

“To Evaluate the Level of Anxiety and Depression in Chronic Dermatological Disorder Patient with Socio-Economic Status by Using Data Collection Form in a Tertiary Care Teaching Hospital”

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Date of Submission: 25-09-2021

Date of Acceptance: 8-10-2021

ABSTRACT-The purpose of this study is to investigate whether there is a relationship between socioeconomic factors and mental depression in patients with chronic skin diseases on a rural platform, including their education history. Our model uses the Hospital Anxiety and Depression Scale to evaluate anxiety and depression scores, and uses a data collection form for evaluation of personal data. Acne Vulgaris, Psoriasis, Vitiligo and eczema are the chronic disorders taken into account.

BACKGROUND - There are few studies on the impact of mental disorders on the burden of skin diseases, it is a small-scale study to determine the relationship between depression and anxiety in skin disorders in relation to their socio-economic status. An examination of socioeconomic status reveals issues related to power and control.

KEYWORDS – Psychodermatology, psychological, HADS, Association, Depression (D), Anxiety (A).

I. INTRODUCTION

The WHO characterizes depression as a typical infection around the world, influencing in excess of 264 million individuals. It is not quite the same as the typical emotional episodes and brief passionate reactions to the difficulties of day-by-day life. Depression is a serious illness that can cause a lot of pain and breakdown in the affected person..(1)

Skin infections are a worldwide general medical condition that regularly has physical, mental and social repercussions. In any case, it isn't yet clear how to adjust to these impacts, particularly the psychosocial transformation of patients with skin sicknesses. As the largest organ in the human body, the skin is the main barrier against the outside world. Since skin conditions are

generally not life-threatening, care and funds can be invested in conditions that are chronic.(2)

Anxiety is a feeling described by sensations of strain, stressed considerations and actual changes like high pulse rate.

Individuals with anxiety typically have repeating meddlesome considerations or concerns. They might keep away from specific circumstances out of stress. They may likewise have actual indications like perspiring, shaking, dazedness, or a quick heartbeat.(1)

The interaction between psychiatric and skin disease has been the focus of many researchers around the world. Psychodermatology is the result of the fusion of two great medical specialties: psychiatry and dermatology.(3) Approximately 30-40% of patients seeking treatment for skin diseases have underlying psychiatric or psychological problems that cause or aggravate skin diseases. The brain, nerves, and skin are embryological derived from the neural plate of the ectoderm. It is the basis of many inflammatory skin diseases triggered or aggravated by psychological factors.(4)

Skin infections can altogether influence brain research, and this leads to influence skin illnesses through psychoneuroimmune endocrine and social instruments. Stress is identified with the capacity and the mental course of cutaneous patients with high affectability to tension..(2) (5)

The idea of zeroing in on the skin as an impression of thoughts and feelings and all the while influencing these two regions has consistently existed, in light of the fact that enthusiastic states like dread, disgrace, outrage, and fear are communicated through changes in color, surface, and dampness, just as the psychological condition of the skin. Like discouragement,

nervousness and twisting of self-perception are totally brought about by skin infections.(6)

In terms of health, people are paying more and more attention to the quality of mental health. Among the many mental disorders that may occur during a person's life cycle, depression has become increasingly prominent, especially in recent years.

According to data from the World Health Organization, it is estimated that approximately 121 million people worldwide suffer from depression. This chronic mental disorder causes severe damage to patients, their families, and the country. The costs associated with depression and loss of well-being makes it necessary for economists to be vigilant about this issue. We believe that using economic methods, we can cooperate with other fields that are already involved and committed to investigating the causes of depression.(7)

Skin Diseases:

Acne Vulgaris

Acne vulgaris is a constant provocative illness of the sebaceous organ unit of the hair follicle. It is viewed as the most well-known skin sickness. This condition for the most part starts in pre-adulthood, tops between the ages of 14 and 19, and regularly vanishes around age 25. Acne vulgaris happens prior in ladies than in men, which might reflect prior adolescence in women. The most serious type of acne vulgaris is more normal in men, yet keeps an eye on last more in ladies.(8)

Acne has deep-rooted mental impacts, like diminished confidence, disintegration of mental self-view, disappointment with appearance, and social relationship issues. Hence, long haul treatment of it, including the assessment of mental estimation results, is the best method to treat acne vulgaris and can work on fearlessness and confidence..(9)

Eczema

Eczema is a recurrent chronic inflammatory skin disease. It can cause intense itching and discomfort. Itching and disfigured lesions lead to insomnia and social embarrassment, which affect the quality of life of patients and their families. Eczema is common (20% of children in developed countries and up to 10% of adults) and is the main cause of years lost due to disability. Arising proof shows that natural agents are a powerful technique for the treatment of serious atopic skin inflammation and can likewise lessen

the indications of discouragement and uneasiness in patients with eczema..(10)(11)

Psoriasis

Psoriasis is a skin infection that influences roughly 1-6% (normal 3%) of the worldwide populace. The early time of the beginning of infection is between 16–22 years, and the dormant period of beginning is between 57–60 years. The frequency of psoriasis is something similar between grown-up people and between various races. Nonetheless, women will in general get the illness sooner than men.(12)(13)

Psoriasis is related to an assortment of mental troubles, including low confidence, sexual brokenness, nervousness, discouragement, and self-destructive ideation. Psoriasis is related to serious harm to wellbeing-related personal satisfaction, which contrarily affects mental, expert, social and actual capacities. The most common psychiatric symptoms of psoriasis include altered body image and social and occupational dysfunction.(5) (14)

As a rule, mental elements (counting apparent wellbeing, disgrace, and depression) are more significant determinants of incapacity in psoriasis patients than the seriousness, area, and span of the sickness. In a new imminent investigation of patients with psoriasis, the recurrence of mental issues diminished as the clinical seriousness and manifestations of psoriasis improved.(15)

Vitiligo

Vitiligo is a persistent fundamental sickness described by hypo pigmented macula, brought about by incomplete or

Complete annihilation of melanocytes in the influenced skin. Notwithstanding, the specific reason for vitiligo is muddled. There is proof that numerous elements, for example, immune system, hereditary and natural components are associated with the advancement of this sickness. Despite race and sex, it will influence 0.5-2% of the total populace. Ladies and men are likewise influenced by vitiligo..(16)

Low prevalence of vitiligo is found in Scandinavian nations, and Asians, particularly Indians and Middle Easterners, are at higher danger. It ought to be noticed that vitiligo is generally asymptomatic; it doesn't abbreviate the existence of the patient, nor does it diminish actual work.

In terms of health, there is increasing concern about the quality of mental health. Among the many mental disorders that an individual can develop in his or her life cycle, depression has gained prominence, especially in recent years.

According to data from the World Health Organization, approximately 121 million people worldwide are estimated to suffer from depression. This type of chronic mental disorder causes severe damage to patients, their families, and also the country.

MATERIALS AND METHOD – In this prospective observational study 81 patients of either gender were selected from outpatient dermatological department with chronic skin illness. Hospital anxiety and depression scale was used to record data from the patient. Data collection form was used to collect the data of the patient for various purposes. It included the patient's marital status, education history, and job status. The four skin diseases mentioned above are chronic in nature and few are incurable, so

adjusting to the disease for life can lead to a happy life.

The HADS scale used in the study has been a great help to this study by providing valuable data.

The eligibility criteria were as follows:

1. Patients who are willing to participate.
2. Both genders.
3. Age 18 or above.
4. Only OPD patients
5. Patients with Acne vulgaris, Eczema, Psoriasis and Vitiligo.

Exclusion criteria were:

1. Patients who are not willing to participate.
2. Pregnant and lactating women.
3. Drop out cases during the study.
4. Patient with other co-morbidities.

Written informed consent was obtained and data was collected. The ethics approval for this study was obtained from Nims Ethical committee, Jaipur.

II. RESULT

Table.1 To Evaluate the level of Anxiety and Depression in chronic dermatological disorder patients with socio-economic status

Socioeconomic status	Below poverty line	Low class	Middle class
No. of patients	15	34	32
Anxiety level	5.4	5.41	3.85
Depression level	6.266	4.08	3.59

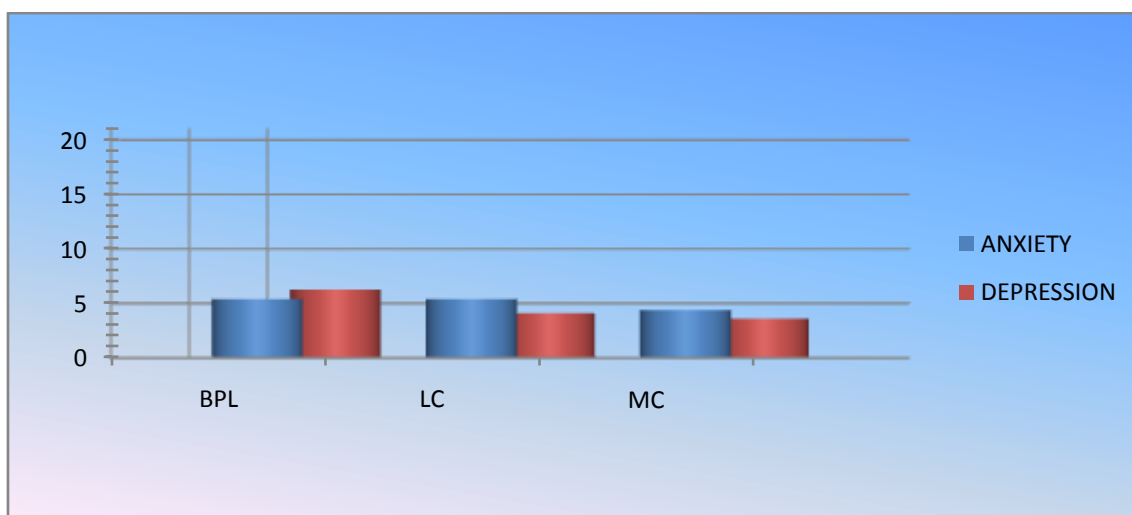


Figure.1. Above table and charts depict the level of anxiety and depression in observed patients in association with their socio-economic status. Hereby, socioeconomic status [Below poverty line (A-35% & D-45%), low class (A-36% & D-29%) and middle class (A-29% & D-26%) are taken].

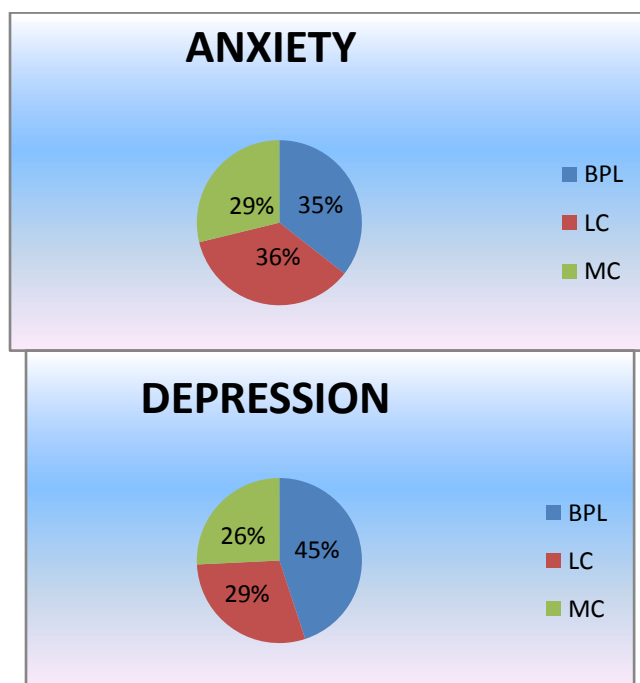


Figure 1.1 Above table and charts depict the level of Anxiety in observed patients in association with their socio-economic status. Hereby, socioeconomic status [low class (Anxiety-36%), Below poverty line (Anxiety-35%) and middle class (Anxiety-29%) are taken].

Figure 1.2 Above table and charts depict the level of Depression in observed patients in association with their socio-economic status. Hereby, socioeconomic status [Below poverty line (Depression-45%), low class (Depression-29%) and middle class (Depression-26%) are taken].

RESULT

It was observed that **BPL (Anxiety – 25.71 % & Depression – 29.83 %)** are more anxious and depressed than the other taken aged groups. Females were more stressed and depressed keeping in mind of their skin condition and hence it affects their QOL (quality of life). Anxiety and depression level is high in vitiligo and psoriasis

III. DISCUSSION

The study means to assess anxiety and depression in patients with chronic skin disorders. In this examination, patients with ongoing skin illnesses were included (81 examples altogether) of them, 51 are men and 30 are women. The degrees of tension and melancholy of the patient were assessed dependent on:

- a) Socioeconomic level (below the poverty line, lower class, middle class)

Individuals whose Net pay/yearly pay is under 50,000 are viewed as patients beneath the poverty line.

The lower classes are those with a yearly worth of ± 2.50,000, and the working class are those with an overall gain between 6-8 Lacs.

Our research shows the degree of anxiety and stress (depression) and how it affects the skin condition.

It focuses on the psychodermatological relationship, that is, the relationship between psychiatry and dermatology and how they affect each other.

Usually, in chronic skin diseases, its relationship will be long / lifespan like psoriasis.

Socio-economic status taken into account is BPL, LC, and MC respectively and in relation to this, anxiety and depression were calculated. It was observed that people belonging to lower class section of society (according to our taken per capita income) were more drastically affected than others considered together. They accommodate their

present life conditions and happening to the burden of the disease they are carrying.

IV. CONCLUSION

The prevalence of anxiety and stress were available in the chosen study populace. Psychodermatology is another field of medication where consideration is been paid around the world. The most recent 40 years have set the advancement of new examination regions which permitted the explaining of how these two measurements communicate. It was observed that patients belonging to lower class (Anxiety - 77.09 % & Depression - 31.47 %) were more prone to experiencing anxiety and depression than those with high class. Our investigation gives information on the mental conduct lifts in dermatological problems.

Acknowledgment

MR. RANJEET KUMAR (Head of department, Department of Pharmacy practice, Nims Institute of Pharmacy, India),

DR. TUSHAR JAGAWAT (Head of department, Department of Psychiatry, Nims Hospital, India),

DR. SAVITA AGARWAL (Associate Professor, Department of Dermatology, Nims Hospital, India)

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