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RESEARCH ARTICLE

SKIN DISORDERS IN PATIENTS WITH PRIMARY PSYCHIATRIC CONDITIONS IN RURAL POPULATION OF GURUGRAM.

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Abstract

Background: although the relationship between skin diseases in patients with primary psychiatric conditions is important for patient management, studies on this issue are limited. The skin is an organ of communication and plays an important role in socialization. The relationship between the 'skin' and the 'mind' is complex and of clinical importance. Aim: to study the pattern of cutaneous disorders in patients with primary psychiatric conditions. **Methods:** two hundred patients with a primary psychiatric condition who had cutaneous disease were entered into the study group. The patients were classified appropriately based on the classification of psychocutaneous disorders. The control group included 200 patients presenting with a skin disorder and without any known psychiatric complaint. **Results:** the majority of the cases in the study group were in the 4th-5th decade. The most common primary psychiatric conditions found in the study were depression (31%) followed by anxiety (22.5%). Among the infective dermatoses, dermatophytic infections which was found to have maximum incidence of 25.5%. Among non infective dermatoses eczema was found in 10.5% of patients with lichen simplex chronicus being most common (6%). Psychocutaneous disorders were found in total of 24 (12%) patients with delusional parasitoses being the most common.

Introduction:-

The relationship between skin and psychology is undeniable [1]. Skin is often used by the patient to communicate emotional distress. Psychiatric patients often have a defensive need to deny their psychopathology, and seek dermatological care for their prominent cutaneous symptoms [2]. It has been estimated that the effective management of at least one third of the patients in dermatological departments depends, to some extent, upon the recognition of the emotional factor [3]. Psychosocial factors should be considered in mind while treating the dermatological disorders, similarly in patients with primary psychiatrist disorders, dermatological problems should be managed effectively. However, there is very little published data on the incidence of dermatoses in patients with a primary psychiatric condition. Hence this study was undertaken to detect the incidence and type of cutaneous disorders in patients with primary psychiatric conditions.

Materials and methods:-

The study was conducted during a period of 12 months. Selection of study group: 200 patients presenting with a primary psychiatric condition, who had skin disease, from the out patient and in patient department of both skin and

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psychiatry, SGT Medical College, Gurgaon. Selection of control group: 200 patients who had some skin disorder but no known psychiatric complaint.
Psychocutaneous disorders in the study group were classified as per the following guideline [2]:

A. Conditions that are primarily psychiatric but which commonly present to dermatologists. e.g. delusions of parasitosis, delusions of body image (e.g. dysmorphophobia, glossodynia, and vulvodynia), phobic states (e.g. venereophobia)
B. Dermatoses primarily emotional in origin e.g. dermatitis artefacta, neurotic excoriations, trichotillomania
C. Dermatoses aggravated by self-induced trauma e.g. lichen simplex chronicus, acne excoriée, prurigo, autoerythrocytic sensitization
D. Dermatoses due to accentuated physiological responses e.g. hyperhidrosis, blushing
E. Dermatoses in which emotional or precipitating factors may be important. e.g. vesicular eczema of the palms and soles, atopic dermatitis, psoriasis, alopecia areata, rosacea, chronic urticaria

All the patients were subjected to detailed dermatological examination clinically and relevant investigations like skin scraping for fungus and biopsy were done wherever required. While managing the dermatological aspect of all patients, active involvement of department of psychiatry was sought for the management of psychiatric component of their illness.

Results:-

Male-female ratio in our study group was 1:1.17 with 92 (46%) males and 108 females (54%). Majority of patients were found to be in fourth to fifth decade in study group (66.5%) and in third to fourth decade in control group (52.5%). Most common primary psychiatric conditions found in the study was depression (31%) followed by anxiety (22.5%) [Table 1]. Other psychiatric conditions were schizophrenia (20%), bipolar disorder (15.5%) and addiction (11%).

Of the study group, 40.5% patients had infective Dermatoses while non infective dermatoses were seen in remaining 59.5% of patients. Among the infective dermatoses, except for dermatophytic infections which was found to have maximum incidence of 25.5%, all other infections were seen more commonly in females [table 2]. Among infestations scabies was found in 6/9 patients while 2/9 had pediculosis capitis and 1/9 has pediculosis corporis.
Among non infective dermatoses eczema was found in 10.5% of patients with lichen simplex chronicus being most common (6%) followed by atopic dermatitis (1.5%) and seborrhoeic dermatitis (1%). Other skin disorders found were alopecia (9%), melasma (4.5%), xerosis (3.5%) and acne (3%) [table 2].

Psychocutaneous disorders were found in total of 24 (12%) patients which constituted13.89% (15/24) among female patients and 9.78% (9/24) among male patients [table 3]. Among patients of delusional parasitosis (9/24) most common underlying primary psychiatric condition was schizophrenia (5/9) and depression (2/9) followed by bipolar disorder (1/9) and anxiety (1/9). Depression was the most common primary psychiatric condition in patients with trichotillomania (2/4) and dermatitis artefacta (2/3) while 3/4 patients of venerophobia had anxiety. One patient of neurotic excoriations had underlying depression while other had bipolar disorder. Addiction to cannabis was found in one patient of body dysmorphic disorder and depression in other.

Discussion:-

A female preponderance in the study group conformed to finding of most of other studies [4], though few studies have also reported male preponderance [5]. The presence of anxiety and depression as the most common primary psychiatric conditions in the present study, corroborate with other studies [1]. However it differs from few studies where depression and manic depressive psychosis were the most common primary psychological disorders [6], while schizophrenia and substance abuse in other [5].

Among all skin diseases dermatophytic infections were found to have maximum incidence in both study (25.5%) and control (33%) groups. This can be attributed not only to the hot and humid conditions in our region but also to the overall rising incidence of fungal infections in population due to increasing resistance against antifungals and steroid misuse in rural setting like ours. This finding is in concordance with most of other studies [7,9]. Tineacruris was seen more commonly than tineacorporis which doesn't corroborate with other study [4,7] where tineacorporis was more common.

Among dermatoses aggravated by self inflicted trauma, lichen simplex chronicus was found to have incidence of 6% as against the reported high incidence of 11.4% [4] and as low as 3.33% [6] and 2% [8]. Psychiatric disorders, like anxiety neurosis and neurotic depression, are common among people with lichen simplex chronicus.[4],[9]. In our study most common primary psychiatric condition in with these patients was depression followed by substance abuse.

In our study delusional parasitoses was seen to be twice more common in females than males as also observed in other studies [5],[6],[8].

Dermatitis artefacta was found in 3 patients and 2 of them were in second decade while 1 patient was in third decade of life. We found it more common in females as males and most common underlying psychiatric condition was found to be depression and all of these findings corroborate with other studies [6],[10].

Other common psychogenic skin disorder found in our study was venerophobia which we found only in male patients. Such patients have fear of having sexually transmitted disease, including HIV and are often the ones with history of multiple unknown contacts. Such patients have underlying depression or anxiety [11]. In our study 3/4 patients had anxious personality and one had depression.

Table 1:- Distribution of primary psychiatric disorders

Psychiatric Disorders	**Male.**	**%**	**Female**	**%**	**Total**	**%**
Bipolar Disorder	14	15.2	17	15.74	31	15.5
Depression	23	25	39	36.11	62	31
Anxiety	17	18.48	28	25.93	45	22.5
Substance abuse	16	17.39	6	5.55	22	11
Schizophrenia	22	23.91	18	16.67	40	20
Total	**92**		**108**		**200**	

Table 2:- Distribution of Skin disorders in the study and control group

DERMATOSES	**Study Group**						**Control Group**					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
Dermatophyte Infections	30	32.6	21	19.44	51	25.5	42	36.20	24	28.57	66	33
Bacterial Infections	4	4.35	6	5.55	10	5	7	6.03	3	3.57	10	5
Infestation	3	3.26	6	5.55	9	4.5	10	8.62	7	8.33	17	8.5
STD's	4	4.35	7	6.48	11	5.5	5	4.31	2	2.38	7	3.5
Alopecia	6	6.52	12	11.11	18	9	16	13.79	22	26.19	38	19
Eczemas	8	8.92	13	12.03	21	10.5	4	3.44	2	2.38	6	3
Acne	9	9.78	7	6.48	6	3	17	14.66	10	11.9	27	13.5
Xerosis	3	3.26	4	3.70	7	3.5	2	1.72	1	1.19	3	1.5
Melasma	1	1.08	8	7.40	9	4.5	-	-	8	9.52	8	4
Pychogenic skin disorders	9	9.78	15	13.89	24	12	-	-	-	-	-	-
Others	15	16.30	9	8.33	24	12	13	11.2	5	5.95	18	9
Total	**92**		**108**		**200**		**116**		**84**		**200**	

Table 3:- Distribution of psychogenic skin disorders

Psychogenic skin disorder	**Male**	**%**	**Female**	**%**	**Total**	**%**
Trichotillomania	0	0	4	26.66	4	16.66
Dermatitis artefacta	1	11.11	2	13.33	3	12.5
Neurotic excoriations	1	11.11	1	6.66	2	8.33
Venerophobia	4	44.44	0	0	4	16.66
Delusional	3	33.33	6	40	9	37.5

parasitoses						
Body dysmorphic disorder	0	0	2	13.33	2	8.33
Total	**9**		**15**		**24**	

Conclusion:-

It is important to treat co morbid skin conditions to improve the quality of life of primary psychiatry patients and to prevent the progress and worsening of underlying skin disease. Since very few studies with limited data is available in this field, more prospective case control studies are required to provide more insight in to this interesting field and to further document and substantiate the results of our study.

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