

Psychiatric morbidity in patients suffering from psoriasis attending tertiary care hospital

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Abstract

Background: Psoriasis is a chronic, relapsing and disfiguring dermatological disorder associated with various Psychiatric comorbidities which can further worsen it. There is a dearth of studies regarding this field, thus there is need to recognise Psychiatric comorbidities and treat them in these patients. **Aim and Objective:** The study was conducted to assess the psychiatric morbidity and their prevalence amongst psoriasis patients. **Methodology:** Sixty consecutive clinically diagnosed patients of psoriasis were interviewed by “Mini International Psychiatric Interview (MINI)” for screening Psychiatric morbidity in Psoriasis 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 psoriasis. 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 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 comorbid psychiatric diagnosis in patients of psoriasis. No significant association was found between other sociodemographic variables and comorbid psychiatric diagnosis. **Conclusion:** Psoriasis contributes to a great deal of psychiatric co-morbidity. Depression is the most common psychiatric morbidity in psoriasis Hence psoriasis patients must undergo psychiatric evaluation for better outcome of psoriasis management.

Key Words: Psoriasis, Psychiatric co-morbidity, MINI, Depression, Anxiety, Alcohol dependence.

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INTRODUCTION

The Skin Plays A Key Role In The Socialization Processes Throughout The Life, And its Appearance Greatly Influences Body Image And Self-esteem. Psoriasis Is A Chronic Relapsing and Inflammatory Skin Disease that is immune-mediated and genetically determined, and Presents With Erythematous, Scaling Papules And Indurated Plaques, Arising Mainly On The Elbows, Knees, Scalp¹. Patients With Psoriasis Can Feel

Embarrassed By Their Appearance, Leading To Low Body Image And Low Self-esteem. Furthermore, May Feel Socially Stigmatized And Excluded². Psychiatric morbidity in psoriasis is a psychiatric disorder associated with psoriasis because of the disease. The presence of itching, chronic recurrent course of the disease, and incomplete cure are the factors that contribute to a great deal of psychiatric morbidity in the patients who have psoriasis.³ The data on the prevalence of psychiatric morbidity in psoriasis among patients of psoriasis varies from 26.25% to 95% in previous studies done abroad.⁴ Indian studies reported psychiatric morbidity ranging from 32.33% to 84%^{5,6} There is a dearth of studies regarding this field, thus there is need to recognise Psychiatric comorbidities and treat them in these patients. Our study aimed to measure the prevalence of psychiatric morbidity.

MATERIALS AND METHODS

The study was conducted by Department of Psychiatry, Sri Venkateswara medical college, 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 Psoriasis 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 proforma 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 Psoriasis 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).

RESULTS

Table 1: Distribution of Sociodemographic Variables in Patients of Psoriasis

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 comorbid Psychiatric diagnosis in patients of Psoriasis

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

Table 3: The distribution of Specific psychiatric morbidity in Psoriasis 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 Sociodemographic Variables and Comorbid Psychiatric

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%		
	Divorced	0.0%	12.5%		
occupation	employed	72.7%	87.5%	1.431	.232
	Un employed	27.3%	12.5%		
	upper	2.3%	12.5%		
Socio economic status	Upper middle	9.1%	31.3%	8.416	.077
	Lower middle	23.3%	3.3%		
	Upper lower lower	45.5% 11.4%	37.5% 6.3%		

A statistically significant association was found between marital status (p value: 0.044) and comorbid psychiatric diagnosis in patients of psoriasis. No significant association was found between other sociodemographic variables and comorbid psychiatric diagnosis.

DISCUSSION

The present study assessed the prevalence of psychiatric morbidity in psoriasis patients of a Tertiary Care Hospital, Tirupati, India. We also studied the impact of sociodemographic on psychiatric morbidity. Psoriasis in addition to the physical impact, has a significant effect on mental, emotional social functioning. Psoriasis is associated with different comorbidities such as metabolic abnormalities, cardiovascular disease and psychiatric disorders.^{24,25}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 psoriasis Hence it is also very essential to consider the psychiatric aspect of psoriasis. There is a two-peak age of onset for psoriasis; the first peak of onset is between 16–22 years, and the second peak of onset is between 57–60 years.²⁸ In the present study, 42 patients were male, and 18 were female and 28 persons (46.6%) were below 30 years of age and 32 persons (53.3 %) were above 30 years of age. 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 psoriasis. In our present study, psychiatric morbidity in the patients was 73.33% which was closer to previous studies done by Surendra Kumar *et al.*⁷ and Balasubramani *et al.* that reported 84 % and 66.7 %. Earlier studies by matto *et al.*, Saleh *et al.*, Picardi *et al.*^{6,11,14} reported psychiatric morbidity as 45%,24.27 %,38 %, respectively that were lower compared to our present study. In a study conducted by kashyap *et al.*¹⁷ Psychiatric morbidity was 43% which is quite low compared to our 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%. The study by Deshpande *et al.*¹³ found depression among 50 -97 % of the patients which close to our findings. The study by SK. Mattoo *et al.*¹² found the prevalence of depression was 30 % that was close to our study. Study by Sreelatha lakshmy *et al.*¹⁰and Kumar *et al.*⁷reported an overall prevalence of depression as 78.9 % and 90 % which are quiet high compared to our finding. A study conducted in Egypt by Wageeh Abdelnaser Hassana⁷reported a prevalence of depression of 76% which is high in contrast to our study. Prevalence of anxiety disorder In our present study is 20.0% which is in contrast to the study by Sree Latha Lakshmy *et al.*¹⁰which reported the prevalence of anxiety 76.7 %. Our finding was, in contrast, to study done by Saleh *et al.* Vivek mahta s.k Malhotra *et al.*^{11,15}and who found the prevalence of GAD as 4% and 12% which are on the lower side compared to our study .study by manmeetsingh *et al.*¹⁹ found the prevalence of anxiety as 26.65 % which is close to our finding. In our present study prevalence of alcohol dependence is 5 % that is close to the findings of manmeetsingh *et al.*^{19,28}

CONCLUSION

Psoriasis contributes to a great deal of psychiatric comorbidity. Depression is the most common psychiatric morbidity in psoriasis .this is in concordance with previous studies.Psychological distress has a significant and negative effect on long term management outcome in patients with psoriasisIf there is evidence of marked psychiatric morbidity, the patient should be seen by a psychiatrist. Psoriasis patients must undergo psychiatric evaluation for better outcome of psoriasis management

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