

Psoriasis, Mental Disorders and Stress

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ABSTRACT

Etiology of psoriasis is still not known and comprises a range of assumptions and very complex etiological and pathogenetic mechanisms. Along with genetical predisposition, mental disorders and stresses might have a key role in the occurrence of this disease. Total number of 70 patients suffering from psoriasis were included in the investigation. Generally accepted structured clinical interview (SCID – The Structured Clinical Interview for DSM-IV) was applied in diagnostics of mental disorders. Various mental disorders were found in as many as 90% of patients suffering from psoriasis. The most frequent mental disorders were depressive disorder (19.2%), the posttraumatic stress disorder (17.8%), alcoholism (16.4%), adaptation disorder (15.1%), anxiety – depressive disorders (13.7%) and generalized anxious disorder (9.6%). The authors have concluded that in patients with psoriasis both various mental disorders and various stress events are frequent. The results have implied that there is a link between psoriasis on the one hand and various mental disorders and various stressors on the other. The investigation implies that there is a need to improve multidisciplinary approach in diagnostics and treatment of psoriasis and multi disciplinary team should consist of dermatologist, psychiatrist and psychologist.

Key words: psoriasis, mental disorders, stress

Introduction

Etiology of psoriasis is still not known. It comprises a range of assumptions and very complex etiological and pathogenetic mechanisms. Mental disorders could be one of the factors which have a significant role in those mechanisms, but also important effects on the very illness and its forecasts. If that is true, need for multidisciplinary approach in medical treatment of this disease is justified. Even Aristotle suggested that there is a link between mood and physical health. During the last few decades, investigators' interest for establishment of link between mental disorders and psoriasis has grown increasingly. For example, in his most recent investigations, Akayo suggested that there is a link between psoriasis and depression¹ and Kirby implied that there is a more frequent incidence of depression and anxiety in patients suffering from psoriasis². Data of Mazetti et al revealed a high prevalence of mental disorders: 71.2% of patients showed symptoms which allowed a precise psychiatric diagnosis based on DSM – III – R criteria, 35% had personality disorders, 17.5% were moody, 12.5% were anxious and 6.25% had a schizophrenic trait. The analysis of the

stressful events enabled us to determine the presence of a specific event in 88.7% of cases³. Devrimci – Ozguven reported in his investigation that psoriasis patients had significantly higher degrees of depressions and more body cathexis problems than controls⁴. According to Szumanski, it is evident that depression and anxiety disorders can be the cause of psoriasis⁵. Investigators are making attempts to clarify this link. One of assumptions was that in individuals who are predisposed in terms of genetics, various mental disorders which are developed in lifetime or exposure to stress situations might create needed »endogenous eruptive pressure« which can induce immunological mechanism which is responsible for accelerated proliferation and differentiation of cheratinocytes.

Subjects and Methods

Investigation was conducted on a group of 70 patients who suffered from psoriasis in the Osijek and Zagreb region. On average, examinees were 51 years old. The

TABLE 1
FREQUENCY OF MENTAL DISORDERS ACCORDING TO DIAGNOSIS GROUPS

Disorder	Total	%
1 Anxiety disorders associated with stress and somatophorm disorders	45	61.6%
2 Affective disorders	14	19.2%
3 Other disorders classified otherwise (NOS)	14	19.2%

youngest patient was 23 and the oldest patient was 78 years old. Men and women were almost equal in number (36 men and 34 women). Patients with medium and serious psoriasis who asked for treatment were included in the investigation at the Departments of Dermatological and Venerological Diseases at Osijek and Zagreb in the period from 2005 to 2007.

Examinees were recruited during common medical evaluation by dermatologist who took anamnesis and reviewed medical documentation. Patients with medium and serious psoriasis were asked to take part in the investigation after the objective and plan of the investigation were explained to them. After dermatologist examined them, patients who agreed to take part in the investigation were sent to psychiatrist who conducted clinical interview as well as the fulfilling the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) in order to establish the presence of mental disorder, if any, and to determine the type of mental disorder as well. Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) is a semi-structured interview for making most of the major DSM-IV Axis I psychiatric diagnoses. It assesses thirty-three of the more commonly occurring psychiatric disorders described in the fourth edition of the Diagnostic And Statistical Manual (DSM-IV) of the American Psychiatric Association.

Results

Total number of 70 examinees took part in the investigation, of which 51% were men (36) and 49% were women (34). On average, the examinees were 51.0 years old (SD 12.6). Psoriasis whose intensity was moderate was found in 51.4% of patients (36) (intensity of psoriasis ranged from 10 to 29% on the skin) and serious psoriasis was found in 48.6% of patients (34) (intensity of psoriasis on the skin was 30% or more)

In the group of examinees, 90% patients (63) who suffered from psoriasis had mental disorders which fulfilled the criteria for various psychiatric diagnoses, only 10% of patients (7) did not have any mental disorders. The largest number of patients were those who suffered from anxiety associated with stress and somatophorm disorders (45 patients or 61.6%), while affective disorders were found in 14 patients or 19.2% (Table 1).

According to various diagnoses, the most frequent were: depressive disorders in 14 patients (19.2%), the posttraumatic stress disorder in 13 patients (17.8%), alcoholism in 12 patients (16.4%), adaptation disorders in

TABLE 2
FREQUENCY OF SPECIFIC MENTAL DISORDERS ACCORDING TO DIAGNOSES

Disorder	Total	%
Depression – various disorders	14	19.2%
Posttraumatic stress disorder	13	17.8%
Alcoholism	12	16.4%
Adaptation disorder	11	15.1%
Anxiety and depression	10	13.7%
Generalized anxiety disorder	7	9.6%
Social fears	2	2.7%
Psychoorganic changes	1	1.4%
Schizophrenia	1	1.4%
Panic disorder	1	1.4%
Anxiety disorder undetermined	1	1.4%
Total	73	100%

TABLE 3
INCIDENCE OF DEVELOPMENTAL DISORDERS IN CHILDHOOD

Disorders in childhood	N	%
Convulsions	1	1.4%
Late control of sphincters	3	4.3%
Night fears	12	17.1%
Somnambulism	8	11.4%
Stammering	1	1.4%
Excessive timidity	21	30.0%
Total	33	47.1%
With 2 or more disorders	11	15.7%

11 patients (15.1%), anxiety and depressive disorder in 10 patients (13.7%) and generalized anxiety disorder in 7 patients (9.6%) (Table 2).

Also, incidence of neurodevelopmental disorders in childhood was investigated. Most frequent was extreme timidity (21 patients, respectively in 30%), night fears (12 patients, respectively in 17.1%) and somnambulism (8 patients, respectively in 11.4% of patients) (Table 3).

Stressful events before onset of psoriasis were found in 80% of patients. Most frequent were the following stressful events: death in the family was found in 15 patients (21.4%), accidents were found in 10 patients (14.3%) and disease of family member was found in 9 patients (12.9%). (Table 4).

TABLE 4
INCIDENCE OF STRESS SITUATIONS

Stress situations	N	%
Death in family	15	21.4%
Accident	10	14.3%
Misunderstanding with husband / wife	4	5.7%
Divorce	3	4.3%
Problems at work	5	7.1%
Cease of employment	5	7.1%
Death of person whom one used to love	4	5.7%
Own disease	2	2.9%
Disease of family member	9	12.9%
Other problems	32	45.7%
Total	56	80.0%
Patients with two or more stress situations	21	30.0%

TABLE 5
INCIDENCE OF DIFFICULTIES AND EMOTIONAL SUFFERINGS
CAUSED BY PSORIASIS

	YES		NO	
	N	%	N	%
Difficulties at work	27	38.6%	43	61.4%
Difficulties privately	26	37.1%	44	62.9%
Emotional suffering	40	57.1%	30	42.9%

More than a half of patients (57.1%) have shown emotional suffering due to psoriasis while 38.6% of patients had difficulties at work. In 37.1% of patients were noticed difficulties in private life (Table 5).

Attitude towards psoriasis was pessimistic in total of 54.3% of patients, in 32.9% of patients it was calm and in 12.9% it was optimistic.

Discussion

In examined group, 90% of patients suffering from psoriasis had mental disorder and it is interesting to note that only 28.6% of patients were aware of existing mental disorders or treated them. The results obtained indicate that mental disorders, namely exposure to various kinds of stress factors, could be associated with occurrence of psoriasis. According to Selye, stress situations are mental and physical events which surpass adaptation capabilities of human being. Having mental disorder means that adaptation skills are extremely low and also common life events can be stressful. According to results obtained in this investigation various stressful events before the disease were experienced in 80% of patients. A large number of patients (57.1%) experienced emotional sufferings due to psoriasis. Many authors have investigated a link between stress and psoriasis⁶⁻¹⁶. Several authors noticed a high level of anxiety and depression in patients suffering from psoriasis¹⁷⁻²⁰. Mazetti et al found in 8 patients suffering from psoriasis even 71.2% of vari-

ous mental disorders (personality disorder, depression and schizophrenic behaviour)³. Folnegović-Šmalc thinks that patients who suffer from psoriasis and use mechanism of regression as defense will develop mental diseases, while those patients who use negation and projection as defense mechanisms will not have significant manifestation of mental disorder²¹. According to Gupta, patients without adequate skills for getting someone else's attention can draw someone's attention on the basis of visible skin disease²². Gilbert made attempt to find a common profile of character of psoriatic patients, but he found only a more frequent depression and various neurosis in comparison to control group and according to him, psychotherapy can be advantageous in some of the patients²⁰. Gupta et al found a connection between pruritus in psoriasis and psychosocial factors²³. According to some of the authors, mental factors cause about 1/3 of all skin diseases²⁴. It is deemed that characteristics of person, ways to cope with stress event and noticed social support are mediators between stress events and their psychological perception. This, along with genetic inclination is increasing the probability of becoming ill²⁵. Apart from inheritance, early frustrating or traumatic experience from the childhood is playing an important role (especially until the age of three). Naturally, here weakened state of defense of organism, allergic predisposition, genetically weak points, the effects of micro organisms and other are also important. Surely, more developed and more intensive mental diseases can additionally cause deterioration and spreading of psoriasis and also psoriasis can additionally have effects on deterioration of mental diseases so the cycle of deterioration on both sides becomes closed.

In our investigation, we noticed a high level of various mental disorders in patients suffering from psoriasis. According to mentioned results from other investigations, it is evident that also other investigators have found similar results, but they did not notice so many various mental disorders in such a great percentage. We could explain this by the fact that in most of the investigations only certain mental disorders were investigated such as depressive disorder. Advantage of our investigation is in the fact that all groups of mental disorders were included (because the SCID – test was applied), thus this is one of the reasons why such a broad spectrum was included and why such a high percentage of disorders is obtained. Another reason might be the war (from 1991 to 1996) as individual psychosocial stressor. People behave in a war in a specific way and numerous defensive systems become to work as well as numerous pathological mental responses, but also creative and constructive solutions. Besides many known consequences, the war brought also many less visible effects among which are also psychosomatic diseases²⁶. It would be interesting to conduct an individual investigation on the link between posttraumatic stress disorder after exposure to the war and psoriasis. The third reason might be the way the investigation was set. Namely, only those patients who came for treatment due to worsening of psoriasis were included in the inves-

tigation, but patients with moderate stationary type were not. This investigation implies that in any case a multidisciplinary approach should be improved both in the investigation and treatment of psoriasis. Such a multidisciplinary approach, besides dermatologist also requires a cooperation of psychologist and psychiatrist.

Conclusion

In almost 90% of patients suffering from psoriasis, various mental disorders have been found. Only 28.6% of patients were subjected to treatment or knew that they

had mental disorder. The most frequent disorders were those from the group of anxiety associated with stress and somatophorm disorders (61.6%) and from the group of affective disorders (19.2%). According to the diagnoses, the most frequent were various depressive disorders (19.2%), post traumatic stress disorder (17.8%), alcoholism (16.4%), adaptation disorder (15.1%); anxiety and depressive disorder (13.7%) and generalized anxiety disorder (9.6%). According to the results of the investigation, various stressors can also contribute to the incidence, namely exacerbation of psoriasis. The results obtained also imply that there might be a link between psoriasis and various mental disorders.

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PSORIJAZA, PSIHIČKE BOLESTI I STRES

SAŽETAK

Etiologija psorijaze još je uvijek nepoznata, vjerojatno zbog veoma kompleksne etiopatogeneze u kojoj sudjeluju brojni čimbenici. Uz genetsku predispoziciju, psihički poremećaji i stresovi bi mogli imati ključnu ulogu u nastanku te bolesti. U istraživanju je sudjelovalo 70 bolesnika sa psorijazom. U dijagnostici psihičkih poremećaja je primijenjen općeprihvaćeni strukturirani klinički intervju (SCID – The Structured Clinical Interview for DSM-IV). Različiti psihički poremećaji dijagnosticirani su kod čak 90% oboljelih od psorijaze. Najčešći psihički poremećaji bili su: depresivni poremećaji (19,2%) PTSP (17,8%), alkoholizam (16,4%), poremećaji prilagodbe (15,1%), anksiozno-depresivni poremećaji (13,7%) i generalizirani anksiozni poremećaj (9,6%). Autori zaključuju kako su kod bolesnika sa psorijazom učestali i različiti psihički poremećaji i različiti stresni događaji. Rezultati ukazuju na povezanost između psorijaze s jedne strane, te različitih psihičkih poremećaja i različitih stresora, s druge strane. Istraživanje upućuje na potrebu poboljšanja multidisciplinarnog pristupa u dijagnostici i liječenju psorijaze, a multidisciplinarni tim bi se trebao sastojati od dermatologa, psihijatra i psihologa.