

Psychiatric Symptomatology of Behçet, Psoriasis and Alopecia Patients*

BEHÇET, rSÖRİASİS VE AL.OPESİİA HAST ALARDA PSİKİATRİKSEMPTOMATOE.O.İİ

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SUMMARY

This study is performed to evaluate the psychiatric symptoms, of patients with Behcet's disease, psoriasis and alopecia and to search the differences comperatively. Tlie study is carried out on three gruops of patients attending the Dermatology' Dcpratment of Ankara Universtiy School of Medicine during the first six months of 199L Twenty subjects were chosen from each group by random sampling and the findings were compared with that of conrols. SCL-90-R (Symptom chesck list 90 revised) and a questionnaire were used after the intennew with each subject including illness history and pressure creating events prior to the illness. Results were compared for all groups, and Mann-Wliitney U Test was used for the evaluations.

Key Words: Behcet, Psoriasis, Alopecia, Psychiatric symtomatoloji

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The skin is one of the most important organs that covers and protects the body against environmental hazards and also provides the connection between the individual and the enviroment. On the other hand, the skin also helps to maintain the physiological homeostasis. Skin can react in several ways against emotional disturbances.

A number of skin diseases are found to be related with emotinal factors. For instance, itching is

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ÖZET

Bu çalışmada, Behçet, Psoriasis, ve Alopsi'U olgularında psikiatrik semptomlar karşılaştırmalı olarak değerlendirildi. Çalışma, A.Ü.T.F Dermatoloji Anabilim Dalına 1991 yılının ilk 6 ayında başvuran 3 grup hasta ile yürütüldü. Her gruptan random usulü ile seçilen 20 hastanın bulguları kontrol grubu ile karşılaştırıldı. Her olgu ile hastalık öyküsü, stress yaratan yaşam olayları ile ilgili görüşmeden son, a SCL-90-R ölçeği ile değerlendirme yapıldı. Sonuçlar tüm gruplarda karşılaştırmalı olarak değerlendirildi.

Anahlar Kelimeler: Behçet, Psoriasis, Alopsi, Psikiatrik semptomatoloji

T Kl in Dermatoloji 1991, 1:5-9

closely related with destructive compulsions and fantasies towards other individuals (1).

On psychodynamic aspect, the traumatic life experiences in childhood as well as the important events in the recent past may evoke different types of psychosomatic skin diseases in adults. Some patients projects their subcorscious aggrcsivity and anger to thcmcsclvcs and scratch their skin until the bleeding point. Simulation is not only a tool of satisfaction for guiltyness and punishing tendencies, but also a way of running out sexual drives (1).

Accecerbation of skin and mucous membrane lesions and shorttning of residive periods in Behcet's disease, accccerbalion of psoriatic plaques, whitening or falling ait of the hair, inceasing acne lesions following stressful! life events, and disappea-

iri! ml t İn a, niş alter suggestion arc commonly observed.

In l. al, nunc than 50'7 of the patients attending ilie <ki maiology clinics in seek of a treatment had louiul in have several psyehialrie problems (2).

Numerous clinical investigations were carried out on this subject: Kıraç et al. were performed a controlled, collective study between dermatology and psychiatry departments. They concluded that stressfull life events in the past have important effects on both precipitation and acceccrbation of psoriasis (3).

The role of psychosocial factors in psoriasis and alopecia areala was investigated in another colliceptive study performed in Ankara University Faculty of Medicine Dep. of Dermatology and Psychiatry. Depression and tensious life experiences were the most striking features in both groups (4).

It was reported that, urticaria, psoriasis and alopecia might be psychosomatic expressions of repressed emrity and these patients have extrovert and introvert punishing tendencies, neurotic personality characteristics, much more than those individuals who have organic skin diseases. Those patients also shown to be relatively less successful (2).

Another study focused mainly on alopecia patients, revealed prominent anxiety disorder and depressive symptoms (5).

Kirkby et al., have found sleeping disturbances and alcohol abuse aparl form the depressive symptoms in psoriatic patients (6).

The aim of the present study is to investigate the psychiatric symptomatology of Behçet's disease, psoriasis and alopecia patients. On Behçet's disease, psoriasis and alopecia we have noticed few studies in the literature in which a standard scale like SCL-90 was used in determining and comparing the psychiatric symptomatology.

Material And Methods

This study was performed on 60 Behçet, psoriasis and alopecia patients who had no previous psychiatric history. 20 patients have chosen for each group with the method of randomised sampling, during their attendance to Ankara University Faculty of Medicine, on the first 6 months of 1991.

The subject group was composed of 20 mucocutaneous Behçet patients, 20 alopecia patients of whom 13 were localized and 7 were generalized, and a total of 20 psoriasis patients of whom 8 were locali-

zed and 12 were generalized types of the disease. Subject election was restricted with the individuals ages between 17-50, ami the least accepted level of education is primary school graduation.

Results were compared with the control group, composed of dermatologically and psychiatrically healthy 20 individuals whose sociodemographic features were similar with those of subject groups.

During the interview with the the subjects, a detailed history of the dermatoses have taken and possible precipitating, tensious life experiences were questioned.

Besides domograhpic information file and smptom check list, 90 revised (SCL-90) scale were filled out by subjects. The results were evaluated by two way ANOVA Statistically.

Results

Informative Subject Results

Dermographic features of each 4 groups composed of 20 individuals are shown in Table 1. The study was performed on equal number of patients forma both sexes. Ages were between 17 and 50. The mean age for Behçet's disease was 34.8, psoriasis 30.05, alopecia 28.65 and control group 26.35.

Majority of our subjects were married and living in big cities. House wives in Behçet's disease and psoriasis group, and officers in alopecia group were cumulated with a proportion more than 25%, comparing to the other occupations.

Regarding the education level, primary school graduates were dominant, secondary school graduates were the second.

Results For Stressfull Life Events

In each subject group occurrence of a precipitating factor was strikingly constant. Rates of traumatic life experiences just before the dermatoses were 80% in Behçet and psoriasis patients, and 100% in alopecia patients.

The most common stressfull life event that might precipitate the dermatoses (according to the Paykel's Classification 1975) was the death of a close relative (7). Problems related with family and business were the second. Economical difficulties were another important tentionous life experience. Table 2 Shows mean values of global severity index. The mean SCL-90 R sub-scale valules are shown in Table 3.

Table 1. Demographic Characteristics of the Subjects

	Psoriasis		Behcet's Disease		Alopecia Areta		Control	
	N	%	N	%	N	%	N	%
Average Age	30.05		34.8		28.65		26.35	
Sex								
Female	10	50	10	50	10	50	10	50
Male	10	50	10	50	10	50	10	50
Total	20	100	20	100	20	100	20	100
Marital status								
Married	13	65	17	85	11	55	8	40
Single	7	35	3	15	9	45	12	60
Total	20	100	20	100	20	100	20	100
Residence								
City	15	75	17	85	13	65	20	100
Town	5	15	3	15	7	35		
Total	20	100	20	100	20	100	20	100
Occupation								
Housewife	7	35	7	35	4	20		
Officer	7	35	9	45	10	65	12	65
Labourer	4	20	1	5	1	5	1	5
Student	2	10			2	10	7	35
Unemployed			3	15	3	5		
Total	20	100	20	100	20	100	20	100
Education								
Elementary school	10	50	10	50	8	40		
High school	7	35	7	35	9	45	17	85
University	3	15	3	15	3	15	3	15
Total	20	100	20	100	20	100	20	100
Life Events								
Present	16	80	17	85	20	100		
Absent	4	20	3	15				
Total	20	100	20	100	20	100	20	100

Discussion

Significantly high global severity index and SCL-90-R sub-scale values with the only exception of obsessive-compulsive feature were observed in psoriasis and alopecia patients comparing to the control group. On the other words, these two groups have

somatisation, interpersonal relationship difficulties, depression, phobic reaction, anxiety, hostility, paranoid idea, psychotism and sleep-eating disorders severe enough to require psychiatric help and therapy.

In Behcet's disease, high global severity index and all sub-scale values were statistically significant.

Table 2. Global Severity Index Values

			female		male	
	mean	sd	mean	sd	mean	sd
Behçet Patients	1.33'	0.60	1.65	0.49	1.02	0.55
Psoriasis patients	1.06*	0.48	1.21	0.52	0.91	0.42
Alopecia patients	1.05*	0.55	1.23	0.63	0.87	0.42
Control group	0.50	0.14	0.48	0.11	0.53	0.17

'Significantly high values comparing with control group $p < 0.01$

"Significantly high values comparig with men $p < 0.05$

Table 3. SCL 00-R Sub-Scale Values

	Behcet's Disease		Pronasis		Alopecia		Control	
	mean	sd	mean	sd	mean	sd	mean	sd
Somatisation	1.49*	0.89	1.10**	0.62	1.04**	0.76	0.56*	0.26
Obsessive-compulsive feature	1.61*	0.57	1.17	0.63	1.06	0.56	0.81	0.22
Interpersonal relationship difficulties	1.49*	0.66	1.41*	0.66	1.35**	0.77	0.58	0.35
Depression	1.67*	0.78	1.19**	0.67	1.14**	0.67	0.52	0.25
Anxiety	1.22*	0.69	0.91**	0.53	0.94**	0.51	0.51	0.23
Hostility	1.28*	0.75	1.07**	0.70	1.27*	0.73	0.51	0.29
Phobic reaction	0.87*	0.52	0.60*	0.52	0.54**	0.41	0.21	0.19
Paranoid idea	1.37*	0.81	0.08**	0.61	1.14**	0.74	0.58	0.28
Psychotism	0.84*	0.54	0.74*	0.47	0.58*	0.45	0.22	0.13
Sleeping-eating disorders	1.15*	0.90	1.13*	0.72	1.32*	0.60	0.52	0.26

'Significant! high values $p < 0.01$

"Significant! high values $p < 0.05$

Besides depression was significantly more severe in Behçet patients comparing to the other disease groups. Also in Behçet's disease group it was found that women showed significantly higher amount of psychiatric symptoms than men.

When the literature reviewed under the light of these findings, several investigators have pointed out the relationship between the depression and psychosomatic skin diseases (15,-6,8-9).

In our study, Behçet's group having more severe psychiatric symptomatology than the other dermatoses

provokes the idea of requirement for more detailed and advanced psychiatric studies on this field.

On the other hand, tentious life events were a strikingly constant feature of all subject groups.

This findings, support the opinion of stress factor playing an important role as a trigger for psychophysiological or psychosomatic skin diseases (1).

As a final interpretation, we can conclude that apart from a dermatological examination and treatment, psychiatric consultation and therapy can be helpful regarding Behçet's disease psoriasis and alopecia areata.

REFERENCES

1. Ünal M. Stres ve Psikosomatik tıp. Türk Psikiyatri Dergisi 1990; 1:1904.
2. Lyketsos GC. Hostile personality characteristics, dysthymic satetis and neurotic syptoms in urticaria, psoriasis and alopecia. Psycholerypy Psychosomatic 1985; 44:122-31.
3. Kıraç E. Ünal M. Invent B. Toplumsal zor ve psoriasis. XXI. Ulusal Psikiyatri ve Nörolojik Bilimler Kongresi Kitabında. Mimeray Ofset 1986.
4. Gürler A. Sayıl I, Ayhan N. Psoriasis ve alopecia areata'lı olgularda psikososyal faktörlerin rolü üzerine kıyaslamalı bir çalışma IX. Ulusal Dermatoloji Kongresi Kılabı'nda Marmaris. E.Ü. Mühendislik Fakültesi Basımevi, İzmir 1984.
5. Ichikawa T, Suzuki T, Koi/umi I. An adult case of psychogenic alopecia universalis. Jpn J Psychiatry Neurol 1989; 43:585-9.
6. Kırkby S, Chork M, Weiner II, et al. Psychophysiologic disorders. J Am Acad Dermatol 1989; 21:479-84.
7. Paykel ES, Prusoff BA, Myers .IK. Suicide attempts and recent life events. Arch Gen Psychiatry 1975; 32:327-33.
8. Preston J. Depression and skin diseases. Med. J.Aust. 1969; 1:326-31.
9. Şirin A, Tekin D, Erkmcn II. Psoriasis alopecia areatali olgularda depresyon. XXIV. Ulusal Psikiyatri ve Nöroloji Bilimler Kongresi Kitabı. UDK Yayınları, Ankara 1988.