

Psoriasis and Its Relationship with Various Psychiatric Disorders

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ABSTRACT

Background: Psoriasis is one of the commonest autoimmune diseases; although exact aetiology of the psoriasis is still unknown. Psychiatric disorder may have definite role either in onset or preservation of the psoriasis. Psoriasis patients may be suffered from different types of mental disorders. Therefore the present study was designed to assess if there is any relationship between psoriasis and psychiatric disorders.

Materials and Methods: It was a cross sectional type of study. This study was conducted in the Department of Dermatology & Psychiatry of FH Medical College, Tundla. 100 patients of 18 years to 60 years age suffering from medium to severe psoriasis of group I, willing to take part in the study were asked for psychiatric consultation in the department of psychiatry. Whereas, 100 healthy subjects were included in group II and asked for psychiatric interview.

Results: Results of the present study have shown that among 100 psoriasis patients, 55 patients (55%) were suffering from moderate psoriasis (Psoriasis intensity 10 to 29%). While, 45 patients (45%) were suffering from severe psoriasis (Psoriasis intensity >30%). Out of 100 psoriasis patients of group I, 90 patients (90%) were suffering with mental disorders; whereas, 10 patients (10%) did not have any type of psychological disorders. On the other hand, psychiatric disorder was less common in group II healthy individuals. Depression (22.22%), anxiety (13.33%), adaptation (14.44%) and anxiety with depression (17.77%) disorders were common in group I patients. Moreover, these disorders were more prevalent in group I in comparison of group II healthy subjects ($p < 0.01$).

Conclusion: Findings of the current study suggest that 90% psoriasis patients were suffering from psychiatric disorders in comparison of 21 % mental disorder prevalence in healthy individuals. These findings strongly suggest that attention should be paid to high prevalence psychiatric disorders in psoriasis patients. A psoriasis patient must be interviewed by a psychiatrist to recognise underlying causative and aggravating factors. Moreover, appropriate psychiatric treatments should be given to psoriasis patients along with the medicines of psoriasis. However, studies on larger populations are warranted to assess if there is any relation between psoriasis and psychiatric disorders.

Key words: Psoriasis, Psychiatric Disorders, Stress, Depression.


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INTRODUCTION

Psoriasis is one of the commonest autoimmune diseases; although exact aetiology of the psoriasis is still unknown.¹ Psychiatric disorder may have definite role either in onset or preservation of the psoriasis.² Various investigators have tried to establish a link of psoriasis with anxiety and depression.^{2,3} Psoriasis is a disease which produces inferiority complex as disrupted self-image.⁴ Psoriasis has been found associated with various types of psychological disorders.⁵ Psoriasis patients may be suffered from different types of mental disorders.⁴

Psoriasis may induce the stress in the life of the patients which in turn lead to poor quality of life may result in a variety of psychiatric disorders.⁶ Various investigations have shown that there may be diverse predisposing factors for the genetic factors; these predisposing factors may include psychiatric disorders.^{7,8}

Individuals suffering with psychiatric disorders have poor defence system.⁹ Therefore the present study was designed to assess if there is any relationship between psoriasis and psychiatric disorders.

MATERIALS AND METHODS

It was a cross sectional type of study. This study was conducted in Department of Dermatology & Psychiatry of FH Medical College, Tundla.

100 patients of 18 years to 60 years age suffering from medium to severe psoriasis of group I, willing to take part in the study were asked for psychiatric consultation in the department of psychiatry. Whereas, 100 healthy subjects were included in group II and asked for psychiatric interview.

Present mental disorder in psoriasis patients and healthy subjects were established by psychiatric interview conducted in psychiatric department. Diagnostic and statistic manual¹⁰ (DSM-IV) was used to assess psychiatric disorders. Mental Status of mental disorder was determined by clinical interview for structural clinical interview disorder I (DSM-IV Axis). Present study was conducted from July

2016 to December 2017. Psoriasis patients suffering from any type of chronic diseases were excluded from the study. All the patients of group I and healthy subjects of group II were informed in detail about the nature and purpose of study. Informed written consent was taken from all the participants of group I psoriasis patients and group II healthy subjects before the study started.

Table 1: Frequency of psychiatric disorders in group I and group II.

Disorders	Group I	Group II	p value
Anxiety disorders	54 (60%)	18 (18%)	<0.01
Affective disorders	16 (17.77%)	5 (5%)	<0.01
Other disorders	20 (22.22%)	7 (7%)	<0.01

Table 2. Frequency of specific psychiatric disorders in group I and group II.

Disorders	Group I	Group II	p value
Depression	20 (22.22%)	6 %	<0.01
Anxiety	12 (13.33%)	5 %	<0.01
Adaptation	13 (14.44%)	-	<0.01
Anxiety and depression	16 (17.77%)	3 (3%)	<0.01
Social fears	1 (1.11%)	1 (1%)	NS
Panic	1 (1.11%)	1 (1%)	NS
Schizophrenia	1 (1.11%)	-	NS
Post-traumatic stress	14 (15.55)	-	<0.01
Alcoholism	12 (13.33 %)	5 (5%)	<0.05
Total	100 (100%)	21 (21%)	-

Table 3. Comparison of stress situations in group I and group II.

Disorders	Group I	Group II	p value
Accident	12 (13.33%)	2 (2%)	p<0.01
Causality in family	10 (11.11%)	6 (6%)	p<0.01
Unemployment	6 (6.66%)	4 (4%)	p<0.01
Death of beloved one	5 (5.55%)	-	
Own disease	4 (4.44%)	-	
Misunderstanding with family members	5 (5.55)	3 (3%)	p<0.01
Divorce	4 (4.44%)	-	
Problem at job place	7 (7.77%)	2 (2%)	p<0.01
Disease of family member	11(12.22%)	4 (4%)	p<0.01
Other problems	36 (40%)	8 (8%)	p<0.01
Total	64 (71.11%)	21 (21%)	p<0.01

RESULTS

Results of the present study have shown that among 100 psoriasis patients, 55 patients (55%) were suffering from moderate psoriasis (Psoriasis intensity 10 to 29%). While, 45 patients (45%) were suffering from severe psoriasis (Psoriasis intensity >30%). Out of 100 psoriasis patients of group I, 90 patients (90%) were suffering with mental disorders; whereas, 10 patients (10%) did not have any type of psychological disorders. On the other hand, psychiatric disorder was less common in group II healthy individuals. Table 1 shows that 90 psoriasis patients out of 100 patients were suffering from psychiatric disorders. However, 10 psoriasis patients did not fulfilled criteria of any psychiatric disorder. Among the various psychiatric disorders anxiety disorders was the commonest psychiatric disorder (60%) in group I psoriasis patients. Moreover, anxiety disorders were more common in group I than group II healthy subjects (p<0.01). Group I patients were suffering from affective disorders (p<0.01)

and other disorders (p<0.01) in comparison of group II subjects. Depression (22.22%), anxiety (13.33%), adaptation (14.44%) and anxiety with depression (17.77%) disorders were common in group I patients. Moreover, these disorders were more prevalent in group I in comparison of group II healthy subjects (p< 0.01). According to different frequency of psychiatric disorders post traumatic (15.55%) and alcoholism (13.33%) were prominent in group I. Further, prevalence of post traumatic disorder and alcoholism were significantly high in psoriasis patients compare to healthy subjects. Table 3 shows that there were histories of predisposing factors or stressful conditions like accidents (13.33%), death in family (11.11%), employment problem (6.66%), death of beloved one (5.55%) and disease of family member (12.22%) in psoriasis patients. Moreover, prevalence of all these predisposing factors were significantly high in psoriasis patients compare to healthy subjects.

DISCUSSION

Findings of the present study have shown that 90% psoriasis patients of group I were suffering with psychiatric disorders in comparison of group II healthy subjects showed psychiatric disorders in 21 % subjects. These findings are consistent with the findings of the previous study of Mazetti et al¹¹ and Flonegovic et al.¹² Psychiatric disorders may be concomitant and more prevalent in psoriasis patients in comparison of healthy individuals as adaptaion capability of individual is affected by stress situations either mental or physical. These psychiatric disorders may further decrease the ability of an individual for living stress free life.¹³

Results obtained in the current study have shown that anxiety disorders were more common among various other disorders in psoriasis patients. Moreover, prevalence of anxiety disorders were significantly high in psoriasis patients compare to healthy individuals. These findings are in agreement of the previous studies of Mazetti et al¹¹, Folnegovi et al¹² and Gilbert et al.¹⁴

This more prevalent of anxiety disorders in psoriasis patients may be due to as level of depression and anxiety found higher.¹⁵ Further, These high prevalence of anxiety in psoriasis patients may be due to mental disease can be produced by defence via mechanism of regression.¹² Skin disease can be worsen due to psychiatric disorders.¹⁶ A disease may be produced due to inducing of genetic factors via imbalance between stress factors and cope up mechanism of body.¹⁵

Findings of the current study have shown that anxiety disorders, depression and anxiety with depression were more common psychiatric disorders in psoriasis patients along with various other mental diseases. In addition, all these specific psychiatric disorders were highly prevalent in psoriasis patients compare to healthy subjects. These findings are consistent with the earlier studies of Baughman R et al¹⁹ and Bennet P et al. However, present study is different from previous studies as the current study included various psychiatric disorders; whereas, previous studies included certain psychiatric disorders like depression.

These observations of present study suggest that prevalence level of mental disorders in psoriasis patients is quite high.

It is evident from the results of the present study that emotional factors were involved either in onset of psoriasis or aggravation of psoriasis. Moreover, emotional incidents were significantly high in psoriasis patients compare to healthy subjects. Psoriasis patients should be treated with multidisciplinary techniques to cope up with various types of physical and mental disorders. Treatment of psoriasis should include consultation as well as treatment from a psychiatric. Psychiatric disorders are common in psoriasis patients compare to control and psychiatric treatment may improve the life of some patients.¹⁴

CONCLUSION

Findings of the current study suggest that 90% psoriasis patients were suffering from psychiatric disorders in comparison of 21% mental disorder prevalence in healthy individuals. These findings strongly suggest that attention should be paid to high prevalence psychiatric disorders in psoriasis patients. Moreover, it is evident from the results of the present study that various type psychiatric disorders were found in psoriasis patients. A psoriasis patient must be interviewed by a psychiatrist to recognise underlying causative and aggravating factors.

Moreover, appropriate psychiatric treatments should be given to psoriasis patients along with the medicines of psoriasis. However, studies on larger populations are warranted to assess if there is any relation between psoriasis and psychiatric disorders.

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