

Original Research

Assessment of psychiatric morbidity in patients with psoriasis

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ABSTRACT:

Background: Psoriasis is best described as a complex, multifactorial and inflammatory disease. The present study was conducted to assess psychiatric morbidity in patients with psoriasis. **Materials & Methods:** 72 patients of psoriasis of both genders were enrolled in this study. Punch biopsy of skin was done, wherever necessary. Psychiatric evaluation was done by a psychiatrist. Hamilton rating scale for depression (HAM-D) was recorded. **Results:** Out of 72, males were 30 and females were 42. The site was scalp in 23, upper limb in 20, lower limb in 17, trunk in 4, sole in 5 and palm in 3 cases. Type was palmo plantar psoriasis in 7, scalp psoriasis in 22, flexural psoriasis in 5 and psoriasis vulgaris in 38 cases. The difference was significant ($P < 0.05$). HAM-D showed normal in 40, mild in 16, moderate in 12, severe in 4. **Conclusion:** Psoriatic patients experienced multiple stressful life events preceding the onset of illness.

Key words: Psoriasis, Stress, Hamilton rating scale

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INTRODUCTION

Psoriasis is best described as a complex, multifactorial and inflammatory disease.¹ Psoriasis is thought to affect between 2% and 4% of the population in Westernised countries and although not life-threatening, it is associated with a significant impairment of quality of life, affecting work, family and sexual relations, as well as physical and psychological wellbeing.² Moreover, the visible nature of the condition has been reported by patients as one of the most difficult aspects. Both sexes are affected equally and, for the majority of patients (75%), psoriasis first presents between the ages of 15 years and 25 years, with the remainder of those affected experiencing symptoms between the ages of 55 years and 60 years.³

Stress is one of the possible factors associated with the establishment and development of this pathology.⁴ It is considered a very strong link between mind and body and no disorder or other conditions produce such interaction. It also directly influences cells' inflammatory and proliferative process in psoriasis.⁵ Instruments assessing stress are scarce, although this phenomenon is fully interconnected to a better or worse quality of life and

is considered an important aspect in the health-disease process.⁶ The clinical expression of the disease may make the individual more vulnerable to stress and provide loss in quality of life, since more than half of affected individuals suffer from peeling and constant itching.^{7,8,9} The present study was conducted to assess psychiatric morbidity in patients with psoriasis.

MATERIALS & METHODS

The present study comprised of 72 patients of psoriasis of both genders. The consent was obtained from all enrolled patients.

Data such as name, age, gender etc. was recorded. A detailed history and clinical examination were performed. All necessary laboratory investigations were also done. Punch biopsy of skin was done, wherever necessary. Psychiatric evaluation was done by a psychiatrist. Hamilton rating scale for depression (HAM-D) was recorded. The HAM-D forms list 21 items. First 11 items are scored on a 5 points scale, ranging from 0 to 4. Remaining 10 items are scored from 0-2. Total score ranges from 0-62; scores of 0-7 are considered normal; 8-13 mild; 14-18 moderate; 19-22 severe and more than 22 very

severe depression. Data thus obtained were subjected to statistical analysis. P value < 0.05 was considered significant.

RESULTS

Table I Distribution of patients

Total- 72		
Gender	Males	Females
Number	30	42

Table I shows that out of 72, males were 30 and females were 42.

Table II Assessment of parameters

Parameters	Variables	Number	P value
Site	Scalp	23	0.05
	Upper limb	20	
	Lower limb	17	
	Trunk	4	
	Sole	5	
	Palm	3	
Type	Palmo plantar psoriasis	7	0.02
	Scalp psoriasis	22	
	Flexural psoriasis	5	
	PsoriasisVulgaris	38	

Table II, graph I shows that site was scalp in 23, upper limb in 20, lower limb in 17, trunk in 4, sole in 5 and palm in 3 cases. Type was palmo plantar psoriasis in 7, scalp psoriasis in 22, flexural psoriasis in 5 and psoriasis vulgaris in 38 cases. The difference was significant ($P < 0.05$).

Graph I Assessment of parameters

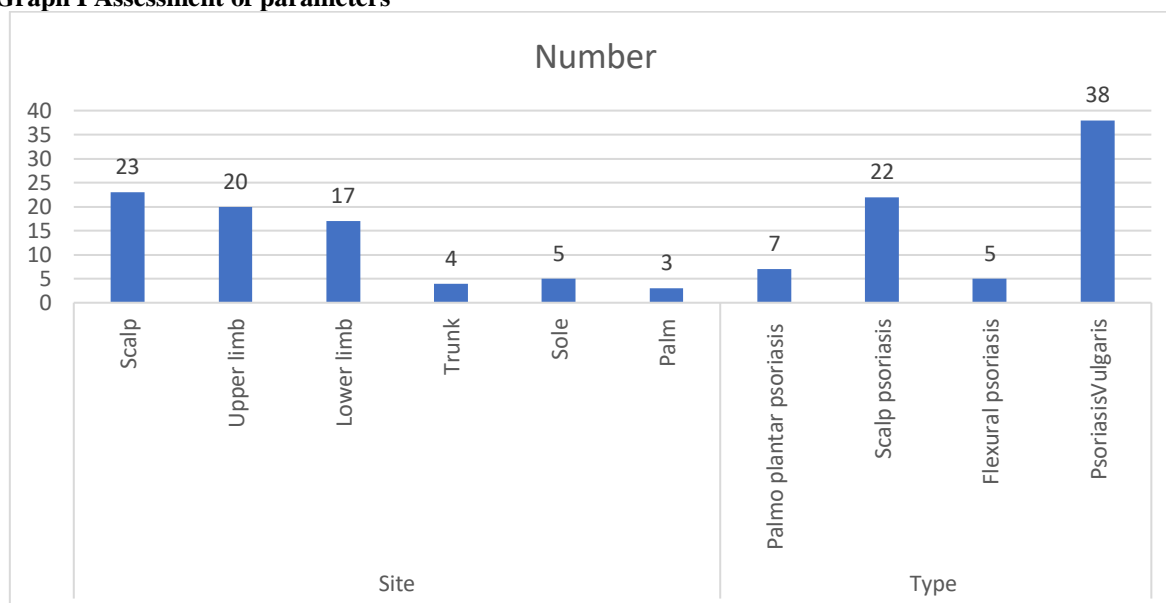
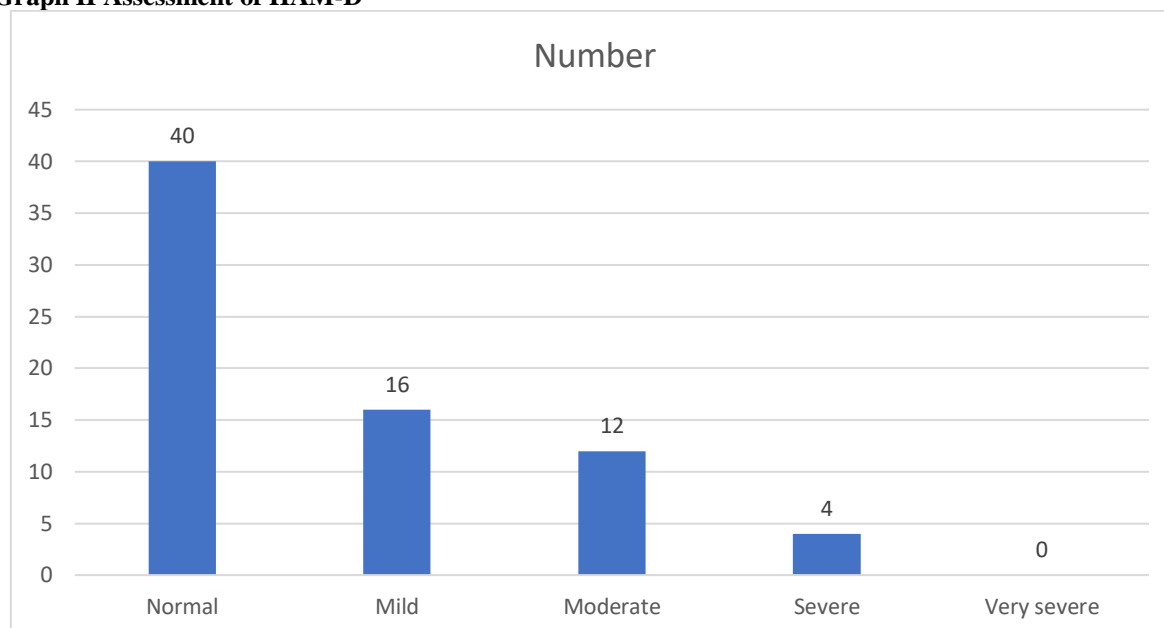


Table III Assessment of HAM-D

HAM-D	Number	P value
Normal	40	0.01
Mild	16	
Moderate	12	
Severe	4	
Very severe	0	

Table III, graph II shows that HAM-D showed normal in 40, mild in 16, moderate in 12, severe in 4. The difference was significant ($P < 0.05$).

Graph II Assessment of HAM-D

DISCUSSION

Psoriasis is a common chronic, disfiguring, inflammatory skin condition, in which both genetic and environmental influences have a critical role, and clinically characterized by sharply demarcated, erythematous, silvery white, scaly, indurated plaques mainly distributed over extensor surfaces, lower back and scalp.^{10,11} Psoriasis is a chronic inflammatory skin disease characterized by a prominent T-cell infiltrate, epidermal hyper proliferation and abnormal keratinocyte differentiation (parakeratosis), infiltration of many different leukocytes and increased vascularity in the dermis.^{12,13} The present study was conducted to assess psychiatric morbidity in patients with psoriasis.

We found that out of 72, males were 30 and females were 42. The site was scalp in 23, upper limb in 20, lower limb in 17, trunk in 4, sole in 5 and palm in 3 cases. Gupta et al¹⁴ examined the psychologic impact of the stigma experience among 137 patients with moderate to severe psoriasis; 26.3 percent of patients reported that during the previous month they had experienced an episode when "people made a conscious effort not to touch them" because of their psoriasis. The stigmatized group did not have greater psoriasis severity than the non-stigmatized control group. However, in contrast to the non-stigmatized group, the stigmatized group had higher ($P = 0.0003$) depression scores (in the range for clinical depression, as measured by the Carroll Rating Scale for Depression), by stepwise logistic regression analysis using a wide range of psychopathologic measures as the independent variables. These findings underline the profound impact of the stigma experience in psoriasis, and possibly other dermatologic conditions that are associated with social stigma.

We found that type was palmo plantar psoriasis in 7, scalp psoriasis in 22, flexural psoriasis in 5 and psoriasis vulgaris in 38 cases. Malhotra et al¹⁵ evaluated the stressful events of life within 1 year preceding onset or exacerbation of skin disease in patients of psoriasis vulgaris and chronic urticaria. 50 clinically diagnosed psoriasis patients and 50 consecutive clinically diagnosed chronic urticaria patients were examined clinically and administered Gurmeet Singh's presumptive stressful life events scale. Stressful life events were seen in 26% of the patients in the psoriasis vulgaris group and 16% of the patients in the chronic urticaria group within 1 year preceding onset or exacerbation of skin disease. In the psoriasis vulgaris group, the most common stressful life event seen was financial loss or problems (8%), followed by death of close family member (4%), sexual problems (4%), family conflict (2%), major personal illness or injury (2%), and transfer or change in working conditions (2%), failure in examinations (2%), family member unemployed (2%), illness of family member (2%), getting married or engaged (2%), miscellaneous (2%). In the chronic urticaria group, the most common stressful life event seen was death of a close family member (6%), followed by family conflict (2%), financial loss or problems (2%), sexual problems (2%), illness of family member (2%), getting married or engaged (2%), trouble at work with colleagues, superiors, or subordinates (2%), going on a pleasure trip (2%) and extramarital relations (2%).

We found that HAM- D showed normal in 40, mild in 16, moderate in 12, severe in 4. Kimball et al¹⁶ suggested that social stigmatization, high stress levels, physical limitations, depression, employment problems and other psychosocial co-morbidities experienced by patients with psoriasis are not always

proportional to, or predicted by, other measurements of disease severity such as body surface area involvement or plaque severity.

CONCLUSION

Authors found that psoriatic patients experienced multiple stressful life events preceding the onset of illness.

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