Psychological Impacts of Skin Diseases in Comparison to Chronic Diseases

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ABSTRACT

Background: Suffering from skin diseases is more than a cosmetic nuisance. Patients with chronic skin diseases often experience significant psychological and social distress and fear of stigma. The aim of this study was to determine the psychological impact (depression, anxiety and stress) of skin diseases in comparison to chronic diseases among patients at an academic tertiary healthcare centre in Jeddah, Saudi Arabia. Methods: A cross sectional study involving 125 patients with chronic skin-related disorders recruited from the dermatology clinic at King Abdulaziz University Hospital (KAUH) and 100 patients with non-skin-related chronic disease were recruited from the medical, surgical and day care clinics at KAUH using the self-administered Depression Anxiety Stress Scales (DASS) Arabic questionnaire. Results: There was no significant difference in the level of depression, anxiety and stress in the group of subjects with skin diseases in comparison to the group with chronic diseases. However, subjects who have chronic disease were more likely to have severe and extremely severe stress compared to those who have skin disease when the levels of depression, anxiety and depression were categorized into normal, mild, moderate, severe and extremely severe levels. Conclusions: The association of depression, anxiety and stress in skin diseases are similar to chronic diseases. Subjects who have chronic disease were more likely to have severe and extremely severe stress compared to those who have skin disease. Patients with skin diseases need to be assessed regarding the psychological impact of their diseases.

Key words: Skin diseases, psychological impact

INTRODUCTION

Suffering from skin diseases is more than a cosmetic nuisance. Patients with chronic skin diseases often experience significant psychological and social distress and fear of stigma.[1] There has been an increased awareness of the overall importance of psychological and social factors in skin diseases. At a clinical level, recognising the impact of a patient’s skin disorder on the patient’s quality of life is an important dimension of the overall assessment of the morbidity associated with having to cope with a chronic or disfiguring skin problem.[2,3] For example, it was described that having psoriasis has an impact on the quality of life similar to that of cancer, arthritis, hypertension and heart

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In addition, neuropsychiatric symptoms were found to be more prevalent in patients with skin disorders than the general population, including clinical anxiety, depression, and even suicidal ideation. In Saudi Arabia, only a few studies addressed the issue of the psychological impacts of skin diseases. Vitiligo patients were reported to have a lower quality of life, mainly due to an emotional impact. This area remains poorly investigated. Certain factors may boost or attenuate the psychological impact of skin disorders. Among these may be biological, psychological, or cultural factors, such as wearing the hijab, the intensity of psychological support, or religious factors. As such, the aim of this study was to determine the psychological impact (depression, anxiety and stress) of skin diseases in comparison to chronic diseases among patients at an academic tertiary healthcare centre in Jeddah, Saudi Arabia.

METHODS

This is a cross sectional study employing a convenience sampling technique. Patients with chronic skin-related disorders were randomly recruited from the dermatology clinic at King Abdulaziz University Hospital (KAUH). Patients with non-skin-related chronic disease were recruited from the medical, surgical and day care clinics at KAUH. Subjects who agreed to participate were asked to fill in the self-administered Depression Anxiety Stress Scales (DASS) Arabic questionnaire. The DASS questionnaire is a set of three scales to measure depression, anxiety and stress. Each scale consists of 14 questions of a total of 42 questions for the three scales. The Depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, and lack of interest/involvement, anhedonia, and inertia. The Anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The Stress scale is sensitive to levels of chronic non-specific arousal. It assesses difficulty relaxing, nervous arousal, and being easily upset/agitated, irritable/over-reactive and impatient. Four points frequency are used to rate the extent of which they have experienced for each statement over the last week. The age, gender and diagnosis for the visit to the hospital was recorded. This study protocol was approved by the unit of biomedical ethics research committee at King Abdulaziz university Hospital (Reference No 324-17).

Statistical analysis

Data was reported as mean ± SE. Categorical data was reported as frequency and percentage (%). Data was and analysed using SPSS (version 21). Non-parametric t-test was performed to test the difference in depression, anxiety and stress between subjects with skin disease and chronic disease as the data was not normally distributed. Statistical significance for the difference in the frequency between groups was determined by Pearson chi-square $\chi^2$ test. A $P < 0.05$ values (two-sided test) was accepted as statistically significant.

RESULTS

In total, 125 patients with skin diseases were recruited and 100 patients with chronic diseases were recruited. The demographic data of study population is presented in Table 1. There was no significant difference in the level of depression, anxiety and stress in the group of subjects with skin diseases in comparison to the group with chronic diseases (Fig 1).

Subjects were categorised to normal, mild, moderate, severe and extremely severe depression, anxiety and stress groups according to DASS-21 cut-off points. There was no difference in the frequency of depression and anxiety between subjects who have skin and chronic disease. However, subjects who have chronic disease were more likely to have severe and extremely severe stress compared to those who have skin disease (14.0% and 11% compared to 8.8% and 3.2% respectively; $\chi^2 = 11.963$, Dof = 4, $P < 0.02$, Table 2).

The statistical analysis of the categories according to gender was not performed due to the low number of male subjects in each category.
DISCUSSION

In this study, there was no difference in the frequency of depression, anxiety and depression between the group of subjects with skin disease and the group with chronic diseases. However, subjects who have chronic disease were more likely to have severe and extremely severe stress compared to those who have skin disease when the levels of depression, anxiety and depression were categorised into normal, mild, moderate, severe and extremely severe levels. Previous study at Riyadh showed high prevalence of depression, anxiety and depression among patients...
presenting to dermatology clinic. Lack of family support and poor quality of life were the primary factors to be associated with the negative emotional state. The prevalence of depression, anxiety and stress in this study were lower than our results (12.6%, 22.1% and 7.5% respectively). The frequency of depression was 29% and anxiety was 14% in another study. No comparison with other groups were conducted in these studies, but they had larger sample size. Our study showed higher frequency but could be explained by smaller sample size (more than 40% for each category ranging from mild to extremely severe). In a large study in Australia skin diseases were reported to significantly associated with depressive symptoms and stress, but not anxiety. Our results indicate that significant number of patients with skin diseases suffer from depression, anxiety and stress comparable to having a chronic disease. Limitations of this study includes small sample size and small number of female participants. Severity assessments were not done as well owing to the diversity of diseases included. Future studies need to include larger number of patients and the use of more tools to assess the psychological impact.

CONCLUSION

The association of depression, anxiety and stress in skin diseases are similar to chronic diseases. Subjects who have chronic disease were more likely to have severe and extremely severe stress compared to those who have skin disease. Patients with skin diseases need to be assessed regarding the psychological impact of their diseases.

REFERENCES