

Original Research

The Role of Cognitive Behavioral Therapy in Improving Quality of Life Among Patients with Psoriasis: A Literature Review

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ABSTRACT

Introduction: Psoriasis is a chronic inflammatory skin disease often accompanied by significant psychosocial impacts. Patients frequently report body image disturbances, embarrassment, social stigma, and reduced social participation, which ultimately contribute to a diminished quality of life. This literature review aims to synthesize evidence on the effectiveness of Cognitive Behavioral Therapy in improving the quality of life of patients with psoriasis from a psychological perspective. **Methods:** This literature review was conducted by identifying the PICO framework (Population/Patient, Intervention, Comparison, Outcome). A literature search was conducted from 2025 to 2026 following the PRISMA 2020 guidelines and the Joanna Briggs Institute (JBI) methodology across several scientific databases, including Wiley Online Library, ScienceDirect, and Google Scholar. Inclusion criteria comprised articles published within the last six years, focusing on CBT interventions and quality of life in patients with psoriasis, and available in full text. **Results:** The literature review identified two main themes. The first theme highlights the role of CBT in reducing psychological distress, including anxiety, depression, emotional stress, and negative body image, as a primary pathway to improving quality of life. The second theme emphasizes the modification of maladaptive behaviors into adaptive coping strategies, resulting in improved social functioning, daily activities, and interpersonal relationships. **Recommendations:** Cognitive Behavioral Therapy should be considered as an adjunct intervention in the comprehensive management of psoriasis to improve patients' psychological well-being and quality of life. Further research with larger sample sizes and long-term follow-up is recommended to strengthen evidence regarding its sustained effectiveness across diverse patient populations

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INTRODUCTION

Psoriasis is a chronic inflammatory skin disease often accompanied by significant psychosocial impacts. Patients frequently report body image disturbances, embarrassment, social stigma, and reduced social participation, ultimately contributing to a diminished quality of life (Homayoon et al., 2020; Jankowiak et al., 2020; Krstanović et al., 2024). The psychological burden in patients with psoriasis is often comparable to that of other chronic diseases and correlates with lesion severity and visible body location (Krstanović et al., 2024). These effects tend to be more pronounced due to social pressures related to aesthetic standards and gender roles that intensify concerns about appearance, making interventions targeting cognitive-emotional processes particularly relevant (Esmalian Khamseh et al., 2020). Preliminary evidence highlights the need for psychological interventions as an integral component of psoriasis management to achieve more holistic outcomes (Esmalian Khamseh et al., 2020; Krstanović et al., 2024).

Quality of life is defined as an individual's perception of their position in life within the context of their culture and value systems, and in relation to their goals, expectations, standards, and concerns (WHO, 2024). In psoriasis, reduced quality of life is commonly associated with impairments in physical, psychological, social, and daily functioning (Ghezzi et al., 2024; Walniczek et al., 2025). Several studies have shown that patients with psoriasis experience significant disruptions in emotional, social, and interpersonal domains due to stigma, shame, negative body image, and chronic stress associated with the disease (Krstanović et al., 2024; Jankowiak et al., 2020). These psychosocial impacts are further complicated by negative body image perceptions, which exacerbate psychological distress, reduce self-confidence, and limit social participation (AleKasir & Abbasian Haddadan, 2025; Nazik et al., 2017). Psychological factors such as stress, anxiety, and depression are also known to exacerbate disease progression through activation of systemic inflammatory responses, including increased inflammatory biomarkers such as C-reactive protein (CRP) and proinflammatory

cytokines (Lei et al., 2025; Wang et al., 2025). Cognitive Behavioral Therapy (CBT) has been suggested as a potential intervention to reduce psychological stress and improve emotional regulation, which may contribute to the modulation of systemic inflammatory responses, including CRP levels (Lopresti, 2017).

One psychological intervention shown to be effective in improving the quality of life of patients with psoriasis is Cognitive Behavioral Therapy (CBT). CBT focuses on restructuring negative thought patterns and modifying maladaptive behaviors into more adaptive coping strategies, thereby reducing emotional distress and enhancing self-confidence (Revankar., et al., 2022). Evidence indicates that CBT can reduce anxiety and stress while improving self-image in female patients with psoriasis (Esmalian Khamseh et al., 2020). Furthermore, CBT helps patients understand the interaction between emotional states and skin symptoms, enabling more adaptive stress management. This approach supports psychological adjustment and contributes to improved overall quality of life.

Several studies have demonstrated that CBT is effective in improving emotional and social well-being in patients with chronic skin conditions. Safaei and Atashpor (2021) found that seven sessions of group CBT significantly improved quality of life scores compared to a control group. Khamseh et al. (2020) demonstrated that eight sessions of individual CBT reduced body image anxiety and improved self-esteem in women with psoriasis. Revankar et al. (2022) confirmed that CBT has a positive effect on reducing stress, depression, and anxiety in various dermatological disorders, including psoriasis. These findings support CBT as an adjunct psychological intervention that complements medical therapy. CBT-based approaches not only improve emotional well-being but also enhance social adaptability.

CBT also assists patients in identifying and managing negative automatic thoughts associated with stigma and self-dissatisfaction (Krstanović et al., 2024). By fostering more adaptive cognitive

patterns, patients become more capable of accepting their condition and engaging in healthier social interactions. Moreover, variants of CBT, such as Mindfulness-Based Cognitive Therapy (MBCT), have been shown to enhance social support and psychological capital in individuals with psoriasis (AleKasir & Haddadan, 2025). Overall, CBT represents a relevant and comprehensive intervention strategy for improving the quality of life of individuals living with psoriasis.

Previous studies have primarily focused on the effectiveness of Cognitive Behavioral Therapy in reducing psychological distress and inflammatory responses in patients with mental or chronic physical illnesses. However, limited reviews have specifically examined the role of CBT and its variants in improving quality of life among patients with psoriasis. Therefore, this literature review aims to critically synthesize evidence on the effectiveness of Cognitive Behavioral Therapy in improving the quality of life of patients with psoriasis from a psychological perspective.

METHOD

This literature review used by identifying PICO (Population/Patient, Intervention, Comparison, Outcome). For Population: Patients with psoriasis, Intervention: Cognitive Behavioral Therapy (CBT) and its variants (ICBT, MBCT), Comparison: no other intervention, and Outcome: Improved quality of life and psychological well-being (reduced stress, depression, anxiety). The sources

of the literature review used are from Wiley Online, ScienceDirect, and Google Scholar. The keywords used were "Cognitive Behavioral Therapy" AND "Psoriasis" AND "Quality of Life" AND "(People with Psoriasis)"

Table 1. Framework Research Question PICO

P	I	C	O
People with Psoriasis	<i>Cognitive Behavioral Therapy</i> (CBT) & variannyya (ICBT, MBCT)	other psychological interventions or standard care	Improved quality of life

This literature review focused on the application of Cognitive Behavioral Therapy (CBT) in improving the quality of life of people with psoriasis. The literature search was conducted for studies published between 2025 and 2026 across Wiley Online Library, ScienceDirect, and Google Scholar.

A total of seven relevant articles were selected based on predefined inclusion and exclusion criteria. The inclusion criteria comprised articles published within the last six years, focusing on CBT interventions in patients with psoriasis, and available in full text. The exclusion criteria included studies that did not use CBT as the primary intervention or did not involve patients with psoriasis.

All retrieved articles were screened using Mendeley Desktop to identify and remove duplicates prior to analysis. Methodological quality and risk of bias were assessed using the Joanna Briggs Institute (JBI) critical appraisal tools appropriate for each study design.

RESULT

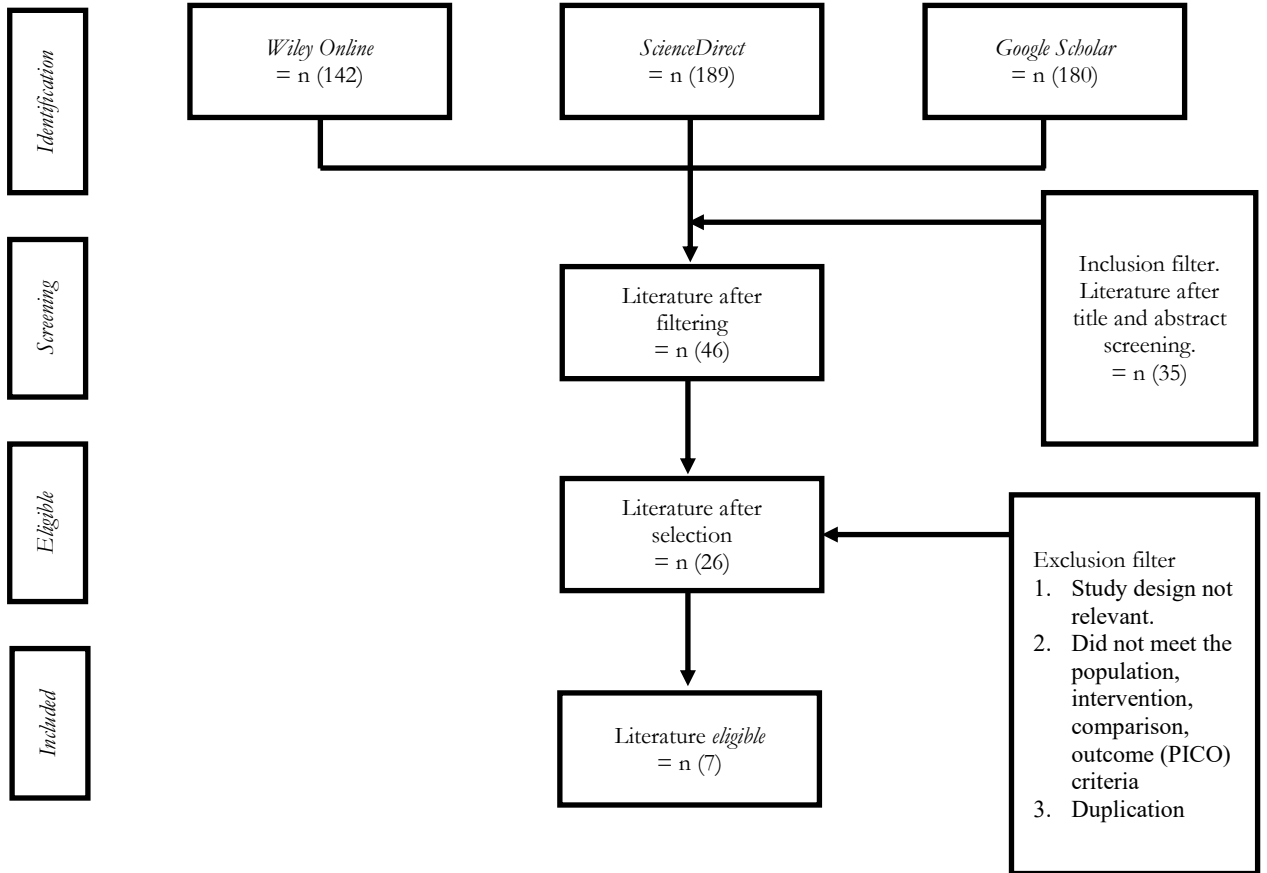


Figure 1 PRISMA Flow Diagram

Table 2. Results of literature characteristics

No	Title	Author, Year, Country	Design / Intervention	Population (n)	Main Outcome
1	<i>The Effectiveness of Group Cognitive-Behavioral Therapy on Quality of Life in Patients with Psoriasis Skin Disease</i>	Safaei & Atashpor, 2021, Iran	Semi-experimental study with a pre-test post-test with a test and control group	30 patients with psoriasis	The intervention group demonstrated statistically significantly higher scores compared to the control group, thus indicating the effectiveness of the intervention.
2	The effectiveness of cognitive behavioral therapy based on Cash's eight-step model in body image of women with psoriasis	Esmalian Khamseh et al., 2020, Iran	The research was semi-experimental with pre-test and post-test design in both experimental and control groups.	60 patients with psoriasis	Body image anxiety and its two subscales were significantly reduced among women with psoriasis following cognitive behavioral therapy guidance, with effects sustained at the three-month follow-up.
3	<i>The Comparing Effectiveness of Cognitive-Behavioral Therapy and Compassion-Focused Therapy on Quality of Life in Women with Psoriasis</i>	Shaban et al., 2025 Iran	Then the first experimental group underwent 8 sessions of 90 minute .	45 women patients with psoriasis	Quality of life in women with psoriasis can be improved through the use of cognitive-behavioral therapy and compassion-focused therapy
4	<i>Effects of Mindfulness Cognitive Therapy versus Cognitive Behavioral Therapy on Negative Emotions and Quality of Life in Psoriasis Patients</i>	Shi et al., 2022 China	They were randomly divided into a control group (65 cases, cognitive behavioral therapy) and an experimental group (65 cases, positive cognitive therapy).	130 patients with psoriasis	The cognitive behavioral therapy applied in the control group primarily involved regular communication with patients to assess their psychological condition and concerns in a timely manner, followed by the provision of tailored psychological support, as well as guidance on diet and lifestyle.
5	Online Mindfulness-Based Cognitive Therapy as a Treatment for Patients with Psoriasis: A Randomized Controlled Trial	Zhao et al., 2025 China	This single-site randomized clinical trial included 109 participants with psoriasis who were randomly allocated to receive either treatment as usual	109 participants with psoriasis	This study indicates that online mindfulness-based cognitive therapy (MBCT) can significantly improve lesion severity, depression, quality of life, and pruritus in patients with psoriasis who are already receiving medication. Furthermore, this form of online psychotherapy may serve as a viable option for the comprehensive management of psoriasis..
6	Comparison of the Effectiveness of Emotion-Focused Cognitive-Behavioral Therapy (E C B T) and Mindfulness-based Cognitive Therapy (M B C T) on C-Reactive Protein (CRP) Level in Patients with Psoriasis	Mehdizadeh et al., 2019 Iran	This research is a quasi-experimental study with a pretest-posttest design, a follow-up period, and control and intervention groups. The	30 patients with psoriasis	Both enhanced cognitive behavioral therapy (ECBT) and mindfulness-based cognitive therapy (MBCT) are effective interventions for addressing the physical, psychological, and biological complications associated with psoriasis.
7	A Trial of Coach-Supported, Smartphone-Delivered Cognitive s Therapy for Psoriasis With Comorbid Depression	Barbieri et al., 2025 USA	An experimental group	30 patients with psoriasis	This study demonstrates that smartphone-based Cognitive Behavioral Therapy (CBT) is a feasible and acceptable intervention with potential effectiveness for individuals with psoriasis experiencing depressive symptoms.f

Table 3. Critical Appraisal of Included Studies Using the JBI Critical Appraisal Checklist (9 Items)

No	Artikel	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9
1	Safaei & Atashpor, 2021, Iran	Y	Y	Y	Y	Y	Y	Y	Y	Y
2	Esmalian Khamseh et al., 2020, Iran	Y	Y	Y	Y	Y	Y	Y	Y	Y
3	Shaban et al., 2025 Iran	Y	Y	Y	Y	Y	Y	Y	Y	Y
4	Shi et al., 2022 China	Y	Y	Y	Y	Y	Y	Y	Y	Y
5	Zhao et al., 2025 China	Y	Y	Y	Y	Y	Y	Y	Y	Y
6	Mehdizadeh et al., 2019 Iran	Y	Y	Y	Y	Y	Y	Y	Y	Y
7	Barbieri et al., 2025 USA	Y	Y	Y	Y	Y	Y	Y	Y	Y

Questions:

1. Is it clear in the study what is the 'cause' and what is the 'effect' (i.e. there is no confusion about which variable comes first)?
2. Were the participants included in any comparisons similar?
3. Were the participants included in any comparisons receiving similar treatment/care, other than the exposure or intervention of interest?
4. Was there a control group?
5. Were there multiple measurements of the outcome both pre and post the intervention/exposure?
6. Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analyzed?
7. Were the outcomes of participants included in any comparisons measured in the same way?
8. Were outcomes measured in a reliable way?
9. Was appropriate statistical used?

DISCUSSION

Theme 1. The Role of Cognitive Behavioral Therapy in Reducing Psychological Distress as a Primary Pathway to Improve Quality of Life in Psoriasis

Psoriasis is a chronic inflammatory skin disease that causes not only physical symptoms but also significant psychological burden, particularly anxiety, depression, and persistent emotional stress. Recent studies indicate that psychological distress significantly contributes to reduced quality of life, often exceeding the impact of skin lesion severity itself (Cipolla et al., 2024; Krstanović et al., 2024). This reinforces the psychodermatological view that psoriasis should be understood as a biopsychosocial disorder. Psychological interventions such as Cognitive Behavioral Therapy (CBT) are relevant because they target cognitive and emotional factors that exacerbate patients' subjective experiences. This approach complements dermatological therapies, which generally focus on the physical aspects of the disease. Recent evidence also suggests that psychological interventions, including CBT and digital CBT-based approaches, are effective in reducing anxiety and improving quality of life in psoriasis patients (Barbieri et al., 2025; Wei et al., 2024). Shi et al., (2022) showed that CBT is carried out through

directed communication with patients to understand psychological conditions, provide emotional guidance, and appropriate lifestyle guidance, thereby helping to reduce negative emotions and improve overall quality of life.

Emotion regulation is a key mechanism linking CBT and improved quality of life. CBT and related cognitive approaches have been shown to reduce negative emotional states such as anger, shame, anxiety, and hopelessness, which are commonly experienced by patients with psoriasis (Shi et al., 2022). Improved emotion regulation enables patients to respond to disease flares with reduced emotional reactivity and greater psychological control. This aligns with psychodermatological perspectives, which emphasize that negative emotional states can intensify symptom perception and further impair quality of life (Krstanović et al., 2024). Recent research by Samela et al. (2025) showed that psoriasis patients have higher levels of emotional dysregulation, which is associated with increased psychological distress and reduced quality of life. CBT-based interventions have been shown to help patients identify, evaluate, and modify maladaptive emotional responses, thereby achieving emotional stability. Thus, CBT contributes to quality of life by improving emotion regulation, enhancing coping skills, and strengthening patients' psychological stability.

Cognitive Behavioral Therapy works by identifying and modifying

cognitive distortions that develop as a result of living with psoriasis, including negative beliefs about one's appearance, fear of social judgment, and feelings of helplessness that contribute to avoidance behavior and reduced quality of life (Esmalian Khamseh et al., 2020; Krstanović et al., 2024; Revankar, et al., 2022). A study by Esmalian Khamseh et al., (2020) showed that CBT significantly improved the quality of life of patients with psoriasis by reducing anxiety and depression, as measured by standard psychological instruments. These findings align with research by Safaei and Atashpour (2021), who reported reduced stress and improved psychological well-being after a CBT intervention. With reduced emotional distress, patients become better able to manage their responses to chronic disease. This confirms that cognitive change is a key mechanism in improving quality of life.

The effectiveness of Cognitive Behavioral Therapy (CBT) in improving quality of life has also been demonstrated across various delivery modes. An online Mindfulness-Based Cognitive Therapy (MBCCT) intervention significantly improved quality of life and reduced depression and itching in patients with psoriasis undergoing medical treatment (Zhao et al., 2026). These findings indicate that digitally delivered interventions can provide accessible psychological support without geographical barriers. Recent studies also show that smartphone-based CBT is effective in reducing symptoms of depression and anxiety, as well as improving quality of life and emotional functioning in patients with psoriasis (Barbieri et al., 2025). These findings align with Rissi et al. (2025), who confirmed that CBT and mindfulness-based psychological interventions have positive effects on the psychological well-being and quality of life of patients with psoriasis. Meta-analytic evidence further supports that psychosocial interventions such as CBT, mindfulness, and MBCCT significantly reduce emotional stress, anxiety, and depression while improving quality of life in psoriasis patients (Eckardt et al., 2024; Lu et al., 2025; Wei et al., 2024).

The impact of Cognitive Behavioral Therapy (CBT) on quality of life in patients with psoriasis is explained through several interrelated psychological mechanisms. AleKasir and Abbasian Haddadan (2025) reported that cognitive-behavioral interventions increase psychological capital and reduce learned helplessness, both of which are closely associated with quality of life. Increased psychological capital, including hope, optimism, self-efficacy, and resilience, enables patients to adopt a more adaptive outlook toward chronic illness. These findings align with recent evidence showing that psychological distress, feelings of helplessness, and negative disease perceptions are strong predictors of reduced quality of life in patients with psoriasis (Wang et al., 2025; Samela et al., 2025). Furthermore, Shi et al. (2022) demonstrated that CBT, through targeted communication, psychological counseling, and lifestyle guidance, effectively reduces negative emotions and improves quality of life. Synthetically, the evidence indicates that CBT improves quality of life primarily by reducing psychological distress, alleviating anxiety and depression, enhancing emotion regulation, and strengthening coping skills and psychological resilience (Barbieri et al., 2025; Krstanović et al., 2024).

This effect has been consistently observed across various study

designs and populations, supporting the robustness and generalizability of the findings across contexts (Esmalian Khamseh et al., 2020; Li et al., 2022; Krstanović et al., 2024). Recent meta-analyses further support that psychological interventions, including CBT and mindfulness-based approaches, significantly improve quality of life, reduce emotional distress, and strengthen coping skills in patients with psoriasis (Wei et al., 2024; Lu et al., 2025). This finding is further reinforced by Zhao et al. (2026), who demonstrated that online Mindfulness-Based Cognitive Therapy significantly improved quality of life, reduced depression, decreased itching, and improved lesion severity in patients with psoriasis receiving medical treatment. By addressing the often-overlooked psychological dimensions of psoriasis management, CBT provides a more holistic, biopsychosocial-oriented approach to care.

Theme 2. Modifying Maladaptive Behavior through Cognitive Behavioral Therapy as an Effort to Improve Social Function and Daily Activities

Patients with psoriasis often develop maladaptive behaviors such as social avoidance, activity restriction, and withdrawal in response to the disease. These behaviors are primarily driven by shame, fear of stigma, and negative body image, which significantly reduce quality of life in social and functional domains (Krstanović et al., 2024; Revankar et al., 2022). These findings are further supported by Ponikowska et al. (2025), who identified social stigma, body image disturbance, and fear of negative evaluation as key determinants of impaired interpersonal relationships and social functioning in patients with psoriasis. CBT is designed to address the interaction between cognition, emotion, and behavior. Through cognitive restructuring and behavioral modification, CBT reduces social avoidance tendencies and promotes more adaptive behavioral responses

Revankar et al. (2022) demonstrated that Cognitive Behavioral Therapy (CBT) improves body image and reduces avoidance behavior in patients with psoriasis. These changes are associated with increased social engagement and greater confidence in daily activities. Similarly, Muftin et al. (2022) reported reduced social embarrassment following a cognitive-behavioral intervention. Body image disturbance is strongly associated with reduced quality of life, depression, anxiety, and impaired social relationships in patients with chronic skin diseases, including psoriasis (Fidelis et al., 2025; Ponikowska et al., 2025). Furthermore, recent studies indicate that CBT is effective in helping patients accept changes in skin appearance, reduce embarrassment, and decrease social avoidance behavior (Almeida et al., 2025). Overall, by reducing avoidance behavior and improving body image, CBT enhances patients' ability to maintain optimal social functioning. These findings highlight behavioral change and body image improvement as key components in enhancing quality of life.

CBT strengthens adaptive coping strategies, including problem-solving, behavioral activation, and restructuring maladaptive responses to stress. These skills enable patients to manage stressful situations more effectively without reverting to avoidance-based coping patterns. Safaei and Atashpor (2021) confirmed that higher adaptive coping is associated with improved psychosocial

functioning and quality of life in patients with psoriasis. Consistent with this, recent studies indicate that CBT- and mindfulness-based interventions significantly enhance coping skills, resilience, and daily functioning in this population (Almeida et al., 2025; Lu et al., 2025). Barbieri et al. (2025) further reported that smartphone-based CBT facilitates the development of adaptive coping strategies in response to chronic stress related to disease flares and social stigma. Additional evidence suggests that CBT also improves self-perception and strengthens internal psychological resources, thereby reinforcing more adaptive coping patterns (Shaban et al., 2025a). Collectively, these findings indicate that quality of life is influenced not only by emotional states but also by patients' capacity to manage daily activities effectively and maintain social functioning.

Social support is an important component of CBT-mediated behavioral change. AleKasir and Abbasian Haddadan (2025) demonstrated that CBT-based interventions increase perceived social support, which plays a crucial role in adaptation to chronic illness. Enhanced social support enables patients to maintain social roles and routine activities. These findings are supported by Ponikowska et al. (2025), who identified social stigma, interpersonal isolation, and limited social relationships as key determinants of reduced quality of life in patients with psoriasis. Walniczek et al. (2025) further showed that anxiety and depression significantly affect the social domain of quality of life, highlighting social support as a protective factor. In addition, Lu et al. (2025) confirmed that CBT contributes to improved social functioning, reduced withdrawal, and stronger interpersonal relationships, reinforcing the central role of social functioning in quality of life in psoriasis (Krstanović et al., 2024).

and social engagement. These changes include increased participation in social activities, improved daily functioning, enhanced interpersonal relationships, and better maintenance of social roles previously disrupted by the disease (Revankar et al., 2022; Muftin et al., 2022). Consistent with this, recent evidence shows that CBT- and mindfulness-based psychosocial interventions improve social functioning, adaptive behavior, and quality of life in patients with psoriasis across clinical contexts (Lu et al., 2025; Ponikowska et al., 2025). Walniczek et al. (2025) confirmed that improvements in psychosocial functioning and interpersonal relationships are strongly associated with enhanced quality of life. Shaban et al. (2025) further demonstrated that CBT reduces body image concerns, indirectly contributing to improved social functioning and psychological well-being.

Mehdizadeh et al. (2019) found that both Emotion-Focused Cognitive-Behavioral Therapy (ECBT) and Mindfulness-Based Cognitive Therapy (MBCT) were associated with reductions in C-reactive protein (CRP) levels. This finding is supported by Lei et al. (2025), who showed that psychological stress plays a significant role in activating inflammatory pathways in psoriasis, including increased CRP and pro-inflammatory cytokines. Mitsiou et al. (2024) reported that elevated CRP levels are associated with depression in patients with psoriasis, indicating a close interaction

between psychological and biological factors. Reductions in these inflammatory markers may indirectly improve patients' comfort in daily activities and social interactions due to better-controlled physical symptoms. This is further supported by Dymek et al. (2025), who emphasized that psychological support within a multidisciplinary approach contributes to improved clinical outcomes, psychological well-being, sleep quality, and long-term self-management in psoriasis. CBT may contribute to reduced CRP levels by decreasing psychological stress and enhancing emotional regulation, which are associated with reduced systemic inflammatory responses (Lopresti, 2017).

Although all seven included studies generally reported positive outcomes of Cognitive Behavioral Therapy (CBT) and its variants in improving quality of life among patients with psoriasis, the strength of evidence varied across studies. Several studies employed quasi-experimental or semi-experimental designs with relatively small sample sizes, such as Safaei & Atashpor (2021) and Mehdizadeh et al. (2019), which may limit the generalizability of the findings. Stronger evidence was provided by randomized controlled trials, including Zhao et al. (2026) and Shi et al. (2022), which involved larger sample sizes and more structured intervention protocols. In addition, digital and smartphone-based CBT interventions, such as those reported by Barbieri et al. (2025), demonstrated good feasibility and acceptability. Variations in intervention types (e.g., CBT, MBCT, ECBT) and differences in outcome measures may also explain inconsistencies in effect sizes across studies. Overall, while CBT-based interventions appear promising for improving psychological well-being and quality of life in psoriasis patients, further large-scale randomized controlled trials with long-term follow-up are needed to strengthen the evidence base.

Several methodological limitations should also be acknowledged. Most studies used quasi-experimental or semi-experimental designs with relatively small sample sizes, limiting generalizability. Substantial heterogeneity was observed across intervention modalities, including conventional CBT, MBCT, ECBT, and digital CBT, as well as across outcome measures such as quality of life, anxiety, depression, body image, and C-reactive protein (CRP). In addition, several studies had short follow-up periods, limiting assessment of long-term effectiveness. Furthermore, reliance on self-reported measures and limited blinding may have introduced reporting and measurement bias.

CONCLUSION

Cognitive Behavioral Therapy (CBT) plays a significant role in improving the quality of life of patients with psoriasis by reducing psychological distress and enhancing emotional regulation. Findings from this review indicate that anxiety, depression, stress, and negative emotions such as shame and hopelessness are key determinants of reduced quality of life, often exerting a greater impact than the severity of skin lesions. By targeting cognitive distortions and maladaptive emotional responses, CBT helps patients develop more adaptive thinking patterns, greater emotional stability, and stronger internal psychological resources such as hope

and resilience.

The findings of this review support the integration of CBT into multidisciplinary psoriasis management through collaboration between dermatologists and mental health professionals. This approach aligns with the biopsychosocial model of psoriasis, which recognizes that psychological distress may influence not only emotional and social functioning but also inflammatory processes associated with disease activity, including elevated C-reactive protein (CRP) levels, thereby contributing to reduced quality of life.

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