LETTER TO THE EDITOR

Reply to the letter to the editor on: “In psoriasis, levels of hope and quality of life are linked”

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We thank Dr. Ünsalver and colleagues for their interest in our study. The aim of this study was to investigate the relationship between quality-of-life (QoL) in psoriasis patients and hope [8]. Our results confirm that both are linked. We see the hope construct in a broader context of positive psychology: The identification and better understanding of personal resources may help to develop interventions that improve the well-being of our patients.

Hope is relatively stable throughout the life. This is supported by theory and evidence [3, 13]. The data available show that hope influences depression, not vice versa [1]. Of note, one should not mix up two constructs: hopelessness and hope. Hopelessness reflects the current level of lack of hope, which may fluctuate considerably even within short periods of time, e.g., improve with the treatment of depression [2]. In contrast, hope is a positive motivational state and fairly constant. Even though hopelessness is associated with depression, this does not automatically mean that the depression influences hopelessness. Rather, the available literature suggests that hopelessness may be a risk factor for depression [11, 14]. The picture is similar for QoL and depression: QoL influences depression rather than vice versa [12]. However, none of this is the point that our study makes, which is that hope may play a substantial role in preventing QoL impairment in psoriasis.

There are multiple possible mechanisms leading to increased depression rates and QoL impairment in psoriasis [4, 9, 10], as well as in other skin and systemic disorders [5–7]. Insufficient psychological resources, e.g., low basic hope levels could be one of them. Vice versa, psychotherapeutic interventions that strengthen hope could improve QoL and prevent depression in this condition.

We do not agree with our colleagues that it would have been better to exclude patients diagnosed with or treated for depression from our study. The prevalence of depression is high in psoriasis patients. The exclusion of a substantial part of the patients, possibly of more severely affected ones, would have biased the information obtained. Based on the result of our study, we propose that both psoriasis patients with depression and without depression can benefit from hope-targeted interventions.

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