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Original Article

Prevalence and pattern of psychiatric disorders among dermatological patients

Altaf Hussain, Muhammad Khalid*, Jameel Ahmad Shaheen*, Ishtiaq Ahmad**

Department of Psychiatry, Bahawal-Victoria Hospital/Quaid-e-Azam Medical College, Bahawalpur.
* Department of Dermatology, Bahawal-Victoria Hospital/Quaid-e-Azam Medical College, Bahawalpur.
** Medical Social Project, Department of Psychiatry, Bahawal-Victoria Hospital, Bahawalpur.

Abstract

Background Psychiatric disorders are common among patients with a skin disease.

Objective The purpose of this study was to find out the intensity of psychiatric morbidity and to see the pattern of psychiatric ailments in dermatological patients.

Patients and methods Three hundred and twelve randomly-selected patients of 15-60 years from the out-patient, dermatology department of Bahawal-Victoria Hospital/Quaid-e-Azam Medical College, Bahawalpur, were included in the study. The study was done in two stages. In the 1st stage, General Health Questionnairre-12 (GHQ-12) Urdu version was used for screening purpose. In the 2nd stage, Psychiatric Assessment Schedule (PAS) Urdu version was administered to those who were found to be positive for psychiatric caseness in stage 1.

Results According to GHQ-12 screening, 122 out of 312 patients (39.1%) were positive for psychiatric caseness; the prevalence was slightly higher in females (58/142; 40.8%) as compared to males (64/170; 37.6%). The pattern of psychiatric ailments detected by PAS was as follows: major depressive illness in 17.3% (54/312) patients, generalized anxiety disorder in 7.6% (24), mixed anxiety and depression state in 11.2% (35) and dysthymia in 1.7% (6) of the 312 patients. None of the patients was found to be suffering from panic disorder.

Conclusion In conclusion, psychiatric co-morbidity is very common (39.1%) among dermatological patients as compared to the general population or clinics of primary care physicians. If a therapist is well aware of detection and management of these co-morbid conditions, better quality of care can be further assured

Key words
Prevalence, pattern, psychiatry, dermatology.

Introduction

Psychiatric disorders are becoming a growing public health concern in Pakistan. By the year 2020, the contribution of neuro-psychiatric conditions to overall disability is expected to be about 20%, compared with only 9% in 1990.[1] Presentation of psychological and emotional problems is very common in general population as well as in clinics of general practitioners and consultants in Pakistan.[2] According to an estimate every fifth

Address for correspondence
Dr. Altaf Hussain, Senior Registrar,
Department of Psychiatry,
12-B, Medical Colony,
Quaid-e-Azam Medical College,
Bahawalpur, Pakistan.

patient going to any medical therapist has isolated or co-existing psychiatric illness. In majority of the cases this illness may remain undetected, which may affect treatment outcome of the underlying physical or dermatological illnesses. In a survey of medical wards in an English hospital, it was found that physicians or nurses had not recognized half the psychiatric morbidity.[3] Psychiatric disorders are common among people with established skin disease. In a survey of dermatological clinics, it was found that the prevalence was 40% among new attenders presenting with skin problems.[4] Purpose of this study is to find out the psychiatric morbidity and to see the pattern of psychiatric ailments, which may be present in patients attending dermatological out-patient department.

Patients and methods

This cross-sectional study was conducted at the outpatient facility of dermatology department of Bahawal-Victoria Hospital/Quaid-e-Azam Medical College, Bahawalpur. Three hundred and twelve, randomly selected, patients between 15-60 years of age, were included in the study. Patients of both genders, educated or uneducated, married or unmarried were included. Persons with mental sub-normality and with neurological disease were excluded. All the clinical details, including the dermatological diagnosis (**Table 1**), were recorded on specially designed pro forma.

This was a two-stage study. In the 1st stage General Health Questionnaire-12 (GHQ-12), Urdu version, was used for screening purpose, which is a validated psychiatric instrument and is used for detection of psychiatric caseness from general population.[5] It consists of a self-rated questionnaire of 12 items. Each question has four possible responses; less than usual, no more than usual, rather more than usual or much more than usual. Cut-off point for high scoring was set at a positive response (more or much more than usual) to at least 3 of the 12 items. In the 2nd stage, Psychiatric Assessment Schedule (PAS), Urdu version, which is applicable in Pakistan as a validated instrument to differentiate between the most frequent non-psychotic psychiatric disorders[5], was administrated to every patient found to be high scorer in GHQ-12.

Results

Out of 312 patients, 142 were female and 170 were male (1:1.2). According to GHQ–12 screening, 39.1% (122) of the patients were positive for psychiatric caseness. Out of 142 females, 40.8% (58) were positive for psychiatric pathology and out of 170 males, 37.6% (64) were found to be suffering from psychiatric illness (**Table 2**).

While evaluating these patients on PAS, 17.3% (54/312) were suffering from major depressive episode (depressive illness), 1.7% (6) patients had dysthymia (persistent but low grade depression lasting for more than two years), 7.6% (24) patients had generalized anxiety disorder and 11.2% (35) were suffering from mixed anxiety and depression state.

Out of 142 females, 18.1% (26) were suffering from major depressive episode, 1.54% (3) were recognized as patients of dysthymia, 9.8% (14) had generalized

Table 1 List of skin disorders

Disease	*Patients*
Acne	38
Melasma	32
Urticaria	29
Air-borne contact dermatitis	16
Lichen simplex chronicus	12
Seborrheic dermatitis	9
Atopic dermatitis	3
Others eczemas	25
Scabies	24
Bacterial infections	19
Fungal infections	11
Viral infections	13
Lichen planus	11
Psoriasis	10
Vitiligo	8
Alopecia areata	7
Pemphigus vulgaris	4
Discoid lupus erythematosus	4
Systemic lupus erythematosus	1
Syphilis	3
Dermatitis artefacta	3
Trichotillomania	2
Dermatological non-disease	2
Parasitic delusions	1
Other dermatoses	25

Table 2 Results of GHQ-12 screening

	Patients	*High scorers*	*%*
Female	142	58	40.8
Male	170	64	37.6
Total	312	122	39.1

anxiety disorder and 10.5% (15) were suffering from mixed anxiety and depression state. Out of 170 males, 16.4% (28) were suffering from major depressive episode, 1.7% (3) had dysthymia, 11.7% (20) suffered from mixed anxiety and depression state and 5.2% (10) had generalized anxiety disorder. Two males suffering from obsessive compulsive disorder and one had isolated social phobia. None of the males or females was found to be suffering from panic disorder (**Table 3**).

Discussion

Psychiatric morbidity is one of the major public health problems. According to different surveys of general population in Pakistan, 13-28% people are suffering from moderate to severe form of mental disorders.[2] This situation is not different from other parts of the world. In France, high rates of psychotropic drug consumption drew attention of concerned authorities and 46% of the studied population was found to have mental disorders.[6] Similar studies in different countries showed almost equal results, for example prevalence was 28% in Bangladesh,[7] 38.2% in Taiwan[8] and 25.3% in Uganda.[9] In Northern Ireland, major depressive episode was seen in 2.4 % in males and 6.0% in females and rates of generalized anxiety disorder were 3.5% in males and 3.7% in females, respectively.[10] Population study in South Africa gave results of 27.5%. Majority of cases had major depressive episode and generalizes anxiety disorder. These high rates of psychiatric morbidity are reflected in clinics of general physicians and consultants of different specialties. 30% of patients attending a walk-in cum appointment clinic at Agha Khan University Hospital, Karachi had psychiatric disorder. All of these cases were suffering from anxiety, depression or combination of both. Female sex had higher psychiatric morbidity. Similarly, 30% of prevalence was observed in a medical clinic in Lahore.[11]

Psychiatric disorders are not uncommon among people with established skin disease. In a study, psychiatric illness was 40% amongst new attenders at a dermatology clinic.[4] Physical or perceived disfigurement

Table 3 Pattern of psychiatric disorders (PAS)

S. No.	*Disorders*	*Female*	*Male*	*Total*
1	Major depressive episode	26 (18.1%)	28 (16.4%)	54(17.3%)
2	Generalized anxiety disorder	14 (9.8%)	10 (5.2%)	24 (7.6%)
3	Mixed anxiety and depression state	15 (10.5%)	20 (11.7%)	35 (11.2%)
4	Dysthymia	3 (1.5%)	03 (1.7%)	6 (1.9%)
5	Panic disorder	-	-	-
6	Social phobia	-	01 (0.3%)	1 (0.3%)
7	Agoraphobia	-	-	-
8	Obsessive compulsive disorder	-	02 (0.6%)	2 (0.6%)

of integument can itself become a source of emotional distress which may predispose to psychiatric illness resulting in maladjustment in psychological and social well being of a person. This fact may be overlooked or underestimated by medical community including dermatologists.

In the present study, 39.1% patients attending dermatological clinic exhibited considerable psychiatric pathology. This figure is comparable with other studies.[4] Female patients are as affected as males i.e. 40.8% vs. 37.5%. Major depressive episode, generalized anxiety disorder, mixed anxiety and depression state and dysthymia are main diagnostic categories found in dermatological patients, i.e. 17.3%, 7.6%, 11.2% and 1.7%respectively. This figure is also comparable with that of Agha Khan University Hospital, Karachi.[12]

Results of the present and the previous studies[4,12] point to the extent and magnitude of psychiatric problems in dermatological patients. If every therapist is well versed with diagnosis and management of these co-morbid or co-existing psychiatric categories, quality of care can be reasonably improved. Psychiatric disorder, if undetected, may become a source of poor compliance with dermatological treatment or it may become a source of excessive or inappropriate use of dermatological services. Index study also shows that female patients are more vulnerable to psychiatric co-morbidity. Therefore female patients need more careful evaluation.

Psychotropic drugs are sometimes an important component of dermatologist's therapeutic armamentarium.[13] When considering use of psychotropic agents in dermatology, accurate diagnosis and presence of proper indication for use of a drug is very important. This can only be achieved if we know the extent of the problem-relating psychiatric co-morbidity.

Conclusion

This study shows that psychiatric co-morbidity is very common in dermatological clinics. Prevalence is high in these clinics as compared to general population and clinics of primary care physicians. Major depressive episode, generalized anxiety disorder, mixed anxiety and depression state and dysthymia are main psychiatric entities

co-existing in dermatological patients. If a therapist is well aware about detection and management of these co-morbid conditions, better quality of care can be further assured.

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