

Original Research Article

Psychiatric Morbidities among Patients with Lichen Simplex Chronicus: A Cross-Sectional Study in a Tertiary Care Hospital of South India

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ABSTRACT

Background: Lichen simplex chronicus (LSC) is one of the chronic and debilitating neuro-dermatological condition which results in lichenified skin plaques. Psychological stress being one of the main reasons behind intense itching which again leads to repeated cycle of itching and temporary relief. Chronic nature of the disease with intense itching is the of the important factor for the development of psychiatric morbidities. Due the scarcity of Indian literature this study was undertaken. Aim is to study the psychiatric morbidities in patients of Lichen simplex chronicus.

Materials and methods: This is a cross sectional study conducted in a tertiary care hospital after ethical committee approval. Total of consenting 150 diagnosed LSC patients were interviewed for psychiatric morbidities using MINI-Plus scale.

Results: Major Depressive Disorder was found in 8%, Generalized anxiety disorder (GAD) was present among 13.3%, social phobia in 15.3% in our study group. One of the females had somatization disorder and other one had obsessive compulsive disorder.

Conclusion: Comparatively higher prevalence of psychiatric morbidities was found in our study group which further warrants adequate consultation liaison between dermatology and psychiatry department.

Keywords: Lichen Simplex Chronicus, Generalized Anxiety Disorder, Major Depressive Disorder, Somatization Disorder.

INTRODUCTION

Lichen simplex chronicus (LSC) is a long-term neuro-dermatological condition known for its densely lichenified and itchy plaques.¹⁻³ The hypertrophic skin lesions generally seen are due to habitual scratching of a particular area. It could be primarily due to underlying psychogenic cause or secondary to other skin conditions like eczema or psoriasis. Scalp, neck, hands, legs and genitals are commonly affected in this condition.⁴⁻⁶ In LSC, psychological stress causing

irritation and the urge to scratch often develops a cycle which results in repeated scratching and subsequent skin changes.⁷

Although it's one of the common dermatological conditions, exact prevalence of LSC in Indian setting is not known. Psychological stress is one of the main reasons for LSC, its ramifications into other psychiatric morbidities are hardly looked upon.

There is scarcity of data in Indian literature which explores the psychiatric morbidities among patients of LSC and hence this study was undertaken.

MATERIALS 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 LSC 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 2020 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.⁸

Data were analysed using Statistical Package for Social Sciences software, version 18.0 (SPSS).

RESULTS

A total of 150 patients were included in the study. Out of which majority of 83 were females and rest 67 were males. Mean age for males was 35.4 years and for females was 37.2years.

Mean years of education among females were 14±2 and for males were 9±3. A total of 67 females and 45 males were from joint family background and majority of 80 females and 60 males were married during the time of our study.

Total 59 females and 57 males were from rural area of living and the rest from urban background (Table 1).

Table 1- Socio demographic details of study participants

	Males n=67(44.6%)	Females n=83(55.3%)
Mean age in years	35.4	37.2
Years of education	9±3	14±2
Family type		
Joint	22(32.8)	16(19.2)
Nuclear	45(67.1)	67(80.7)
Married	60(89.5)	80(96.3)
Unmarried	7(10.4)	3(3.6)
Rural background	57(84.2)	59(71.1)
Urban background	10(14.8)	24(28.9)

Table 2- Psychiatric morbidities among patients with LSC

Psychiatric morbidity	Males n=67(44.6%)	Females n=83(55.3%)
MDD	5(7.4)	7(8.4)
GAD	11(16.4)	9(10.8)
Social phobia	9(13.4)	14(16.8)
Somatisation disorder	0	1(1.2)
OCD	0	1(1.2)
None	41(61.1)	51(61.4)

MDD- Major depressive disorder, GAD- Generalized anxiety disorder, OCD- Obsessive compulsive disorder

Major Depressive Disorder was found in 8.4% females and 7.4% in males. Generalized anxiety disorder (GAD) was present among 16.4% males and in 10.8% females in our study group. Social phobia was present in 13.4% males and in 16.8% female. One of the females had somatisation disorder and other one had OCD and majority of (61%) in both males and females didn't have any psychiatric symptoms (Table 2).

DISCUSSION

Comparatively higher prevalence of psychiatric morbidities were found among patients of LSC. In our study Major Depressive Disorder was found in 8.4% females and 7.4% in males.

Similarly in a study they found higher depression scores among dermatology outpatients with diagnosed LSC.⁹ Also in another study dermatology inpatients suffering from chronic pruritus, many of them had some degree of psychiatric co morbidities and the severity of depression was correlated with severity of itch.

Generalized anxiety disorder (GAD) was present among 16.4% males and in 10.8% females and social phobia was present in 13.4% males and in 16.8% of females in our study group. Similar results were seen in Singam V et al.¹⁰ in their study. Somatisation disorders were found in about 1.2% and OCD in 1.2% of our study group. Similarly higher prevalence of other psychiatric morbidities were found in Radmanesh M et al.¹¹ in their study.

Smaller sample size and single center study were one of the limitations in our study.

As significant psychiatric morbidities were found in many patients of LSC and the importance of consultation liaison is highlighted in our study.

CONCLUSIONS

LSC characterized by chronic itching and scratching often intricates itself with many Psychiatric morbidities. Consultation liaison between these two specialties allows for a comprehensive approach, addressing not only the dermatological symptoms but also the associated mental health morbidities.

This interdisciplinary collaboration underscores the importance of recognizing the psycho-dermatology, an emerging branch of medicine.

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