Psychiatric comorbidities among patients of Prurigo nodularis: A cross sectional study in tertiary care hospital south India

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ABSTRACT

Background: Prurigo nodularis (PN) is a dermatologic itchy condition which affects the normal day to day life activities. Due to its chronic condition psychiatric comorbidities are regularly seen in these patients. Due to scarcity of literature in Indian background this study was conducted in our tertiary care centre. **Materials and methodology:** It was a descriptive, cross sectional study conducted at department of dermatology during May 2021 to April 2022 where all diagnosed PN patients were screened for psychiatric comorbidities using MINI- International Neuropsychiatric interview. **Results:** We found Generalised Anxiety Disorder among 27.2% and Major Depressive Disorder among 15.8% of study population. Also Social phobia among 16.8% of males. Majority of 61% in both males and females didn't had any psychiatric disorders in our study sample. **Conclusion:** Higher incidences of anxiety, depression, somatization were found in our study sample thus highlighting the importance of psychiatric consultation liaison for chronic skin conditions.

Key words: Prurigo Nodularis; Anxiety; Somatization; Depression

INTRODUCTION

Owing to the same ectodermal embryonic origin, Skin and Nervous System share many similar connections throughout the life [1]. Prurigo nodularis (PN) is one of the common skin conditions which due to its chronicity and difficulty to respond to plethora of treatments available, poses a significant implications in the psychological aspect of living [2]. Emotional instabilities with chances in inflammatory markers like cytokines, neuropeptides etc can trigger or perpetuate the course of PN [3]. Although there are some evidences in the literature of having increased psychiatric morbidities like depression and anxiety among patients with Prurigo Nodularis, there is limited literature among Indian population [4-6]. This study was conducted to assess psychiatric comorbidities among patients of PN which helps for the comprehensive management including expertise from both the departments of psychiatry and dermatology.

MATERIAL AND METHODS

A cross sectional study was conducted in the department of dermatology in a tertiary care hospital, south India after the approval of ethical committee. All diagnosed patients of PN aged between 18-60 years, who visited dermatology outpatient department, irrespective of their gender were included in the study. This study was conducted during May 2021 to April 2022. Patients with significant medical illness or intellectually retarded are excluded from the study. Socio demographic details were entered in a semi structured format. Psychiatric morbidities were assessed using Mini international neuropsychiatric interview (MINI): It is a brief, validated and reliable structured diagnostic interview to assess psychiatric morbidities [7]. Data were analysed

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Submission: 12.10.2022; Acceptance: 15.12.2022 DOI: 10.7241/ourd.2023e.14 using Statistical Package for Social Sciences software, version 18.0 (SPSS) [8].

RESULTS

A total of 150 patients were included in the study. Out of which majority of 83 were males and rest 67 were females. Mean age for males was 32.2years. Mean years of education among males were 14 ± 2 and for females were 9 ± 3 . A total of 67 males and 45 females were from joint family background and majority of 80 males and 60 females were married during the time of our study. 59 males and 57 females were from rural area of living and the rest from urban background (Table 1).

Social phobia was found to be higher in males (16.8%) and generalised anxiety disorder among females (16.4%) in our study sample. Major Depressive Disorder was found in 8.4% males and 7.4% in females. Whereas 2 of the males had somatisation disorder and majority of (61%) in both males and females didn't had any psychiatric symptoms (Table 2).

DISCUSSION

Psychiatric morbidities were found to be significantly higher in many patients of PN compared to general population. Similar findings were found in many of the studies in the literature [9-15]. Mean age in our study sample was 29.9 years. In many of the studies

Table 1: Demographic features of study sample				
	Male (n and percentage)	Female		
		(n and percentage)		
Total number	83 (55.3)	67 (44.6)		
Mean age In years	32.2	27.6		
Years of education	14±2	9±3		
Nuclear family	67 (80.7)	45 (67.1)		
Joint family	16 (19.2)	22 (32.8)		
Married	80 (96.3)	60 (89.5)		
unmarried	3 (3.6)	7 (10.4)		
Rural	59 (71.1)	57 (84.2))		
urban	24 (28.9)	10 (14.8)		

n=frequency

Table 2: Psychiatric morbidities among patients with Prurigo	
Nodularis	

Psychiatric morbidity	Males (n and percentage)	Females (n and percentage)
MDD	7 (8.4)	5 (7.4)
Generalised Anxiety	9 (10.8)	11 (16.4)
disorder		
Social phobia	14 (16.8)	9 (13.4)
others	2 (2.4)	0
None	51 (61.4)	41 (61.1)

MDD- Major Depressive Disorder

the mean age was found 10 ± 2 years [12]. Generalised anxiety disorders were found among 27.2% in our study group and MDD in 15.8% which are in line with studies conducted. Hypochondriasis was found in 2.4% of PN patients in our study. Similarly in another study they found higher prevalence of alexithymia, hypochondriasis, anxiety and depression in patients of Prurigo Nodularis [12-16]. Smaller sample size and single centre study were one of the limitations in our study. As significant psychiatric morbidities were found in many patients of Prurigo Nodularis the importance of cross consultation is highlighted here in our study.

Statement of Human and Animal Rights

All the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the 2008 revision of the Declaration of Helsinki of 1975.

Statement of Informed Consent

Informed consent for participation in this study was obtained from all patients.

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