



A STUDY TO ASSESS ANXIETY AND DEPRESSION AMONG PATIENTS WITH SKIN DISORDERS

Dr. Krishna Kumar Singh*

Associate Professor, Dept. of Psychiatry, IGIMS, Patna, Bihar
*Corresponding Author

Dr. Abhay Kumar

Assistant Professor, Dept. of Psychiatry, ANMCH, Gaya, Bihar

Dr. Iftexhar Khan

Associate Professor & HOD, Skin & V.D., ANMCH, Gaya, Bihar

ABSTRACT

Psychological distress and psychiatric co-morbidity are seen in dermatological patients and its assessment is vital for effective treatment of skin disorders.

The aim of present study was to assess anxiety and depression among patients suffering from skin disorders.

Research data was collected on 100 patients who attended out patients department of dermatology.

Psychiatric interview & screening through Hospital anxiety and depression scale was used to collect the data after obtaining consent.

Results: Out of 100 patients 28% of patients were suffering from anxiety (10 % had mixed anxiety & depression, 07% had generalized anxiety disorder, 06% had panic disorder and 05 % had somatization disorder) and 12% of patients were suffering from depression (08% had major depressive disorder and 04% had dysthymia).

Conclusion: Skin disorders are associated with significantly increased anxiety and depression. Undiagnosed psychological distress may result in ineffective management of skin disorder. For effective management of these disorders there is periodic need of mental health consultation.

KEYWORDS : Anxiety, Depression, Skin Disorders

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.^{1,2}

The skin has long been recognized as the "organ of expression"³ and serves as the boundary between ourselves and the outside world. Psychological factors have long been known to be associated with dermatological conditions.^{4,5}

Skin disorder can be a potential source of emotional distress and psychiatric illness leading to impaired psychosocial adjustments. Emotional and psychosocial distress, in turn, may lead to psycho-somatic skin disorders. Dermatological diseases have a negative effect on the daily life, self-confidence, and self-respect. In fact, they may lead to questions on self-image, thus creating a problem of identity.

Dermatologists have observed their patients to be relatively more concerned and worried about the diseases that are related to their physical appearance, as a result of which dermatology patients may be affected by disorders such as anxiety, depression, and other psychosocial problems.⁶

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.⁷

Hence, anxiety and depression among dermatological problems cannot be underestimated because avoiding the management of these psychiatric illnesses definitely will affect the outcome and overall satisfaction, feeling of wellbeing.

Aim of Study

To identify the anxiety and depression in skin disorder patients.

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.
- Patients who are cooperative, willing and are able to discuss their problems.

Exclusion Criteria

- Patients who were below 15 years and above 50 years.
- Patients having history of treatment for psychiatric, neurological, medical illnesses prior to dermatological problems and currently receiving psychiatric treatment.

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

All the cases in study were explained about the benefits, its purposes. All subjects were assured about confidentiality of the information. This was a cross sectional study. Data was conducted from 100 OPD patients suffering from chronic dermatological problems at skin OPD at ANMCH, Gaya, Bihar. All the relative details regarding history, examination, and treatment were recorded on pre-designed Performa. Statistical analysis was performed as per objectives of study.

RESULTS

Out of 100 patients 28% of patients were suffering from anxiety (10 % had mixed anxiety & depression, 07% had generalized anxiety disorder, 06% had panic disorder and 05 % had somatization disorder) and 12% of patients were suffering from depression (08% had major depressive disorder and 04%

had dysthymia).

There was a significant positive relationship between anxiety and depression among skin disorder patients, $r = .717$, $n = 100$, $p = .001$.

There was no statistical significance relationship of age, sex, occupation, income, religion, marital status with anxiety and depression among skin disorder patients. Familial disharmony had statistical significance relationship with anxiety $t(98) = 3.196$, $p = .002$ and depression $t(98) = 4.689$, $p = .001$ among skin disorder patients.

DISCUSSION

The above result is consistent with study results of Filaković et al⁸ that depressive disorders are more common in the population affected with dermatologic disorders. Comorbidity of depression and dermatologic disorders is around 30%.

Joshi et al⁹ study results revealed that out of 30 Acne patients 11 (36.66%) patients had HDRS score more than 07 suggesting Depression.

European studies have shown that patients with atopic eczema, hand eczema, acne, and hidradenitis suppurativa have an increased risk of depression¹⁰⁻¹³ and 10% of patients with psoriasis are clinically depressed.¹⁴

Dalgard et al¹⁵ reported that Clinical depression was present in 10.1% patients and Clinical anxiety was present in 17.2% in dermatological patients.

Golpour et al¹⁶ conducted a hospital-based study to assess the depression and anxiety disorders among patients with psoriasis and result on Spielberger questionnaires indicated that 45% and 18% of case and control groups had anxiety, respectively and the Beck Depression questionnaires indicated that 67% and 12% of the patients in the case and control groups had depression, respectively, which is relatively higher from present study results. There was no statistically significant relationship anxiety and depression with demographical variable such as sex, education level, and employment in the case group.

Golpouret al¹⁶ and Naldi et al¹⁷ found that stressful life events, is risk factors for a Psoriasis; and present study shows that familial disharmony had statistical significance relationship with anxiety and depression.

Abebe et al¹⁸ reported the prevalence of anxiety was 37.4 % with 95% confidence interval (33.7, 41.3), among common skin disorder patients. Kuruvila et al¹⁹ reported that 28% of skin disorders patients were suffering from anxiety disorder.

- prevalence of anxiety was 37.4 % with 95% confidence interval (33.7, 41.3), among common skin disorder patients.
- prevalence of anxiety was 37.4 % with 95% confidence interval (33.7, 41.3), among common skin disorder patients.

CONCLUSION

The study shows that anxiety and depression are very common in patients with Skin Disorders. 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.

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Conflicts of interest:

Nil

Tables & Graph:

Table 01 Percentage Distribution of Sample Characteristics

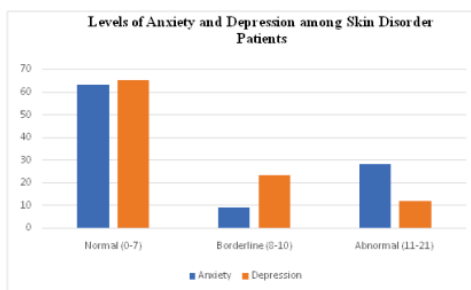
Characteristics	n	%
Age in Years		
20-30	57	57
31-40	31	31
41-50	12	12
Gender		
Male	35	35
Female	65	65
Family income/month		
Rs. <5000	18	18
Rs. 5001-10000	41	41
Rs. 10001-15000	24	24
Rs. 15001-20000	10	10
Rs. > 20000	07	07
Marital status		
Unmarried	27	27
Married	73	73
Occupation		
Unemployed	63	63
Govt Employee	03	03
Private Employee	11	11
Self-Employee (Business)	23	23
Religion		
Hindu	80	80
Muslim	20	20
Familial Disharmony		
Yes	19	19
No	81	81

Table 02 Percentage Distribution, Mean and Standard Deviation of Anxiety among Patients with Skin Disorders according to levels of Anxiety N=100

Levels of Anxiety	Score	n	Patients (%)	Anxiety Score	
				Mean	SD
Normal	0-7	63	63	01.71	1.53
Borderline	8-10	09	09	09.33	0.87
Abnormal	11-21	28	28	13.43	1.53

Table 03 Percentage Distribution, Mean and Standard Deviation of Depression among Patients with Skin Disorders according to levels of Depression N=100

Levels of Depression	Score	n	Patients (%)	Depression Score	
				Mean	SD
Normal	0-7	65	65	0.94	1.79
Borderline	8-10	23	23	09.21	0.74
Abnormal	11-21	12	12	16.58	3.78



Graph 01

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