CODEN [USA]: IAJPBB ISSN : 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES
SJIF Impact Factor: 7.187
http://doi.org/10.5281/zenodo.4307051

Avalable online at: http://www.iajps.com *Research Article*

INCIDENCE AND PATTERN OF PSYCHIATRIC DISORDERS AMONG DERMATOLOGICAL PATIENTS

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Article Received: October 2020 **Accepted:** November 2020 **Published: December** 2020

Abstract:
Introduction: *Mental disorders are common among patients with skin diseases.*
Aim: *The aim of the study was to understand the severity of psychiatric morbidity and to look at patterns of psychiatric complaints in dermatological patients.*
Patients and Methods: *Three hundred and twelve randomly selected patients aged 15-60 years from the Outpatient Dermatology Unit of Bahawal-Victoria Hospital / Quaid-e-Azam Medical College in Bahawalpur for one-year duration from October 2019 to October 2020 and were included in the study. The study was conducted in two stages. In the first stage, the screening tests were performed with the General Health Questionnaire-12 (GHQ-12) in Urdu. In a second step, those who tested positive for psychiatric randomness in step 1 were given a psychiatric plan version of Urdu (PAS).*
Results: *According to the GHQ-12 screening, 122 of 312 patients (39.1%) were positive for psychiatric performance; prevalence was slightly higher among women (58/142; 40.8%) compared to men (64/170; 37.6%). The pattern of psychiatric complaints detected by PAS was as follows: major depression in 17.3% (54/312) of patients, generalized anxiety disorder in 7.6% (24), mixed anxiety-depressive state in 11.2% (35) and dysthymia in 1.7% (6) of 312 patients. No panic disorder was diagnosed in any of the patients.*
Conclusion: *Overall, psychiatric comorbidity is very common (39.1%) among dermatological patients compared to the general population or primary care clinics. If the therapist is aware of the detection and treatment of these comorbidities, better quality care can be additionally provided.*
Keywords: *Incidence, pattern, psychiatry, dermatology.*

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Please cite this article in press Mubashir Bhutta et al, ***Incidence And Pattern Of Psychiatric Disorders Among Dermatological Patients****., Indo Am. J. P. Sci, 2020; 07(12).*

INTRODUCTION:

Mental disorders are becoming an increasing public health problem in Pakistan. By 2020, the contribution of neuropsychiatric disorders to overall disability is expected to be around 20%, compared to just 9% in 1990. Presentation of psychological and emotional problems is very common in the general population as well as in general clinics. practitioners and consultants in Pakistan. It is estimated that every fifth patient going to any therapist has an isolated or coexisting psychiatric illness. In most cases, the disease may go undetected and may affect the outcome of treatment of underlying physical or dermatological conditions. In a survey of medical departments at an English hospital, it was found that doctors and nurses did not recognize half of mental illnesses. Mental disorders are common among people with established skin disease. In a survey of dermatology clinics, the incidence was 40% among new doctors with skin problems. The aim of the study is to learn about psychiatric morbidity and the pattern of psychiatric ailments that may occur in patients treated in a dermatological clinic.

PATIENTS AND METHODS:

This is a Cross-sectional study and was held among Three hundred and twelve randomly selected patients aged 15-60 years from the Outpatient Dermatology Unit of Bahawal-Victoria Hospital / Quaid-e-Azam Medical College in Bahawalpur for one-year duration from October 2019 to October 2020 and were included in the study. Three hundred and twelve randomly selected patients aged 15-60 years were included in the study. Patients of both sexes, educated or uneducated, married or unmarried, are included. People with mental disorders and neurological diseases were excluded. All clinical details, including the dermatological diagnosis (Table 1), were recorded on a specially designed pro forma.

It was a two-step study. In the first step, the Urdu version of the General Health Questionnaire-12 (GHQ-12) was used for screening, which is a validated psychiatric tool for detecting psychiatric misfortunes in the general population.5 Consists of a self-assessment questionnaire of 12 items. Each question has four possible answers; less than usual, no more than usual, more than usual, or much more than usual. The cut-off point for high scores was set with a positive response (greater or much greater than usual) of at least 3 out of 12 items. In a second step, each patient with a high GHQ-12 score was given the Urdu version of the Psychiatric Assessment Program (PAS), which is applicable in Pakistan as a proven tool for distinguishing the most common non-psychotic mental disorders.

RESULTS:

Of the 312 patients, 142 are women and 170 are men (1: 1.2). According to the GHQ-12 screening, 39.1% (122) of patients were positive for psychiatric consciousness. Of 142 women, 40.8% (58) had a positive result for psychiatric pathology, and of 170 men, 37.6% (64) suffered from mental illness (Table 2).

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

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%)

When assessing these patients for PAS, 17.3% (54/312) suffered from major depressive episode (depressive illness), 1.7% (6) of patients had dysthymia (persistent low-grade depression lasting more than two years), 6% (24) with generalized anxiety disorder, and 11.2% (35) with mixed anxiety disorder and a depressive state.
Of 142 women, 18.1% (26) suffered from major depressive episode, 1.54% (3) were considered dysthymic patients, 9.8% (14) had generalized anxiety disorder, and 10.5% (15) had mixed anxiety and depressive state. Among 170 men, 16.4% (28) suffered from major depressive episode, 1.7% (3) had dysthymia, 11.7% (20) had mixed anxiety and depression, and 5.2% (10) had generalized anxiety disorder. Two men suffering from obsessive-compulsive disorder and one with isolated social phobia. No panic disorder was diagnosed in any of the men or women (Table 3).

DISCUSSION:

Psychiatric morbidity is one of the major problems in public health. According to various general population studies, in Pakistan 13-28% of people suffer from moderate to severe mental disorders. This situation is no different from other parts of the world. In France, high consumption rates of psychotropic drugs caught the attention of interested authorities, and 46% of the study population had mental disorders. Similar studies across countries showed nearly equal results, for example the incidence was 28% in Bangladesh, 38.2% in Taiwan8 and 25.3% in Uganda. In Northern Ireland, major depressive episode occurred in 2.4% of men and 6.0% of women, and the rates of generalized anxiety disorder were 3.5% in men and 3.7% in women, respectively. A population survey in South Africa yielded 27.5%. Most cases experienced major depressive episode and generalized anxiety disorder. These high rates of psychiatric morbidity are reflected in the clinics of general practitioners and consultants of various specialties. 30% of patients who came to the clinic at Agha Khan University Hospital in Karachi had mental disorders. All of these cases suffered from anxiety, depression, or a combination of both. The female sex had a higher psychiatric incidence. Similarly, 30% of the prevalence was observed at the medical clinic in Lahore.

Mental disorders are not uncommon among people with an established skin condition. In the study, 40% of new patients coming to the dermatology clinic were related to mental illness. Physical or perceived distortion of the shell may itself become a source of emotional anxiety, which may predispose to mental illness, resulting in psychological and social maladjustment. This fact may be overlooked or underestimated by the medical community, including dermatologists.

In the present study, 39.1% of patients coming to the dermatology clinic showed significant psychiatric pathology. This number is comparable to other studies. Patients are equally affected by the disease as men, ie 40.8% compared with 37.5%. Major depressive episode, generalized anxiety disorder, mixed anxiety and depressive state, and dysthymia are the main diagnostic categories found in dermatological patients, ie 17.3%, 7.6%, 11.2% and 1.7%, respectively. The figure is also comparable to the figure from Agha Khan University Hospital in Karachi.

The results of the current and previous studies indicate the extent and scale of psychiatric problems in dermatological patients. If every therapist is well versed in diagnosing and treating these comorbid or comorbid psychiatric categories, the quality of care can be greatly improved. Mental disorders, if not detected, can become a source of poor adherence to dermatological recommendations or can become a source of excessive or inappropriate use of dermatological services. The index study also shows that female patients are more likely to develop psychiatric comorbidity. Therefore, female patients require more careful evaluation.

Psychotropic drugs are sometimes an important component of a dermatologist's therapeutic arsenal. When considering the use of psychotropic agents in dermatology, an accurate diagnosis and the presence of appropriate indications for the use of the drug are very important. This can only be achieved when we know the extent of the psychiatric co-morbidity associated with the problem.

CONCLUSION:

This study shows that psychiatric comorbidities are very common in dermatology clinics. The incidence is high in these clinics compared to the general population and primary care clinics. Major depressive episode, generalized anxiety disorder, mixed anxiety and depressive state, and dysthymia are the main comorbid psychiatric entities in dermatological patients. If the therapist is aware of the detection and treatment of these comorbidities, better quality care can be additionally provided.

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