

SEBORRHEIC DERMATITIS IN PSYCHIATRIC INPATIENTS TREATED WITH ANTIPSYCHOTICS: AN OBSERVATIONAL STUDY

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Seborrheic dermatitis is a chronic relapsing erythematous scaly skin disease with an estimated prevalence of 1% to 3% in the general population. Some studies linked seborrheic dermatitis to neuroleptic induced parkinsonism. We conducted a one-month observational study of the incidence of seborrheic dermatitis in 54 psychiatric inpatients treated with both typical and atypical antipsychotics. Seven patients manifested seborrheic dermatitis. One patient was hospitalized for the first time and had never been treated with antipsychotics prior to this hospitalization. The majority of patients with seborrheic dermatitis were treated with clozapine. Our observational study confirmed a higher prevalence of seborrheic dermatitis in psychiatric inpatients. We recommend additional research in dermatological adverse effects of antipsychotics, especially seborrheic dermatitis.

Key words: seborrheic dermatitis, antipsychotics

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INTRODUCTION

Seborrheic dermatitis is a chronic relapsing erythematous scaly skin disease, which occurs on sebum rich areas such as the face, scalp and chest, with an estimated prevalence of 1% to 3% in the general population (1, 2). The pathogenesis of seborrheic dermatitis is most likely linked to *Malassezia* species, present on the skin of susceptible individuals, resulting in non-immunogenic irritation, which is related to the production of unsaturated fatty acids deposited on the skin surface (2). It may also be present in conjunction with other skin diseases, e.g., rosacea and acne vulgaris (2). Treatment options for seborrheic dermatitis include keratolytic agents, corticosteroids, and antifungal agents (2, 3).

Seborrheic dermatitis has previously been associated with psychiatric conditions, such as schizophrenia accompanied by tardive dyskinesia, and depression (4, 5). In addition, antipsychotics were linked to the onset of seborrheic dermatitis in psychiatric patients (6-8). However, seborrheic dermatitis has not been reported as a side effect of any antipsychotic.

The goal of this observational study was to assess the prevalence of seborrheic dermatitis in psychiatric inpatients at the acute psychiatric ward.

PATIENTS AND METHODS

During a one-month period, psychiatric inpatients at the Acute Male Ward, Ugljan Psychiatric Hospital, treated with both typical and atypical antipsychotics were examined for signs of seborrheic dermatitis. The diagnosis was confirmed by a dermatologist. Data on patient age, psychiatric diagnoses and type of antipsychotic treatment were collected from medical documentation. Patients were asked to give their informed consent on study participation and the study was approved by the institutional Ethics Committee of the Ugljan Psychiatric Hospital. Descriptive statistics was used on data processing, performed using MS Excel (Microsoft Office Professional Edition Excel 2003).

RESULTS

A total of 54 male patients, mean age 47.7 years, were included in the study, seven (12.96%) of them manifesting seborrheic dermatitis. Six patients were diagnosed with paranoid schizophrenia (F20.0) and one was diagnosed with schizoaffective disorder (F25.0). The antipsychotics used in the treatment of patients manifesting seborrheic dermatitis are listed in Table 1.

In addition to antipsychotics, two of seven patients with seborrheic dermatitis were treated with biperiden due to drug induced extrapyramidal syndrome. Other patients did not manifest extrapyramidal syndrome.

DISCUSSION

Seven patients manifested seborrheic dermatitis, accounting for 12.96% of study participants and yielding a higher prevalence than reported for the general population, which is 1%-3% (1, 2). Most patients with seborrheic

dermatitis were treated with a combination of atypical antipsychotics, predominantly clozapine and olanzapine. The majority of patients with seborrheic dermatitis were treated with clozapine. Our observational study confirmed a higher prevalence of seborrheic dermatitis in psychiatric inpatients. Some studies linked seborrheic dermatitis to neuroleptic induced parkinsonism. In a study published in 1984, 25 of 42 chronic patients with neuroleptic induced parkinsonism were found to have seborrheic dermatitis (6). Another study from 1983 compared the incidence of seborrheic dermatitis between psychiatric patients with and without developed parkinsonism and showed a statistically significantly higher prevalence of clinically diagnosed seborrheic dermatitis in the group with drug induced parkinsonism (7). In comparison, two patients from our study manifested drug induced extrapyramidal syndrome. In 2007, three cases of seborrheic dermatitis in patients treated with atypical antipsychotics were reported (8).

The limitations of our study included observational design, small number of participants and the fact that all participants were male.

We recommend additional research in dermatological adverse effects of antipsychotics, especially seborrheic dermatitis.

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Table 1

Antipsychotics in patients manifesting seborrheic dermatitis

Antipsychotic Patient	Clozapine	Olanzapine	Quetiapine	Risperidone	Haloperidol	Levomepromazine
Patient 1	+	+				
Patient 2			+	+		
Patient 3	+	+				
Patient 4					+	+
Patient 5	+					
Patient 6		+	+			
Patient 7	+			+		
Total	4	3	1	3	1	1

REFERENCES

1. Gupta AK, Bluhm R, Cooper EA, Summerbell RC, Batra R. Seborrheic dermatitis. *Dermatol Clin* 2003; 21: 401-12.
2. Sampaio AL, Mameri AC, Vargas TJ, Ramos-e-Silva M, Nunes AP, Carneiro SC. Seborrheic dermatitis. *An Bras Dermatol* 2011; 86: 1061-71; 1072-4.
3. Gupta AK, Kogan N. Seborrheic dermatitis: current treatment practices. *Expert Opin Pharmacother* 2004; 5: 1755-65.
4. Sandyk R. Seborrhea and persistent tardive dyskinesia. *Int J Neurosci* 1990;50:223-6.
5. Maietta G, Fornaro P, Rongioletti F, Rebora A. Patients with mood depression have a high prevalence of seborrheic dermatitis. *Acta Derm Venereol* 1990; 70: 432-4.
6. Binder RL, Jonelis FJ. Seborrheic dermatitis: a newly reported side effect of neuroleptics. *J Clin Psychiatry* 1984; 45: 125-6.
7. Binder RL, Jonelis FJ. Seborrheic dermatitis in neuroleptic-induced parkinsonism. *Arch Dermatol* 1983; 119: 473-5.
8. Rashid J, Wang R, Ramer SL. Atypical antipsychotics and seborrheic dermatitis: three case reports. *Pharmacopsychiatry* 2007; 40: 103-6.

SAŽETAK

SEBOROIČNI DERMATITIS KOD PSIHIJATRIJSKIH BOLESNIKA LIJEČENIH ANTIPSIHOTICIMA: OPSERVACIJSKA STUDIJA

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Seboroični dermatitis je kronična upalna bolest kože praćena crvenilom i ljuštenjem učestalost koje se procjenjuje na 1%-3% u općoj populaciji. Određeni broj objavljenih studija povezuje seboroični dermatitis s parkinsonizmom uzrokovanim neurolepticima. Proveli smo opservacijsku studiju incidencije seboroičnog dermatitisa kod 54 hospitalizirana bolesnika muškog spola u razdoblju od jednog mjeseca. Bolesnici su liječeni tipičnim i atipičnim antipsihoticima. Kod 7 bolesnika utvrđen je seboroični dermatitis. Kod jednog bolesnika radilo se o prvoj psihijatrijskoj hospitalizaciji i do tada nije liječen antipsihoticima. Većina bolesnika kod kojih je utvrđen seboroični dermatitis liječena je klopazinom. Naša opservacijska studija potvrdila je veću učestalost seboroičnog dermatitisa kod hospitaliziranih psihijatrijskih bolesnika. Preporučujemo daljnja istraživanja dermatoloških nuspojava antipsihotika uključujući seboroični dermatitis.

Ključne riječi: seboroični dermatitis, antipsihotici