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**ALEXITHYMIA AS A DETERMINANT OF HEALTH OUTCOMES: MECHANISMS
AND CLINICAL IMPLICATIONS**

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Background: Alexithymia is a multifaceted personality construct derived from the Greek *a-* (without), *lexis* (word), and *thymos* (emotions or feelings). It is characterized by a persistent difficulty in identifying and describing feelings, coupled with an externally oriented thinking style. This condition is classified into primary alexithymia, which is a stable personality trait related to a predisposition hypothesis, and secondary alexithymia, which is a reactive state to medical illness according to the reactivity hypothesis.

Epidemiology and Risk Factors: The lifetime risk of alexithymia in the general population is estimated at approximately 10%. However, clinical cohorts show significantly higher rates. Individuals with neurodevelopmental disorders, such as those on the Autism Spectrum, have co-occurrence rates of up to 50%. In patients with substance use disorders, the prevalence ranges from 45% to 67%, while in those with skin disorders, it reaches 62%. Furthermore, cross-sectional studies indicate a 14.5% prevalence among working professionals. Childhood trauma and significant psychological stressors are major contributing factors.

Clinical Manifestations and Diagnostic Challenges: There is no specific clinical diagnosis for alexithymia in current medical manuals. It is identified by a limited ability to verbally discretize emotions, an inability to recognize physiological signs of emotions, and a tendency to express distress through somatic symptoms such as chronic pain and fatigue. In adolescents, alexithymia increases the severity of mental health symptoms. Exposure to academic and peer pressure during this period makes individuals more vulnerable to developing psychopathologies that may worsen in adulthood.

The Case of Psoriasis and Mental Health Mediation: In patients with psoriasis, alexithymia is a relevant feature associated with negative psychological outcomes. Using the Toronto Alexithymia Scale and the Hospital Anxiety and Depression Scale, research shows that approximately 44% of psoriasis patients are alexithymic. These individuals report significantly higher levels of anxiety and depression, which lowers their overall quality of life. Statistical analyses performed using the Statistical Package for the Social Sciences confirm that alexithymia mediates the relationship between chronic skin disease and mental health deterioration. Additionally, evidence suggests a higher mortality risk linked to alexithymia, with a Hazard Ratio of 1.050 found specifically in men.

Therapeutic Implications and Conclusion: While there are no specific clinical guidelines, supportive treatments including personal and group therapy, combined with psychotropic medications such as Selective Serotonin Reuptake Inhibitors, are recommended. The primary goal of therapy is to prevent comorbidities like Borderline Personality Disorder. Early medical intervention and routine screening for anxiety and depression are necessary, especially for adolescents and patients with chronic illnesses, to prevent future psychological distress and potential suicidal ideation.