

Association between alexithymia and lower quality of life in patients with psoriasis: a cross-sectional differential study

BACKGROUND

Psoriasis vulgaris affects 90% of individuals with psoriasis, leading to a significant burden, reduced quality of life, and often psychopathology. Although alexithymia has been identified as a predictor of psychopathology, there is a need for studies that specifically examine its role in quality of life. This study aimed to investigate the association between alexithymia and quality of life and identify significant differences according to varying levels of alexithymia.

PARTICIPANTS AND PROCEDURE

One hundred and thirty-nine patients with psoriasis vulgaris aged between 18 and 83 years old ($M = 29.65$, $SD = 14.16$) were recruited to the study. The diagnostic protocol consisted of a sociodemographic questionnaire, the Toronto Alexithymia Scale-20 and SF-36. Descriptive, correlational, regression and differential analyses were performed.

RESULTS

Correlational analyses highlighted significant negative associations between alexithymia and quality of life. Regres-

sion analyses further identified alexithymia as a significant statistical predictor of lower quality of life. Significant differences were observed between non-alexithymic and borderline subjects, highlighting a threshold that is particularly relevant for understanding the association between alexithymia and quality of life.

CONCLUSIONS

Alexithymia was significantly associated with lower quality of life and emerged as a significant statistical predictor of poorer quality of life. Even borderline levels of alexithymia were associated with lower quality of life. The relationship between alexithymia and quality of life of patients with psoriasis should be further investigated to develop targeted interventions aimed at reducing this burden.

KEY WORDS

alexithymia; clinical psychology; psoriasis; psychosomatics; quality of life

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BACKGROUND

Psoriasis is a clinically heterogeneous, lifelong skin disease presenting in multiple forms, including plaque, flexural, guttate, pustular, or erythrodermic (Raharja et al., 2021). It is a common papulosquamous skin disease (Griffiths et al., 2021) affecting approximately 60 million people worldwide (WHO, 2016). As an immune-mediated inflammatory condition, psoriasis is often associated with comorbidities such as psoriatic arthropathy, cardiovascular diseases, and hepatic diseases, as well as psychopathology (Raharja et al., 2021). The psychological and socioeconomic burdens resulting from psoriasis are significant concerns (Armstrong et al., 2023; Damiani et al., 2021; Feldman et al., 2014; Kimball et al., 2005).

Psoriasis vulgaris is the most common form among patients (Griffiths et al., 2021; Ljubenovic et al., 2018). According to recent studies (Griffiths & Barker, 2007; Griffiths et al., 2021; Zangeneh & Shooshtary, 2013), psoriasis vulgaris occurs in 90% of cases, characterized by well-delineated papulosquamous plaques that are typically red or salmon-pink and covered with silvery or white scales. These plaques are primarily active at the edges, usually symmetrical, and their chronological appearance distinguishes type I (onset before age 40, 75% of cases) from type II (onset after age 40) psoriasis vulgaris (Henseler & Christophers, 1985).

The psychological burden of psoriasis has been well documented (Luna et al., 2023; Ntarelli et al., 2024). According to a recent systematic review (Luna et al., 2023), patients with psoriasis usually present with psychopathology, in particular depression, sexual dysfunction, sleep difficulties, subjective well-being, and addictions. Quality of life (QoL) is generally reduced, and the risk for psychopathological conditions is further influenced by factors such as hypertension, hyperlipidaemia, psoriatic arthritis, obesity, inflammatory bowel disease, diabetes, and statin use.

QoL is an important concept for psychological studies considering chronic conditions (Caputo et al., 2022; Di Giuseppe & Conversano, 2022; Di Giuseppe et al., 2025; Megari, 2013; Silvestro et al., 2023; Thompson et al., 2022). With particular reference to psoriasis, Hepat and colleagues (2023) suggested low QoL in conjunction with a considerable presence of affective disorders. Evidence has consistently highlighted the decrease in QoL for patients with psoriasis (Bhosle et al., 2006; Boswell et al., 2023; de Arruda & De Moraes, 2001; De Korte et al., 2004; Nabieva & Vender, 2023; Stewart et al., 2021). The link between psychological functioning and skin disease appears to be of fundamental interest. From a psychoneuroimmunological perspective, the brain-skin axis provides a theoretical framework for understanding the bidirectional interactions between psychological

functioning and chronic inflammatory skin diseases. This model proposes that emotional distress may influence neuroendocrine, immune, and inflammatory pathways involved in the onset, maintenance, and exacerbation of dermatological conditions, whereas chronic skin diseases may in turn negatively affect psychological well-being, contributing to a reciprocal cycle of emotional burden and disease progression (Cao et al., 2024; Paus et al., 2006). More recently, this framework has been further expanded, highlighting how the reciprocal interactions between emotional distress and skin disease may adversely affect quality of life and support the adoption of integrated psychological and dermatological approaches to patient care (Wen et al., 2026). A recent article considered the brain-skin axis in psoriasis (Marek-Jozefowicz et al., 2022), suggesting that the mutual relationships between psychological and neurobiological phenomena contribute to the illness's onset, maintenance, and negative outcomes. Considering the still unknown pathogenesis, this link represents an intriguing research path that could yield insights related to psoriasis aetiology and progression (Woźniak et al., 2021).

Psychological factors play a crucial role in decreasing patients' QoL. Both classical and modern psychosomatic studies have demonstrated how specific phenomena are central to the psychological functioning of patients with psoriasis (Gupta et al., 1990; Krstanovic et al., 2024; Kwon et al., 2018; Perin et al., 2023; Rao et al., 2013; Shanon, 1979). Emotion regulation has increasingly been recognised as a fundamental psychological process underlying adaptation to chronic illness and psychosomatic conditions. Current evidence indicates that difficulties in emotion regulation are associated with impaired psychological adjustment, greater symptom burden, and poorer health-related outcomes across a wide range of chronic diseases (Guarino et al., 2025). Consistent with this perspective, a systematic review by Okur Güney et al. (2019) showed that patients with somatic symptoms and related disorders consistently exhibit disturbances in emotion regulation, particularly involving reduced cognitive engagement with emotional experiences. Furthermore, deficits in emotional reactivity, regulatory flexibility, and emotion regulation strategies have been reported in psychosomatic conditions, suggesting that altered emotional processing may represent a common transdiagnostic mechanism contributing to illness experience and quality of life (Schnabel et al., 2022). Accordingly, emotion regulation has emerged as a central theoretical framework for understanding the interplay between psychological functioning and chronic medical conditions (Torrado et al., 2018).

Within this theoretical framework, alexithymia has emerged as a key construct in psychosomatic medicine. Among the psychological factors associated with psychopathology and psychosomatic phe-

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nomena in subjects suffering from psoriasis, alexithymia has been well recognised (Belugina, 2021; Korkoliakou et al., 2014, 2017; Tang et al., 2022). Alexithymia can be defined as a multidimensional difficulty in the recognition, identification and description of affect, accompanied by marked externally oriented thinking tendencies (Ballarotto et al., 2025; Preece & Gross, 2023; Taylor, 2004; Timoney & Holder, 2013; Topino et al., 2025). Its link with somatization processes is clear (Di Trani et al., 2025; Fischer & Ehlert, 2019; Holmes et al., 2022; Jungmann et al., 2022; Martino et al., 2024; Mattila et al., 2008; Merlo et al., 2025a; Millington et al., 2022; Myles & Merlo, 2021; Shipko, 1982; Silvestro et al., 2025).

Beyond psoriasis, growing evidence suggests that alexithymia is associated with broader alterations in sensory, affective, and interoceptive processing. In particular, recent theoretical and empirical contributions have highlighted the role of olfactory functioning, suggesting that alexithymia is associated with altered emotional and hedonic appraisal of olfactory stimuli, with potential implications for psychological well-being and quality of life (Bochicchio & Winsler, 2020). Likewise, recent evidence indicates that alexithymia is closely related to disturbances in subjective interoception, reinforcing its conceptualisation as a multidimensional construct involving impaired processing of internal bodily and emotional states (Van Bael et al., 2024). These findings are particularly relevant considering that sensory and bodily processes contribute substantially to psychological functioning and quality of life. Within chronic dermatological conditions, recent psychosomatic literature has further highlighted the complex interplay between psychological functioning, body image, and mental health, emphasising the importance of considering multidimensional psychological factors when investigating patients' quality of life (Fidelis et al., 2025).

In the context of psoriasis, alexithymia is particularly relevant (Innamorati et al., 2016; Quinto et al., 2022; Sampogna et al., 2017; Tang et al., 2022). Although several studies have highlighted the link between mental health and alexithymia in patients with psoriasis, or the prevalence of alexithymia-related phenomena (Larsen et al., 2022; Quinto et al., 2022; Tang et al., 2022; Tsiori et al., 2022), there is a need for research specifically focused on the association between alexithymia and QoL. Investigating the specific relationship between alexithymia and QoL in patients with psoriasis would further advance the literature. Despite increasing evidence supporting the role of emotion regulation, the brain-skin axis, and alexithymia in psychosomatic conditions, studies specifically investigating the relationship between alexithymia and quality of life in patients with psoriasis remain limited. Moreover, little is known about whether different clinical levels of alexithymia, including borderline scores according to the original

TAS-20 classification, are associated with meaningful differences in quality of life. Therefore, the present study aimed to investigate the association between alexithymia and quality of life in patients with psoriasis, while also comparing quality of life across the original TAS-20 clinical categories. On this basis, the following hypotheses were formulated.

STUDY HYPOTHESES

Hypothesis 1: There are significant inverse correlations between alexithymia and quality of life.

Hypothesis 2: Alexithymia is a predictor of lower quality of life.

Hypothesis 3: There are significant differences in quality of life between non-alexithymic, borderline, and alexithymic subjects.

PARTICIPANTS AND PROCEDURE

PARTICIPANTS

A cross-sectional study was conducted using a convenience sample of 139 consecutive patients with psoriasis vulgaris, aged between 18 and 83 years old ($M = 29.65$, $SD = 14.16$). 61.2% of the sample were female, with the rest identifying as male. All patients were referred by general practitioners with a diagnosis of psoriasis and recruited at the University Hospital "Gaetano Martino" of Messina during routine clinical activities from January 2020 to July 2023. Inclusion criteria were a diagnosis of psoriasis vulgaris, absence of comorbidity, absence of major psychopathological disorders, and no medications influencing cognitive functioning. All patients agreed to participate in the study and signed the informed consent form after receiving information about the anonymous nature of data and related treatment. All patients fully completed the protocol. All procedures were consistent with the Declaration of Helsinki (1964) and its amendments. Approval was obtained by the Ethical Committee of the University Hospital "Gaetano Martino" of Messina, Italy.

INSTRUMENTS

The diagnostic protocol was composed of a sociodemographic questionnaire including age, gender and education, and the following validated clinical psychological instruments.

Toronto Alexithymia Scale-20 (TAS-20; Bagby et al., 1994), self-report instrument consisting of 20 items based on a 5-point Likert scale assessing alexithymia and related factors: difficulty identifying feelings (DIF), difficulty describing feelings (DDF)

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and externally oriented thinking (EOT). The original validation study highlighted good internal consistency (Cronbach's alpha index values were: .81 for the full scale, .78 for DIF, .75 for DDF, .66 for EOT). In line with the original version, the Italian adaptation of the scale (Bressi et al., 1996) showed good internal consistency (.82 for the full scale, .79 for DIF, .68 for DDF and .54 for EOT). In the present sample, the TAS-20 demonstrated good internal consistency (.82). The DIF (.83) and DDF (.68) subscales showed good and acceptable internal consistency, whereas the EOT subscale exhibited lower reliability (.56), consistent with previous psychometric studies reporting lower internal consistency for this dimension.

Short Form Health Survey (SF-36; Hays et al., 1993; Italian version by Apolone & Mosconi, 1998), a 36-item scale assessing quality of life. The original validation study produced the following Cronbach's alpha values of the internal factors: physical functioning .93, role limitations due to physical health .84, role limitations due to emotional problems .83, energy/fatigue .86, emotional well-being .90, social functioning .85, pain .78, general health .78. Regarding its internal consistency, an IQOLA project (Alonso et al., 2004) involving the Italian version confirmed its validity (ranging from .68 to .94).

STATISTICAL ANALYSIS

Categorical variables were expressed as number and percentage and numerical data as mean and standard deviation. The Kolmogorov-Smirnov test was used to assess the normality of the distribution. After detecting the non-normality for some of the distributions, a non-parametric approach was adopted. Correlation analyses were performed using the Spearman test. Generalised linear regression (GLM) was used to examine the relationship between quality of life and alexithymia. The Kruskal-Wallis test was used to assess the significance of differences among alexithymia levels and quality of life. A *p*-value smaller than .05 was considered to be significant. Using Bonferroni's correction, a *p*-value smaller than .0167 was considered to be significant for the Mann-Whitney test used to detect specific statistical differences among alexithymia groups and quality of life. Statistical analyses were performed using IBM SPSS Statistics version 25.

RESULTS

Descriptive statistics are reported in Table 1.

Table 1

Descriptive statistics		
	<i>M</i>	<i>SD</i>
Age	29.65	14.16
Education	13.78	2.86
TAS-20 Total score	56.46	12.27
TAS-20 Difficulty identifying feelings	17.70	6.59
TAS-20 Difficulty describing feelings	13.59	3.79
TAS-20 Externally oriented thinking	25.17	4.85
Physical functioning	18.07	3.20
Role limitations due to physical health	2.95	1.33
Role limitations due to emotional problems	1.62	1.29
Energy/fatigue	9.76	4.33
Emotional well-being	13.43	5.42
Social functioning	5.79	1.73
Pain	6.00	1.86
General health	12.44	3.89

HYPOTHESIS 1

Table 2 presents the correlations between alexithymia and quality of life. All significant correlations were negative, indicating an inverse association between alexithymia and quality of life. The TAS-20 total score was negatively correlated with role limitations due to physical health and emotional problems, energy/fatigue, emotional well-being, social functioning and general health. The associations were statistically significant. Difficulty identifying feelings was negatively correlated to all quality-of-life factors. Difficulty describing feelings was negatively correlated with role limitations due to physical and emotional problems, energy/fatigue, emotional well-being, social functioning and general health. TAS-20 total score and DDF showed similar negative and significant relationships. Externally oriented thinking showed no significant relationships with QoL. Given the SF-36 structure (according to RAND methodology), higher scores correspond to better quality of life. Thus, higher levels of alexithymia were consistently associated with lower quality-of-life scores.

HYPOTHESIS 2

Table 3 presents the generalised linear regression analyses examining alexithymia and its dimensions as predictors of quality of life. TAS-20 total score pre-

Table 2

Correlational analysis between alexithymia and quality of life variables

	TAS-20 Total score	TAS-20 DIF	TAS-20 DDF	TAS-20 EOT	<i>Alexithymia and quality of life in psoriatic subjects</i>
Physical functioning	-.153	-.207*	-.097	-.055	
Role limitations due to physical health	-.308**	-.279**	-.300**	-.116	
Role limitations due to emotional problems	-.309**	-.349**	-.268**	-.031	
Energy/fatigue	-.357**	-.370**	-.309**	-.080	
Emotional well-being	-.326**	-.396**	-.249**	.010	
Social functioning	-.313**	-.374**	-.229**	-.013	
Pain	-.158	-.213*	-.106	-.015	
General health	-.325**	-.411**	-.167*	-.079	

Note. TAS-20 – Toronto Alexithymia Scale; DIF – difficulty identifying feelings; DDF – difficulty describing feelings; EOT – externally oriented thinking. Bold values indicate statistically significant results; * $p < .05$, ** $p < .01$.

dicted lower levels of role limitations due to physical health, role limitations due to emotional problems, energy/fatigue, emotional well-being, social functioning and general health. Difficulty identifying feelings predicted lower levels of physical functioning, role limitations due to emotional problems, energy/fatigue, emotional well-being, social functioning, pain and general health. Externally oriented thinking predicted higher levels of emotional well-being. As previously mentioned, higher levels in QoL domains correspond to a better quality of life. The alexithymia total score and DIF predicted poorer QoL, while EOT predicted higher levels of emotional well-being. Although the EOT dimension was associated with higher emotional well-being, this finding should be interpreted with caution in light of the relatively lower internal consistency of this TAS-20 subscale, a limitation consistently reported in previous psychometric studies. DDF did not emerge as a significant predictor of any QoL domain.

As reported in Table 5, the Mann-Whitney test was applied to examine the specific differences between alexithymia clinical groups. Significant differences between non-alexithymic and borderline subjects emerged involving role limitations due to physical health. Quality-of-life scores were always higher for non-alexithymic subjects. Significant differences between non-alexithymic and alexithymic subjects emerged involving role limitations due to physical health, role limitations due to emotional problems, energy/fatigue, emotional well-being, social functioning and general health. QoL scores were always higher for non-alexithymic subjects. The analysis showed no significant differences between borderline and alexithymic subjects. These data suggest better QoL among non-alexithymic subjects and no significant differences between borderline and alexithymic subjects. Borderline TAS-20 scores were already associated with poorer quality of life.

DISCUSSION

HYPOTHESIS 3

Table 4 reports the Kruskal-Wallis analysis performed to examine potential significant differences in quality of life according to alexithymia levels. The TAS-20 total scores were divided into three groups (according to alexithymia levels detected from the clinical studies): non-alexithymic, borderline and alexithymic. The frequencies showed that 46.8% of patients reported non-alexithymic scores, 24.5% borderline scores, while 28.8% fully alexithymic scores. Significant differences were found for role limitations due to physical health, role limitations due to emotional problems, energy/fatigue, emotional well-being, social functioning and general health. These findings justified subsequent pairwise comparisons.

The present study investigated the relationship between alexithymia and quality of life in patients with psoriasis through three complementary hypotheses addressing correlations, predictive associations, and differences across alexithymia categories.

The first hypothesis examined the associations between alexithymia and quality of life. Significant inverse associations emerged, consistent with previous studies. According to a recent study (Innamorati et al., 2016), patients with psoriasis exhibited lower health-related quality of life and alexithymia. This latter variable was found to be associated with decreased QoL. However, the severity of alexithymia did not account for the effect of psoriasis on subjects' mental health. Further research demonstrated

Table 3

Generalised linear regression analysis

	TAS-20 Total		DIF		DDF		EOT	
	B (CI)	p	B (CI)	p	B (CI)	p	B (CI)	p
Physical functioning	-.034 (-.078/.009)	.122	-.125 (-.227/-.024)	.016*	.027 (-.158/.212)	.770	.055 (-.072/.182)	.391
Role limitations due to physical health	-.026 (-.044/-.008)	.004*	-.030 (-.072/.011)	.150	-.065 (-.141/.011)	.092	.013 (-.039/.065)	.618
Role limitations due to emotional problems	-.030 (-.047/-.013)	.001*	-.062 (-.101/-.023)	.002*	-.051 (-.122/.020)	.158	.038 (-.011/.087)	.123
Energy/fatigue	-.093 (-.151/-.036)	.002*	-.169 (-.301/-.037)	.012*	-.197 (-.438/.044)	.108	.114 (-.050/.279)	.172
Emotional well-being	-.113 (-.185/-.041)	.002*	-.332 (-.491/-.174)	< .001*	-.151 (-.442/.139)	.304	.289 (.090/.488)	.005*
Social functioning	-.046 (-.069/-.024)	< .001*	-.109 (-.160/-.058)	< .001*	-.033 (-.126/.060)	.483	.043 (-.021/.106)	.188
Pain	-.022 (-.048/.003)	.083	-.063 (-.122/-.005)	.034*	-.026 (-.133/.081)	.634	.045 (-.028/.118)	.227
General health	-.102 (-.153/-.052)	< .001*	-.303 (-.416/-.191)	< .001*	.057 (-.148/.262)	.585	.098 (-.042/.239)	.169

Note. TAS-20 – Toronto Alexithymia Scale; DIF – difficulty identifying feelings; DDF – difficulty describing feelings; EOT – externally oriented thinking. Bold values indicate statistically significant results; * $p < .05$.

Table 4

Kruskal-Wallis analysis, alexithymia score groups compared to quality of life

	Physical functioning	Role limitations due to physical health	Role limitations due to emotional problems	Energy/fatigue	Emotional well-being	Social functioning	Pain	General health
Non-alexithymic	M 18.56	3.33	1.93	11.13	15.06	6.27	6.27	13.53
SD	2.58	1.16	1.29	4.08	5.57	1.63	1.70	3.14
Borderline scores	M 17.85	2.58	1.47	8.97	12.32	5.55	5.88	12.20
SD	3.52	1.42	1.19	3.65	4.33	1.78	1.82	3.25
Alexithymic	M 17.45	2.65	1.25	8.22	11.72	5.20	5.67	10.87
SD	3.75	1.39	1.30	4.63	5.36	1.68	2.10	4.87
p-value	.219	.001*	.016*	.001*	.004*	.005*	.272	.006*

Note. Alexithymia clinical scores meaning: < 51 – non-alexithymic; ≥ 51 and ≤ 60 – borderline; ≥ 61 – alexithymic. Bold values indicate statistically significant results; * $p < .05$.

Table 5

Mann-Whitney analysis, differences in each QoL domain according to alexithymia groups

	Non-alexithymic vs. borderline	Non-alexithymic vs. alexithymic	Borderline vs. alexithymic	<i>Alexithymia and quality of life in psoriatic subjects</i>
Physical functioning	.268	.095	.679	
Role limitations due to physical health	.002*	.002*	.848	
Role limitations due to emotional problems	.067	.006*	.359	
Energy/fatigue	.019	< .001*	.208	
Emotional well-being	.024	.002*	.333	
Social functioning	.047	.002*	.371	
Pain	.278	.135	.680	
General health	.042	.003*	.215	

Note. Alexithymia clinical scores meaning: < 51 – non-alexithymic; ≥ 51 and ≤ 60 – borderline; ≥ 61 – alexithymic
QoL – quality of life. Significant *p*-value < .0167 after Bonferroni's correction. Bold values indicate statistically significant results.

how alexithymia may be linked to affective disorders (Quinto et al., 2022) worsening QoL and increasing burden (Sampogna et al., 2017). Alexithymia was found to be strongly associated with the severity and visibility of psoriasis (Tang et al., 2022).

According to Namdar and Arıkan (2020), increasing psychopathology and alexithymia were associated with lower QoL. As a risk factor, alexithymia has been recognized to be associated with a six-fold increased probability of psychopathology in patients with psoriasis (Tsiori et al., 2022). The study by Tsiori et al. (2022) clearly underlined significant and positive correlations among alexithymia, somatization, psychoticism, psychopathological indices and affective psychopathology. These findings further emphasise the clinical relevance of alexithymia in psoriasis. Nevertheless, evidence directly linking alexithymia to quality of life in psoriasis remains limited.

The second hypothesis examined the predictive value of alexithymia for quality of life. Alexithymia emerged as a significant statistical predictor of poorer QoL. According to Cherrez-Ojeda and colleagues (2019), alexithymia was associated with educational level, years with psoriasis, psoriasis severity score and level of adherence. The predictive role of alexithymia in relation to clinical variables and psychopathology has been underlined by several studies (Almeida et al., 2017; Founta et al., 2019; Martinez-Ortega et al., 2019). Consistent with these findings, Rompoti and colleagues (2024) recently highlighted decreased QoL associated with alexithymia in a sample of patients with psoriasis. Although DDF was significantly associated with several QoL domains at the bivariate level, it did not retain an independent association in the regression analyses. This pattern suggests that difficulties in describing feelings may be associated with poorer quality of life, although their relative contribution appears to be weaker than that of the overall alexithy-

mia construct and the difficulty identifying feelings dimension. Nevertheless, the lower internal consistency of the EOT subscale should be considered when interpreting this finding. Thus, lower levels of alexithymia have been associated with better adherence to treatments and outcomes (Consoli et al., 2006).

The final hypothesis analysed significant differences in quality of life among non-alexithymic, borderline, and alexithymic patients, based on alexithymia levels. Preliminary differences were found for most QoL domains, supporting the need for further analysis. Comparisons among alexithymia groups revealed significant differences between non-alexithymic and borderline scores, as well as between non-alexithymic and alexithymic scores. No significant differences were found between borderline and fully alexithymic scores. These findings suggest that borderline scores are already associated with differences in quality of life. These findings may have important clinical implications. Borderline alexithymia scores, although not meeting the clinical threshold for alexithymia, were already associated with clinically meaningful differences in quality of life. This suggests that individuals with subclinical levels of alexithymic traits may nevertheless experience a substantial psychosocial burden. Consequently, recognising borderline alexithymia during psychological assessment may help identify patients with poorer quality of life and potentially inform timely psychological support.

In summary, alexithymia was significantly associated with lower QoL, and even borderline alexithymia scores were associated with lower quality of life. Although several studies have considered alexithymia levels in individuals with psoriasis, this finding represents potentially novel evidence. According to a recent systematic review (Holmes et al., 2022), some relevant studies have examined alexithymia levels,

highlighting the role of psychosomatic syndrome severity, alexithymia, quality of life, illness perception, and literacy (Larsen et al., 2017, 2022). Other studies (Innamorati et al., 2016; Korkoliakou et al., 2014, 2017) have considered psoriasis as a predictor of psychopathology and decreased quality of life.

Nevertheless, studies directly comparing quality of life across alexithymia levels in patients with psoriasis remain scarce. To our knowledge, only Quinto et al. (2022) distinguished between non-alexithymic and alexithymic patients, reporting lower QoL among the latter, in line with the present findings. Larsen and colleagues (2017) reported significant differences related to self-management and illness perception between alexithymic and non-alexithymic patients with psoriasis. Consistent with current literature, alexithymia has been associated with chronic conditions (Baiardini et al., 2011; Gangemi et al., 2021; Kojima, 2012; Merlo et al., 2025b; Preece et al., 2022; Wen et al., 2022). Its role and associated adverse outcomes should be further explored through clinical studies. The present study highlighted its significant association with patients' quality of life. Furthermore, the finding that borderline scores were associated with differences in QoL is concerning for subjects not typically characterized as fully alexithymic. Importantly, by adopting the original TAS-20 clinical categories, the present study provides potentially novel evidence that borderline alexithymia is already associated with lower quality of life. This differential approach extends previous findings and highlights the potential clinical value of considering borderline alexithymia as a distinct subgroup when assessing psychological functioning in patients with psoriasis. Further studies with larger samples are warranted to confirm and extend these findings.

STRENGTHS AND LIMITATIONS

This study represents an advancement in understanding the association between alexithymia and quality of life in patients with psoriasis. The results indicate that alexithymia is significantly and inversely associated with QoL in both correlational and dependency analyses. Identifying borderline alexithymia scores as sufficient to produce significant differences in QoL represents an added value. However, the study has limitations. First, the cross-sectional design, the use of a convenience sampling strategy, and the inclusion of only patients with psoriasis vulgaris should be considered when interpreting the findings, as causal inferences cannot be drawn and the representativeness of the study sample and the generalisability of the findings may be limited. Furthermore, relevant clinical variables, including psoriasis severity, disease duration, and treatment status, were not available and therefore could not be controlled for in

the analyses, although they may have influenced patients' quality of life. Future studies should incorporate these variables to provide a more comprehensive understanding of the observed associations. Finally, although the TAS-20 demonstrated good overall internal consistency in the present sample, the EOT subscale showed lower reliability. This finding is consistent with previous psychometric evidence indicating that the EOT dimension typically exhibits lower internal consistency than the other TAS-20 subscales (Bagby et al., 1994; Bressi et al., 1996) and should therefore be considered when interpreting results related to this specific dimension.

CONCLUSIONS

The present findings identified alexithymia as significantly associated with poorer quality of life. Borderline alexithymia scores were already associated with differences in quality of life, highlighting the value of the differential approach adopted in the present study. These findings support the importance of assessing alexithymia, including borderline levels, in the psychological evaluation of patients with psoriasis to better identify individuals at risk of poorer quality of life and inform tailored clinical interventions. Future studies should further validate these findings in larger and more diverse clinical samples.

DISCLOSURES

This research received no external funding. The study was approved by the Ethical Committee of the University Hospital "Gaetano Martino" of Messina, Italy (Approval No. 40/19). The authors declare no conflict of interest.

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