

Psychiatric Morbidity in Patients Suffering From Eczema Attending Tertiary Care Hospital

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Abstract:

Background: Eczema is a chronic, relapsing and disfiguring dermatological disorder associated with various Psychiatric co morbidities which can further worsen it. There is a dearth of studies regarding this field, thus there is need to recognise Psychiatric co morbidities and treat them in these patients. **Aim and Objective:** The present study was conducted to assess the psychiatric morbidity and their prevalence amongst Eczema patients. **Methodology:** Sixty consecutive clinically diagnosed patients of Eczema were interviewed by "Mini International Psychiatric Interview (MINI)" for screening Psychiatric morbidity in Eczema patients and ICD-10 criteria were used to confirm the diagnosis. **Results:** Our study found an overall prevalence of psychiatric morbidities of 73.33% (n=44) in patients of Eczema. In the present study, the distribution of specific psychiatric morbidities was as follows depressive disorder 44.93% {31.66% mild depression, 13.33% moderate depression,} Anxiety disorders 20.01 % (GAD 8.34%, 6.67% panic disorder, 4.99% social phobia) Alcohol dependence in 8.34%. A statistically significant association was found between marital status (p value: 0.044) and co morbid psychiatric diagnosis in patients of Eczema. No significant association was found between other socio demographic variables and co morbid psychiatric diagnosis. **Conclusion:** Eczema contributes to a great deal of psychiatric co-morbidity. Depression is the most common psychiatric morbidity in Eczema. Hence Eczema patients must undergo psychiatric evaluation for better outcome of Eczema management.

Key Words: Eczema, Psychiatric co-morbidity, MINI, Depression, Anxiety, Alcohol Dependence.

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I. Introduction

The Skin Plays A Key Role In The Socialization Processes Throughout The Life, and its Appearance Greatly Influences Body Image and Self-esteem. Atopic dermatitis, commonly known as eczema, is a common chronic, relapsing skin disease characterized by pruritus, disrupted epidermal barrier function, and immunoglobulin E-mediated sensitization to food and environmental allergens¹. Patients With Eczema Can Feel Embarrassed By Their Appearance, Leading To Low Body Image And Low Self-esteem. Furthermore, may Feel Socially Stigmatized And Excluded². In its acute form, eczema is characterised by a lively red infiltrate with oedema, vesicles, oozing, and crusting; lichenification, excoriations, papules, and nodules dominate the subacute and chronic form. Accordingly, the diagnostic approach builds upon other characteristics such as the distribution of the eczema as well as associated features of the patient.³ Atopic dermatitis affects about one-fifth of all individuals during their lifetime, but the prevalence of the disease varies greatly throughout the world⁴ There is a dearth of studies regarding this field, thus there is need to recognise Psychiatric co morbidities and treat them in these patients. Our study aimed to measure the prevalence of psychiatric morbidity.

II. Materials And Methods

The study was conducted by Department of Psychiatry, Government Medical College, Ananthapur, Andhra Pradesh, India. It was an Observational cross-sectional study. The study protocol was approved by Institutional ethics committee and the study period was 6 months. All consecutive patients of Eczema aged 18-64 years attending Dermatology OPD, were considered for the study. Those suffering from Co-morbid medical illness causing psychiatric morbidities like diabetes mellitus, Hypertension, CVA and thyroid dysfunction were excluded from the study. Total 60 patients were included in study and a written informed consent was obtained from them. A Semi structured pro forma was used to record the socio demographic data. The tools used were socio demographic data, and the MINI – International Neuro Psychiatric Interview Scale for screening

Psychiatric morbidity in Eczema patients and ICD-10 criteria were used to confirm the diagnosis. The collected data analysed after the end of the study and statistical analysis was done with the help of Statistical Package for Social Sciences (SPSS).

III. Results

Table 1: Distribution of Socio demographic Variables in Patients of Eczema

VARIABLE	SUBVARIABLE	observed	percentage
age in years	<30	28	46.67
	>30	32	53.33
	total	60	100
gender	male	42	70.00%
	female	18	30.00%
	total	60	100.00%
marital status	married	42	70.00%
	unmarried	16	26.67%
	divorced	2	3.33%
	total	60	100.00%
occupation	employed	46	76.67%
	unemployed	14	23.33%
	total	60	100.00%
socioeconomic status	upper	3	5.00%
	upper middle	9	15.00%
	lower middle	16	26.67%
	upper lower	26	43.33%
	lower	6	10.00%
total		60	100.00%

Table 2: Distribution of co morbid Psychiatric diagnosis in patients of Eczema

Psychiatric morbidity	Yes	44	73.33%
	No	16	26.67%
	Total	60	100.00%

Table 3: The distribution of Specific psychiatric morbidity in Eczema patients

Psychiatric diagnosis	Specific diagnosis	Number n	Percentage %
Depressive episode	Mild depressive episode	19	31.66
	Moderate depressive episode	8	13.33
	Total	27	
Anxiety disorders	Generalized anxiety disorder	5	8.34
	Social phobia	3	4.99
	Panic disorder	4	8.34
	Total	12	
Alcohol use disorder	Alcohol dependence syndrome	5	6.67
	Total	44	73.33
No psychiatric diagnosis		16	26.67%

Table 4: Correlation between Socio demographic Variables and Co morbid Psychiatric illness

variables	Sub variables	With Psychiatric morbidity	With no psychiatric morbidity	Chi square	P value
age	Less than 30 years	40.9 %	62.5%	2.198	.138
	More than 30 years	59.1%	37.5%		
gender	Male	75.0%	56.3%	1.964	.161
	Female	25.0%	43.8%		
Marital status	Married	75.0%	56.3%	6.261	.044
	Un married	25.0%	31.3%		
occupation	Divorced	0.0%	12.5%	1.431	.232
	employed	72.7%	87.5%		
	Un employed	27.3%	12.5%		
Socio economic status	upper	2.3%	12.5%	8.416	.077
	Upper middle	9.1%	31.3%		
	Lower middle	23.3%	3.3%		
	Upper lower	45.5%	37.5%		
	lower	11.4%	6.3%		

A statistically significant association was found between marital status (p value: 0.044) and co morbid psychiatric diagnosis in patients of Eczema. No significant association was found between other socio demographic variables and co morbid psychiatric diagnosis.

IV. Discussion

The present study assessed the prevalence of psychiatric morbidity in Eczema patients of a Tertiary Care Hospital, Ananthapur, India. We also studied the impact of socio demographic on psychiatric morbidity. Eczema in addition to the physical impact, has a significant effect on mental, emotional social functioning. Eczema is associated with different co morbidities such as immune related abnormalities and psychiatric disorders. The chronic nature of the disease has a prominent negative influence on psychological and social well-being of the patient. Psychological distress has a significant and adverse effect on long term outcome in patients with Eczema Hence it is also very essential to consider the psychiatric aspect of Eczema. The socio-cultural background of our country can explain the less number of females. The primary purpose of our present study was to study the prevalence of psychiatric disorders commonly associated with Eczema. In our present study, psychiatric morbidity in the patients was 73.33% among all psychiatric diagnoses studied in patients with Eczema, the risk for depression was the most pronounced, being present in 10.4% of Eczema patients⁵. Ten studies with a total of 188,495 patients were included. Eczema was independently associated with affective [adjusted odds ratio (OR) 1.42, 95% confidence interval (CI) 1.13-1.79], stress-related (OR 1.55, 95% CI 1.35-1.77), behaviour (OR 1.52, 95% CI 1.03-2.23) and schizophrenic disorders (OR 2.12, 95% CI 1.22-3.71)⁷. The adjusted odds ratios for depression, anxiety, conduct disorder, and autism were 1.81 (95% CI 1.33,2.46) , 1.77 (95% CI 1.36, 2.29), 1.87 (1.46, 2.39), and 3.04 (95% CI 2.13, 4.34), respectively, and these estimates were all statistically significant. A clear dose-dependent relationship was observed between the prevalence of a mental health disorder and the reported severity of the skin disease.⁸ Overall, the random effects model summarizing all comparisons suggested a positive association between eczema and risk of depression, the pooled RR was 2.02 (95% confidence interval 1.76 to 2.31, $I^2 = 33.7\%$)⁶. Earlier studies reported psychiatric morbidity as 45% that was lower compared to our present study. In our present study, the distribution of specific psychiatric morbidities was as follows depressive disorder - 44.93% {31.66% mild depression, 13.33% moderate depression,} anxiety 20.01% (GAD 8.34%, 6.67 % panic disorder, 4.99% social phobia) alcohol dependence in 8.34%. In our present study prevalence of alcohol dependence is 5 % . Atopic eczema was associated with increased incidence of new depression (HR, 1.14; 99% CI, 1.12-1.16) and anxiety (HR, 1.17; 99% CI, 1.14-1.19). We observed a stronger effect of atopic eczema on depression with increasing atopic eczema severity (HR [99% CI] compared with no atopic eczema: mild, 1.10 [1.08-1.13]; moderate, 1.19 [1.15-1.23]; and severe, 1.26 [1.17-1.37])⁹. The annual period prevalence of internalizing behaviors and symptoms of depression ranged from 10.3% to 16.0% and 6.0% to 22.1%, respectively. Although mild/moderate Eczema was not associated with symptoms of depression, it was associated with internalizing behaviours.¹⁰ all these findings suggest that there is a strong association between eczema and Psychiatric illnesses.

V. Conclusion

Eczema contributes to a great deal of psychiatric co-morbidity. Depression is the most common psychiatric morbidity in Eczema. This is in concordance with previous studies. Psychological distress has a significant and negative effect on long term management outcome in patients with Eczema. If there is evidence of marked psychiatric morbidity, the patient should be seen by a psychiatrist. Eczema patients must undergo psychiatric evaluation for better outcome of Eczema management. There is a strong need for liaison approach particularly in dermatological conditions.

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