# Dermatology & Psychiatry

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- 1/3rd of dermatology patients have emotional or psychosocial factors.
- Many become upset and resist referral to psychiatrist. Eg: Psoriasis & Eczema
- Regardless to a refusal to visit a psychiatrist, dermatologist is thereby designated by the patient to handle his complaints.
- Hence, dermatologists have learnt to handle psychodermatologic issues, within the limits of their training.

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Psychodermatology has increased its importance over the last two decades.

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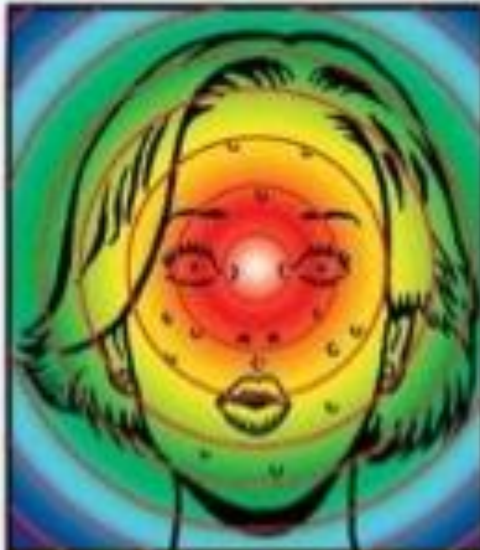

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# Psycho dermatology deals with

- Study of the influence of psychosocial stress in the exacerbation or chronicity of skin illness.
- Psychiatric comorbidities in many dermatologic conditions.
- Role of adjuvant treatment
- Psychopharmacological, psychotherapeutic, social

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# INTRODUCTION

**Skin is the largest organ**

**Immense psychological significance**

**Chronic disorders may be exacerbated by emotional stress**

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The role of emotional factors on diseases of the skin is of such significance that if they are ignored effective management of at least 40% of the patients attending departments of dermatology is difficult.

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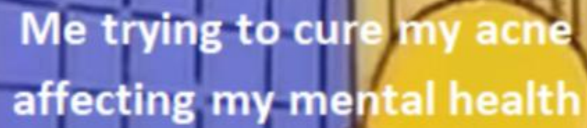
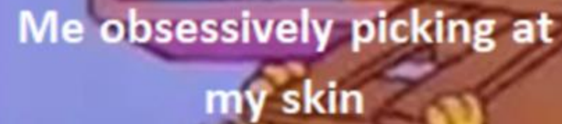

Me trying to cure my acne
affecting my mental health


Me obsessively picking at
my skin
Stress and anxiety

# EPIDEMIOLOGY

Various studies have shown prevalence of emotional disorders

**Outpatients**

- Picardi et al 2009: 25.2%
- Hughes et al:1983: 30%
- Atkan et al 1998: 33.4%

**Inpatients**

- Scaller et al 1998: 21%
- Windemuth et al 1999: 31%
- Hughes et al 1983: 60%

Slightly higher than patients with neurological, oncological,cardiological problems

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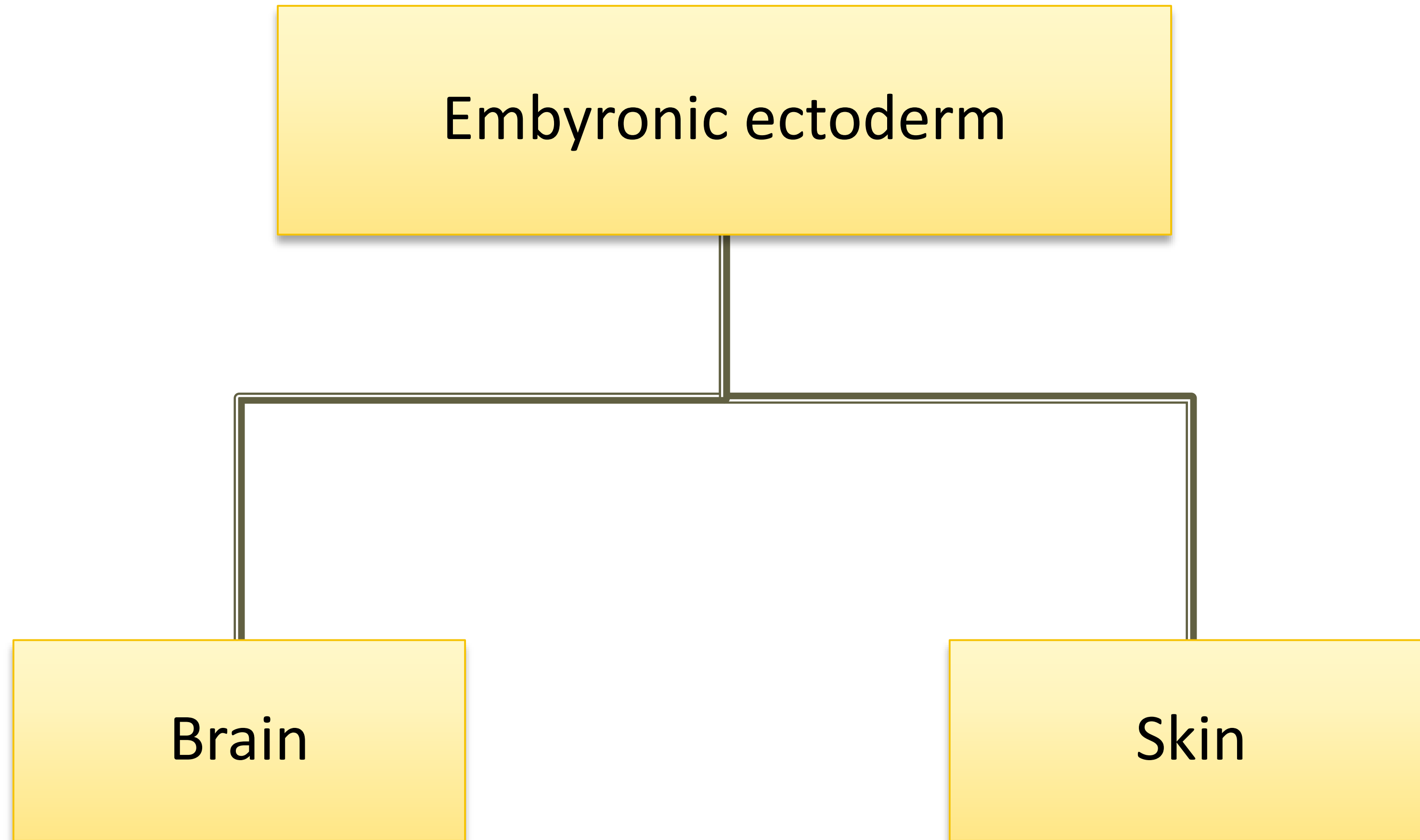
# INTRODUCTION

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The skin is an important organ for the expression of psychophysiological disturbances, serving as a contact point between the individual and the world.

Skin responds to emotions ---

Anxiety - perspiration

Fear -pallor, piloerection

Anger – redness

Happiness – blushing

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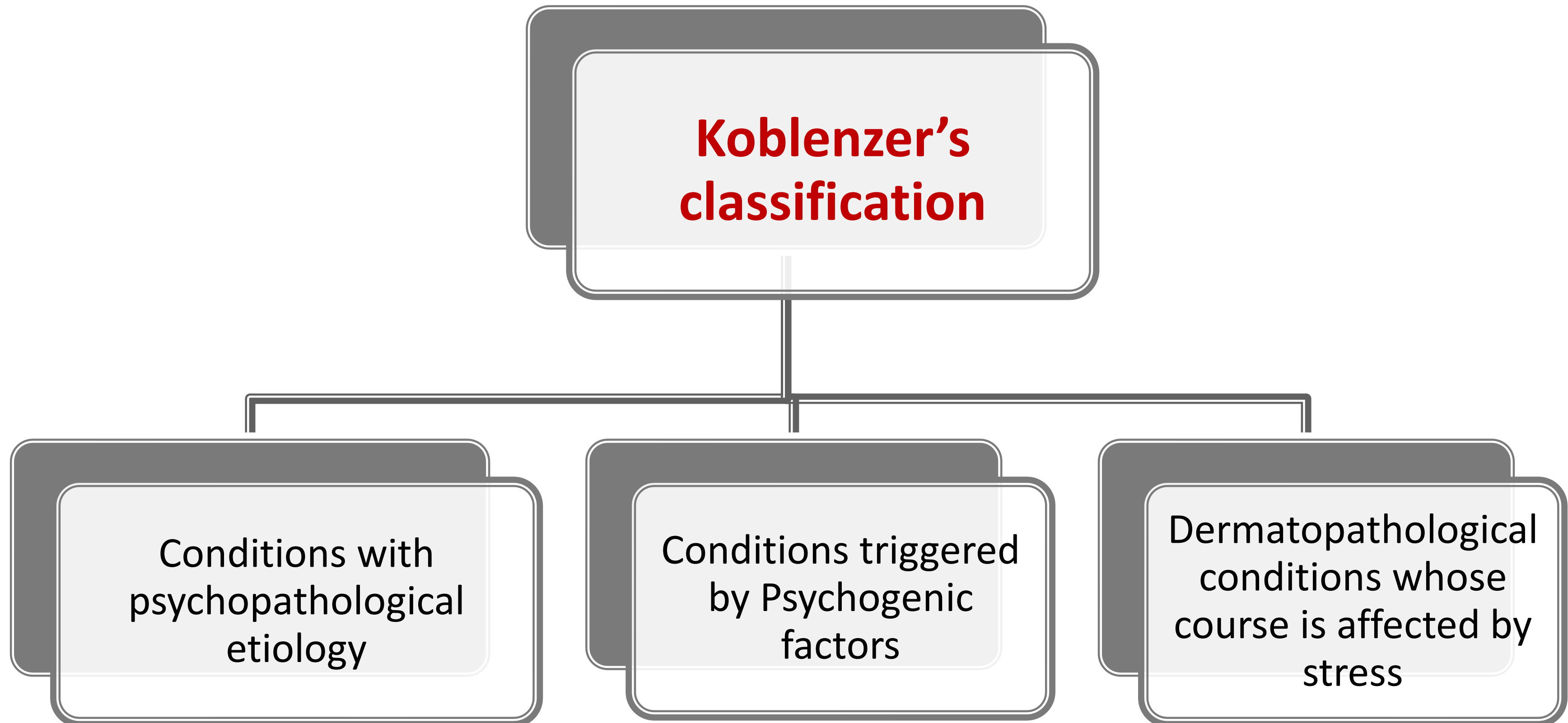
# CLASSIFICATION

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# Conditions with Psychopathological Etiology (Primary Psychiatric)

- Psychiatric conditions leading to various skin changes
- Delusions, Dysmorphism
- Self inflicted dermatitis - Dermatitis artefacta
- Obsessive compulsive disorders
- Cutaneous dysasthesias
- Psychogenic purpura syndrome

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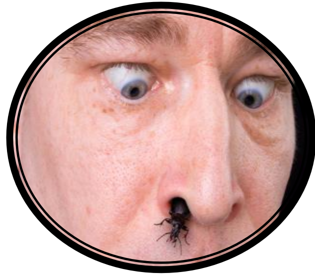
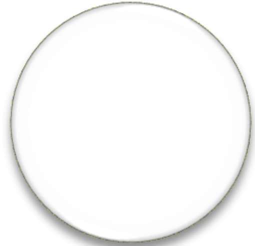
# Dermatological Delusions



Delusion of parasites (Ekboms disease) – commonest

Smell



Ocular or oral infestations

Feeling of rapid ageing-Dorian Gray syndrome

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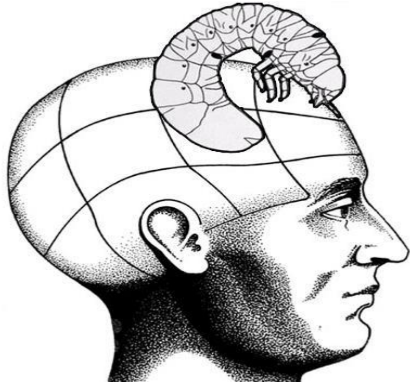
# Delusion of Parasitosis



Elderly
Symptoms-crawling sensation, tickling, sharp bites, stings.

Attempts to get specimens in containers like match box.

Presents with multiple excoriations, traumatic injuries.

**Treatment:** pimozide upto 12 mgm, risperidone(4-8mgm/day) or olanzapine, Amisulpride (50-400)mgm /day.

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# Body dysmorphic syndrome

- Distortion of psychological body image
- Excessive preoccupation with an uncorrectable, imagined disfigurement in the outward appearance.
- Can be harmful to social ,functional or professional areas

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# Special form-Folie a'deux -

- Delusions shared by two or more people in close relationship
- Usually an induced delusional disorder
- Delusion taken up by the family members disappears after separation from partner

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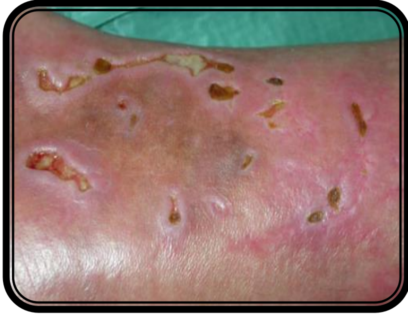
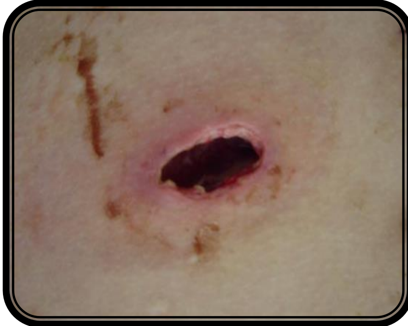
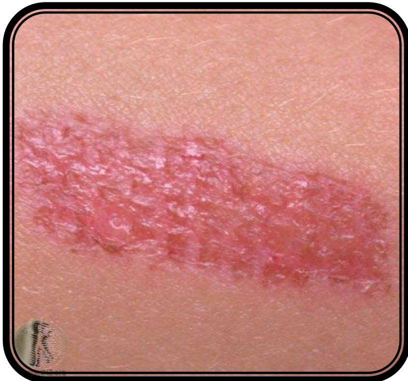
# Dermatitis artefacta syndrome



May be a co morbid condition in depressive, anxiety and compulsive disorders as well as posttraumatic stress disorder.



Atypical location, morphology, histology or unclear therapeutic response



Prior to self injury patients are under great tension and feel relieved after the injury.

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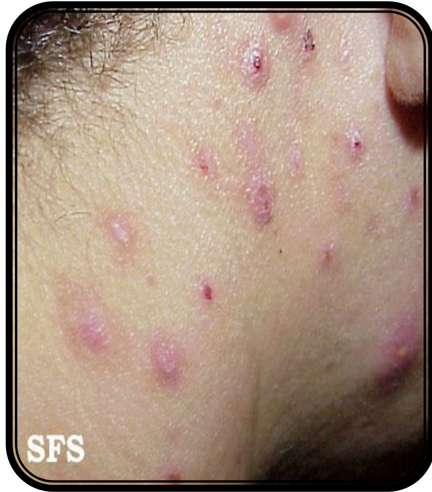
# Compulsive habits & obsessional concern related to skin




## Neurotic excoriation

- Loss of impulse control leading to repeated inability to resist the desire to scratch
- Accessible areas like arms, face, legs

## Trichotillomania

- Pulling out the hair
- 3 phases-long missing and regrowing hair
- Treatment – behavioral modification – habit reversal training

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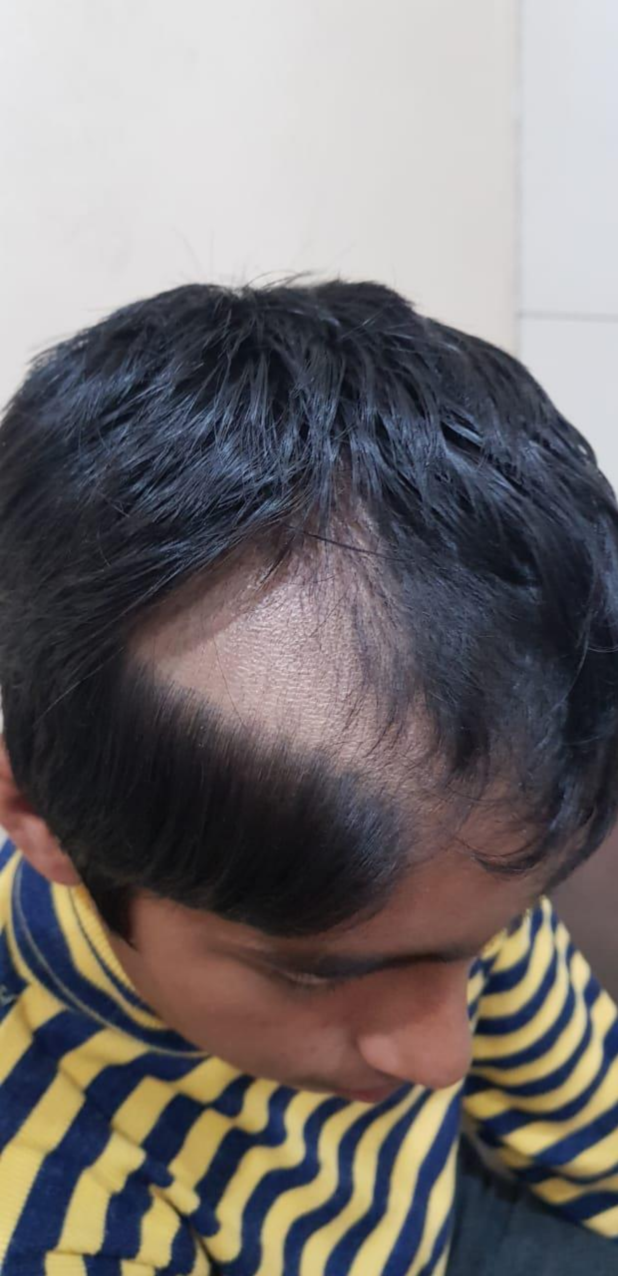

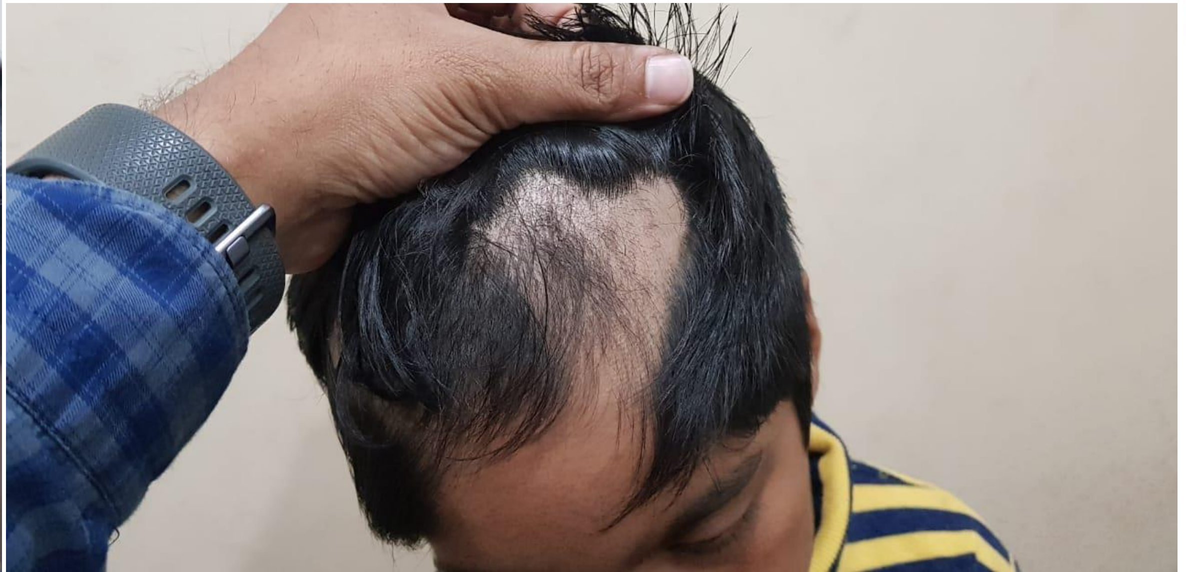

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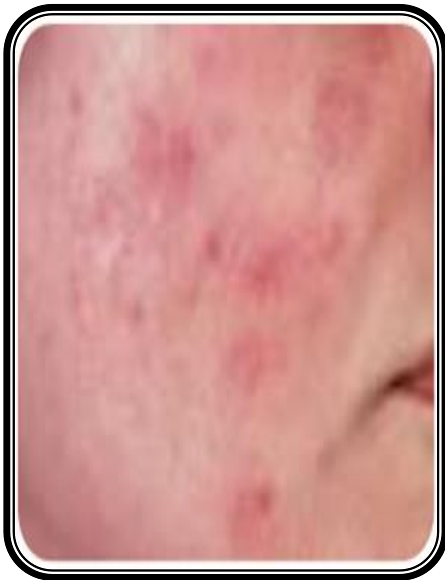
Onychotillomania

Self induced nail disease-range from onychodystrophy to paronychia



Acne excorie

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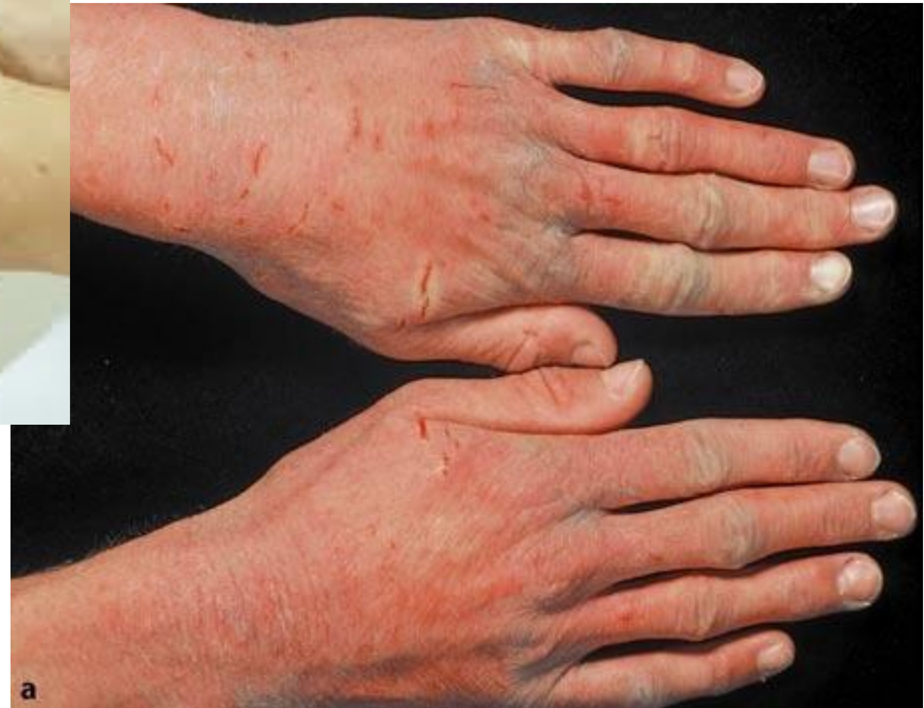
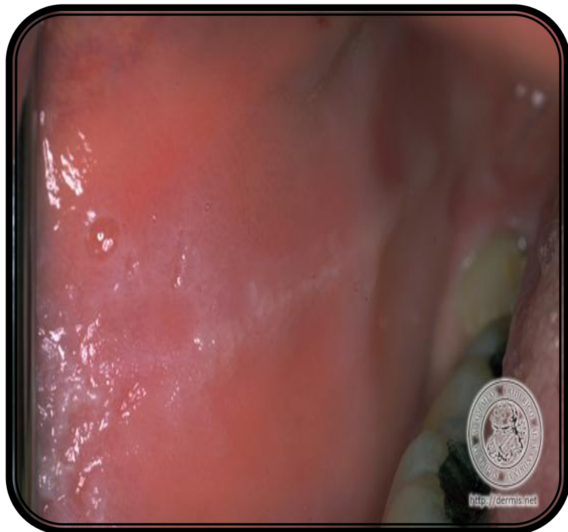
# Compulsive washing



## Pesudoknuckle pads

Repeated trauma like rubbing , massaging, chewing, sucking to finger joints




## Morsicatio buccarum

Continuous unconscious chewing and sucking of buccal mucosa

Benign sharply demarcated usually leukodermic lesions around tooth base and buccal mucosa

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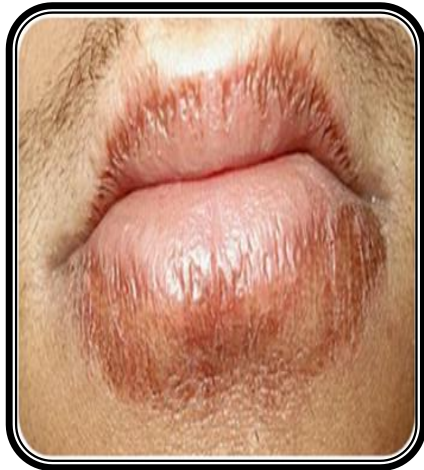
## Primary lichen simplex chronicus



### Factitious chelitis

- Compulsive licking
- Common in children.
- Discrete, symmetric, sharply delineated areas beyond the outline of lip

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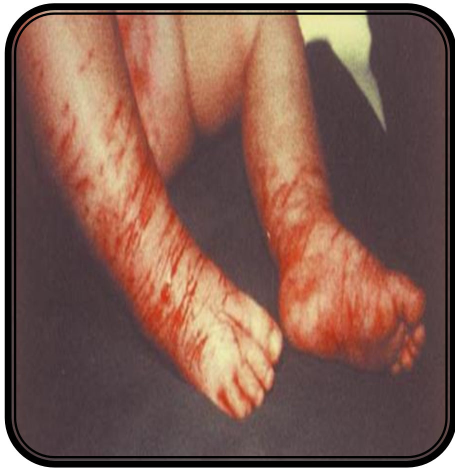
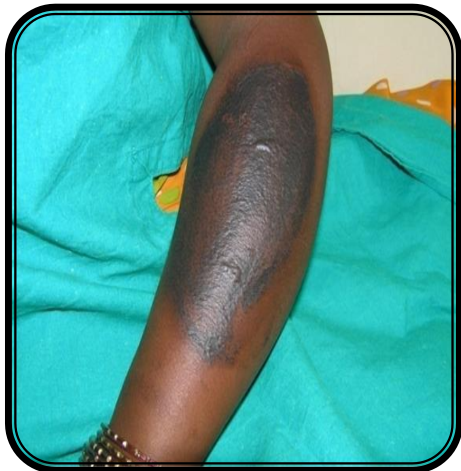


## Munchhausen's –by-proxy Syndrome

Children injured by primary care takers/mothers



## Gardner Diamond Syndrom

Spontaneous purpuric , oedematous, painful lesions under conditions of stress. Heal in1-2 weeks without scarring.

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# Conditions triggered by Psychogenic factors

- Urticaria
- Pruritus: Generalised & Localised
- Flushing reactions & rosacea
- Psychogenic disorders of sweat glands
  - Hyperhidrosis
  - Bromhidrosis

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# Dermatopathological conditions whose course is affected by stress

- Psoriasis vulgaris
- Atopic dermatitis
- Acne vulgaris
- Vitiligo
- Alopecia areata

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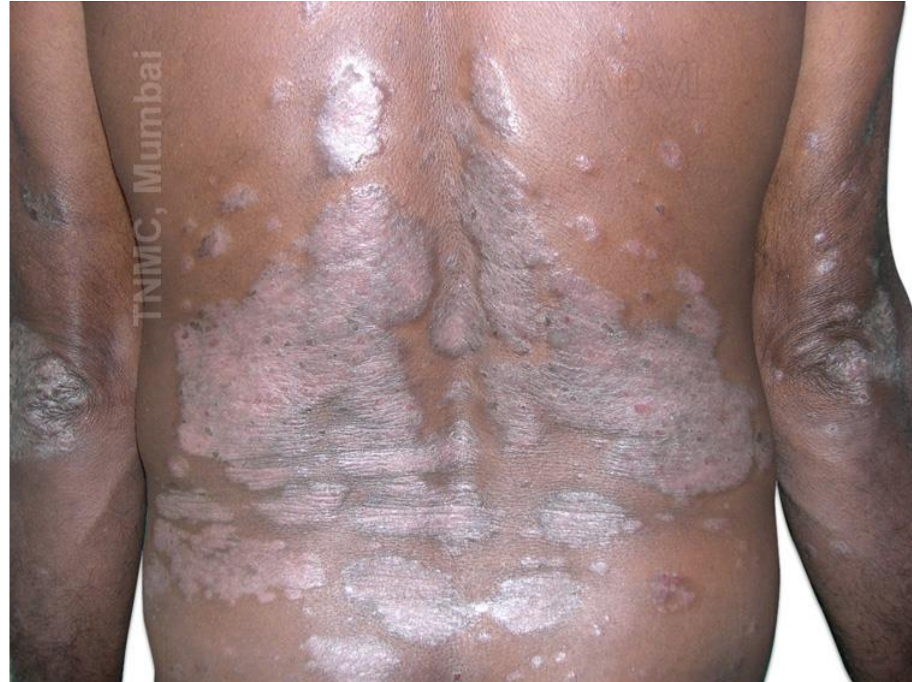
# PSORIASIS

- Genetically determined immune dermatoses
- Prevalence 2-3%

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# Trigger factors

- Trauma
- Infections: Streptococcus, HIV

Stress

- Alcohol and smoking
- Metabolic factors
- Sunlight
- Drugs: Betablockers, Lithium
- Withdrawal of corticosteroids.

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# Psychogenic influences

- Stress - act as a trigger - exacerbate psoriasis, Increase time for disease clearance
- Chronic daily stressors are more burdensome
- Pruritus is common in depressed Psoriasis.

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# Functional Impairment

Substantial impact on occupational, social, relational functioning due to chronic, relapsing, disfiguring disease.

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## Anxiety

Significantly higher levels of worry and inability to express and communicate. (Mattoo, Handa, Kaur, Gupta, & Malhotra, 2005)

## Anger/aggression

Aggressive impulses in psoriasis patients are significantly higher.

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# Management

- Dermatological treatment with topical and systemic drugs
- Consider severity and its psychological and social impact.
- Severity of itching correlates with depression – psychotropic medications
- Develop combination therapy to improve lesions and QoL.
- Coping in everyday life, Group therapy

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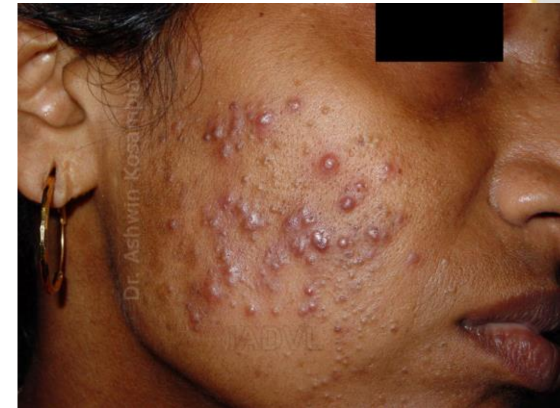
# Acne Vulgaris

Chronic inflammatory disorder of the pilocebaceous unit.

Affects at least 85 percent of adolescents and young adults.



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# Emotional Factors Exacerbating Acne

- Emotional stress- exacerbation - latent period of two days.
- Intense anger may also aggravate acne.
- Acne - psychological and emotional distress.
- Underlying mechanism: Increased release of glucocortisteroids and adrenal androgens

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# Management

- Terminate active disease & prevent scarring.
- Topical - retinoids, benzoyl peroxide, antibiotics. Oral – antibiotics, hormones, retinoids.
- Isotretinoin
- Psychomodulatory drugs: SSRIs-paroxetine.
- Address nondermatological effects of acne– treat the whole patient, not solely the skin condition.

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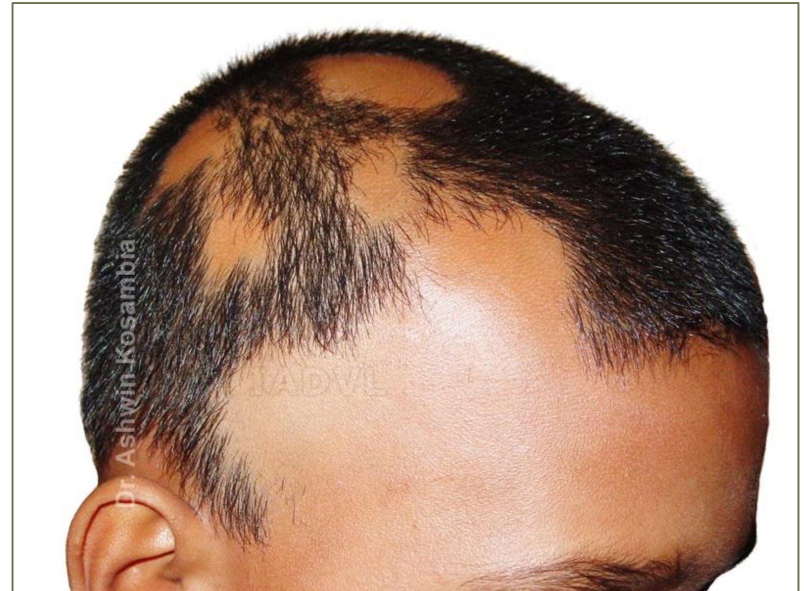
# Alopecia Areata

Nonscarring circular area of hair loss on the scalp, in the beard area, or other hairy parts of the body.

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# Emotional Aspects

Severe life events and stress

Several studies have shown the association between psychiatric diseases and alopecia areata.

Depression, fears, social phobias,and paranoid states significant(Koo et al. 1994)

Quality of life for the affected patients is greatly impaired.

Psychometric questionnaires should be used to record information on depression, anxiety, and quality of life .

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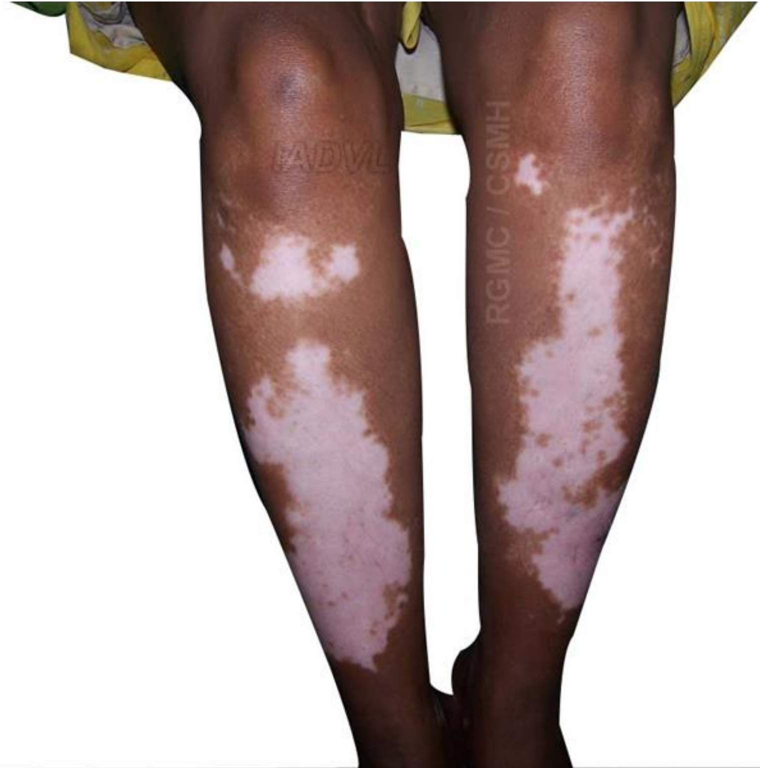
# VITILIGO

Vitiligo is a macular depigmentation of the skin, mucosa, or hair.

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# Emotional Symptoms

One-third patients report a history of "stress."

Elevated anxiety scores, reduced self-esteem, and elevated psychiatric morbidity.

Elevated depression scores - depend on the duration (Gieler et al. 2000).

Adjustment disorder due to stigmatization.

Women and children face psychological problem

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# Management

**Dermatological:**
Photochemotherapy(PUVA), topical and systemic immunomodulators,dermatolosurgical procedures.

Patients with high social & psychological morbidity respond less favourably.

Counseling can help improve body image, self esteem, QoL.

Psychiatric intervention during early stages

Improving interpersonal skills – adherence-better treatment outcome

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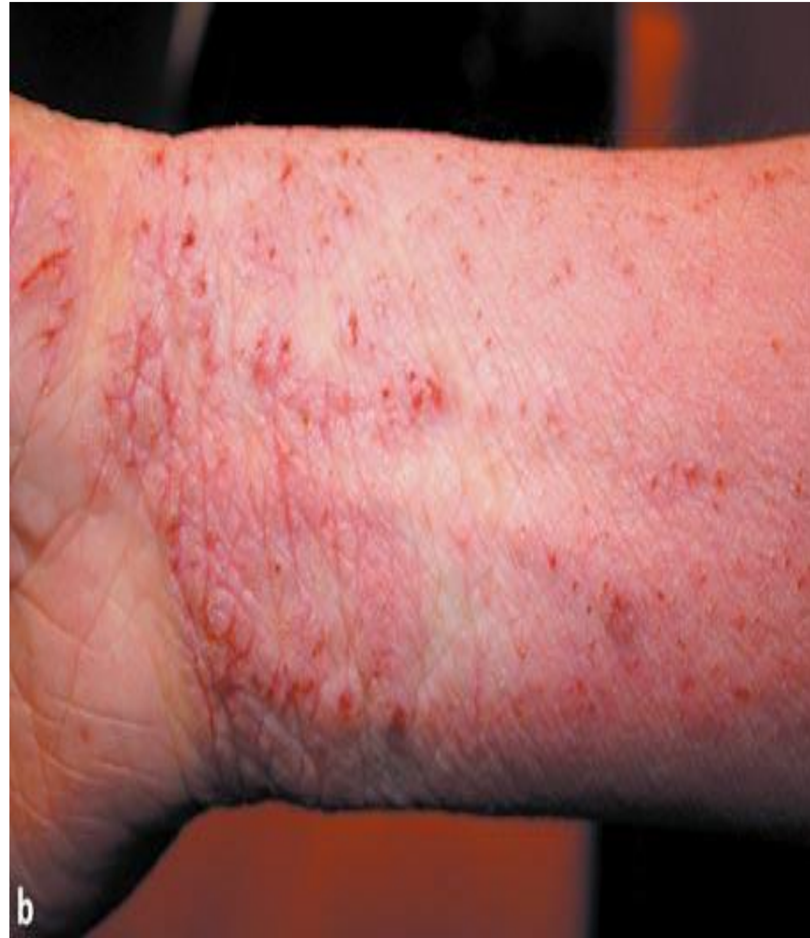
# Atopic Dermatitis

Chronic recurrent disease with severe pruritus

Cardinal symptoms -typical eczema, itching, positive family history, chronic course

Triggered by stressful life events

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# Psycosocial Aspects

Brocq and Jacquet (1891) coined the term "neurodermatitis".

Stress - elicitor, consequence of episodes of AD

30% - exacerbation elicited by stressful situations.

Critical life events -eliciting factors of AD.

Intensity of itching depends on subjectively felt stress.

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# Psychological Disorders

- Psychological distress.
- Exacerbation of AD after 24 hrs.
- Affect adherence leading to poor disease control.
- Parental mental health, family situation, disease severity influence disease management.

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# Effect on Children and Caregivers

**Physical Health:** Sleep deprivation, itching

**Emotional Health:** Fussiness in children, stress for parents

**Physical function:** Activity restriction, missed work

**Social function:** isolation, negative reactions in family

**Depression in mothers of atopics:** 2 fold higher than that for mothers of children with asthama.

**Financial burden:** Medications, days off from work.

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# Management

- Dermatological therapy: Improves quality of life
- Psychotherapy: As effective as topical steroids (Bitzer et al. 1997).
- Psychotropic drugs: Hydroxyzine, doxepin, and chlorpromazine have antihistaminic and a neuroleptic effect.

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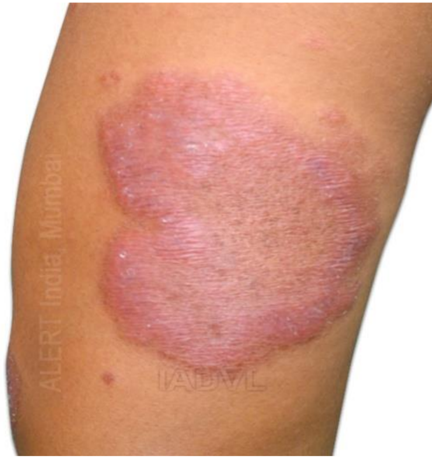
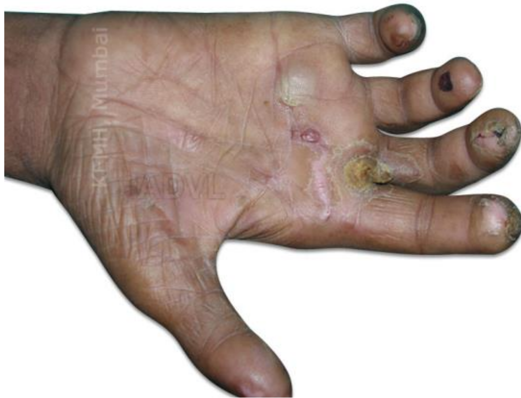
# Leprosy





- Chronic infectious disease - risk of permanent and progressive physical disability.
- Stigma - stronger than that attached to other dermatological diseases, epilepsy and tuberculosis
- Stigma affects mental health and quality of life (QOL),
- Depression is significantly more severe than general population
- Chronic neuropathic pain in Leprosy is associated with psychological co-morbidity

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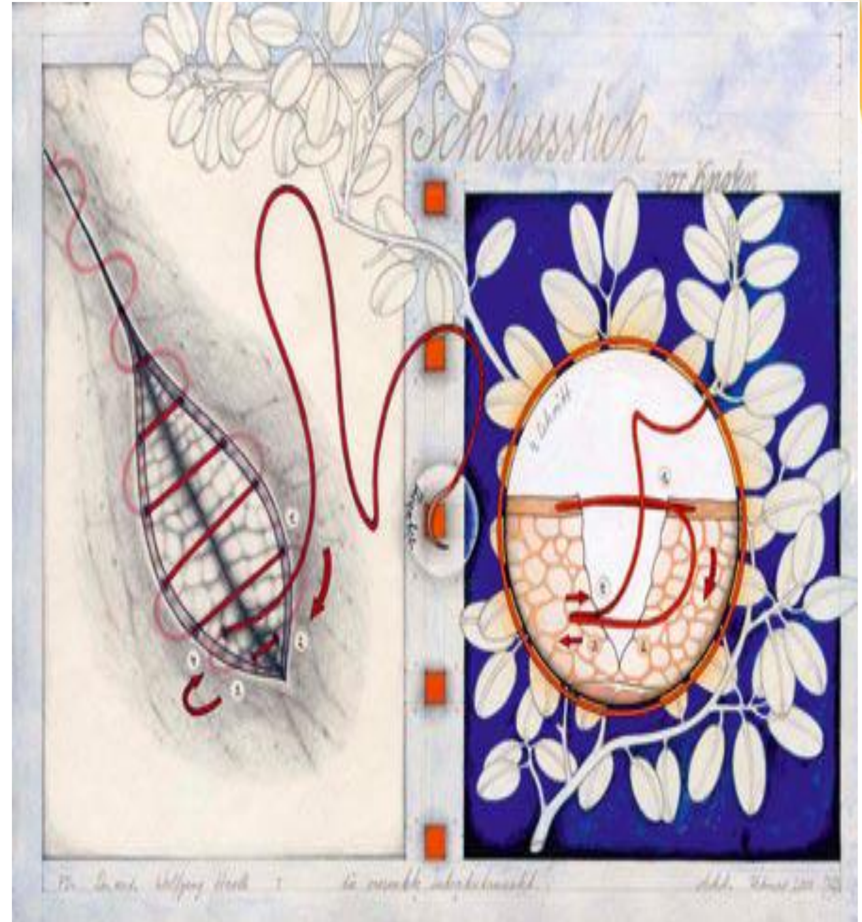
# COSMETOLOGY

Patients seeking cosmetic treatment have considerable primary or secondary emotional disorder

Particular attention must be paid to body dysmorphic disorder.

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# Systematic Questionnaire

- Sleep disturbance: Primary, secondary or tertiary insomnia.
- Sensation of tiredness, sadness, anger, loud noises
- Evaluate functional impairment

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# Psychotropic Medication

- In patients who refuse to be treated by a psychiatrist.
- Psychopathological conditions encountered in dermatology practice:anxiety, depression, delusion, and obsession-compulsion
- Psychiatry reference in case - the psychopathology is escalating despite the dermatologist’s best efforts,

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# Non Pharmacologic Treatment

- Individual psychotherapy
- Cognitive or group therapy
- Stress Management courses
- Relaxation Exercises
- Behaviour modification therapy.

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# SUMMARY

The dermatologist must be proficient in the evaluating the underlying, coexisting, or secondary psychiatric disorders.

Combined treatment by the dermatologist and psychiatrist in the framework of **a liaison** service in the dermatology clinic can yield better results.

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# Conclusions

- Psychodermatolgic problems are prominent in any dermatology practice.
- Symbiotic care between dermatologist & psychiatrist is ideal.
- Comprehensive therapeutic plan with pharmacologic and non pharmacologic approach is ideal.

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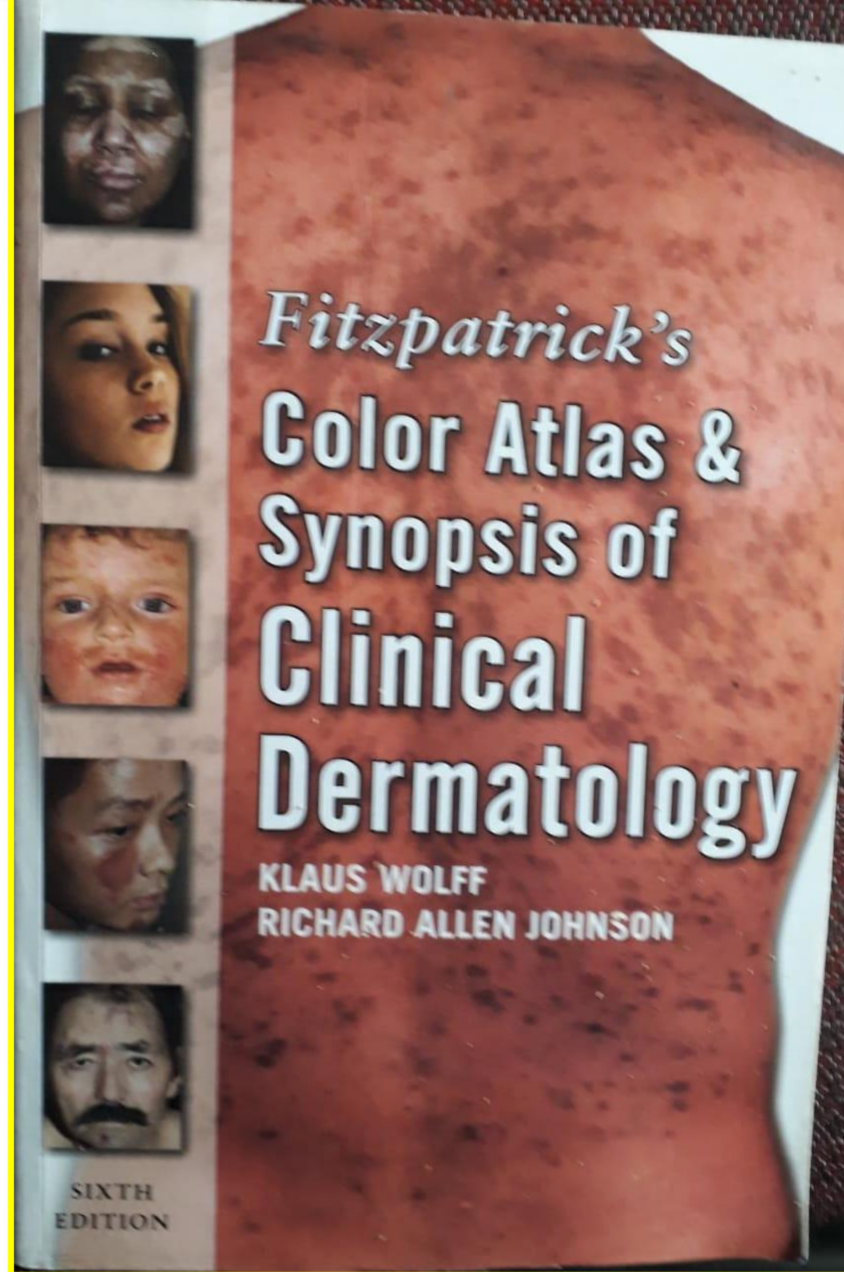


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