new occurrence and development of psoriasis lies obvious psycho-emotional component. Moreover, cosmetics ical defect, chronic course is formed in the The current clinical picture of psoriasis is expressed by chemical disorders affecting quality of life patient, disadapting him socially. I know doctor's opinion about psychological characteristics and experiences patients, as well as the use of methods psychotherapies can help patients become aware of costs self-confidence, teach him to accept yourself as you are, with your disease and ultimately increase the effectiveness of treatment.

Conclusions:

1. The quality of life of patients with psoriasis depends to a greater extent on the severity and prevalence of the skin process, the localization of rashes, the presence of subjective symptoms, the frequency of exacerbations, the level of social activity, and to a lesser extent on the gender, age of the patients, the onset and duration of the disease, which is confirmed by statistically established significant correlations.
2. In patients with psoriasis, a high prevalence of anxiety was revealed - 75%, and depression - 61.2%. A statistically significant correlation between anxiety and depression was established with the level of low and high social activity, the severity and prevalence of the skin process, subjective symptoms and quality of life indicators.
3. In patients suffering from psoriasis in the study sample, personal characteristics are noted that characterize the patient's personality as stress-resistant and predispose to psychosomatic pathology - a high level of alexithmia 54.7%, high personal anxiety 54.5%, a tendency to anxiety and depression 89%, the presence of accentuation according to cyclothymic 78%, pedantic 75%, anxious 77%, stuck 70%, low demonstrative 77% and hypothymic 93% types.
4. The use of medicinal psychocorrection in the complex treatment of patients with psoriasis with the presence of anxiety symptoms in the clinical picture increases the effectiveness of traditional dermatotropic treatment, as evidenced by the positive dynamics of the PASI index, Spielberger test and quality of life indicator ($p < 0.05$).

References

1. Adaskevich V.P. Diagnostic indices in dermatologii. – M.: Medical book, 2004. – 165 p.
2. Adaskevich V.P., Dubrova V.P. Psychological resistance
driving a patient in dermatology (some you are a psychologist) // Ros. magazine leather and veins bol. – 2003. – No. 1. – P.51-56.
3. Adaskevich V.P., Dubrova V.P., Purtov A.V. Index kaquality of life in dermatological research Ross. magazine leather and veins bol. – 2003. – No. 4. – P.42-45.
4. Akovbyan V.A., Aripov S.S., Krakovsky M.E. and others Neko
some individual characteristics of the body pain psoriasis-related clinical course Levania // Vestn. dermatol. – 1992. – No. 2. – P.23-25.

5. Belenkov Yu.N. Determination of quality of life in patients with chronic heart failure // Cardiology. – 1993. – No. 2. – P.85-88.
6. Belousov T.A., Dorozhenok I.Yu., Terentyeva M.A. Butzogenic reactions in patients with facial dermatoses localization // Ross. magazine leather and veins bol. – 2006. – No. 1. – P.41-45.
7. Danilycheva I.V., Ilyina N.I. Quality of life in pain urticaria and atopic dermatitis // Consilium Medicum. – 2001. – No. 3. – P.217-224.
8. Desyatnikov V.F. Masked depression // Journal of Neuropathology and Psychiatry named after. S.S. Korsakov. – 1975. – T. 75, Issue. 5. – P.760-771.
9. Dmitruk V.S., Levitsky E.F., Dmitruk S.E. Physical Kie and natural factors in the treatment of psoriasis. – Tomsk:Ed.in NTL, 2003. – 148 p.
10. Dovzhansky S.I. Psoriasis or psoriatic disease. – Saratov: Publishing House to Saratov. University, 1992. – 174 11. Dovzhansky S.I. Quality of life is an indicator of knowledge of patients with chronic dermatoses // Vestn. dermatol. – 2001. – No. 3. – P.12-13.
12. Dovzhansky S.I., Pinson I.Ya. Genetic and immune nal factors in the pathogenesis of psoriasis // Ros. magazine leather and veins bol. – 2006. – No. 1. – P.14-19.
13. Dorozhenok I.Yu., Lvov A.N. Psychic Race Therapy structures in dermatological practice: modern look at the problem // Ros. magazine leather and veins bol. – 2006. – No. 4. – P.16 21.
14. Egorov N.A., Demyanova T.B. Vestn. dermatol. – 1979. – No. 11. P.56-59.
15. Zadorozhny B.A. Psoriasis. – Kyiv: Publishing house. “Health”, 1973.177 p.
16. Ivanov O.L., Lvov A.N., Ostrishko V.V. etc. Psychodermatology: history, problems, prospects // Ros. magazine leather and veins bol. – 1999. – No. 1. – P.28-37.
17. Ivanov O.L. Problems of psychodermatology in works representatives of the Rakhmanov school // Ross. magazine leather and veins bol. – 2006. – No.4. – P.7-10.
18. Ivanova I.N. Features of social maladjustment dermatological patients // Ros. magazine leather and veins bol. – 2007. – No. 5. – P.77-79.
19. Ivanova I.N., Mansurov R.A. Psychosomatic condition treatment of patients with lichen planus // Vestn. dermotl. – 2003. – No. 5. – P.28 thirty.

20. Kolpakova E.V. Quality of life and arterial hypertonia: the role of assessing quality of life in clinical trials investigations and practical activities of a doctor // Ter. archive. – 2000. – No. 4. – P.71-73.
21. Korsunskaya I.M., Zelentsova S.E., Vasilevskaya E.A., ToAgoeva L.T. Calcipotriol preparations in the treatment of psoriasis Riaz // Vestn. dermatol. – 2007. – No. 3. – P.45-46.
22. Kochergin N.G., Smirnova L.M., Airapetyan N.R. etc. Infliximab in the treatment of psoriasis // Vestn. dermatol. – 2005. – No. 5. – P.37-39.
23. Kochergin N.G., Smirnova L.M. Dermatological quality of life as a psychosomatic symptom of dermatosis // Ross. magazine leather and veins bol. – 2006. – No. 4. – P.11-15.
24. Kubanova A.A., Martynov A.A. Concept and definition study of the quality of life of patients in dermatovenerology // Vestn. dermatol. – 2004. – No. 4. – P.16-19.
25. Kulagin V.I., Pavlova O.V. Features of the flow of atomspica dermatitis and psoriasis in patients suffering fromsuffering from psychopersonal disorders. Concept and determination of the quality of life of patients in dermatovenrology // Vestn. dermatol. – 2007. – No. 1. – P.16-19.
26. Koshevenko Yu.N. Features of the clinic, pathogenesis, treatment and rehabilitation of patients with chronic dermatitistoses // Vestn. dermatol. – 1991. – No. 12. – P.47-50
27. LubanAPlozza B., Peldinger V., Kroeger F. Psychosomatic patient at a doctor's appointment. – St. Petersburg, 1994. – 167 p.
28. Mordovtsev V.N. and others. Psoriasis. – Chisinau, 1991. – 184 p.
29. Nikitin A.F., Legostev B.I., Sergievskaya I.V. To the vop
dew about the pathogenesis of psoriasis // Vestn. dermatol. – 1990. – No. 5. – P.38-40.
30. Novik A.A., Ionova T.I., Denisov N.L. Concept and strategy for researching the quality of life in a gastroente rology // Ter. archive. – 2003. – No. 10. – P.42-46.
31. Pavlova O.V., Skripkin Yu.K. New aspects of pathology causes of psoriasis: psychoneuroimmune interactions // Vestn. dermatol. – 2007. – No. 3. – P.9-11.
32. Pavlova O.V. Immunomodulatory therapy for psoriafor patients with concomitant schizotypal races buildings // Ros. magazine leather and veins bol. – 2006. – No. 4. – P.21-23.

33. Pavlova O.V. New aspects of pathogenetic therapy of psoriasis // Vestn. dermatol. – 2005. – No. 6. – P.36-39.
34. Skin pathology. In 2 volumes. T.2. Particular pathology of the skin / Ed. V.N. Mordovtseva, G.M. Tsvetkova. – M.: Me Ditsina, 1992. – 384 p.
35. Podvysotskaya O.N. Functional problems boards in dermatology. – M.: Medgiz, 1954. – 172 p.
36. Pomerantsev V.P. Diagnosis, treatment and quality of life // Klin. honey. – 1989. – No. 3. – P.3-8.
37. Raeva T.V., Ishutina N.P., Matusevich S.L., Kotelnikova A.B. Psychological aspects of quality of life patients with psoriasis // Ros. magazine leather and veins bol. – 2006. – No. 4. – P.32-35.
38. Rakhmatov A.B., Shkolnik R.G. Psycho-emotional status of patients with psoriasis // Vestn. dermatol. – 1991. – No. 4. – P.66-68.
39. Skvortsov K.A. Essays on psychotherapy for somatic patients. – M., 1958. – 87 p.
40. Smulevich A.B., Ivanova O.L., Lvov A.N., Dorozhenok I.Yu. Modern psychodermatology: analysis of the problem // Ross. magazine leather and veins bol. – 2005. – No. 6. – P.33-39.
41. Smulevich A.B., Tkhostov A.Sh., Syrkin A.L. Clinical physical and psychological aspects of the reaction to the disease (to problem of nosogenies) // Journal of Neurology and Psychiatry named after S.S. Korsakov. – 1997. – No. 2. – P.4-9.
42. Sokolovsky E.V. Series “Doctor's Library”dermatovoneurologist.” Vol. 3. – St. Petersburg: SOTIS, 1999. – 134 p.
43. Stupin A.V., Yutskovsky A.D., Latyshev N.A. Nature factors of Primorsky Krai in therapy and rehabilitation of patients with psoriasis // Ros. magazine leather and veins bol. – 2007. – No. 5. – P.17-19.
44. Sukolina O.G., Batkaev E.A. Comprehensive assessment of efficiency effectiveness of pathogenetic therapy for psoriasis //Vestn. dermatol. – 2007. – No. 3. – P.30-34.
45. Sukhorev A.V., Nazarov R.N. Medico psychological correction in a dermatological hospital // Ross. magazine leather and veins bol. – 2006. – No. 4. – P.25-27.

46. Topolyansky V.D., Strukovskaya M.V. Psychosomatics some disorders. – M.: Medicine, 1986. – 384 p.
47. Trofimova I.B., Bardenshtein L.M., Voronina Ya.Yu., Suskova V.S. Some aspects of the pathogenesis of psoriasis and features of complex treatment of patients // Vestn. dermatol. – 2006. – No. 1. – P.32-35.
48. Fedorov S.M. Psoriasis: clinical and therapeutic aspects pects // Russian. honey. magazine – 2001. – T.9, No. 11. – P.447-451.
49. Khairutdinov V.R., Samtsov A.V., Moshkalov A.V., Imyanitov E.N. Modern ideas about immune mechanisms mechanisms of psoriasis (literature review) // Vestn. dermatol. – 2007. – No. 1. – P.3-7.
50. Khobeish M.M. Psoriasis and quality of life // Medicinecue messenger. – 2006. – No. 38. – P.12-13.
51. Shevchenko Yu.L. Quality of life research concept neither in cardiology // Vestn. grew up military honey. acad. – 2000. – No. 1. – P.5-13.
52. Shilov V.N. Psoriasis – solution to the problem (etiology, pathogenesis, treatment). – M: Publisher V.N. Shilov, 2001. – 304 p.
53. Shulman A.Ya., Terman O.A., Kukhareva E.N. Possiblety medicogenetic counseling for psoriaze (literature review) // Vestn. dermatol. – 2007. – No. 4. – P.21-22.
54. Szczepitowski J., Reich A. Psychodermatological as pects // Ross. magazine leather and veins bol. – 2007. – No. 4. – P.17-21.
55. Yutskovsky A.D., Dubnyak N.S., Fedorova E.B., Fronek A.A.On the problem of psychogenic dermatoses // Ros. magazine leather and veins bol. – 2006. – No. 4. – P.29-32.
56. Finlay A.Y. Quality of Life Survey // Exchange. – 1994. – P.22-73.
57. Finlay A.Y. // Br. J. Dermatol. – 1997. – Vol. 136. – P.305-314.
58. Hays R.D., Bickery B.G., Hermann B.P., et al. // Quality Life Res. – 1995. – Vol. 4. – P.159-168.
59. Pacan P., Szepietowski J.C., Kiejna A. // Dermatol. Psycho som. – 2003. – Vol. 4. – P.142-145.
60. Spector W.D., Katz S., Murphy J.B., Fulton J.P. The Hierarch chical relationship between activities of daily living and in instrumental activities of daily living // J Chron Dis. – 1987. – Vol. 40: Suppl. 6. – R.481-489.

61. The WHOQOL Group. The world Health Organization Quality of Life Assessment (WHOQOL): position paper from the World Health Organization // Soc Sci Med. – 1995. – Vol. 41. – R.1403-1409.
62. Wisnicka B., Szepietowski J.C., Reich A., Orda A. // Dermatol. Psychosom. – 2004. – Vol. 5. – P.73-78.