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Study of Psychiatric Morbidity amongst Psoriasis Patients Attending Private Dermatology Centre

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Abstract:
Objective: *The aim of this study was to evaluate the psychiatric morbidity amongst psoriasis patients.*
Method: *sixty consecutive clinically diagnosed psoriasis patients were examined dermatologically and administered Mini International Psychiatric Interview (MINI).*
Results: *Psychiatric morbidity was present in 78.33% % of patients in psoriasis. Out of 60 patients, 26 patients (43.33%) were diagnosed with Major Depressive Disorder (MDD), 5 patients (8.33%) were diagnosed as having Major depressive Disorder with anxiety and 13 patients were diagnosed with Anxiety disorders such as generalized anxiety disorder in 3 patients (5%), panic disorder in 5 patients (8.33%), Agoraphobia in 1 patient (1.66%) and social phobia in 4 patients (6.66%). 3 (5%) were diagnosed with Alcohol dependence*
Conclusion*: A significant number of patients of psoriasis had psychiatric co-morbidity. These findings suggest that physicians and dermatologists should acquire skills for early identification and proper management of psychiatric morbidity. If there is evidence of marked psychological morbidity, treatment-refractory depression or suicidality, the patient should be seen by psychiatrist.*
Keywords: *Psoriasis, Psychiatric co-morbidity, Depression, Anxiety.*

I. Introduction:

Psoriasis is relatively common, chronic inflammatory and hyper-proliferative skin disease that affects 1.4% to 2.0% of the population.[1] Psoriasis is equally common in males and females. Presence of itching, chronic recurrent course of disease and incomplete cure may contribute to great deal of psychiatric co-morbidity in these patients. The chronicity of the disease has a great impact on the psychology of the patient and can have a significant negative impact on the physical, emotional and psychosocial well‑being of affected patients.[2,3] Psychological distress, in the form of excessive worrying has a significant and detrimental effect on treatment outcome in patients with psoriasis.[4]

Psychiatric and psychosocial factors play an important role in several skin diseases and the prevalence of psychiatric morbidity in these patients is also very high. The field of psycho dermatology has developed as a result of increased interest and understanding of the relationship between skin disease and various psychological factors.[2] The skin and the central nervous system are embryologically related, and share several hormones, neurotransmitters and receptors. The skin plays a key role as a sensory organ in the socialization processes throughout the life cycle. Numerous skin changes are seen in response to emotional stimuli, and skin appearance greatly influences body image and self-esteem. It has been reported that psychological stress perturbs the epidermal permeability barrier homeostasis, thus acting as a precipitant for psoriasis.[5] Most of the data available on psychosocial dysfunction and psychiatric morbidity in psoriasis is from the West. Only a few studies are available from India. Hence our study is aimed to evaluate the psychiatric morbidity amongst patients of psoriasis attending the out-patient department of Private dermatology centre.

II. Material And Methods

This cross-sectional observational study was conducted over a period of 8 months, from August 2014 to March 2015 in 60 consecutive patients of psoriasis attending the out-patient department of Private dermatology centre. All patients aged between 14-65 years and suffering from psoriasis for at least 6 months, as confirmed by a dermatologist were included in the study. Patients having chronic debilitating disease and other concomitant skin diseases were excluded from the study. All the patients were subjected to detailed examinations including the elicitation of dermatological and psychiatric profile after getting written consent for study.

Cases were screened using MINI version 6.0 (Mini International Neuropsychiatric Interview)[6] to identify psychopathology. The M.I.N.I. is designed as a brief structured interview for the major Axis I

psychiatric disorders in DSM-IV and ICD-10.Validation and reliability studies have been done comparing the M.I.N.I. to the SCID-P for DSM-III-R and the CIDI (a structured interview developed by the World Health Organization for lay interviewers for ICD-10). The results of these studies show that the M.I.N.I. has acceptably high validation and reliability scores, but can be administered in a much shorter period of time (mean 18.7 ± 11.6 minutes, median 15 minutes). It can be used by clinicians, after a brief training session.

III. Results:

TABLE 1: Socio-demographic profile of Psoriasis Patient

Characteristics	Categories	Frequency	Percentage (%)
Gender	Male	42	70
	Female	18	30
Age (years)	>14-24	10	16.66
	>24-34	18	30
	>34-44	16	26.66
	>44-54	10	16.66
	>54-64	6	10
Marital Status	Unmarried	10	16.66
	Married	46	76.66
	Widowed/Divorced/Separated	4	6.66

Out of 60 patients, 42 were males and 18 were females. The age of the individuals ranged from minimum of 14 years to maximum of 65 years, with a mean age of 37.98 ±12.840 yrs. There were 10 patients in age group of >14- 24 yrs, 18 patients in age group of > 24- 34 yrs, 16 patients in age group of > 34 - 44 yrs, 10 patients in age group of > 44 -54 yrs, 6 patients in age group of > 54- 64 . 46 patients were married, 10 patients were unmarried, and 04 patients were either widow, divorced or separated.

TABLE 2: Distribution of Patients of Psoriasis and Psychopathology

Axis I Psychiatric Diagnosis	Number of Patients	Percentage (%)
Person with Axis I Diagnosis	47	78.33
Person without Axis I Diagnosis	13	21.67
Total	60	100

The above table shows the distribution of Psychopathology among psoriasis patients. Out of 60 patients, 47 patients (78.33%) were diagnosed with axis I psychiatric diagnosis, 13 patients (21.67%) were without axis I psychiatric diagnosis.

TABLE 3: Distribution of axis I psychiatric diagnosis in psoriasis patients

Psychiatric Diagnosis	Specific Axis I Psychiatric Diagnosis	Number (n)	Percentage (%)
Depression	MDD	26	43.33
Depression and Anxiety	MDD with Anxiety	5	8.33
Anxiety disorders	GAD	3	5
	Panic disorder	5	8.33
	Social Phobia	4	6.66
	Agoraphobia	1	1.66
Alcohol Dependence/Abuse	Alcohol Dependence	3	5
No Psychiatric Diagnosis		13	21.66
Total		60	100

The above table shows the type and distribution of axis I psychiatric diagnosis in psoriasis patients included in the study. Out of 60 patients, 26 patients (43.33%) were diagnosed with Major Depressive Disorder (MDD), 5 patients (8.33%) were diagnosed as having Major depressive Disorder with anxiety and 13 patients were diagnosed with Anxiety disorders such as generalized anxiety disorder in 3 patients (5%), panic disorder in 5 patients (8.33%), Agoraphobia in 1 patient (1.66%) and social phobia in 4 patients (6.66%). 3 (5%) were diagnosed with Alcohol dependence. MDD and MDD with co-morbid anxiety evolve as major Axis 1 psychiatric diagnosis in psoriasis patients (51.67%).

MDD: Major depressive disorder, MDD-Anx: Major depressive disorder with anxiety symptoms, GAD- Generalized anxiety disorder

IV. Discussion:

It is very essential to consider psychiatric aspect of psoriasis. The purpose of the present study was to find prevalence of psychiatric disorder commonly associated with psoriasis. Psoriasis is a genetically determined chronic inflammatory disease, that is associated with different co-morbidities such as metabolic abnormalities, cardiovascular disease and psychiatric ailments.[7] All ages including paediatric population[8] and sexes are prone to develop psychiatric problem.

In the present study, mean age of psoriasis patients were 37.98 ±12.840 years. Maximum number of patients belong to age group >14 – 44years. This shows that the subjects among the general population were mostly young. In the present study, 48 patients were male and 18 were female. The less number of female can be explained by the socio-cultural background of our country. Here, females are less treatment seeker than men and hence they attend less outdoor clinics.

Psychiatric morbidity was studied by using the MINI. It revealed that 78.33% of the psoriasis patients had psychiatric morbidity. Earlier studies by Picardi et al.,[9] Mattoo et al.,[10] and Saleh et al.,[11] reported psychiatric morbidity in 45%, 24.27%, and 38% of the subjects, respectively, which is quite low as compared to the results of our study.

The profile of psychiatric diagnoses obtained in the present study showed depressive disorder in 51.66% patients (43.33% depression, 8.33% Depression with anxiety symptoms), anxiety disorder in 26.65% (5% GAD, 8.33% panic disorder, 1.66% Agoraphobia, 6.66% social phobia) and 5% patients were diagnosed with Alcohol dependence. The results were similar to that of other studies reporting 50%-97% depressive disorders, and 15%-50% anxiety disorders on standardized psychiatric diagnosis in psoriasis outpatients.[12, 13] The study by Deshpande et al.,[14] found that 50%–97% of psoriasis patient had depression, which is quite close to our own findings. Our findings were in contrast to study done by Vivek Mehta, S. K. malhotra et al.,[15] who found in psoriasis patients, depression (28%) followed by suicidality (6%), alcohol abuse and dependence (6%), psychotic disorder and mood disorder with psychotic features (4%), generalized anxiety disorder (4%), social phobia (2%) and dysthymia (2%) using MINI.

Kadri et al.,[16] found prevalence of anxiety disorders in general population using MINI. His study showed prevalence of panic disorder, generalized anxiety disorder and social phobia in general population as 2%, 4.3% and 3.4% respectively. In our study, 8.33% panic disorder, 5% generalized anxiety disorder and 6.66% social phobia cases were seen in psoriasis patients. This suggests high prevalence of various anxiety disorders in psoriasis patient as compared to general population. All the patients diagnosed to have psychiatric disease were given antidepressants and other psychiatric medication and psycho-therapy according to the diagnosis of the patients and were regularly followed up by psychiatrist.

The relatively higher percentage of psychiatric morbidity found in our study is probably partly due to increased awareness regarding psychiatric illness in the current decade, with people becoming more concerned about their behavior and attitude. Moreover, cosmetic awareness has also increased and people today are more concerned about their looks and appearance. Competition and the stresses of day-to-day life make psoriasis patients feel inferior and less competent as compared to the normal population, which leads to anxiety and depression. The chronicity of the disease and the frequent relapses are also causes for the increased anxiety and depression in psoriasis patients.

V. Conclusion:

The psoriasis contributes to great deal of psychiatric co-morbidity. Clinicians need to be aware of the emotional and psychological aspect of the diseases and to treat them aggressively. It was argued that physicians and dermatologists should acquire skills for early identification and proper management of psychiatric morbidity. If there is evidence of marked psychological morbidity, treatment-refractory depression or suicidality, the patient should be seen by psychiatrist.

VI. Limitation:

A private clinic with small outpatient sample, lack of measurement of other relevant variables like psoriasis specific stressors, coping, quality of life, and Severity of psoriasis. Hence, findings cannot be generalised to psoriasis patients in community and to those who were not treated. Therefore, further extensive cohort studies are necessary on large population to find prevalence in community sample and to find any etiological role of psychiatric disorders in psoriasis. Also, further studies are necessary to find improvement of psoriasis with treatment of psychiatric disorders.

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