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Axis-I Diagnosis in Vitiligo and Chronic Urticaria Patients

[*]Fulya Maner and Meltem Sukan[1]

[1]Bakırköy Teaching and Research Hospital of Psychiatry, Neurology and Neurosurgery, Istanbul, Turkey

Abstract

Background: There is a significant co-morbidity between dermatological disorders and psychiatric. It has been estimated that in at least one-third of patients with skin diseases, their effective management involves consideration of associated psychiatric factors.The aim of this study was to investigate the prevalence of psychiatric diagnosis in vitiligo and chronic urticaria patients.

Method: The sample was composed of 50 vitiligo and 50 chronic urticaria patients recruited from dermatology outpatient clinics of four major hospitals in Istanbul. We applied the sociodemographical data form, The Turkish version of the Structured Clinical Interview for DSM-IV Mental Disorders (SCID-I). SPSS for Windows 10.0 package programme, Ki-square analysis and Fisher-Exact Test were used for statistical analysis

Results: The mean age of vitiligo group was 35.82±12.56, chronic urticaria group was 38.66±10.61. The rates of dysthymic disorder and generalized anxiety disorder were found higher in the chronic urticaria group (respectively % 46, % 30) than vitiligo group (respectively % 26, % 6) ($p<0.05$), but the other diagnoses in SCID-I were not statistically different between patients ($p>0.05$). But the number of SCID-I diagnoses in vitiligo group were higher than chronic urticaria group in spite of unsignificant statistical evaluations

Conclusion: Depression was frequently seen in adults with vitiligo and chronic urticaria. Depressive symptoms should be specifically explored for early recognition and appropriate psychiatric referral.

[*]Corresponding Author: Fulya Maner, Department of Psychiatry, Bakirkoy Research and Training Hospital for Psychiatry, Neurology and Neurosurgery, Istanbul, Turkey; Tel: +905322414102; E-mail: fmaner@ttmail.com

Vitiligo is a common acquired disorder with an estimated incidence of 1-4 %. It is characterized by a fairly symmetric pattern of circumscribed macules and patches of amelanosis. Vitiligo has a considerable social and psychological impact on patients because of alteration of appearence [1, 2]. Chronic urticaria is a skin disorder which is characterized by wheals and itching. Suffering chronic urticaria have constant personality characteristics: marked hyperemotivity and anxiety, frequent and extreme states of worry, sensitivity, sense of insecurity and little self-confidence [2-4]. Vitiligo patients are sensitive to the perceptions of others about themselves and frequently feel anxiety because of the anticipation of rejection, rude and humiliative comments of others, thus leading to be socially isolated, depressed, use alcohol and nonalcoholic substances, experience interpersonal problems [2,5]. Krüger C1, Schallreuter KU (2014) investigated coping, depression and stigmatisation and included 96 patients with vitiligo and 23 controls. Stigmatisation was common: 90% of the patients reported questions/approaches, 24% experienced nasty

comments, 66.7% had avoided situations because of vitiligo or concealed their white spots, 62.5% implied psychological stress as influential on disease's course [1].

Among most of the chronic urticaria cases, psychological pressure is considered unless there is enough progression in treatment course. These patients give reactions to conflicts and stressan conditions by somatic symptoms. It has been reported that depression with somatic symptoms have been considered at least in one third of the chronic urticaria patients [7]. Sheehan-Dare declared that 32.4 % of generalized pruritus patients, and only 13.4 % of the control group had depressive symptoms in which the difference was significant [8]. In these studies, it is unclear if pruritus is the symptom of depression, or depression occurs in reaction to pruritus. Lyketsos et al reported depression in only 29 % of idiopathic chronic urticaria patients; 68 % of these patients had anxiety symptoms [9].

The aim of this study was to investigate and compare the prevalence of Axis-I psychiatric diagnosis in vitiligo and chronic urticaria patients.

Method

The sample was composed of 50 vitiligo and 50 chronic urticaria patients recruited from dermatology outpatient clinics of four major hospitals in Istanbul. The age range of the sample was 16-60 years. We applied the sociodemographical data form, The Turkish version of the Structured Clinical Interview for DSM-IV Mental Disorders (SCID-I) [10]. For statistical analysis SPSS for Windows 10.0 package programme was used. Ki-square analysis and Fisher-Exact Test were used to compare the groups.

Result

The sociodemographical features of the two patient groups were presented in Table I and II. The mean age of vitiligo group was 35.82±12.56, chronic urticaria group was 38.66±10.61. Fourty eight % of the vitiligo group was female, 68 % of chronic urticaria group was female. Fifty eight % of the vitiligo group was married, 42 % was single, 70 % of the chronic urticaria group was married, 30 % was single. Sixty % of the vitiligo group graduated from elementary school, 22 % from high school, 18 % from university, 70 % of the chronic urticaria group was from elementary school, 24 % from high school, 16 % from university.

Table I: The Mean Age of the Sample

	vitiligo		Chronic urticaria		control		p
	mean	Sd	mean	Sd	mean	Sd	
AGE	35,82	12,56	38,66	10,61	35,98	12,49	0,411

Table II: Gender, Marital Status and Education of the Sample

	vitiligo		Chronic urticaria		control			
	n	%	n	%	n	%	χ^2	p
GENDER								
Female	24	48,0	34	68,0	25	50,0		
Male	26	52,0	16	32,0	25	50,0	4,90	0,066
MARITAL								
Married	29	58,0	35	70,0	34	68,0		
Single-divorced	21	42,0	15	30,0	16	32,0	1,82	0,402
EDUCATION								
Elementary	30	60,0	35	70,0	30	60,0		
High School	11	22,0	7	14,0	12	24,0		
University	9	18,0	8	16,0	8	16,0	2,00	0,735

The Axis-I diagnoses of the patient groups according to SCID-I were seen in Table III.

Table III: The Comparison of SCID-I Diagnoses

SCID-I	vitiligo		chronic urticaria			
	n	%	n	%	χ^2	p
Social phobia						
No	37	74,0	29	58,0		
Yes	13	26,0	21	42,0	2,85	0,091
Dysthymic Disorder						
No	37	74,0	27	54,0		
Yes	13	26,0	23	46,0	4,34	0,037*
OCD						
No	37	74,0	39	78,0		
Yes	13	26,0	11	22,0	0,21	0,640
Body Dysmorphic Dis.						
No	49	98,0	50	100,0		
Yes	1	2,0				-
Simple Phobia						
No	32	64,0	30	60,0		
Yes	18	36,0	20	40,0	0,17	0,680
Mixed Adjustment Dis.						
No	49	98,0	50	100,0		
Yes	1	2,0				-
Previous Dysthymia						
No	46	92,0	47	94,0		
Yes	4	8,0	3	6,0		-
Bipolar-II Dis.						
No	49	98,0	50	100,0		
Yes	1	2,0				-
Previous Major Depression						
No	38	76,0	34	68,0		
Yes	12	24,0	16	32,0	0,79	0,373
Adjust. Dis. Depr. Mood						
No	46	92,0	50	100,0		
Yes	4	8,0				0,117
PTSD						
No	40	80,0	36	72,0		
Yes	10	20,0	14	28,0	0,87	0,349
Adjust. Dis. Anx. Mood						

No	49	98,0	50	100,0		
Yes	1	2,0				-
Previous Adjust. Dis. Depr. Mood						
No	44	88,0	46	92,0		
Yes	6	12,0	4	8,0	0,44	0,505
GAD						
No	47	94,0	35	70,0		
Yes	3	6,0	15	30,0		0,003**
Panic disorder						
No	46	92,0	47	94,0		
Yes	4	8,0	3	6,0		-
Agorophobia						
No	45	90,0	42	84,0		
Yes	5	10,0	8	16,0	0,79	0,372
Acute Stress Dis.						
No	49	98,0	50	100,0		
Yes	1	2,0				-
PMDD						
No	49	98,0	50	100,0		
Yes	1	2,0				-
Major Depression						
No	48	96,0	50	100,0		
Yes	2	4,0				0,495
Mild Depression						
No	49	98,0	46	92,0		
Yes	1	2,0	4	8,0		0,362
Bipolar-I Disorder						
No	50	100,0	49	98,0		
Yes			1	2,0		-
Cyclothymia						
No	50	100,0	49	98,0		
Yes			1	2,0		-

The rates of dysthymic disorder and generalized anxiety disorder were found higher in the chronic urticaria group (respectively % 46, % 30) than vitiligo group (respectively % 26, % 6) ($p<0.05$), but the other diagnoses in SCID-I were not statistically different between patients ($p>0.05$). But the number of SCID-I diagnoses in vitiligo group were higher than chronic urticaria group in spite of unsignificant statistical evaluations. However the rates of obsessive compulsive disorder, body dysmorphic disorder, mixed adjustment disorder, previous dysthymia, bipolar-II disorder, adjustment disorder with

depressive mood, adjustment disorder with anxiety, previous adjustment disorder with depressive mood, panic disorder, acute stress disorder, premenstruel dysphoric disorder, major depression were higher in vitiligo group than chronic urticaria group. The rates of social phobia, simple phobia, previous major depression, posttraumatic stress disorder, agoraphobia, mild depression, bipolar-I disorder, and cyclothymia were higher in chronic urticaria group than vitiligo group. It is interesting that there were no diagnoses of body dysmorphic disorder, mixed adjustment disorder, bipolar-II disorder, adjustment disorder with depressive mood, adjustment disorder with anxiety, acute stress disorder, premenstruel dysphoric disorder, major depression in chronic urticaria group.

Discussion

Mental and psychological issues are important in the development of many dermatologic diseases [11,12] We compared vitiligo and chronic urticaria because the former is more stigmatising and the latter is more disturbing. We could not find any report comparing these two major skin disorders in literature. Our study reveals that the rates of dysthymic disorder were 46 % in chronic urticaria group and 26 % in vitiligo group in which the difference was significant. The other diagnoses in SCID-I were not statistically significant between the patients, although it was clearly seen that the diagnoses in the mood spectrum were presented in different rates among both chronic urticaria and vitiligo patients. Our results were lower than Baskir et al (2010) who reported that 34.1% of the 114 adult males with dermatological disorders had depression. This difference may be due to the selection of the sample. The high rates of psychiatric morbidity among vitiligo and chronic urticaria found in our study had been discussed in the light of literature. Psychiatric morbidity in vitiligo was reported 34 % in the study of Mattoo et al [13] in which the rates of adjustment disorder was 56 %, depressive episode 22 %, and dysthymia 9 % according to ICD-10. The same authors declared 25 % of psychiatric morbidity in a larger sample of vitiligo patients. In this study, the psychiatric diagnoses were 75 % adjustment disorder, 18 % depressive episode, and 7 % dysthymia. The frequency and percentage of depression in dermatological conditions was 100% in psychocutaneous disorders, 66.6% in urticaria, 44.4% in vitiligo [6].

In previous studies, in vitiligo patients, the rates of neurotic depression was found 50 %, and anxiety neurosis 20 % [14, 15]. The importance of our study is the possibility to compare vitiligo and chronic urticaria patients, whereas in most of other studies, vitiligo has been compared with psoriatic patients [13, 16, 17]. For example, Sharma et al reported psychiatric morbidity 53.3 % in psoriasis, and 16.2 % in vitiligo where the difference was significant (p=0.0028). The rates of depression were 23.3 % in psoriasis, 10 % in vitiligo, anxiety disorder 3.3 % in both of the disorders; sleep disorders 56.6 % in psoriasis, 20 % in vitiligo which is also significant (p=0.0034) [17]. Farber et al declared the rates of suicidal ideation and suicide attempt were 23.3 % and 3.3 % respectively in psoriasis, 3.3 % and 6.7 % respectively in vitiligo. The difference between the groups were unsignificant [13].

In conclusion, psychiatric morbidity, especially mood spectrum diagnoses may frequently occur in vitiligo and chronic urticaria patients, so consultation-liaison psychiatry and dermatology collaboration is inevitable [18].

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