

Psychiatric Comorbidity in Patients with Psoriasis and Impact of Disease on Their Quality Of Life.

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Abstract: Psoriasis Is A Chronic Skin Disease That Can Have Severe Psychosocial Effects, Course Being Punctuated By Remissions And Relapses. Psychiatric Issues In Patients With Psoriasis Are Slowly Getting Momentum. The Aims Of This Study Was To Estimate The Prevalence Of Depressive And Anxiety Disorders In Psoriasis Patients And To Assess The Relationship Between Psychiatric Comorbidities And Psoriasis And Their Impact On Patients Well Being And Quality Of Life. Our Study Included Two Groups: Cases And Controls. The Cases Consisted Of 100 Patients With The Diagnosis Of Psoriasis Attending The Outpatient Clinic Of The Department Of Dermatology At Tertiary Health Care Center Over The Period Of 6 Months. The Controls Consisted Of 100 Individuals Free Of Any Psychiatric And Physical Disorders. These Cases And Controls Included In The Study As Per Inclusion And Exclusion Criteria. Various Interested Object Scales Hamilton Anxiety (Ham), Beck's Depression Inventory (Bdi) And Whoqol-Bref [Hindi Version] Were Used With Complete Psychological Workup Including Mental Status Examination. Results Shows 9% Of Patients Experiencing Some Kind Of Depressive Disorder And 29% Of Patients Were Diagnosed With Anxiety Disorder Whereas 27% Of Patients Were Having Both Anxiety And Depression. Psoriasis Patient Showed Significantly More Psychological Problems And Poorer Quality Of Life Than The Control Group.

Keywords: Anxiety, Depression, Psoriasis, Psychiatric Co morbidity, Quality Of Life.

I. Introduction

Psoriasis Is A Common Chronic Inflammatory Disease Of Skin That Affects 1-3% Of The General Population And Estimates Suggest That 0.4-2.3% Of The Adult Population Have Psoriasis But Remain Undiagnosed^[1]. The Disease Has A Worldwide Distribution And Affects Men And Women Of All Ages, Races And Social Strata. Psoriasis Is Most Common In People Between 15 And 35 Years Of Age. Psoriasis Has A Tendency To Improve And Then Recur Periodically Throughout The Life^[2]. There Are Many Type Of Psoriasis But Psoriasis Vulgaris Is The Most Common Type Which Is Characterized By Well Demarcated, Infiltrated, Erythematous, Scaly Plaques That May Be Limited Or Widespread In Extent Having Profound Effect On Quality Of Life Of Patients. People With Psoriasis Can Feel Embarrassed By Their Appearance, Leading To Low Body Image And Low Self-Esteem. They May Feel Socially Stigmatized And Excluded. These Problems Are Compounded By Inadequate Access To Treatments And The Fact That There Is No Cure, Which Can Lead To Disease Beyond Physical Manifestations Causing Significant Physical, Social And Psychological Impairment. This Study Was Fashioned To Assess The Prevalence Of Anxiety-Depressive Disorders And To Determine The Relationship Between Psychiatric Comorbidities And Psoriasis And Its Impact On Their Quality Of Life With Different Domain Of Well Being.

II. Subjects And Methods

This Study Included Two Groups: Cases And Controls. The Cases Consisted Of 100 Patients With The Diagnosis Of Psoriasis Attending The Outpatient Clinic Of The Department Of Dermatology At Tertiary Health Care Center From 1st October 2012 To 31th March 2013. The Diagnosis Psoriasis Made By Dermatologist. The Controls Consisted Of 100 Individuals Free Of Any Psychiatric And Physical Disorders. These Cases And Controls Included In The Study As Per Inclusion And Exclusion Criteria. The Cases And Controls Were Undergone Complete Psychological Workup Including Mental Status Examination And Standard Questionnaire. The Diagnosis Was Made By Criteria Given By Icd-10 And It Also Approximated With Dsm-Iv-Tr.

Inclusion Criteria: Includes

1. Patients Diagnosed With Psoriasis
2. Patients Aged Ranging 18 – 70 Years
3. Patients Who Were Cooperative And Able To Understand Simple Instructions Require To Filling The Questionnaire.

4. Patients Giving Written Informed Consent.

Exclusion Criteria: Includes

1. Patients Who Have Comorbid Axis I Psychiatric Diagnosis.
2. Patients Who Were Taking Any Psychotropic Or Anxiolytic Medications.
3. Patients Who Had Any Other Dermatological, Medical (E.G. Hypertension, Cardiac Diseases, Diabetes Mellitus) And Surgical Illness.
4. Uncooperative And Unwilling Patients.

Tools Of Study: The Selected Patients (Study Group & Controls) Were Interviewed In Detail By Using Following Tools For The Purpose Of Meeting The Above Aims And Objectives

- (A) Socio-Demographic Proforma
- (B) Hamilton's Anxiety Rating Scale
- (C) Beck's Depression Inventory
- (D) Who Quality Of Life – Bref (Hindi Version)

III. Results

The Prevalence Of Psychiatric Comorbidities In Patients With Psoriasis Is More Common In Young To Middle Age (20 To 45 Year Age Group), Illiterate, Male Group Belonging To Low Socioeconomical Profile [Table 1]. Depression And Anxiety Were The Most Common Psychiatric Morbidities Evident In Patients With Psoriasis [Table 2]. Daily Physical Routines As Bathing, Dressing, Rest, Sleep, Intimate Relationships And Work Capacity And Psychological Perceptions About Body Image, Appearances And Self Esteem Were Seriously Impaired In Patients With Psoriasis [Table 3]. High Prevalence Of Psychiatric Morbidity Shown In Current Scenario Is Probably Due To Increased Awareness Regarding Psychiatric Illness And Cosmetic Awareness As People Today Are More Concerned About Their Looks And Appearance.

IV. Discussion

Psoriasis Is A Chronic Disfiguring Disease, Often Associated With Physical Disability, Social Discomfort And Psychological Disorders. In The Present Study The Psoriasis Is More Common In Young And Middle Age Group And Mean Age Of Onset Was 41.53 Years And A Stander Deviation Of ± 12.22 Years. This Finding Is Supported By The Study Of Barker Inwn^[3] Which Shows That Psoriasis Is Common Between Age 20 To 45 Years.

In Our Study It Was Found That Psoriasis Is More Common In Males It May Be Due To More Male Patients Attending Outpatient Department And Gave Consent To Participate In Study. This Finding Is Supported By Sunil Dogra Et Al^[4] Who Found That 67% Were Men And 33% Were Women, Male To Female Ratio Being 2.03:1.

As Regards The Psychiatric Morbidity In Our Study There Was Found Around 65% Population Have Psychiatric Morbidity. Around 29% Of Patients Experiencing Some Kind Of Depressive Disorder, Approximately 9% Of Patients Are Diagnosed With Anxiety Disorder And 27% Of Patients Revealed That Having Both Anxiety And Depression. Thus, Depression And Anxiety Were The Most Common Psychiatric Morbidities Evident In Psoriasis Patients. Earlier Studies By Picardi Et Al^[5], Mattoo Et Al^[6] Reported Psychiatric Morbidity In 45%, And 24.27%, Of The Subjects, Respectively, Which Is Quite Low As Compared To The Results Of Our Study. The Relatively Higher Percentage Of Psychiatric Morbidity Found In Our Study Is Probably Due To Increased Awareness Regarding Psychiatric Illness In The Current Decade, And Cosmetic Awareness Has Also Increased, People Today Are More Concerned About Their Looks And Appearance. These Results Also Favored By Kimball Ab Et Al^[7], Saurabh Sharma Et Al^[8].

In Our Study Quality Of Life Was Assessed By Applying Whoqol Bref (Hindi Version). According To This Scale The Quality Of Life Was Impaired In All Four Domain Viz Physical Health Domain, Psychological Domain, Social Relationship Domain And Environmental Domain As Compared To Control Group. It Is Fairly Consistent With Previous Study By Ryu Jh Et Al^[9] Who Found That Total Whoqol Scores And All Domain Scores, Except Those Of The Environmental Domain, Of The Whoqol Scale In Patients With Psoriasis Were Lower Than Those Of The Healthy Controls. The Present Study Also Reflected Finding Of A Previous Study By De Korte J Et Al^[10] Who Reported That Patients With Psoriasis Experienced Physical Discomfort, Impaired Emotional Functioning, And Lower Levels Of Quality Of Life. The Finding Of Present Study Also Similar To Previous Study By D Butler Et Al^[11], Who Reported Restricted Daily And Social Activities And Significantly Lower Qol In Psoriasis Then Controls. Our Findings Are Supported By Finding Of Monali J Bhosle^[12] Psoriasis Is A Serious Condition And Is Associated With Significantly Lower Qol.

1. Tables

Variables	Psoriasis Group (N=100)	Control Group (N=100)	T/ χ^2 P Value
Age			
20-45 Yr	61 (61%)	90 (90%)	22.733 (P<0.05)
45-70yr	39 (39%)	10 (10%)	
Gender			
Male	76 (76%)	69 (69%)	1.229 (P>0.05)
Female	24 (24%)	31 (31%)	
Education			
Illiterate	37 (37%)	12 (12%)	25.39 (P<0.05)
Middle	34 (34%)	33 (33%)	
Sr. Secondary	18 (18%)	20 (20%)	
Gradate/Post-Graduate	11 (11%)	35 (35%)	
Occupation			
Unemployed	33 (33%)	27 (27%)	18.25 (P<0.05)
Self Employed	14 (14%)	30 (30%)	
Farmer/Labourer	28 (28%)	16 (16%)	
Service (Govt.+Private)	24 (24%)	17 (17%)	
Student	01 (1%)	10 (10%)	
Family Type			
Nuclear	52 (52%)	55 (55%)	0.462 (P>0.05)
Joint	46 (46%)	44 (44%)	
Live Alone	02 (2%)	01 (1%)	
Family Income(Rs/Month)			
<5000	49 (49%)	18 (18%)	21.234 (P<0.05)
5000 – 10000	32 (32%)	57 (57%)	
>10000	29 (29%)	25 (25%)	

Table 1: Distribution According To Socio-Demographic Characteristics

Psychiatric Diagnosis	(N = 100) Study Group	(N = 100) Control Group	T/ χ^2 P Value
Generalized Anxiety Disorder	29 (29%)	11 (11%)	0.07 (P>0.05)
Depressive Disorder	9 (9%)	4 (4%)	
Mixed Anxiety And Depressive Disorder	27(27%)	10 (10%)	

Table 2: Distribution According To Prevalence Of Anxiety And Depressive Disorders

Domain For Quality Of Life	Mean \pm S.D. Of Transformed Score		Unpaired T Test	
	Study Group	Control Group	T Score	P Value
Physical Health	53.92 \pm 14.14	75.15 \pm 9.36	12.5197	0.0001
Psychological	52.84 \pm 16.65	72.49 \pm 13.65	9.1268	0.0001
Social Relationship	64.64 \pm 15.10	76.94 \pm 13.09	6.1549	0.0001
Environmental	54.94 \pm 16.25	66.62 \pm 12.36	5.7209	0.0001

Table 3: Distribution According Quality Of Life By Whoqol – Brief Scale

V. Conclusion

To Conclude, Psoriasis Has High Degree Of Psychiatric Morbidity And Poorer Quality Of Life. The Relatively High Incidence Of Psychiatric Comorbidity May Be Due To Increased Cosmetic Awareness. This Study Pointed To Several Factors That Can Affect The Prevalence Of Psychiatric Comorbidity And Quality Of Life In Patients With Psoriasis. In Our Opinion Dermatologist Should Be Made Aware Of The Psychiatric Complications Of Psoriasis In Their Practice.

1.1 Limitation: This Study Was A Point Prevalence Study With Relatively Small Sample Size, Therefore Finding Cannot Be Generalized. Effect Of Treatment Of Psoriasis On Psychiatric Morbidity Was Not Taken On Consideration In This Study. Therefore A Case-Control Should Be Planned, Which May Demonstrate Reduction In Psychiatric Morbidity After Successful Treatment Of Psoriasis.

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