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ASSESSMENT OF PSYCHIATRIC DISORDERS IN VITILIGO. CONSIDERATIONS FOR OUR DAILY PRACTICE

OCENA ZABURZEŃ PSYCHICZNYCH W BIELACTWIE. POSTĘPOWANIE W NASZEJ CODZIENNEJ PRAKTYCE

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Sir,

Vitiligo is a frequent disorder of unknown aetiology, affecting 1-2% of the general population, regardless of age, sex or ethnicity [1]. Clinical dermatologists are used to the influence of psychological factors in the onset or exacerbation of several cutaneous condition. Furthermore, secondary psychiatric disorders could be caused by disfiguring conditions like vitiligo. In this study we assessed psychiatric morbidity in vitiligo patients and its relation with clinical and demographic characteristics.

It was a cohort study bearing on 180 outpatients with vitiligo examined in the Department of Dermatology of the University Hospital of Canary Islands. Patients completed a questionaire that included personal and demographic data. A complete medical history including psychiatric conditions was also recorded for each patient. We did not conduct any standarized psychiatric evaluation, but we recorded previous psychatric diagnoses already stablished by Psychiatrist or Physiscian using DSM-IV. Affected body surface area (BSA) was calculated by considering the surface of palm as 1%. Parametric variables were analysed using student´s t-test. SPSS 15.0 statistical package was used.

One hundred and eighty consecutive patients (100 women, 80 men) with a mean age of 36,18±18 years (Range: 3-74) were included in the study. A clinic prevalence of 48,33% of psychiatric morbidity was found among vitiligo patients. The most common diagnosis was chronic insomnia (33,33%) and anxiety disorder (21,66%). Depression was present in 11,11% of the sample. Other psychiatric diagnoses presented in the sample are reffered in Table I. Regarding to sex, psychiatric morbidities were more frequent in women than men (53% vs 41.25%, p=0.13). Prevalences of mental disorders in our sample regarding to gender are recorded in Table II.

Diagnoses	Frequency (%)
General Psychiatric morbidity	48,33
Drug abuse	0,55
Anxiety disorder	21,66
Bullimia	1,11
Depression	11,11
Insomnia	33,33
Obsesive-Compulsive disorder	0,55
Trichotillomania	0,55

Table I. Prevalence of psychiatric conditions in the sample

Both anxiety and depression were more prevalent in patients ranging from 31-50 years-old. Nor Insomnia, depression or anxiety could be correlated to the age of vitiligo onset or severity of the disease (measured by BSA). Psychiatric drugs intake was present in 47,8% of the sample. 28,3% reported ansiolitic drug intake and 20.11% medication for insomnia. Psychiatric drugs

intake was more prevalent among women than men ($p<0.05$). Sedatives intake was correlated to severity of the disease, measured by BSA (ρ-correlation factor=0.18, p=0.017).

Diagnoses	Female prevalence (%)	Male prevalence (%)
General Psychiatric morbidity	53	41,25
Drug abuse	0	1,25
Anxiety disorder	38	18,75
Bullimia	2	0
Depression	16	5
Insomnia	40	25
Trichotillomania	0	1,25
Behaviour disorder	0	1,25
Suicidal ideation	1	1,25

Table II. Psychiatric diagnosis in the sample regarding to gender

Given the common ectodermal origins of the skin and nervous system, it has been suggested that some dermatologic and psychiatric conditions could share a common basis [1,2]. Our rate of psychiatric conditions was higher than the mean prevalence reported in other european vitiligo samples [2,4]. The profile of diagnosis obtained in our sample was comparable to other studies, with a predominance of anxiety and depression [2-5]. However, Sleeping disorders (Chronic insomnia) showed in our sample the highest rate (33.3%). Other studies have also found that sleeping disturbances are the most frequent diagnosis, but in a lower rate (20%) [5]. No significant correlation was found between severity of the disease and psichiatric morbidity in our sample. Similar results have been observed in other european studies [2].

The high frequency of psychiatric comorbidity observed in our patients highlights the need of a global approach in this condition. Not only cutaneous therapies and follow-up, but also specific measures of psycholgical variables and investigation of psychiatric morbidity (mainly sleeping disorders, anxiety and depression) should be included in our daily practice with vitiligo patients.

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