

Psychiatric Morbidity and Quality of Life in Vitiligo Patients

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ABSTRACT

Background: Vitiligo has underlying mental illness but mostly not diagnosed and never used psychiatric medication. Hence, the problem persists affecting mostly the individual's quality of life. **Aim:** Assessing the quality of life, level of depression, and self-esteem of patients with vitiligo and give psychiatric medication for underlying mental illness. **Materials and Methods:** The study conducted at Owaisi Hospital Research Centre, Hyderabad. The patients registered for dermatologist consultation were also registered for consultation with psychiatrist to rule out any mental illness after detailed evaluation using standardized scales. **Results:** Patients suffering with vitiligo had depression and low self-esteem; their quality of life was disturbed. **Conclusion:** The findings provide the role of Mental Health Professionals involved in the field of dermatology for the patients suffering with vitiligo.

Key words: Depression, quality of life, self-esteem, vitiligo

INTRODUCTION

Skin is a sensory organ responsive to emotional stimuli and its appearance greatly influences body image and self-esteem.^[1,2] Vitiligo has severe psychological and social problems. Currently it is estimated that emotional factors are associated in at least one-third of patients with skin conditions.^[3] There is a common opinion that many cases of skin disease are caused by psychological stress, or are related to certain personality traits or represent a complication of a psychiatric disorder. This opinion is partly supported by research evidence.^[4-7]

Mental health in vitiligo patients is poor^[8] and leads

to a significant decrease in quality of life.^[9] Vitiligo has a major impact on quality of life of patients, many feel stigmatized by their condition.^[10] Majority of vitiligo patients experienced anxiety, depression, frustration, and embarrassment when meeting strangers and disturbances noted in interpersonal relations or beginning a new sexual relationship. Papadopoulos *et al.* (1999)^[11] have shown that counseling can help improve body image, self-esteem, and quality of life of patients with vitiligo.

MATERIALS AND METHODS

Materials used were Vitiligo Area Severity Index (VASI), Rosenberg Self Esteem Scale (RSES), Dermatology Life Quality Index Questionnaire (DLQI). Hamilton Depression Rating Scale (HDRS). Depression assessment scale.

RESULTS

The sample consisted of 22.6% ($n = 12$) males; females accounted for 77.4% ($n = 41$). The subjects were

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graduates and postgraduates. This group was 37.7% ($n = 20$) of the sample. Unemployed people are seen at the highest frequency in the sample at 39.6% ($n = 21$) and they were employed. Semiprofessionals accounted for 3.8% ($n = 2$).

Psychiatric morbidity was 79.2% ($n = 42$). Major depressive disorder accounted for 56.6% ($n = 30$). Social phobia had the highest prevalence at 67.9% ($n = 36$) 45.3% ($n = 24$) of people had both major depressive disorder and social phobia. Suicidality was seen in 28.3% ($n = 15$) of patients, high risk in 7.5% ($n = 4$), and low risk suicidality in 11 subjects (20.8%). Among the other co-morbidities found were panic disorder at 11.3% ($n = 6$) and obsessive compulsive disorder at 3.8% ($n = 2$).

It is seen that 30 of 53 patients had major depressive disorder. Forty-five out of total patients had vitiligo that was exposed. Chi-square test on this data shows that exposed vitiligo and major depressive disorder are significantly related. Thirty six of total patients had social phobia. All the patients with social phobia had vitiligo that was exposed. Chi-square test on this data shows that exposed vitiligo and social phobias are significantly related (Sig. <0.05). Fifteen of the total patients had suicidality.

The marital status of patients was seen for association with DLQI and self-esteem. The mean DLQI in unmarried people was 9.04 with SD of 5.616. The mean self-esteem in unmarried people was 15.24 with SD of 4.702. The DLQI score of unmarried patients of vitiligo is significantly higher than that in those who are married (Sig. 0.003). The self-esteem in unmarried people with vitiligo was significantly lower than that in the married people (Sig. 0.054).

CONCLUSIONS

Depression was high in middle and lower socioeconomic classes compared to the upper class. Suicidality decreased with increasing socioeconomic class. Longer the time after the appearance of vitiligo lesser the psychiatric comorbidity. People who find that treatment is helpful have a better quality of life than those who do not. All the people with dark skin had major depressive disorder. They also had higher incidence of social phobia, higher risk of suicide, and lower self-esteem, compared to lighter skinned individuals.

Quality of life was better for people with lighter skin. Vitiligo lesions are associated with high incidence of major depressive disorder and social phobia. Lesions were strongly associated with high incidence of major depressive disorder, high incidence of social phobia, lower quality of life, and lower self-esteem. An overall psychiatric morbidity of 79.2% was seen. Major depressive disorder accounted for 56.6% and social phobia for 67.9% respectively. Lower quality of life in patients with vitiligo was associated with higher comorbid mental illness.

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