



## Psychiatric Co-morbidity in Chronic Skin Diseases

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### Abstract

**Objective:** *The aim of study was to assess the comorbidity of psychiatric illnesses in the patients suffering from chronic skin Diseases.*

**Material and Methods:** *One hundred consecutive patients attending OPD of Dept. of Dermatology, ANMCH, Gaya, Bihar were studied. Patients were examined through Psychiatric interview & screened through Hospital anxiety and depression scale after taking informed consent.*

**Discussion & Results:** *Out of these 40 patients 70% (28/40) had anxiety disorder and 30% (12/40) had depressive disorder or dysthymia. Patients of anxiety disorders 35.7% (10/28) had mixed anxiety disorder, 25.7% had Generalized anxiety disorder, 21.4% (6/28) had panic disorder, 17.85(5/28) had somatization disorder. Patients of depressive disorders 66.66% had major depressive disorder and 33.33% had dysthymia.*

**Conclusion:** *There is a high rate of psychiatric problems in patients with chronic Skin Diseases.*

**Keywords:** *chronic skin Diseases, co-morbid psychiatric illness, Anxiety, depression.*

### Introduction

Skin is the largest organ of the body. It plays a major role in social and sexual communication as it determines to a great extent in its appearance. A healthy skin is essential for a person's physical, mental and social wellbeing and his/her emotions.<sup>1-2</sup>

Perception of surface alteration as a handicap and its evaluation in terms of quality and quantity of damage varies from individual to individual and from dermatosis to dermatosis. Psychiatric disturbance and psycho-social impairment is reported in at least 30 % of the dermatological

patients. Among all psychiatric disorders anxiety and depression are observed more commonly and their recognition is important in the management of the disease.<sup>3</sup>

During the consultation in dermatology department the psychiatric impacts are often underestimated or missed. It may be due to the poor training of medical students during their training in MBBS course, Post graduation course about psychiatric illnesses or due to overloaded OPD environment. These factors highly matter in state like Bihar where population density is much more than the nation average.

Hence, the psychological aspects of dermatological problems can't be underestimated because management of co-morbid psychiatric illness ultimately affects the overall satisfaction, feeling of wellbeing, and less chances of drop out during management of dermatological illnesses.

### Aim of Study

- To identify the comorbid psychiatric illnesses in dermatology.
- To identify the need for minimum training in Psychiatry required in dermatology.

### Material & Methods

The study consisted of 100 consecutive patients of any chronic dermatological diseases/problems attending to dermatology department at ANMCH, Gaya, Bihar.

### Inclusion Criteria

- Patients having chronic dermatological diseases/problems.
- Patients having vague symptoms which are not related to dermatological problems.
- No age restriction and all socio-economic strata.
- Patients who are cooperative, willing and are able to discuss their problems.

### Exclusion Criteria

- Patients having history of treatment for psychiatric, neurological, medical illnesses prior to dermatological problems and currently receiving psychiatric treatment.
- Patients who do not want to participate in the study.

### Tools

- Semi Structured Performa for demographic data and clinical history.
- International classification of diseases (ICD- 10) and Diagnostic and Statistical manual of mental disorders.
- MSE (mental status examination)
- Hospital anxiety and depression scale

### Procedure

The study was cross sectional study done on 100 consecutive patients suffering from chronic dermatological problems at skin OPD at ANMCH, Gaya, Bihar are examined through above prescribed tools. All the relative details regarding history, examination, and treatment were recorded on pre-designed Performa. Statistical analysis was performed on variable interest of study including sex, marital and employment status as well as dermatological diagnosis. The relationship between disease variables and psychiatric illness was observed. Information obtained was kept confidential and due attention to consent was given.

### Discussion & Results

This was a cross-sectional observational study conducted in patient attending the dermatological OPD and results may not be generalized to general populations. Findings suggest that there was a high psychiatric comorbidity in patients with dermatological illnesses. Leprosy, Psoriasis and Acne were the most common dermatological illnesses associated with psychiatric comorbidity. Psychiatric co morbidity was one of the major health problems in dermatological cases.

This was supported by study result that Eczema was the most common disease in both genders. Acne was the next common disease in female whereas dermatophytes were in male and was inconsistent that Leprosy was the least common disease in both gender.<sup>4</sup>

Out of 100 consecutive patients at dermatology OPD, 65% patients were female and rest were males. Assessment through psychiatric interview and Mental Status Examination 40 % were suffering from psychiatric illnesses and 60% have no psychiatric problems.

Out of these 40 patients 70% (28/40) had anxiety disorder and 30% (12/40) had depressive disorder or dysthymia. In Patients of anxiety disorders, 35.7% (10/28) had mixed anxiety disorder, 25.7% had Generalized anxiety disorder, 21.4% (6/28) had panic disorder, 17.85 (5/28) had somatization

disorder. In Patients of depressive disorders, 66.66% had major depressive disorder and 33.33% had dysthymia.

These results were supported by study result that Spielberger questionnaires indicated 45% and 18% of case and control groups had anxiety which was statistically significant  $p < .001$ . Psoriatic patients showed higher level of anxiety than the control group. The Beck Depression questionnaires indicated that 67% and 12% of the patients in the case and control groups had depression, respectively. This result demonstrated significant differences between both case and control groups ( $p < .001$ )<sup>6</sup>.

Patients' needs arise from the disease itself, from the effects of the disease on the patient's life and from the process of care.<sup>7</sup>

There are variations in the prevalence of psychiatric disorders in dermatological patients across several studies using different methods and instruments which are as below.

Psychiatric illnesses are not uncommon among people with established dermatological disorders. In a study psychiatric illness was 40% among new attendees at dermatology OPD.<sup>8</sup>

One study using HADS has estimated the prevalence of psychological symptoms in dermatological patients to be ranging between 25.9% and 31%.<sup>9</sup>

While the prevalence of psychiatric disorder inpatient attending a dermatological outpatient clinic, using 12- item General Health Questionnaire (GHQ), was found to be 33.4% in another study.<sup>10</sup> Other two studies using same instrument (12- items GHQ) reported less but significant psychiatric co- morbidity ranging between 7.6% and 25.2%.<sup>11-12</sup>

Higher prevalence estimates were also documented by using GHQ-28 with psychiatric co-morbidity approaching 51.3%.<sup>13</sup>

Using DSM - IV criteria has shown that about 38% of dermatological patients received DSM – IV diagnosis; most commonly mood disorder (20%) and anxiety disorder (16%). By using criteria for psychosomatic research (DCPR), 48% of patients have also received a DCPR diagnosis; most commonly demoralization irritable type of mood, type A behaviour and abnormal behaviour.<sup>14</sup>

Finding approximately similar to our results were reported by study using HADS score indicating higher prevalence of anxiety (28%) than depression (20%).<sup>15</sup>

In another study depressive disorders are common among patients with dermatological disorders occurring in 30% of cases, which are more common than to patient in general population where prevalence of depression is about 22%.<sup>16</sup>

In our study, we found that anxiety disorders are more prevalent than depressive disorder.

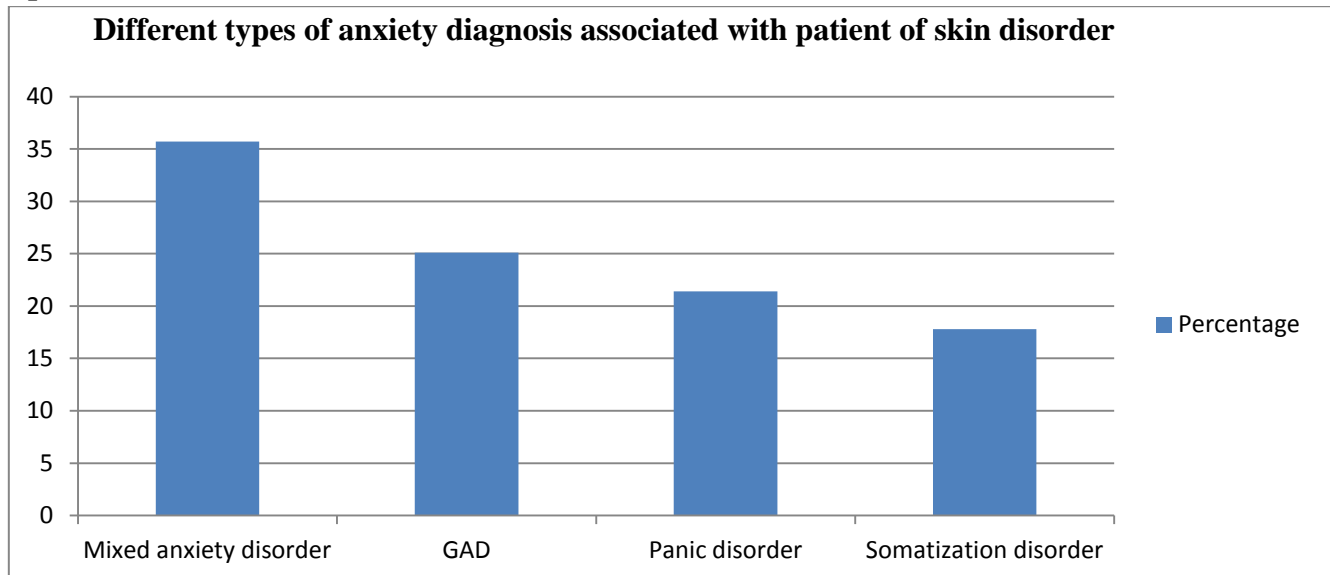
**Table1** Psychiatric diagnosis associated in patients attending Dermatology OPD

Psychiatric disorder	Percentage
Anxiety disorder	28
Depressive disorder	12
No psychiatric diagnosis	60

**Table 2** Depression associated with patients of skin disorder.

Depressive disorder	Percentage
Major depressive disorder	66.66
Dysthymia	33.33

Graph 1



### Conclusion

The study shows that psychiatric illnesses are very common in patients with chronic Skin Diseases. Generalized anxiety disorder, mixed anxiety and depression are most common entities.

Consideration of psychiatric and psychosocial factors is important both for the management and for some aspect of prevention of wide range of dermatological disorders. So management of comorbid psychiatric illness with dermatological illness is essential for patient's wellbeing and may influence the better outcome and drop out during management.

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**Conflicts of interest:** Nil

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