A STUDY OF CUTANEOUS MANIFESTATIONS OF PATIENTS WITH PSYCHIATRIC DISORDER

V. Shanmugasundaram[1], Sunu Joseph[2], Nithya D[3], Parimala M[4]

[1]Associate Professor, Department of Dermatology, Karpagam Faculty of Medical Sciences and Research, Coimbatore, Tamilnadu.
[2]Senior Resident, Department of Dermatology, Karpagam Faculty of Medical Sciences and Research, Coimbatore, Tamilnadu.
[3]Assistant Professor, Department of Dermatology, Karpagam Faculty of Medical Sciences and Research, Coimbatore, Tamilnadu.
[4]Phd Research Scholar, Department of Microbiology, Karpagam Academy of Higher Education, Coimbatore, Tamilnadu.

ABSTRACT

Skin is an organ that has a primary function of tactile receptivity and reacts to both external and internal emotional stimuli. Dermatological practice certainly embeds a psychosomatic dimension. A relationship between psychological factors and skin diseases has long been hypothesized.

AIMS AND OBJECTIVES

The aim of present study is to evaluate the prevalence of cutaneous manifestations in patients with psychiatric disorder.

MATERIALS AND METHODS

Twenty five psychiatric in-patients admitted in the psychiatry ward of a Tertiary Care Hospital were examined for the presence of cutaneous manifestation over a period of 6 months. Appropriate laboratory investigations such as scraping for Acarus, skin biopsy etc. were performed wherever required. The observations were noted.

RESULTS

The commonest cutaneous manifestations seen in this study were (i) Parasitic infestations like scabies (20%), pediculosis capitis (16%), (ii) Xerosis (28 %), (iii) Prurigo nodularis (4%), (iv) Lichen simplex chronicus (4%), (v) Venereophobia (4%) and (vi) Delusion of parasitosis (4%).

CONCLUSION

A high incidence of parasitic infestations was noted in our study. The healthcare personnel should be sensitized on the significance of such parasitic infestations in institutionalized patients and the importance of early detection and treatment.

KEYWORDS

Psychiatric Diseases, Cutaneous Manifestations of Psychiatric Diseases, Psychodermatological Disorders.

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INTRODUCTION

Skin is the largest organ of the body and determines to a great extent one's appearance and plays a major role in social and sexual communication. A psychodermatologic disorder is a condition that involves an interaction between the mind and the skin. Psychiatric diseases have a lot of cutaneous expression, like in neurodermatoses such as lichen simplex chronicus, prurigo nodularis, dermatitis artefacta, delusional parasitosis and psychogenic pruritus. Certain skin disorders may be chronic or recurrent in psychiatric patients due to the neglect, poor hygiene and noncompliance to proper treatment such as in scabies, pediculosis capitis and bacterial infections. There are very few studies on the prevalence of cutaneous disorders in patients with psychiatric diseases. Hence, this study is conducted to document the prevalence of cutaneous manifestations in patients with psychiatric disorders.

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Corresponding Author:
Dr. V. Shanmugasundaram,
411, G. V. Residency, Sowripalayam,
Coimbatore-641028, Tamilnadu.
E-mail: shanmugammd@yahoo.com
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METHODS

This study was conducted during a period of 6 months between March 2015 to August 2015, by the joint efforts of the Department of Dermatology and the Department of Psychiatry at a Tertiary Care Hospital. Twenty five patients irrespective of age and gender who were admitted in the psychiatry ward with a clinical diagnosis of primary psychiatric disorder were included in the study. They were examined for presence of cutaneous diseases. The presence or absence of skin lesions was noted. Appropriate laboratory investigations like scraping for fungus, scraping for Acarus and skin biopsy etc. were done wherever required. The results were tabulated.

RESULT

Out of the twenty five patients, fifteen were female and ten male. The patients were aged between 15 to 74 years. The following is the list of cutaneous manifestations seen in each of the psychiatric patient examined (Table 1)

The most common psychiatric disorders among the study population were schizophrenia (48%), followed by Depression (16%) and Alcohol dependence (8%). Among the 25 patients, except two, all of them had significant cutaneous findings (i.e.) 92% of the in-hospital psychiatric patients.

The most common cutaneous presentations were Scabies (20%), Pediculosis Capitis (16%), Neurosis (28%), Prurigo

Nodularis (4%) and Lichen Simplex Chronicus (4%). Other conditions such as seborrheic dermatitis, traumatic injuries (8%), delusional parasitosis (4%) and venereophobia (4%) were also seen (Table 1).

Sl. No.	Age/ Sex	Psychiatry Diagnosis	Cutaneous Manifestations
1	40/F	Mild MR and psychosis	(i) Post-inflammatory hyperpigmentation (ii) Xerosis (iii) Scabies
2	65/F	Psychosis	(i) Pediculosis capitis with secondary infections
3	71/F	Moderate depression and somatic symptoms	(i) Xerosis (ii) Melasma (iii) Angular cheilitis
4	15/F	Gilles de la Tourette syndrome with mild MR and severe conduct disorder	(i) Acne vulgaris (ii) Seborrheic Dermatitis
5	30/ F	Paranoid schizophrenia	(i) Pediculosis capitis melasma (ii) Striae distensae (iii) Xerosis
6	18/F	Chronic schizophrenia	(i) Lichen simplex chronicus (ii) Pediculosis capitis (iii) Scabies
7	20/F	Moderate-to-severe MR and behavioural disturbance seizure disorder	(i) Scabies (ii) Pediculosis capitis
8	30/F	Chronic schizophrenia and mild MR	(i) Seborrheic dermatitis
9	36/F	BPAD-mania with psychosis	(i) Scabies (ii) Xerosis (iii) Pediculosis capitis
10	49/F	Schizophrenia	(i) Seborrheic melanosis (ii) Old burns with keloidal scarring
11	45/F	Paranoid schizophrenia	(i) Seborrheic dermatitis (ii) Xerosis (iii) Scabies
12	64/F	Paranoid schizophrenia	(i) Burns with post-inflammatory hypopigmentation, (ii) Xerosis
13	29/M	Alcohol depression syndrome	
14	38/M	Paranoid schizophrenia	(i)Post-inflammatory hyperpigmentation
15	50/M	Mild MR	(i) Onychomycosis (ii) Pityriasis capitis (iii) Freckles
16	27/M	Schizophrenia	(i) Acne Rosacea
17	36/M	Alcohol repressive	(i) Ichthyosis (ii) Seborrhoea
18	36/M	Paranoid schizophrenia	(i) Pityriasis capitis (ii) Intertrigo toe
19	38/M	Paranoid schizophrenia	(i) Insect Bite Hypersensitivity
20	40/M	Paranoid schizophrenia	
21	37/M	HIV related neurocognitive disorder/bipolar disorder	(i) Prurigo nodularis
22	21/M	Depression	(i) Venereophobia
23	56/F	Depression	(i) Delusional Parasitosis (ii) Xerosis
24	70/F	Depression	(i) Xerosis
25	40/F	Schizophrenia	(ii) Prurigo nodularis

Table 1: List of Cutaneous Manifestations in Psychiatry Patients

Sl. No.	Age/Sex	Psychiatry Diagnosis	Cutaneous Manifestations
1	30/F	Paranoid schizophrenia	(i) Pediculosis capitis melasma (ii) Striae distensae (iii) Xerosis
2	18/F	Chronic schizophrenia	(i) Lichen simplex chronicus (ii) Pediculosis capitis (iii) Scabies
3	30/F	Chronic schizophrenia and mild MR	(i) Seborrheic dermatitis
4	49/F	Schizophrenia	(i) Seborrheic melanosis (ii) old burns with keloidal scarring
5	45/F	Paranoid schizophrenia	(i) Seborrheic dermatitis (ii) Xerosis (iii) Scabies
6	64/F	Paranoid schizophrenia	(i) Burns with post inflammatory hypopigmentation, (ii) Xerosis
7	38/M	Paranoid schizophrenia	(i) Post-inflammatory hyperpigmentation
8	27/M	Schizophrenia	(i) Acne Rosacea
9	36/M	Paranoid schizophrenia	(i) Pityriasis capitis (ii) Intertrigo toe
10	38/M	Paranoid schizophrenia	(i) Insect Bite Hypersensitivity
11	40/M	Paranoid schizophrenia	
12	40/F	Schizophrenia	(ii) Prurigo nodularis

Table 2: List of Cutaneous Manifestations in Schizophrenia Patients

Sl. No.	Age/Sex	Psychiatry Diagnosis	Cutaneous Manifestations
1	71/F	Moderate depression and somatic symptoms	(i) Xerosis (ii) Melasma (iii) Angular cheilitis
2	21/M	Depression	(i) Venereophobia
3	56/F	Depression	(i) Delusional Parasitosis (ii) Xerosis
4	70/F	Depression	(i) Xerosis

Table 3: List of Cutaneous Manifestations in Depression Patients

Sl. No.	Age/Sex	Psychiatry Diagnosis	Cutaneous Manifestations
1	29/M	Alcohol depression syndrome	
2	36/M	Alcohol repressive	(i) Ichthyosis (ii) Seborrhoea

Table 4: List of Cutaneous Manifestations in Alcohol Dependence Patients

DISCUSSION

Parasitic infestations like scabies and pediculosis capitis (20% and 16%) were by far the most common cutaneous manifestations. This can be explained by the probable lack of self awareness and self neglect by patients suffering from chronic psychiatric disorders.

Two patients had old burns with sequelae like keloidal scarring and post inflammatory hyperpigmentation. This is due to the reason that patient with psychosis may be more prone for accidents and in some case may even have self destructive behaviour and suicidal tendencies.

Venereophobia was seen in one patient with depression. Earlier studies have also shown that patients with anxiety and depression have overvalued ideas about the possibility of venereal disease including AIDS.[1]

Delusional parasitosis was also seen in one patient with depression. Delusional parasitosis affects both sexes equally below the age of 50 and is associated with schizophrenia, paranoid states, bipolar disorders, depression, anxiety disorders and obsessional states.[2,3,4]

The parasitic infestations like scabies and pediculosis were seen only in those patients with psychosis such as schizophrenia and bipolar affective disorder (BAPD) mania with psychosis. Those patients suffering from neurosis such as depression and substance abuse disorders like alcohol dependency did not have parasitic infestations, probably because of intact insight and better self care by these patients when compared to the psychosis patients (Table 2, 3 and 4). LSC (Lichen Simplex Chronicus) and prurigo nodularis were seen in 4% and 8% of the sample respectively. Both of these cutaneous conditions have a strong psychological trigger, which leads to insuppressible urge to scratch. Patients with LSC commonly report increased itchiness during moments of stress, anxiety or boredom. Research by Konuk et al. suggests that psychiatric symptoms may be more common in patients with LSC than in patients with other dermatoses.[5] In the study by Attah et al. the reported incidence of LSC is 11.4%.[6] which is higher than that seen in our study, probably because of the more number of patients with anxiety involved in their study. The consensus among clinicians is that the itch of LSC is not psychogenic. But the urge to scratch may be influenced by psychological factors. According to results of a recent survey, patients with neurodermatitis reported higher levels of sexual dysfunction.[7]

In a study by Kuruvila et al. 68.66% patients had infective dermatoses and the rest had non-infective dermatoses.[8] and the commonest infective dermatosis was tinea corporis and pityriasis versicolor. Among non-infective dermatoses, 8% had eczema and 4.67% had psychogenic skin disorders. Of these, delusions of parasitosis were the commonest (2%) followed by venereophobia (1%).

In the current study more of psychosis patient were seen compared to neurosis patients (Depression) in Maria Kuruvilla et al., study. The reason for higher incidence of parasitic infestation may be due to the characteristics of the sample (i.e) institutionalized patient.

Patients whose psychophysiology is expressed in cutaneous lesions often consult a dermatologist rather than a psychiatrist. According to Koeblenzer CS et al., dermatologists may not be interested in working with these difficult patients. An efficient dermatologist should be aware of the cutaneous manifestation in psychiatric disorders as it influences early diagnosis of primary psychiatric disorders.[9]

CONCLUSION

This study concludes that the prevalence of cutaneous manifestations in psychiatric patients is very high. The commonest cutaneous manifestations seen in this study are parasitic infestations such as scabies and pediculosis capitis. The prevalence of such parasitic infestations is more in patients with psychosis when compared to neurosis because of lack of insight and self neglect. Health education of psychiatric patients and/or of their caregiver and periodic monthly inspection of psychiatric patients are highly indicated for the prevention and control of infectious skin diseases in primary psychiatric patients.

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