International Journal of Dermatology, Venereology and Leprosy Sciences

E-ISSN: 2664-942X
P-ISSN: 2664-9411
www.dermatologypaper.com/
Derma 2019; 2(1): 34-37
Received: 18-01-2019
Accepted: 20-02-2019

CH Vijay Bhasker Reddy
Assistant Professor,
Department of DVL,
Kamineni Institute of Medical Sciences, Narketpally,
Telangana, India

Corresponding Author:
CH Vijay Bhasker Reddy
Assistant Professor,
Department of DVL,
Kamineni Institute of Medical Sciences, Narketpally,
Telangana, India

Acne, psoriasis, and alopecia areata sufferers' depression and suicidal tendencies

CH Vijay Bhasker Reddy

DOI: https://doi.org/10.33545/26649411.2019.v2.i1a.119

Abstract
Background and Objectives: In individuals with persistent skin conditions, depression is a prevalent but frequently undiagnosed psychological complication. Depression can make these problems worse and make them more likely to persist. Among adult dermatological outpatients having acne, psoriasis, and alopecia areata, researchers examined the prevalence of depressive illness and suicidal thoughts as well as the relationship between the intensity of the dermatitis and the degree of the major depression.
Materials and Methods: The psychologist used Beck Depression Inventory (BDI) and Beck Scale for Suicidality to evaluate 186 patients who visited Department of DVL, Kamineni Institute of Medical Sciences, Narketpally, Telangana, India from September 2017 to August 2018 were confirmed of acne, psoriasis, and alopecia areata for comorbid depressive illness and suicidal tendencies.
Results: Participants experiencing acne vulgaris, psoriasis, and alopecia areata were each reported to have major depression in amounts of 9.41%, 28.3%, and 19.51%, respectively. While 2.35%, 3.33%, and 2.43% of individuals, respectively, had suicidal behaviour. Significant association between the BDI score and psoriasis and hair fall intensity as well as hair fall duration.
Conclusion: In treating the underlying psychological comorbidities in individuals with skin conditions might aid improve dermatological problem care and offer these individuals medical services.

Keywords: Acne vulgaris, psoriasis, alopecia areata, depression, suicidal tendency

Introduction
The human body's largest and most noticeable organ is the skin. It strongly influences our ability to attract partners and our sense of self. Patients with dermatological disorders are far more likely to get psychiatric diseases [1, 2, 3]. According to studies, anywhere between 25% and 43% of patients at dermatological clinics have mental health issues. About 30% of people who are depressed have dermatological issues. In certain cases, tensing up can actually make cutaneous lesions worse [4]. In adult dermatology outpatient clinics, studies reveal that 5%–10% of patients have suicide ideation.
Sadly, the bulk of the psychiatric illnesses in these patients go unrecognised and untreated. Patients would rather have their dermatological ailments treated than their psychological issues because of the stigma associated with mental illnesses [4, 5, 6]. The consequences include a significant rise in mortality, intense psychological and physical pain, social and professional dysfunction, subpar academic achievement, drug abuse, violence, and suicide. Numerous studies have demonstrated that these conditions seriously impair one's quality of life. Comorbid depression has the potential to result in skin lesions developing or getting worse, as well as poor medication compliance, which can have a negative impact on the management of dermatological conditions. As a result, addressing dermatological issues frequently necessitates strong mental control [7, 8].
There is a wealth of information in Western literature, but there aren't many Indian research that have looked at how often dermatological patients experience depression and suicidal thoughts [8, 9]. The prevalence of depression and suicidal thoughts, as well as the relationship between the severity and protractedness of the skin condition and depression, were assessed in adult outpatient dermatology patients with acne, psoriasis, and alopecia areata.

Material and Methods
The cross-sectional research was conducted at Department of DVL, Kamineni Institute of Medical Sciences, Narketpally, Telangana, India from September 2017 to August 2018.

The psychologist analysed 186 new dermatological subjects for concomitant depressive and suicidal though according to ICD-10 diagnostic recommendations. The Institute's Ethical Committee approval was obtained.

Indian Acne Alliance grade for acne, Psoriasis Area Severity Index grade for psoriasis, and Intensity of Alopecia Tool score for alopecia areata were used to evaluate skin problem seriousness. BDI is a 21-question personal judgement designed to measure depressive intensity. BDI has 21 questions, all with 0–3 scale. Beck Suicide Ideation Scale's top 5 elements (BSSI). BSSI is a 21-item interviewer-administered rating scale that examines current attitudes, actions, and suicide planning. Each item has three grades. According to a 0-2 scale of suicidal severity [9, 10]. The SSI has 5 elements. Three measures measure the wish to live or die, and two measure suicidal ideation. Participants were assessed for suicidal thoughts to establish the prevalence for each category. Depressed or suicidal people are providing all the facilities. While BSSI was designed for grownups, this is a good metric of suicide thoughts in depressed teens. Pearson's rank correlation coefficient correlated different metrics. SPSS for Windows, Version 16.0, Chicago, SPSS Inc., was used for statistical analysis $p<0.05$ was significant.

Inclusion Criteria

1. 13 to 50 years old.
2. A clinical diagnosis of psoriasis vulgaris, alopecia areata, or acne vulgaris
3. Never gotten treatment for their dermatological condition before 1 month
4. No further somatic ailments.
5. No history of mental problems prior to developing the skin issue.
6. No prior history of drug addiction.
7. The patient said that there were no ongoing psychological problems in the family.
8. No history of psychiatric illness in their family.
9. Provided written, freely given consent.

Result

Table 1: List of sociodemographic details about individuals.

Demographic feature	Acne vulgaris (*n*=85)	Psoriasis vulgaris (*n*=60)	Alopecia areata (*n*=41)
Age, mean ± SD (years)	18.82±2.79	31.40±11.75	25.78±8.83
Gender, *n* (%)			
Female	28 (33)	28 (47)	14 (34.14)
Male	57 (67)	32 (53.3)	27 (69)
Locality, *n* (%)			
Rural	47 (55)	31 (51.6)	25 (61)
Urban	38 (45)	29 (48.3)	16 (39)

SD Standard deviation

33% of female population faced acne vulgaris while 67% was faced by men. Psoriasis vulgaris was present in male (53.3%) more than female and most cases were of rural area (51.6%). Alopecia areata was higher in male (34.14%) and persistently high in rural areas (61%)

Table 2: Individuals clinical features

	Acne vulgaris	Psoriasis vulgaris	Alopecia areata
Mean duration of dermatological disease (months)	17.62±6.33	64.62±88.04	8.15±18.82
Severity of dermatological disease, *n* (%)	Grade 1- 12 (14.11) Grade 2- 52 (61.17) Grade 3- 21 (24.70)	Mean PASI* score - 8.97±6.68	S1- 23 (56.09) S2- 9 (21.95) S3- 7 (17.07) S4- 2 (4.87) S5- 0
Frequency of depressive disorder, *n* (%)	8 (9.41)	17 (28.33)	8 (19.51)
Frequency of suicidal ideations, *n* (%)	2 (2.35)	2 (3.33)	1 (2.43)
BDI† score (mean±SD)	22.57±7.88	22.53±7.69	21.6±7.70

*Psoriasis Area Severity Index, †Beck Depression Inventory. SD: Standard deviation.

Individuals diagnosed from acne vulgaris had a frequency of depression of 9.41% and suicidal ideation of 2.35%, whereas people suffering from psoriasis had a frequency of 28.3% and 3.33%, and people who suffer from alopecia areata had a frequency of 19.51% and 2.43%, accordingly.

Table 3: Comparison between the intensity of depressive episodes (measured by Beck Depression Inventory scores) and also the length and degree of dermatological illness

Correlation	Acne vulgaris	Psoriasis vulgaris	Alopecia areata
(Pearson correlation/P-value) With the degree of the skin problem	−0.10/0.377	0.59**/0.000	0.47**/0.003
(Pearson correlation/P-value) With the time of the skin illness	0.10/0.391	0.05/0.702	0.32/0.046

**Correlation is significant at the 0.01 level (two-tailed)

There was seen to be a statistically significant positive link here between intensity of psoriasis and alopecia areata with the levels of depression; however, there has been discovered to be no significant correlation in between intensity of skin

problems and the stage of the depression.

Discussion

The prevalence of depression and suicidal ideation was examined in all three types of dermatological illnesses that result in cosmetic disfigurement: alopecia areata, psoriasis, and acne vulgaris. Due to their significant prevalence in the dermatological clinics at our hospital, we decided to research these conditions [10, 11, 12]. Because the frequency of acne peaks in adolescence, patients with acne vulgaris had a lower mean age than the overall population. Depression and suicidal ideation were seen in acne vulgaris patients at rates of 9.41% and 2.35%, psoriasis patients at 28.3% and 3.33%, and alopecia areata patients at 19.51% and 2.43%. Other studies have produced similar findings. According to statistics, depression strikes acne patients 9.7% and 25.6% of the time, psoriasis patients 22.3% and 30% of the time, and alopecia areata patients 16% and 25.5% of the time. This demonstrates that depression is a relatively common illness among various dermatological conditions. Other studies have discovered a higher rate of suicidal ideation compared to our study. According to Rehn *et al*., 14.5% of acne patients reported having suicidal thoughts, whereas 5.5% of psoriasis patients reported having active suicidal thoughts [12, 13, 14].

An Egyptian study found that 8% of people with psoriasis and 8% of people with alopecia areata reported suicidal ideation. This variation can be the consequence of different studies using different suicidality assessment instruments. Each of these groups exhibited mild to moderately severe depression, according to the average BDI scores. Although there is a statistically significant positive correlation between the severity of psoriasis and alopecia areata and depression, there is no statistically significant relationship between the severity of acne and sadness [14, 15]. Gupta and Gupta discovered elevated depression ratings in patients with severe psoriasis and those who had mild to moderate acne. Similar conclusions were reached by Aktan *et al*. and Rehn *et al*., who discovered no relationship between depression levels and the severity of acne. A few studies, nevertheless, have also found a connection between acne and the severity of depression [14, 15].

Acne is most prevalent during adolescence, a time when people are frequently extremely concerned with their appearance and body image. In some young people who are already psychologically sensitive, even slight acne might result in major depression. This explains why cross-sectional studies have occasionally discovered a relationship between the severity of the acne and the severity of the depression scores. The duration of alopecia areata and the severity of depression were found to be statistically significantly positively associated, although psoriasis and acne were not. Taner *et al*. also found no association between the severity of depression and the duration of psoriasis, which is in line with our findings. Our findings are in opposition to those of Do *et al*., who discovered that people with persistent acne had much greater levels of depression. Consequently, a skin condition's chronic nature as well as its severity may contribute to its melancholy features. The importance of recognising concurrent depression and suicidality in dermatological illnesses that are cosmetically deforming is emphasised by our study. Due of skin problems' significant visibility, stigmatisation is a possibility that may increase [15, 16].

Along with their physical manifestations, skin disorders should also be evaluated for their psychological and social implications. Working together, a dermatologist and psychiatrist can help these people live better lives. A dermatologist's lack of knowledge regarding the frequencies of psychiatric comorbidity in dermatological disorders may delay the diagnosis of a psychiatric issue and hinder therapy. Dermatologists need to be more cognizant of the possibility of psychological disease in their patients. Understanding the relationships between the mind and body and available treatments can help patients live better lives [17, 18]. In addition to counselling and psychotropic medications, patients with depression or anxiety related to their skin conditions may also benefit from visits with a dermatologist and, in some cases, a psychiatrist.

Conclusion

Individuals experiencing psoriatic, alopecia, and acne frequently experience depression and other mental health tendencies. So in order to properly manage the skin illness and give these individuals patient centered care, it is important to identify & cure any concealed psychological comorbidities. Dermal illnesses require the biopsychosocial model to just be applied by doctors as better clinical alliance and patient's health results.

Funding Source: None

Conflict of interest: None

References

1. Paerna E, Aluoja A, Kingo K. Quality of life and emotional state in chronic skin disease. Acta Dermato-Venereologica. 2015;95(3).
2. Karelson M, Silm H, Kingo K. Quality of life and emotional state in vitiligo in an Estonian sample: comparison with psoriasis and healthy controls. Acta Dermato-Venereologica. 2013;93(4).
3. Golchai J, Heidarzadeh A, Eshkevari SS, Alizade N, Eftekhari H. Comparison of anxiety and depression in patients with acne vulgaris and healthy individuals. Indian journal of dermatology. 2010;55(4):352.
4. Mattoo SK, Handa S, Kaur I, Gupta N, Malhotra R. Psychiatric morbidity in vitiligo: prevalence and correlates in India. Journal of the European Academy of Dermatology and Venereology. 2002;16(6):573-578.
5. Jagtiani A, Nishal P, Jangid P, Sethi S, Dayal S, Kapoor A. Depression and suicidal ideation in patients with acne, psoriasis, and alopecia areata. Journal of Mental Health and Human Behaviour. 2017;22(1):50.
6. Huang KP, Mullangi S, Guo Y, Qureshi AA. Autoimmune, atopic, and mental health comorbid conditions associated with alopecia areata in the United States. JAMA dermatology. 2013;149(7):789-794.
7. Gascón MR, Ribeiro CM, Bueno LM, Benute GR, Lucia MC, Rivitti EA, *et al*. Prevalence of depression and anxiety disorders in hospitalized patients at the dermatology clinical ward of a university hospital. An Bras Dermatol. 2012;87:403-407.
8. RG F. Gupta MA, Gupta AK. Depression and skin disease. Dermatol Clin. 2005;23:657-664.
9. DiMatteo MR, Lepper HS, Croghan TW. Depression is a risk factor for noncompliance with medical treatment:

meta-analysis of the effects of anxiety and depression on patient adherence. Archives of internal medicine. 2000;160(14):2101-2107.

10. Tutakne MA, Chari KVR. Acne, rosacea and perioral dermatitis. IADVL Textbook and atlas of dermatology. 2003;2:689-710.
11. Holi MM, Pelkonen M, Karlsson L, Kiviruusu O, Ruuttu T, Heilä H, *et al*. Psychometric properties and clinical utility of the Scale for Suicidal Ideation (SSI) in adolescents. BMC psychiatry. 2005;5(1):1-8.
12. Odom RB, James WD, Berger TG. Andrew's Disease of the Skin Clinical Dermatology. WB Sunders (9th edn.), Philadelphia, 2000, 1069-71.
13. Gupta MA, Gupta AK. Psychiatric and psychological co-morbidity in patients with dermatologic disorders. American journal of clinical dermatology. 2003;4(12):833-842.
14. Rehn LMH, Meririnne E, Höök-Nikanne J, Isometsä E, Henriksson M. Depressive symptoms, suicidal ideation and acne: a study of male Finnish conscripts. Journal of the European Academy of Dermatology and Venereology. 2008;22(5):561-567.
15. Taner E, Coşar B, Burhanoğlu S, Çalıkoğlu E, Önder M, Arıkan Z. Depression and anxiety in patients with Behçet's disease compared with that in patients with psoriasis. International journal of dermatology. 2007;46(11):1118-1124.
16. Do JE, Cho SM, In SI, Lim KY, Lee S, Lee ES. Psychosocial aspects of acne vulgaris: a community-based study with Korean adolescents. Annals of Dermatology. 2009;21(2):125-129.
17. Barankin B, DeKoven J. Psychosocial effect of common skin diseases. Canadian Family Physician. 2002;48(4):712-716.
18. Bilkis MR, Mark KA. Mind-body medicine: Practical applications in dermatology. Archives of dermatology. 1998;134(11):1437-1441.