

Psychodermatology: A Study of Co-Morbid Skin Disorders in Primary Psychiatric Conditions.

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ABSTRACT

Background: The skin is an organ of communication and plays an important role in socialization. Skin is an organ that reacts directly upon emotional stimuli. The relationship between the 'skin' and the 'mind' is complex and of clinical importance. **Aims:** Assessing cutaneous disorders in patients with primary psychiatric conditions. **Methods:** One hundred patients with a primary psychiatric condition who had cutaneous disease were entered into the study group. The patients were classified appropriately based on the classification of psychocutaneous disorders. The control group included 100 patients presenting with a skin disorder and without any known psychiatric complaint. **Results:** In our study group there were 49 males and 51 females, Most of the cases and control group were in 2nd to 5th decade. The primary psychiatric condition in our study were Major depressive Disorder (44%), schizophrenia (31%), Anxiety disorder (18%), Bipolar Disorder (7%). In our study group we found 34% of the patient had Dermatophyte infection followed by the Bacterial infection (27%). Acne vulgaris (12%), parasitic infection like scabies seen in 11% of the study group, eczemas seen in 5% of the patients followed by pigmentary disorder (5%), papulosquamous like psoriasis seen in 4% and Hansen's in 2% of the patients. **Conclusion:** A statistically significant higher incidence of dermatophyte infections, Acne Vulgaris and Parasitic infections was seen in the study group.

Keywords: Anxiety, Depression, Psychocutaneous disorders.

INTRODUCTION

Skin has a special place in psychiatry and used to communicate emotional distress. The skin plays an important role in the socialization from childhood to adulthood.^[1] Psychiatric patient often have lack of insight and deny their underlying psychopathology and seek dermatologist opinion for their eminent cutaneous symptoms.^[2] Assessing and managing emotional factors plays an important role in one third of patients visiting skin department.^[3] The emphasis of this study is to assess skin disorders in primary psychiatry conditions.

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MATERIALS AND METHODS

One hundred patient with primary psychiatry condition included in the study and one hundred patients who presented with a skin disorder, but with

no known psychiatric complaint served as the control group.

For the classification of psychocutaneous disorders in the study group, the following guideline was used.^[1]

A. Conditions that are primarily psychiatric but which commonly present to dermatologists. e.g. delusions of parasitosis, delusions of body image (e.g. dysmorphophobia, glossodynia, and vulvodynia), phobic states (e.g. venereophobia)

B. Dermatoses primarily emotional in origin e.g. dermatitis artefacta, neurotic excoriations, trichotillomania

C. Dermatoses aggravated by self-induced trauma e.g. lichen simplex chronicus, acne excoriée, prurigo, autoerythrocytic sensitization

D. Dermatoses due to accentuated physiological responses e.g. hyperhidrosis, blushing

E. Dermatoses in which emotional or precipitating factors may be important. e.g. vesicular eczema of the palms and soles, atopic dermatitis, psoriasis, alopecia areata, rosacea, chronic urticarial

The data was assessed on SPSS and Statistical significance was tested by comparing the means of the study and the control groups to derive the 'P' Values.^[4]

RESULTS

In our study group there were 49 males and 51 females, Most of the cases and control group were in 2nd to 5th decade. The primary psychiatric condition [Table 1] in our study were Major depressive Disorder (44%), schizophrenia (31%), Anxiety disorder (18%), Bipolar Disorder (7%).

In our study group we found 34% of the patient had Dermatophyte infection [Table 2] followed by the Bacterial infection (27%). Acne vulgaris (12%),

parasitic infection like scabies seen in 11% of the study group, eczemas seen in 5% of the patients followed by pigmentary disorder (5%), papulosquamous like psoriasis seen in 4% and Hansen's in 2% of the patients.

In our control group 32% of them had Acne Vulgaris followed by Eczema (16%). Parasitic infection seen in 13%, Hansen's (10%), Dermatophyte (10%), Bacterial (9%), Papulosquamous (6%) and Pigmentary diseases in 4% of the control group.

Table 1: Distribution of primary psychiatric disorder.

Psychiatric disorder	Male	Female	Total	Percentage
Major depression	15	29	44	44
Schizophrenia	16	15	31	31
Anxiety disorder	12	6	18	18
Bipolar disorder	6	1	7	7
Total	49	51	100	

Table 2: Distribution of cutaneous disorders in the study.

Dermatoses	Study Group				Control Group				P Value
	Male	Female	Total	Percentage	Male	Female	Total	Percentage	
Dermatophyte infection	24	10	34	34	7	3	10	10	<0.01
Pigmentary disorder	2	3	5	5	2	2	4	4	>0.05
Acne vulgaris	9	3	12	12	10	22	32	32	<0.01
Bacterial infection	15	12	27	27	5	4	9	9	<0.01
Eczema	3	2	5	5	8	8	16	16	<0.01
Parasitic infection	7	4	11	11	8	5	13	13	>0.05
Hansens disease	1	1	2	2	6	4	10	10	<0.01
Papulosquamous disorder	2	2	4	4	3	3	6	6	>0.05

DISCUSSION

There was an equal ratio of male and female patients does not corroborate with other studies ,as most of the studies are female preponderance. The presence of major Depressive disorder and schizophrenia corroborate with other studies.^[5]

Dermatophyte infections formed a majority skin disorder in study group. This may be attributed to poor personal hygiene. There was a higher incidence of Dermatophyte infection in study group (34%) when compared to control group (10%) , there was a statistical significance (p<0.01). In the study group Tinea corporis (9.67) seen more commonly followed by tinea cruris (8.67).^[4]

Bacterial infection seen in (27%) of the study group compare to control group (9%) it was statistically significant (p<0.01), this was attributed to poor hygiene, negligence and non-compliance in the study group.

Lichen simplex chronicus accentuates by self inflicted behaviour with incidence of 11.4%, in our study group the lower incidence 2% may be due to involving only primary psychiatry patients. Major Depression and Anxiety disorder commonly seen in this patients.^[6]

Acne excoriee was seen in Major Depression and Schizophrenia Patients in our study group.^[7]

Papulosquamous disorder like Psoriasis was seen in 2% of the study group, Anxiety and Depression were common co morbid conditions seen in these patients. Studies show psychosocial factors in originating and exacerbation of psoriatic symptoms in 40-90%.^[8,9] Sense of stigma and emotional outburst also seen these patients.^[10]

CONCLUSION

According to our study it is important to treat co morbid skin conditions to improve the quality of life of primary psychiatry patients and to prevent the progress and worsening of underlying skin diseases. Multicenter approach is required with large number of Primary psychiatry patients to substantiate the results.

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