

# INPLASY PROTOCOL

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None declared.

## A meta-analysis of the effect of psychological intervention on patients with psoriasis

Zhu, Y<sup>1</sup>; Cao, Y<sup>2</sup>; Wei, R<sup>3</sup>; Li, D<sup>4</sup>.

**Review question / Objective:** Psoriasis is a kind of psychosomatic disease, most patients characterized by anxiety, depression, inferiority, such as psychology, the disease is still cannot effect a radical cure, easy to repeatedly, the characteristics of deferment is aggravating patient anxiety irritability of undesirable mood, further aggravating illness, therefore, psychological treatment is also an integral part of psoriasis treatment, the purpose of the system evaluation is to accurately evaluate the effect of psychological intervention  
**P:** psoriasis patients **I:** psychological intervention **C:** routine nursing or treatment **O:** PASI; SAPASI; DLQI; Self-rated Anxiety Scale (SAS) and Self-rated Depression Scale (SDS); Total Well-being Scale (GWB); Effective rate **S:** RCT  
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**INPLASY registration number:** This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 14 January 2022 and was last updated on 14 January 2022 (registration number INPLASY202210069).

### INTRODUCTION

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patients characterized by anxiety, depression, inferiority, such as psychology, the disease is still cannot effect a radical cure, easy to repeatedly, the characteristics

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**Condition being studied:** Psoriasis is a chronic recurrent inflammatory systemic disease, with typical clinical manifestations of scaly erythema or plaques, limited or widely distributed, non-infectious, difficult to treat, and often lifelong . Affects about 2-4% of the world's population. Psychological factors play an important role in the induction, development and treatment of psoriasis. Therefore, psychological therapy is an indispensable part of the treatment of psoriasis.

## METHODS

**Search strategy:** Below is the search strategy for PubMed database((randomized controlled trial[Publication Type] OR randomized[Title/Abstract] OR placebo[Title/Abstract]) AND

(( ( P s y c h o t h e r a p y [ M e s h ] ) O R (((((Psychotherapies [Title/Abstract])) OR (Cognitive Behavioral Therapy[Title/Abstract])) OR (Cognitive Behavioral Therapies[Title/Abstract])) OR (Cognitive Psychotherapy[Title/Abstract]))) AND (((Psoriasis[Mesh]) OR ((((((Psoriasis[Title/Abstract])) OR (Pustulosis of Palms and Soles[Title/Abstract])) OR (Pustulosis Palmaris et Plantaris[Title/Abstract])) OR (Palmoplantar Pustulosis[Title/Abstract])) OR (Pustular Psoriasis of Palms and Soles[Title/Abstract])))) O R (Psoriasis[Mesh])).

**Participant or population:** Psoriatic.

**Intervention:** "Psychological Interventions" "Psychiatric Nursing" "Mental Health Nursing" "Nursing, Mental Health" "Nursing, Psychiatric" "Psychosocial Nursing" "Nursing, Psychosocia".

**Comparator:** Routine treatment or care.

**Study designs to be included:** RCT.

**Eligibility criteria:** Inclusion criteria: study type Randomized controlled trials (RCTS) published in China and abroad; The language limit is Chinese and English. The research object He was diagnosed as psoriasis. All of them met the relevant diagnostic criteria in Chinese Dermatology and Venereology. Age  $\geq 18$  years. Interventions The experimental group was given psychological intervention combined with conventional treatment, while the control group was given conventional treatment or nursing. Outcome measures: ① Self-rated Anxiety Scale (SAS) and Self-rated Depression Scale (SDS); ② PASI (psoriasis area and severity index); ③ Self Assessed psori-asis Area Severity Index (SAPASI); ④ DLQI (dermatological quality of life index) ⑤ Total well-being Scale (GWB) PASI score decreased by 60%-95%; effective: PASI score decreased by 20%-59%; ineffective: PASI score decreased by < 20%; ⑥ total effective rate = (number of cured cases + number of effective cases + number of effective

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cases)/total number of cases × 100%.  
Exclusion criteria ① the RCT. ② Review and basic research; ③ Repeated publications; (4) Literature with incomplete data; ⑤ psychoneurotic abnormalities; ⑥ Pregnant.

**Information sources:** Chinese Biomedical literature Database, CNKI, Wanfang Data, VIP, PubMed, Cochrane Library, Embase and Web of Science databases were searched by computer.

**Main outcome(s):** ① Self-rating Anxiety Scale (SAS) and Self-rating Depression Scale (SDS); ② PASI(Psoriasis area and severity index); ③ Self Assessed psori-asis Area Severity Index (SAPASI) ④ DLQI (dermatological quality of life index) ⑤ The Total Well-being Scale (GWB); ⑥ effectiverare.

**Data management:** Note Express V3.2.0.7629 software was used to screen out the repeatedly published literatures. After reading the title and abstract, we judged whether the inclusion criteria were met, and then read the full text for further screening.

**Quality assessment / Risk of bias analysis:** Cochrane Tool.

**Strategy of data synthesis:** If  $I^2 < 50\%$  and  $P > 0.05$ , there was no heterogeneity among studies, the fixed fixed effect model was used for analysis; if  $I^2 > 50\%$  and  $P < 0.05$ , there was heterogeneity among studies, the random effect model was used for analysis

**Subgroup analysis:** Subgroup studies were conducted according to patients' age, disease type, race and other factors

**Sensitivity analysis:** After deleting any one of them, the combined results of the other literatures are not very different from those without deletion, which means that sensitivity analysis has been passed.

**Country(ies) involved:** China.

**Keywords:** Psoriasis; Meta analysis; Psychological intervention; Nursing.

**Contributions of each author:**

Author 1 - Zhu Yiying.

Author 2 - Cao Yingjuan.

Author 3 - Wei Rong.

Author 4 - Li Dan.