The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 4, Issue 4, DIP: 18.01.012/20170404
DOI: 10.25215/0404.012
http://www.ijip.in | July-September, 2017

The International Journal of INDIAN PSYCHOLOGY

Original Research Paper

To See the Level of Depression in Person's having Skin Disease

Shama Hamdani[1], Ashok Parasar[2]*

ABSTRACT

Introduction- Skin disease often present mood disorders, depression, anxiety disorders and psychological conditions. Seborrheic dermatitis and psoriasis, both characterized by chronic inflammation of skin, have been linked to emotional states. Skin disease here refers to disorders of exclusively (or predominantly) the superficial layers of the skin. Psychological factors have long been associated with the onset, maintenance and exacerbation of many cutaneous disorders (Newell, 2000, p. 8; Papadopoulos, Bor & Legg, 1999, p. 107). Depression is a major cause of morbidity worldwide (WHO, 2001). "Depression is the common cold of psychopathology, at once familiar and mysterious" (Seligman, 1973). The aim of the present study is to see the level of depression in peson's having skin disease. ***Methodology-*** The sample size consisted of 40 patients suffering from common skin problems. The study was conducted at dermatlogy outpatient clinic Bhilai, Durg, C.G.. The samples were selected by purposive sampling method The tools used for assessing the variables are Sociodemographic, self made consent form and Beck Depression Inventory (Beck,1961). ***Result & Conclusion:-*** Minimal depression was found in 40 % of patients, while 7.5 % had mild and 20 % had moderate level of depression. 32.5 % of them suffered from severe depression.

Keywords: *Skin Disease and Depression*

Skin diseases are frequently seen. The skin, like a cloak, covers us all over, the oldest and the most sensitive of our organs, our first medium of communication, and our most efficient of protectors (Montagu, 1971, p.1).Skin disease here refers to disorders of exclusively (or predominantly) the superficial layers of the skin.

Although most of the chronic skin conditions, such as atopic eczema, psoriasis, vitiligo and leg ulcers, are not immediately life-threatening, they are recognized as a considerable burden on health status and quality of life (QoL), including physical, emotional and financial consequence.

[1] Clinical Psychologist, NMHP Sparsh Clinic District Hospital, Durg, C.G., India
[2] Clinical Psychologist, NMHP Sparsh Clinic District Hospital, Durg, C.G., India
*Responding Author

Received: May 29, 2017; Revision Received: July 1, 2017; Accepted: July 20, 2017

Skin diseases are among the most common health problems worldwide and are associated with a considerable burden. Anxiety and depression is a feeling that plagues many people with skin disorders – a feeling of being dirty and un lovable. Skin conditions have a strong influence on daily routines, self-esteem, and quality of life. Skin problems such as psoriasis, acne, baldness or onychomycosis give rise to serious functional and psychosocial problems that tend to persist (Badia, Mascaro & Lozano, 1999; Drake et al., 1999; Niemeier, Kupfer, Demmelbaueer-Ebner, Stangier, Effendy & Gieler, 1998).People with skin problems are at high risk of developing depression, and they can linger even after the skin gets better which affect patients' lives.

Depression is a major public health issue and it imposes a considerable economic and emotional burden upon the community (Murray and Lopez,1997). At any one time the prevalence of major depression is around 5% and at least another 5% of the population have other depressive conditions (cited in Goldney, 2001). It has been estimated that 5% of men and 10% of women are depressed at least once during their lives(Woodruff, Goodwin and Guze,1974).Lifetime prevalence rates were found to be 13%. In addition, a trend emerged for depression in both sexes to be increasing in prevalence, and for it to be occurring at an earlier age (Joyce, et al.,1990, page 83).Many studies have highlighted the comorbid- ity of skin disorders and depression, occurring in 25% - 30% of the cases examined, a considerably higher rate than that found in the general population (Picardi, A., Pasquini, P., Abeni, D., Fassone, G., Mazzotti, E. and Fava, G.A., 2005; Filakovic, P., Petek, A., Koic, O., Radanovic-Grguric, L. and Degmecic, D., 2009). The literature suggests that depression is one of the most common psychiatric disorders in dermatological diseases, but that it is diagnosed in a purely generic sense. Indeed, all previous studies investigated only the pres- ence or absence of depression, or, at best, evaluated this disorder quantitatively (Akay, A., Pekcanlar, A., Bozdag, K.E., Altintas, L. and Karaman, A., 2002);Consoli, S.M., Rolhion, S., Martin, C., Ruel, K., Cam- bazard, F., Pellet, J. and Misery, L., 2006).

Aim

- The aim of this study was to see the level of Depression in person's having skin disease.

Hypothesis

- There will be a Severe Depression level in females diagnosed with skin diseases.

METHODOLOGY

Sample

A Sample of 40 patients suffering from common skin problems taken from a Dermatology Outpatient Clinic in Bhilai (C.G) were selected for the present study. Method of sampling was purposive.

Inclusion Criteria

- Persons suffering from skin diseases
- Only Females

- Age 18yrs and above
- Patients clinically diagnosed as having various skin diseases.
- Patients consenting for the study.

Exclusion Criteria

- Below 18 years of age.
- Males
- Patients having other chronic diseases
- Those who not given consent for the study.

Tools Used

- Socio-demographic Data Sheet
- Beck Depression Inventory(Beck,1996)

Description of Tools

1. Socio Demographic Data Sheet:-

A self- made and semi-structured data sheet was used for the patients. It was divided in to socio demographic and clinical data for the patient group. The socio demographic variables were name, age, marital status, occupation, marital status, occupation, religion, domicile, type of family etc. the variables in clinical data sheet were history of similar illness in the family, duration of illness, suicidal ideation, any attempt to suicide, social interaction with others, taking self- care and doing daily chores, able to perform responsibilities and home environment.

2. Beck Depression Inventory (Beck et al, 1961):-

It was developed as subjective measures of depression severity. The beck depression inventory-second (BDI-II) is a 21 item self report instrument for measuring the severity of depression in adults and adolescents aged 13 years and older. The BDI-IA replaced the original instrument (BDI) that had been developed by Beck, Ward, Mendelson, Mock and Erbaugh (1961). The BDI consisted 21 items, self report inventory consisting of affective, cognitive, motivational and somatic symptoms of depression. All symptoms are related on five point rating scale. Each items is related on a 4 point scale rating from 0-3. If an examine has made multiple endorsement for an item, the alternative with the highest ranging is used. Its reliability has been established and it correlates well with interviewer based measures of depression (Steer et al, 1986).

Procedure

Authorities of a Dermatology Outpatient Clinic in Bhilai (C.G) were contacted and permission for conducting the research was taken. Persons suffering from Skin disease diagnosed by dermatologists were selected as sample. After the selection of samples as per inclusion and exclusion criteria their consent for study was taken followed by collection of their personal and clinical details. Then Hamilton Anxiety Rating Scale to measure level of anxiety.

Statistical Analysis:

Descriptive statistics like Mean and SD were used for Statistical Analysis using Statistical Package of Social Sciences (SPSS) version 20.

RESULTS

Table 1 :- Socio Demographic Details Of The Patients

Variable	Categories	F	%	M	SD
Age				27.8250	8.51210
Education	I to V	2	5		
	VI to XII	6	15		
	Graduation & Post Graduation	32	80		
Marital Status	Married	14	35		
	Unmarried	22	55		
	Window/Divorcee	4	10		
Occupation	Students	15	37.5		
	House wife	8	20		
	Teacher	6	15		
	Job	8	20		
	Business	3	7.5		
Religion	Hindu	29	72.5		
	Muslim	5	12.5		
	Sikh	4	10		
	Christian	2	5		
Domicile	Rural	9	22.5		
	Urban	31	77.5		
	Nuclear Family	31	77.5		
	Joint Family	9	22.5		

Table- 1 shows the socio demographic status of patients suffering from skin diseases. The age range is above 18 with mean of 27.8250 and standard deviation 8.51210. Most of the patients are graduate and post graduate, I to V, VI to XII. Majority of patients were unmarried, others were married. Maximum belong to urban area and, few from rural areas. Most were students, others were home makers, job holders, business persons and Hindus, .Most of them were Hindus, rest were Muslims, Christians and Sikhs. Maximum patients belonged to nuclear family, others from joint family.

Table 2 shows the clinical details of the patients

Variable	Categories	F	%	M	SD
Duration of Illness				3.5750	2.15891
History of Similar Illness in the Family	Present	14	35		
	Absent	26	65		
Suicidal Ideations	Present	13	32.5		
	Absent	27	67.5		
Suicidal Attempt	Present	6	15		
	Absent	34	85		
Social interaction	No Change	16	40		
	Decreased	24	60		
Self-Care		F	%		
	No Change	22	55		
	Reduced	18	45		
Able to perform Responsibility	Yes	30	75		
	No	10	25		
Home Environment	Supportive	34	85		
	Unsupportive	6	15		

Table 2 shows the clinical details of the patients. The duration of illness ranges from 1 year to 10 years with mean 3.5750 and standard deviation of 2.15891. Most of them had history of similar illness in the family, suicidal ideations and few patients attempted for suicide. Maximum had decreased social interaction and others had reduction in self-care. Many of them failed to perform their responsibilities. The home environment was unsupportive for most Table 2 shows the clinical details of the patients.

Table 3:-Level Of Depression In Persons Suffering From Skin Diseases.

	Level of Depression	F	%
	Minimal Depression	16	40
	Mild Depression	3	7.5
	Moderate Depression	8	20
	Severe Depression	13	32.5

Table 3 shows level of depression in patients with skin diseases. Minimal depression was found in 40 % of patients, while 7.5 % had mild and 20 % had moderate level of depression. 32.5 % of them suffered from severe depression.

DISCUSSION & CONCLUSION

The present study was conducted with the purpose of examining the presence of depression among the patients suffering from skin diseases. Although few studies on psychological impact of skin diseases have been conducted none of them mentioned it in the light of socio demographic and clinical details of patients having skin diseases. Total number of 40 patients

from a dermatologic outpatient clinic were included in the study. Average age of the patients was 27.83 and standard deviation 8.51. Most of the patients were graduate and post graduate and post graduate (80 %), majority of patients were unmarried (55%), followed by married (35%), while 10 % were widow/Divorce. Most of the patients hailed from urban area (77.5%). Most were students (37.5%), followed by home maker, job holders (20% each), and business persons (7.5%). Maximum numbers of patients were Hindu (72.5%), followed by Muslims (12.5%), Sikh (10%) and Christian (5%). Majority belonged to nuclear family (77.5%) and 22.5% were from join family.

Regarding clinical details of the patients, the mean duration of illness was 3.57 and standard deviation of 2.15. 35% of them had history of similar illness in the family. This study suggests that familial factors are important in determining individual susceptibility to skin disorders. There is some evidence, primarily from twin studies, to suggest that acne may be inherited disease. Until 40-50 year ago, approximately 70% of patients with atopic dermatitis had a family history of atopic disease (Hellerstrom & Lidman, 1956). Similarity, the risk of adult acne occurring in a relative of patient with adult acne was significantly greater than for the relative of an unaffected individual (odd ratio 3.93, 95% confidence interval 2.79-5.51; $P< 0.001$), in a studyby Goulden, Mcgeown and Cunliffe (1999). Majumder et al. (1988) found that for patients of vitiligo, offspring have the highest chance of developing the disease, followed by siblings, parents and grandparents. Majumder's team published a report in 1988 suggesting a multiple recessive homozygous model for the disease. In 1994 a separate team of researchers validated Majumder;s proposition of multiple homozygous recessive alleles, causing non-Mendelian inheritance of the disease; ths team found that 3 " epistatically interacting autosomal siallelic loci" are involved in the pathogenesis of the disease and affected individuals exhibit homozygous recessive genotypes for all 3 loci (Nath et al. 1994).

In this study depression in persons with skin disease was assessed Minimal depression was found in 40 % of patients, while 7.5 % had mild and 20 % had moderate level of depression. 32.5 % of them suffered from severe depression. (Table3). Findings of the present study correlate with earliar researchers. A study conducted by Keller et al. (2009) found that considerable clinical depression was present in 18% of the patient respectively. Golchai and colleagues (2010) found prevelance of depression to 25.6% in skin disease patients. Bhosle et al., (2006) research has shown that psoriasis patients frequently experience Depression. Purvis et al. (2006), too found a positive correlation with increasing acne severity. Ponarovsky et al. (2011) studied the prevalence of depression in patients suffering from chronic skin disorder, Rates of depression in patients with allergic and no-allergic conditions were considerably higher than those in the general population.

Thus, it can be concluded that irrespective of the degree of severity, patients with skin disorder are at increased risk for Depression. Skin disorders adversely affects individual's day to day life, making their interpersonal and social life problematic. I was also found that the current trends in demographics, rapid urbanization, and trendous changes in life style are

also few cause of skin diseases, which ultimately lead to depression, worsening the individual's life. Hence this depression should be emphasised, while managing skin problems.

Limitations

1) No proper representation of skin disease.
2) The sample had been taken from one place only.
3) Adolescents were not taken.
4) Lack of comparative sample.

Future Direction

1) Sample can be increased for the generalization of result.
2) Both sex ca be included.
3) Adolescents can be included
4) Sample having other Physical aliments like diabetic, B.P. cardiac problem could have included.

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests: The author declared no conflict of interests.

REFERENCES

Akay, A., Pekcanlar, A., Bozdag, K.E., Altintas, L. and Karaman, A. (2002) Assessment of depression in subject with psoriasis vulgaris and lichen planus. *Journal of the European Academy of Dermatology and Venereology*, 16, 347-352.

Beck, A.T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961) An inventory for measuring depression. *Archives of General Psychiatry*, 4, 561-571.

Badia, X., Mascaro, J.M. & Lozano, R. (1999). Measuring health related quality of life in patients with mild to moderate eczema and psoriasis: clinical validity, reliability and sensitivity to change of the DLQI. *British Journal of Dermatology*. 141, (4), 698-702.

Bhosle MJ, Kulkarni A, Feldman SR. (2006). Quality of life in patients with psoriasis. *Health Qual Life Outcomes.*4, (1), 35.

Consoli, S.M., Rolhion, S., Martin, C., Ruel, K., Cam- bazard, F., Pellet, J. and Misery, L. (2006) Low levels of emotional awareness predict a better response to derma- tological treatment in patients with psoriasis. *Dermatol*- ogy,212, 128-136.

Consoli, S.G. (1995) La de rmatologie psychosomatique. Revue Française d'Allergologie etd'Immunologie *Clini- que*, 35, 621-624.

Filakovic, P., Petek, A., Koic, O., Radanovic-Grguric, L. and Degmecic, D. (2009) Comorbidity of depressive and dermatologic disorders: Therapeutic aspects. *Psychiabtria Danubina* , 21 , 401-410

Golchai J, khani SH, Heidarzadeh A, Eshkevari SS, Alizade N, Eftekhari H.(2010) Comparison of anxiety and depression in patients with acne vulgar is and healthy individuals. *Indian J Dermatol.* 55(4):352–354.

Goulden V, McGeown CH, Cunliffe WJ. (1999).The familial risk of adult acne: a comparison between first-degree relatives of affected and unaffected individuals. *Br J Dermatol.* 141.(2), 297-300.

Gupta MA, Gupta AK. (2003). Psychiatric and psychological co-morbidity in patients with dermatologic disorders: epidemiology and management. *Am J Clin Dermatol.* 5, 833-842.

Kurd SK, Troxel AB, Crits-Christoph P. (2010).The risk of depression, anxiety, and suicidality in patients with psoriasis: a population-based cohort study. *Arch Dermatol.*146, (8), 891–895.

Majumder, P.P., Das, S.K., Li, C.C. (1988). A genital model for vitiligo. *American Journal Human Genetics.* 43, 119-125.

Majumder, P.P., Nordlund, J.J., Nath, S.K. (1993). Pattern of familial aggregation of vitiligo. *Archives of Dermatology.* 129, 994-998.

Nath, S.K., Majumder, P.P., Nordlund, J.J. (1994). Genetic epidemilogy of vitiligo: multilocus recessively cross-validated. *American Journal of human genetics.* 55, 981-990.

Papadopoulos L, Bor R, Legg C. (1999). Coping with the disfiguringeffects of vitiligo in adults: a preliminary investigation into the effects of cognitive-behavioural therapy. *Br J Med Psychology.*

Picardi, A., Pasquini, P., Abeni, D., Fassone, G., Mazzotti, E. and Fava, G.A. (2005) Psychosomatic assessment of skin diseases in clinical practice. *Psychotherapy and Psy- chosomatics 74* , 315-322. doi:10.1159/000086323

Picardi, A., Mazzotti, E., Gaetano, P., Cattaruzza, M.S.,. Baliva, G., Melchi, C.F., Bi ondi, M. and Pasquini, P. (2005) Stress, social support, emotional regulation, and exacerbation of diffuse plaque psoriasis. *Psychosomatics,* 46, 556-564. doi:10.1176/appi.psy.46.6.556

Ponarovsky, B., Amital, D., lazarov, A., Kotler, M. & Amital, H., (2011). Anxiety and depression in patients with allergic and no-allergic cutaneous disorders. *International Journal of Dermatology,* 50 (10), 1217-1222.

Purvis, D., Robinson, E., Merry, S. & Watson, P. (2006). Acne, anxiety, depression and suicidal in teenagers; a cross-sectional survey of New Zealand secondary school students. *Journal of paediatric & child health.* 42 (12), 793-796.

Woodruff PWR, Higgins EM, Du Vivier AWP, Wessely S.(1997). Psychiatric illness in patients referred to a dermatology-psychiatry clinic. *Gen Hosp Psychiatry.* 19, 29-35.

How to cite this article: Hamdani S, Parasar A (2017). To See the Level of Depression in Person's having Skin Disease. *International Journal of Indian Psychology*, Vol. 4, (4), DIP:18.01.012/20170404, DOI:10.25215/0404.012