ANXIETY AND DEPRESSION DISTURBANCES IN SOME CHRONIC SKIN DISEASES

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ABSTRACT

A Hospital Anxiety and Depression Scale (HADS) was applied to follow-up the degree of anxiety and depression of 61 patients with skin diseases, 32 males and 29 females aged between 21 and 68 years occasionally examined in the outpatient consulting room of the Clinic of Dermatovenereology at the Medical University of Varna. The results vary within the limits of slight to moderate aberrations. They demonstrate, however, a high level of co-morbidity between anxiety and depression. In this respect, anxiety disorders occupy a leading position.

Keywords: chronic skin disease, anxiety, depression, Hospital Anxiety and Depression Scale, co-morbidity

INTRODUCTION

Chronic skin diseases exert a considerable psychotraumatic influence on the affected patients. Numerous authors report a manifested co-morbidity with anxiety and depression. According to some publications, the percentage of affective disturbances reaches up to 25-40% (1-3). Certain skin diseases such as acne vulgaris, psoriasis, and eczema present even with suicidal ideation enhancement (1). The expression of the motional reactions is directly related to the localization and duration of skin lesions. Usually, psychotic troubles are not shared in the consulting room where, most commonly, physician's meeting with the patient takes place as the patients are seldom admitted to hospital and most often, exacerbations are mastered under outpatient conditions only. All this calls for a more comprehensive study of the psychopathology in the outpatient dermatological practice.

The purpose of the present study is to follow-up the degree of anxiety and depression of the patients with chronic skin diseases located on the visible part of the body who are within their normal society and follow their usual life rhythm.

MATERIAL AND METHODS

We used a cross-sectional study design. It covered a total of 61 patients, 32 males and 29 females aged between 21 and 68 years. They presented with chronic skin diseases affecting the open parts of the body. These patients had occasionally undergone medical examinations in the outpatient consulting room of the Clinic of Dermatovenereology at the Medical University of Varna. The patients with psychotic

diseases, organic disorders of the central nervous system, psychoactive-drug abuse (i. e., of narcotics, alcohol, and medicines) as well as with severe somatic diseases were excluded from the study.

A self-assessment Hospital Anxiety and Depression Scale (HADS) (6) was applied. It consists of 14 questions to be answered spontaneously by the patients. Every question presents with for answers scored between 0 and 3 scores. The questions with odd numbers relate to anxiety while those with even ones relate to depression. Sums for both depression and anxiety are calculated alone and give us an idea about the degree of the aberrations. The span between 0 and 7 is considered a standard one. The rest results correspond to the following characteristics: 8-10 scores - slight; 11-14 scores - median, and 15-21 scores - severe disorders. The questionnaire is filled-in under anonymous conditions in order to avoid additional psychotraumatic harmful agents and thus to obtain more objective results.

Twenty healthy individuals matched according to age and social status who had visited the outpatient examination room on the occasion of issuing their medical certificates concerning jobs, arms and ammunition, and marriage in St. Marina Diagnostic and Consulting Centre of Varna served as controls.

RESULTS AND DISCUSSION

The mean parameters of patients' anxiety and depression are significantly higher than those of the control individuals ($p < 0,05$). Concerning the pathology, there are abnormalities predominantly in the field of anxiety (in 47,54% of the cases). Their structure is the following: a slight disorder in

62,06%, a median disorder in 24,13%, and a severe disorder - in 13,79% of the cases.

Despite the great number of the affected patients it is evident that the high levels of anxiety are manifested in a small part of these patients only. The slight and median abnormalities prevail. A more detailed analysis of the results indicates, however, that the patients more often feel strained, they can not relax, they experience uneasiness when they need to travel as well as they are attacked by troubling thoughts during the "greatest part of the time" and "from time to time, however, not very often". Panic attacks and somatic complaints are most rarely observed.

Cosmetic defects on the open parts of the body cause depressive experiences in 36,06% of the patients. In the depression scale, there exist mainly slight disorders. Five patients present with median disturbances and only two female patients present with 17 or 19 scores, respectively, thus coming close to the borderline states between the median and severe disturbances.

The analysis of the results demonstrates, however, that the symptoms are, usually, combined and, therefore, pure depressive or anxiety disorders seldom occur, indeed. There exists co-morbidity where anxiety disturbances occupy a leading position (in 84,31% of the cases). It is an alarming fact that independently of the presence of emotional experiences even after the filling-in the questionnaire, nobody of the respondents has shared with the treating physician some psychological problem and has asked for a advice for a consultation with a specialist at all.

Poot et al. (2007) define the necessary knowledge to practice psychodermatology and suggest that the European Academy of Dermatology and Venereology together with the European Society for Dermatology and Psychiatry are able to provide the specific education for dermatologists and psychotherapists. The diagnostic criteria for psychosomatic research have been found to yield valuable integrative information, in addition to DSM-IV nosology, in a variety of medical dermatological diseases (4).

CONCLUSION

We could draw the conclusion that the cross-sectional observation performed by us testifies to the high co-morbidity rate of the chronic skin diseases affecting the visible part of the body with affective disorders. Underestimation of psychopathology not only by the dermatologist but also by the patient can, to a certain extent, reduce the effect of the treatment of the skin disease as well as to influence, eventually, on the duration of the remission.

The results from our pilot investigation allow us to continue the dynamic investigations in this field by performing more detailed analyses of the emotional disorders accompanying chronic skin diseases according to their diagnosis, patient's gender and degree of dissemination of the skin affections as well as by looking for concrete mechanisms for the improvement of patient's status within the outpatient dermatological practice.

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