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A study to find depression in patients attending dermatological OPD.

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Abstract

Background: The relationship between skin and the brain exists because the brain, as the center of psychological functions, and the skin have the same ectodermal origin and are affected by the same hormones and neurotransmitters. Skin disorder can be a potential source of emotional distress and psychiatric illness leading to impaired psychosocial adjustments.

Methods: The study was conducted on total of 200 patients of both gender were consecutively taken who referred to psychiatry OPD from skin OPD after meeting inclusion and exclusion criteria.

Results: A total of 100 patients attending dermatological OPD who gave informed consent and fulfilled the inclusion and exclusion criteria were included in this study. More than the half (53.00%) of the participants had depression while 47.00% were not depressed. Out of 53 depressed, 24patients were present with mild depression, 21 patients were present with moderate depression and 8 patients were present with severe depression. Conclusion-Co-morbid Depression found in patients suffering from skin disorders. Proper screening and appropriate referral required for better prognosis.

Keywords: Skin, Depression, Acne.

Introduction

Human skin being the largest and visible organ reflects distinctly what goe s on both in our mind and body. The relationship between the skin and the brain exists as the center of the psychological functions and the skin has the same ectodermal origin. Developing a skin problem affects not only the general wellbeing but also the psychology of the individual.[1]

The relationship between skin and the brain exists because the brain, as the center of psychological functions, and the skin have the same ectodermal origin and are affected by the same hormones and neurotransmitters. 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.[2-3]

Material and methods

Type of study- Cross-sectional study

Inclusion criteria

- Patients >18 years of age
- Patients attending dermatology OPD.
- Patients who have given written and informed consent.

Exclusion criteria

- Patients <18 years of age
- Patients having any other medical illness.
- Patients who have not given written and informed consent.

This was a cross-sectional study. All consecutive patients attending the dermatology OPD, fulfilling the inclusion criteria, were included in the study.

Results

Table 1: General Profile

Mean age	31.26±9.36 yrs
Male : Female	24 : 76
Diagnosis (Acne : Hansen's disease: Psoriasis :Vitiligo)	40:12:25:23
Depression (present : absent)	53:47
Mild : Moderate : severe	24 : 21 : 8

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Discussion

A total of 100 patients attending dermatological OPD who gave informed consent and fulfilled the inclusion and exclusion criteria were included in this study. More than the half (53.00%) of the participants had depression while 47.00% were not depressed. Out of 53 depressed, 24patients were present with mild depression, 21 patients were present with moderate depression and 8 patients were present with severe depression. This finding was supported by Gupta et al.[4] They suggested that the degree of depressive psychopathology directly correlated with the severity of pruritus. They found that there is a direct correlation ($P < 0.0001$) between the Carroll Rating Scale for Depression and severity of pruritus. They concluded that the depressed clinical state may reduce the threshold for pruritus. In a similar study, Gupta et al.[5] also observed that the degree of depressive psychopathology correlates positively with the severity of pruritus pretherapy. Prospectively, over the course of treatment, the change in depression correlated positively with the change in pruritus pre- to post-treatment. Felix et al.[6] also found the prevalence of depressive disorder (50.75%) in dermatological patients. Devrimci-Ozguven et al.[7] determined that psoriasis patients reported significantly higher degree of depression and more body cathexis problems than controls. In addition, the risk for developing psoriasis increased significantly in patients with moderate and severe depression. They also found a relationship between symptoms severity and low affective expression and high BDI scores. The study suggests that the relationship between psoriasis and psychological problems can be reciprocal and requires further investigation. Barankin and DeKoven [8] in their review article found that dermatologic problems could result in psychosocial effects that seriously affect patients' lives. Apart from cosmetic nuisance, skin disease could produce anxiety, depression, and other psychological problems that affect patients' lives in ways comparable to other illnesses causing disability. Fried et al.,[9] Hashiro and Okumura,[10] and Kellett and

Gawkrodger[11] also supported the opinion that skin diseases are strongly associated with depression. Gupta et al.[12] emphasized that depressive disorder is one of the most frequently encountered psychiatric disorders in dermatology and it is associated with a high incidence of suicide. Ahmed et al.[13] found that major depressive illness was the most frequent psychiatric illness followed by generalized anxiety, mixed anxiety and depression, social phobia, agoraphobia, and sexual dysfunction. They concluded that psychiatric caseness has a probable association with vitiligo, the frequency being influenced by variables of disease and life. Major depression and anxiety remain the most common psychiatric disorders in these patients.

Conclusion

The study reveals a moderate level of depression among majority of the samples who attended the skin OPD at the selected tertiary care centre. Depression is one of the significant disabling illness growing worldwide, it becomes essentially important to identify early and manage such cases to reduce this burden. Nurse being the immediate care provider, has a unique role.

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