

ASSESSMENT OF PSYCHIATRIC DISORDERS IN VITILIGO. CONSIDERATIONS FOR OUR DAILY PRACTICE

OCENA ZABURZEŃ PSYCHICZNYCH W BIELACTWIE. POSTĘPOWANIE W NASZEJ CODZIENNEJ PRAKTYCE

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Our Dermatol Online. 2012; 3(1): 61-62

Date of submission: 09.11.2011 / acceptance: 24.11.2011

Conflicts of interest: None

Sir,

Vitiligo is a frequent disorder of unknown aetiology, affecting 1-2% of the general population, regardless of age, sex or ethnicity [1]. Clinical dermatologists are used to the influence of psychological factors in the onset or exacerbation of several cutaneous condition. Furthermore, secondary psychiatric disorders could be caused by disfiguring conditions like vitiligo. In this study we assessed psychiatric morbidity in vitiligo patients and its relation with clinical and demographic characteristics.

It was a cohort study bearing on 180 outpatients with vitiligo examined in the Department of Dermatology of the University Hospital of Canary Islands. Patients completed a questionnaire that included personal and demographic data. A complete medical history including psychiatric conditions was also recorded for each patient. We did not conduct any standardized psychiatric evaluation, but we recorded previous psychiatric diagnoses already established by Psychiatrist or Physician using DSM-IV. Affected body surface area (BSA) was calculated by considering the surface of palm as 1%. Parametric variables were analysed using student's t-test. SPSS 15.0 statistical package was used. One hundred and eighty consecutive patients (100 women, 80 men) with a mean age of 36,18±18 years (Range: 3-74) were included in the study. A clinic prevalence of 48,33% of psychiatric morbidity was found among vitiligo patients. The most common diagnosis was chronic insomnia (33,33%) and anxiety disorder (21,66%). Depression was present in 11,11% of the sample. Other psychiatric diagnoses presented in the

sample are referred in Table I. Regarding to sex, psychiatric morbidities were more frequent in women than men (53% vs 41.25%, p=0.13). Prevalences of mental disorders in our sample regarding to gender are recorded in Table II.

Diagnoses	Frequency (%)
General Psychiatric morbidity	48,33
Drug abuse	0,55
Anxiety disorder	21,66
<i>Bullimia</i>	1,11
Depression	11,11
Insomnia	33,33
Obsessive-Compulsive disorder	0,55
Trichotillomania	0,55

Table I. Prevalence of psychiatric conditions in the sample

Both anxiety and depression were more prevalent in patients ranging from 31-50 years-old. Nor Insomnia, depression or anxiety could be correlated to the age of vitiligo onset or severity of the disease (measured by BSA). Psychiatric drugs intake was present in 47,8% of the sample. 28,3% reported ansiolitic drug intake and 20.11% medication for insomnia. Psychiatric drugs

intake was more prevalent among women than men ($p < 0.05$). Sedatives intake was correlated to severity of the disease, measured by BSA (ρ -correlation factor = 0.18, $p = 0.017$).

Diagnoses	Female prevalence (%)	Male prevalence (%)
General Psychiatric morbidity	53	41,25
Drug abuse	0	1,25
Anxiety disorder	38	18,75
<i>Bullimia</i>	2	0
Depression	16	5
Insomnia	40	25
Trichotillomania	0	1,25
Behaviour disorder	0	1,25
Suicidal ideation	1	1,25

Table II. Psychiatric diagnosis in the sample regarding to gender

Given the common ectodermal origins of the skin and nervous system, it has been suggested that some dermatologic and psychiatric conditions could share a common basis [1,2]. Our rate of psychiatric conditions was higher than the mean prevalence reported in other European vitiligo samples [2,4]. The profile of diagnosis obtained in our sample was comparable to other studies, with a predominance of anxiety and depression [2-5]. However, sleeping disorders (Chronic insomnia) showed in our sample the highest rate (33.3%). Other studies have also found that sleeping disturbances are the most frequent diagnosis, but in a lower rate (20%) [5]. No significant correlation was found between severity of the disease and psychiatric morbidity in our sample. Similar results have been observed in other European studies [2].

REFERENCES

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The high frequency of psychiatric comorbidity observed in our patients highlights the need of a global approach in this condition. Not only cutaneous therapies and follow-up, but also specific measures of psychological variables and investigation of psychiatric morbidity (mainly sleeping disorders, anxiety and depression) should be included in our daily practice with vitiligo patients.

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Only those with one or more psychiatric disorders or dementia and no physical disease were included in the analysis. The practice of assisted dying is increasingly being discussed in a growing number of countries and is regarded more and more as an acceptable last-resort option for those suffering from severe and irreversible diseases [1]. While assisted dying legislation is restricted to those with terminal illness and a limited life expectancy due to somatic disorder in some US states and Canada, assisted. Assessment of decision-making capacity in people with psychiatric disorders is a complex undertaking. Further, a rather large proportion (38.8%) of euthanasia cases in mood disorders in our study were in people aged 80 or older. Modern practice of education for children with disabilities, while maintaining its previous strategic goal, is characterized by fundamental changes in the forms and conditions of its implementation, as well as in the content of individual targets. The positive perspective of these changes is justified and revealed in the updated pedagogical paradigm reflected in the concept of Federal state educational standards for students with disabilities [2], as well as in the Concept of education development for students with disabilities and special needs [6]. Both of these documents are based, among ot... Assessment of psychiatric disorders in vitiligo. Considerations for our daily practice. Ocena zaburzeÅ, psychicznych w bielactwie. PostÄ™powanie w naszej codziennej praktyce. Furthermore, secondary psychiatric disorders could be caused by disfiguring conditions like vitiligo. In this study we assessed psychiatric morbidity in vitiligo patients and its relation with clinical and demographic characteristics. It was a cohort study bearing on 180 outpatients with vitiligo examined in the Department of Dermatology of the University Hospital of Canary Islands. Patients completed a questionnaire that included personal and demographic data.