

A Study of Psychiatric Disorders and Chronic Urticaria.

Jai Prakash Narayan¹, Mohan Lal Gupta²

¹Assistant Professor, Department of Psychiatry, FH Medical College, Tundla, Uttar Pradesh, India.

²Assistant Professor, Department of Dermatology, FH Medical College, Tundla, Uttar Pradesh, India.

Received: March 2018

Accepted: April 2018

Copyright: © the author(s), publisher. It is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: Chronic urticaria is one of the commonest skin disease characterized by rashes or lesions or wheals which may last from one day to six months. psychological disorders have been found associated with quality of life. Poor quality of life may lead to diverse psychological disorders. Therefore, the present study was designed to assess if there is any relation between chronic urticaria and psychological disorders. **Methods:** This was a cross-sectional type of study conducted at Department of Psychiatry & Department of Dermatology in the FH Medical College, Tundla. Standardized self-assessment psychological questionnaires (General health questionnaires-GHQ-28) were used to assess the mental state of all the participants of both groups. **Results:** Anxiety was found in 75 group I patients in comparison of 19 subjects of group II healthy subjects. Depression was found in 62 chronic urticaria patients and in 12 healthy subjects of group I and group II respectively ($p < 0.01$). Further, out of 100 chronic urticaria patients, 65 patients were suffering from psychosomatic disorders; whereas, psychosomatic disorders were found in 17 healthy subjects of group II ($p < 0.01$). It is evident from figure 1 that disability in social functions was established in 73 chronic urticaria patients and 15 healthy subjects of group I and group II correspondingly ($p < 0.01$). **Conclusion:** Findings of the current study conclude that psychological disorders are found as comorbidity in chronic urticaria patients. Therefore, Psychiatrist assistance is unavoidable for the patients suffering from chronic urticaria to avoid as well as treatment of psychological disorders. However, studies on larger population are required to establish relationship between chronic urticaria and psychiatric disorders.

Keywords: Anxiety, Depression, Chronic urticaria, dermatology.

INTRODUCTION

Chronic urticaria is one of the commonest skin disease characterized by rashes or lesions or wheals which may last from one day to six months.^[1-3] It has been suggested few patients experience 1 – 2 episodes of urticaria during their whole life span. 4 Various factors can be responsible for the onset of chronic urticaria among them autoimmunity, allergic reactions and immunology are most important causative factors.^[5] Psychological disorders have been found associated with quality of life. Poor quality of life may leads to diverse psychological disorders. 6 Skin disorders may induce decrease of self-confidence and alter self image.^[2]

In addition, changes in self-image causes a variety of psychological distress which can further affect the quality of life in patients of chronic urticaria patients. 5 Patients suffering with psychological disorders cannot utilize self-defence.^[6] Moreover, early diagnosis of the psychological disorder may help urticaria patients to overcome psychological

disorders in an early stage. Therefore, the present study was designed to assess if there is any relation between chronic urticaria and psychological disorders.

MATERIALS AND METHODS

This was a cross-sectional type of study conducted at Department of Psychiatry & Department of Dermatology in the FH Medical College, Tundla. Hundred patients suffering with chronic urticaria whereas, Fifty healthy subjects as control were included in the present study. The study was carried out from September 2016 to February 2018.

All the participants were 18 to 60 years of age. Subjects suffering from any type of chronic diseases like diabetes mellitus, blood pressure, renal failure, tuberculosis etc were excluded from the study. Study population was divided into two groups, group I included patients with chronic urticaria whereas, group II consisted healthy subjects (Control group). Standardized self-assessment psychological questionnaires (General health questionnaires-GHQ-28) were used to assess the mental stage of all the participants of both groups.^[7] GHQ-28 questionnaires consist of 4 parts and each part included 7 questions. Total 28 questions were included in the GHQ-28 questionnaires.^[7] Score of

Name & Address of Corresponding Author

Dr. Mohan Lal Gupta
Assistant Professor, Department of Dermatology,
FH Medical College,
Tundla, Uttar Pradesh,
India.

answers were given as 1, 2, 3 and 4 according to Likert method. Participant having score less than 23 was considered as healthy whereas participants having score more than 23 were recorded as psychological patients.

The present study was approved from the ethical committee of TMMC & RC, Moradabad. Research purpose was explained in detail to all the participants of study. Written consent was taken from each participant before the study started.

Prevalence of stress was analysed after compiling all the observations and questionnaires. Frequency index of SPSS v 16 was used to analyse the results. Unpaired student t test was used to assess the difference between both groups. The p value <0.05 was considered as statistically significant.

RESULTS

Finding of the present study have shown that according to time lesions appeared in 35 patients, 18 patients, 18 patients, 22 patients and 7 patients in the morning, afternoon, evening, night and whole day respectively. In 65 patients welts disappeared within 24 hours. Wheals disappeared in 8 patients 24 to 48 hours and in 18 patients 48 to 72 hours. In addition, lesions in 19 patients disappeared after 72 hours. 65 patients showed reoccurrence of wheals daily. The lesions reoccurred after 3 days in 13 patients, weekly in 10 patients and every month in 11 patients. Regular pattern was not followed by recurrence in 11 patients.

Out of 100 chronic urticaria patients of group I 70 patients were suffering with common urticaria. Whereas, pressure urticaria, angioedema and irregular urticaria were found in 15, 8 and 7 patients correspondingly.

Table 1: Different presentation of chronic urticaria in group I chronic urticaria patients.

According to time	Morning 35%	Afternoon 18%	Evening 18%	Night 22%	Whole day 7%
According to time duration	< 24 hours 65%	24 – 48 hours 8%	48 – 72 hours 18%	> 72 hours 19%	
According to recurrence	Every day 65%	Every three days 13%	Every Week 10%	Every month 11%	Irregular 11%
According to distribution	Common urticaria 70%	Pressure urticaria 15%	Angioedema 8%	Irregular urticaria 7%	

[Table 2] shows anxiety was found in 75 group I patients in comparison of 19 subjects of group II healthy subjects. Depression was found in 62 chronic urticaria patients and in 12 healthy subjects of group I and group II respectively (p<0.01). Further, out of 100 chronic urticaria patients 65 patients were suffering with psychosomatic disorders;

whereas, psychosomatic disorders were found in 17 healthy subjects of group II (p<0.01). It is evident from figure 1 that disability in social functions were established in 73 chronic urticaria patients and 15 healthy subjects of group I and group II correspondingly (p<0.01).

Table 2: Comparison of prevalence of psychiatric disorders in group I patients and group II subjects.

Prevalence	Group I	Group II	P value
Scale of Anxiety	75%	38%	0.01
Depression	62%	24%	0.01
Psychosomatic disorders	65%	34%	0.01
Social functions disorders	73%	30%	0.01
Total	69%	36%	0.01

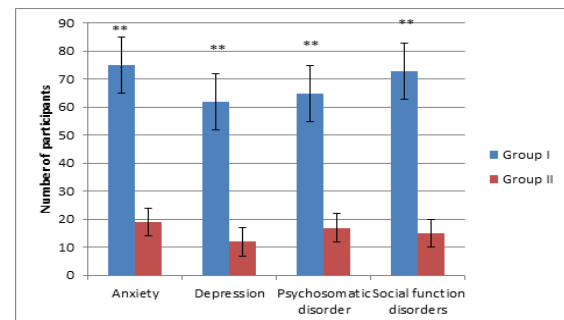


Figure 1: Comparison of psychological disorders in group I and group II.

DISCUSSION

Findings of the current study have shown that psychological disorders were more common in chronic urticaria patients compared to healthy individuals. These findings are consistent with the previous study of Atefi N et al in which they recorded the prevalence of psychological disorders were more common in chronic urticaria patients in comparison of healthy subjects. Similarly,^[8] Pasaoglu G et al observed a significantly high incidence of psychological disorders in chronic urticaria patients compare to healthy subjects.^[9] Further, anxiety, depression, psychosomatic disorders and disability in social function disorders were more common complaints which were found associated with chronic urticaria irrelevant to sex of patients. However, these psychopogical complaints were less common in healthy subjects in comparison of chronic urticaria patients. These findings are consistent with previous findings of Atefi N et al. This higher prevalence of psychological disorders seems to be due to as adverse emotions are increased in patients suffering with chronic skin diseases. Anger and depression are the commonest reflection of adverse emotions. Moreover, patients suffering with chronic urticaria start to believe that he is good for nothing, his life is useless.^[9] Further, chronic urticaria patients have to face various types of emotional reactions which may

induce emotional turmoil in these patients results in restricted social life.^[10] Various drugs and ointments are administered to treat chronic urticaria which leads to diverse changes in patients at physical level as well as mental level.^[11,12]

In addition, current study have shown that anxiety disorder was more common than other types of psychological disorders in chronic urticaria patients. These findings are in agreement with previous findings of Engin B et al,^[13] Chung MC et al and Sperber J et al as they observed anxiety as prominent psychiatric disorder in chronic urticaria patients.^[14,15] In contrast to the present study Ozkan M et al and Zachariae R et al recorded depression more prevalent psychological disorders instead of anxiety in chronic urticaria patients.^[16,17]

These lesions appeared during chronic urticaria produce decrease of self-confidence and alter the self-image of the patients. Moreover, self expectancy is moderately affected in such patients.^[18] Patients suffering with chronic urticaria affects the mental calmness of these patients as mental health and sleep are significantly affected in chronic urticaria patients.^[19]

Patients suffering with chronic urticaria should be screened by psychiatrist to assess if patient is also suffering from psychiatric disorders as various studies have suggested that early diagnosis of depression and other psychological disorders should be carried out for early diagnosis of psychological diseases.^[20,16]

This local lesion may be affected by nervous system as there is an organic and functional relation between mast cells and peripheral nervous system.^[21]

CONCLUSION

Findings of the current study conclude that psychological disorders are found as co morbidity in chronic urticaria patients. Therefore, Psychiatrist assistance is unavoidable for the patients suffering with chronic urticaria to avoid as well as treatment of psychological disorders. However, study on larger population is required to establish a relation between chronic urticaria and psychiatric disorders.

REFERENCES

- Zuberbier T, Bindslev-Jensen C, Canonica W, Grattan CEH, Greaves MW, Henz BM et al. EAACI/GA2LEN/EDF guideline: definition, classification and diagnosis of urticaria. *Allergy* 2006; 61:316–320.
- Joly P, Buffet PA, Chosidow O, Deschamps B, D'Incan M, Dumel F et al. Conférence de consensus: prise en charge de l'urticaire chronique. *Arch Pediatr* 2003;10:1121–1129.
- Powell RJ, Du Toit GL, Siddique N, Leech SC, Dixon TA, Clark AT et al. BSACI guidelines for the management of chronic urticaria and angio-oedema. *Clin Exp Allergy* 2007;37:631–650.
- Hashiro M, Okumura M. Anxiety, depression, psychosomatic symptoms and autonomic nervous function in patients with chronic urticaria. *J Dermatol Sci*. 1990 Oct; 8(2): 129-35.
- Koblenzer CS. Psychosomatic concepts in dermatology. A dermatologist- psychoanalyst's viewpoint. *Arch Dermatol* 1983 Jun;119(6):501-12
- Gupta MA, Gupta AK. Depression modulates pruritus perception. A study of pruritus in psoriasis, atopic dermatitis and chronic idiopathic urticaria. *Ann N Y Acad Sci* 1999 Oct 20;885:394-5.
- Goldberg DP, Hillier VF. A scaled version of the General Health Questionnaire, *Psychological Medicine*, 1979; 9: 139-145.
- Pasaoglu G, Bavbek S, Tugcu H, Abadoglu O, Misirligil Z. Psychological status of patients with chronic urticaria. *Journal of Dermatology* 2006; 33: 765-771.
- Papadopoulos L, Walker C, Aitken D, et al. The relationship between body location and psychological morbidity in individuals with acne vulgaris. *Psychol Health Med* 2000;5:431–438.
- Sarwa A, Polak K, Sarna D. [The influence of the patient's self-image on aetiopathogenesis of the disease]. In: Sklodowski H, editor. [Psychosomatic medicine and psychology of patients with psychosomatic diseases in accordance with threat and challenges of civilization in the modern world]. Łódź: UL; 1996. p. 143–146.
- Steuden S, Jankowski K. The application of the quality-of-life questionnaire SKINDEX in patients with psoriasis. *Przegl Dermatol* 2001;88:41–48.
- Kadyk DL, McCarter K, et al. Quality of life in patients with allergic contact dermatitis. *J Am Acad Dermatol*. 2003;49:1037–1048.
- Engin B, Uguz F, Yilmaz E, Özdemir M, Mevlitoglu I. The levels of depression, anxiety and quality of life in patients with chronic idiopathic urticaria. *JEADV* 2008; 22: 36–40.
- Chung MC, Symons C, Gillioam J. The relationship between posttraumatic stress disorder, psychiatric comorbidity, and personality traits among patients with chronic idiopathic urticaria. *Compr Psychiatry* 2010; 51: 55–63.
- Sperber J, Shaw J, Bruce S. Psychological components and the role of adjunct interventions in chronic idiopathic urticaria. *Psychother Psychosom* 1989; 51: 135–141.
- Ozkan M, Oflaz SB, Kocaman N. Psychiatric morbidity and quality of life in patients with chronic idiopathic urticaria. *Ann Allergy Asthma Immunol* 2007; 99: 29–33.
- Zachariae R, Zachariae C, Ibsen HH, Mortensen JT, Wulf HC. Psychological symptoms and quality of life of dermatology outpatients and hospitalized dermatology patients. *Acta Derm Venereol* 2004; 84: 205–212.
- Potocka A, Turczyn-Jabłońska K, Merecz D. Psychological correlates of quality of life in dermatology patients: the role of mental health and self-acceptance. *Acta Dermatoven APA* 2009;18:2.
- Mlynek A, Magerl M, Hanna M, Lhachimi S, Baiardini I, Canonica GW, et al. The German version of the Chronic Urticaria Quality-of-Life Questionnaire: factor analysis, validation, and initial clinical findings. *Allergy* 2009 Jun; 64(6):927-36.
- Bashir K, Dar NR, Rao SU. Depression in adult dermatology out patients. *J Coll Physicians Surg Pak* 2010 Dec; 20(12):811-3.
- Broom BC. A reappraisal of the role of 'mindbody' factors in chronic urticaria. *Postgrad Med J* 2010 Jun; 86(1016):365-70.

How to cite this article: Narayan JP, Gupta ML. A Study of Psychiatric Disorders and Chronic Urticaria. *Ann. Int. Med. Den. Res.* 2018; 4(3):MC01-MC03.

Source of Support: Nil, **Conflict of Interest:** None declared