

Predictors of and Interventions Against Self-Stigmatisation – Results of Two Systematic Reviews

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BACKGROUND

HAMBURG

Many people with visible chronic skin diseases experience social stigmatisation and exclusion, which can lead to exclusion from full social participation. A particular problem arises from the self-stigmatisation of those affected, i.e. an internalisation of these prejudices and devaluation of their own person. This can result in feelings of shame, a negative body image and a generally low self-esteem. So far, the underlying mechanisms and factors contributing to self-stigma in this population are poorly understood and evidence-based interventions tackling self-stigma are urgently needed.

AIMS

The aims of this project were to conduct to systematic literature reviews that

- a) identify predictors and mechanisms of self-stigma in people with chronic skin conditions, and
- b) summarize existing interventions targeting self-stigma.

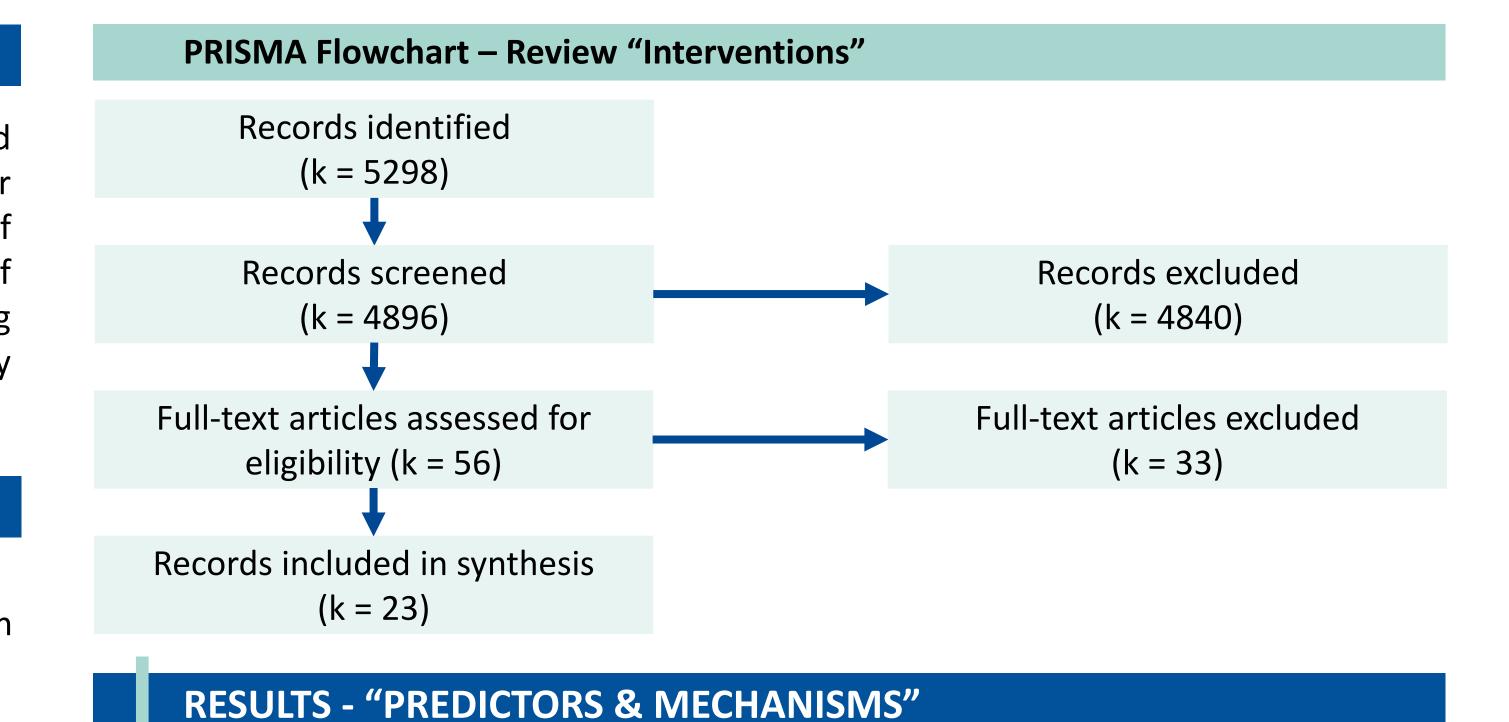
The overarching goal was to identify targets for *HautKompass*, a novel online intervention focused on reducing skin disease-related self-stigma.

METHODS

Search Strategy & Data Extraction

- Pre-registration on PROSPERO (CRD42021284948 & CRD42021284948)
- Electronic database search according to PRSIMA guidelines: PubMed, EMBASE, Web of Science and PsycInfo (last search: May 2023)
- Original German- and English-language articles dealing with (a) predictors or mechanisms of self-stigma, or (b) interventions to reduce self-stigma in adults with a chronic skin disease according to ICD-11
- Abstract and full text screening as well as data extraction were performed by two independent reviewers
- Quality assessment of included articles using
 - a) Johanna Briggs Institute (JBI) Checklist for Analytical Cross-Sectional Studies;
 - b) the Critical Appraisal Skills Programme (CASP) Checklists
- Narrative synthesis of the results

Records identified (k = 887) Records screened (k = 452) Full-text articles assessed for eligibility (k = 78) Records included in synthesis (k = 29)



Study Characteristics

Table 1. Characteristics of Included Studies (k =

Study design	k	Valid %	<u>Language</u>	k	Valid %				
Cross-sectional	28	96.6	English	28	96.6				
longitudinal	1	3.4	German	1	3.4				
Region of Study			Skin Diseases ^a						
Europe	23	79.3	Psoriasis	17					
Middle East	2	6.9	Vitiligo	6					
Asia	2	6.9	Alopecia Areata	3					
Africa	1	3.4	Dermatitis	3					
North America	1	3.4	Hidradenitis Suppurativa	3					
Sample Sizes									
	M = 152	(SD = 266)	range = 35 - 1,485						
^a Samples could include multiple skin diseases									

Factors Associated with Self-Stigma

Table 2. Number of Studies with Significant Psychosocial Predictors and Correlates of Self-Stigma by Effect Size ^b

	large Predictor	Medium Predictor	Small Predictor	High Correlation	Moderate Correlation	Low Correlation					
Potential Targets for Intervention											
Social Stigma	2	0	0	2	0	0					
Coping Strategies	0	1	0	1	2	0					
Social Support	0	1	0	1	0	0					
Not Suitable as Intervention Targets											
Attachment Style	1	1	0	0	0	0					
Quality of Life	1	0	0	7	9	5					
Psychological Distress	1	1	0	7	5	8					

^b Effect size categories as follows, Predictors: f2 = 0.02 indicates a small effect; f2 = 0.15 indicates a medium effect; f2 = 0.35 indicates a large effect; Correlations: r = 0.10 indicates a small effect; r = 0.30 indicates a medium effect; r = 0.50 indicates a large effect (Cohen, 1988)







RESULTS - "INTERVENTIONS"

Study Characteristics

The studies examined different intervention approaches (Fig. 1) in different settings (Fig. 2). The samples ranged from 2 - 1,684 participants (M = 162.09; SD = 350.09). All studies reported predominantly positive effects on self-stigma and related variables.

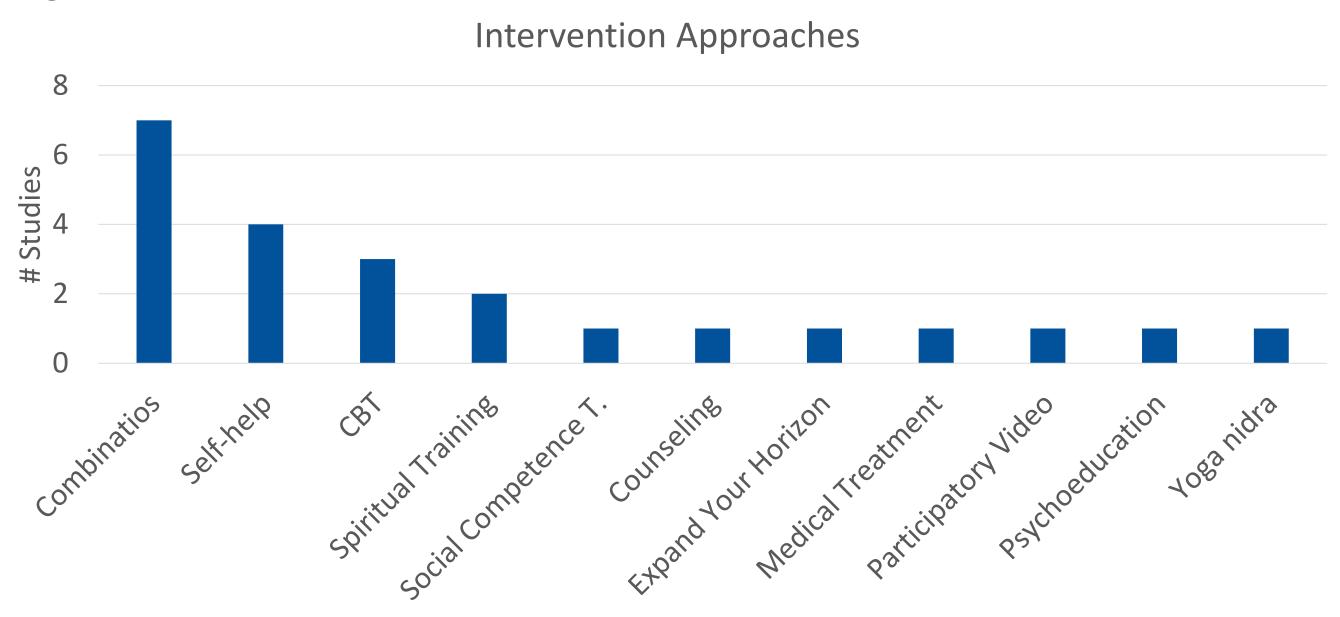


Fig. 1 | Intervention Approaches examined in the included studies.

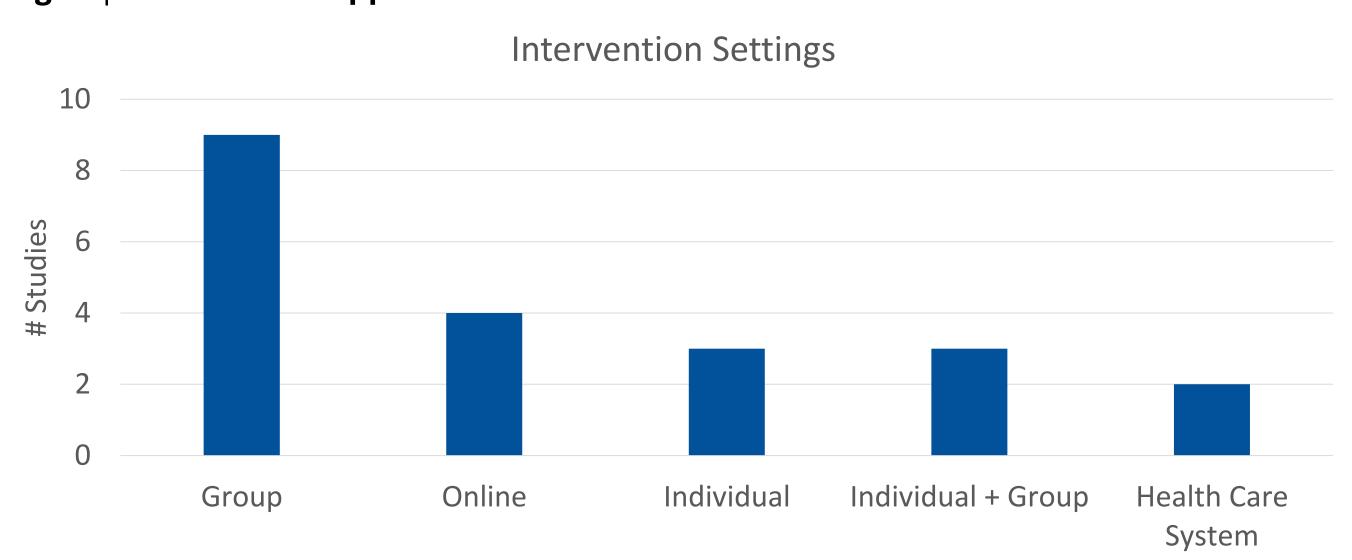


Fig. 2 | Settings in which the interventions in the included studies were administered.

DISCUSSION

Social stigma, coping strategies, and social support were most studied as predictors or correlates of self-stigma among people with skin disease and may be important targets for intervention. Furthermore, several interventions with the aim to reduce self-stigma in chronic skin disease have been implemented; however, few such interventions are available in Europe, and there is a lack of high-quality studies examining their effectiveness. These results provide directive targets for a novel online-intervention and help to advance psychosocial care for people with chronic skin disease.

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