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Analysis of Psycho-Emotional Status In Patients With Rosacea

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ABSTRACT

The self-esteem and body image are closely connected with the adaptation and acceptance of individual in the society. That's why the skin imperfections on the visible parts of the body have a significantly great impact on psycho-emotional status of such patients. The aim of this research was to study the psycho-emotional status of patients with rosacea. Material and Methods: The presented monocentric, prospective study includes 52 out-patients, with rosacea. The psycho-emotional status was determined by the 14item Hospital Anxiety and Depression scale (HAD-A and HAD-D). All results were statistically analyzed. Results: The HADS-A score was 8, 64 ± 3, 06 distributed as: in 25, 05% of patients the rate of anxiety was normal (0-7); 46, 15% had mild anxiety- (8-10) and 28, 8% had moderate anxiety (11-14). The HADS-D score was 6, 2 ± 2, 68 and show the following distribution: 38, 46% without signs of depression; 44, 23% with mild degree and 17, 31% with moderate degree of depression. There were no correlation between the severity of rosacea and the ratios of anxiety and depression. Conclusion: The self-esteem and body image have serious influence on patients' psycho-emotional status.

Keywords: Psycho-emotional status, Anxiety, Depression, Rosacea.

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INTRODUCTION

The skin conditions in which an important role is played by the psyche form the group of psychosomatic dermatoses. The relationship between the dermatological conditions and psychological factors has been studied from long time (Bolognia J et al. 2008; Roosterman et al.2006)[1,2]. On the basis of specific individual links between the skin symptoms and personality characteristics of the patient there are three categories of psychodermatological diseases (Koo at al.2003; Basavaraj et al.2010)[3,4]. According to these classification the 3ht group include secondary psychiatric disorders caused by disfiguring skin, which can lead to states of fear, depression or suicidal thoughts (Kieć-Swierczyńska et al 2006)[5].

Rosacea is extremely common and often considered to be only cosmetic. In most of the cases it is painless or benign but particularly stressful as it is easily visible and can seriously affect confidence and psyche of the patient. (Walker at al.2005)[6]

MATERIALS AND METHOD

The aim is to assess the psycho-emotional status of patients with rosacea, analyzing the answers to a Hospital Anxiety and Depression Scale (HADS-A and HADS-D).

The study was conducted among 52 female out-patients with rosacea at a mean age 37±4.35years; range 22-56 years, who visited the dermatology unit at "Medea" Esthetical Medical Center in Varna, within the period of October 2015 and April 2016. The following inclusion criteria were applied: skin changes were localized on the face, without underling systemic disease. No one of the patients have history of psychiatric disease or conditions and do not take any antidepressants or other drugs before the appearance of facial imperfection. The diagnosis was based on clinical observation and patient's history data.

The severity of rosacea was evaluated by the distribution of primary signs and symptoms. The inflammatory facial lesions (pustules and papules), intensity of facial erythema and telangiectasia were clinically scored as absent, mild, moderate, or severe (0-3).The secondary features (burning, plaques, dry appearance, edema , ocular manifestation, peripheral location and phymatous changes) were graded as absent or present(Wilkin at al.2004)[7]

The informed written consent was obtained from each of the participants.

The evaluation of psyche-motional condition was done with the help of Hospital Anxiety and Depression Scale (HADS).The original version have been suggested by Zigmond and Snaith at 1983 year (Zigmond 1983; Bjelland I. et al 2012)[8, 9]. The scale is used to account the levels of anxiety and depression in patients without diagnostic value. The scale consists of 14 questions which are interpreted. Seven of them are associated with anxiety and seven are attributed to depression. Each answer is assessed on a scale from 0-3. So the final score could

be from 0 to 21 for anxiety and from 0 to 21 for depression. The interpretation of results is: normal 0-7points; mild 8-10points; moderate 11-14points and severe 15-21points.

The statistical analysis was performed with SPSS v.21.0 for Windows. Hypotheses were tested using χ^2-criteria (for the descriptive profile data). Reliability of the instrument was assessed by average inter-item correlation and Cronbach`s alpha. Results with $p<0.001$ were interpreted as statistically significant.

RESULTS AND DISCUSSION

The study was conducted among 52 female out-patients with FD at a mean age 37±4.35years; (range 22-56 years). The distribution of patients according to the severity score for rosacea is shown in Table 1.

Table 1: The distribution according to the severity of the rosacea.

Lesions almost equivalent to surrounding normal skin or with minimal changes 0	**Mild, slightly changes in comparison to surrounding normal skin 1**	**Moderate, moderately changes in comparison to surrounding normal skin 2**	**Severe, Markedly differ than surrounding normal skin. 3**
13/25.0%	18/34.61%	16/30,77%	5/9.62%

The HADS-A score was 8, 64 ± 3, 06 and HADS-D score was 6, 2 ± 2, 68. Results show the prevalence of mild anxiety 24(46, 15%) and mild depression 23 (44, 23%); followed by moderate anxiety 15 (28, 8%) and absent signs of depression 20(38, 46%). Figure 1.visualises the distribution of patients according to the degree of anxiety and depression.

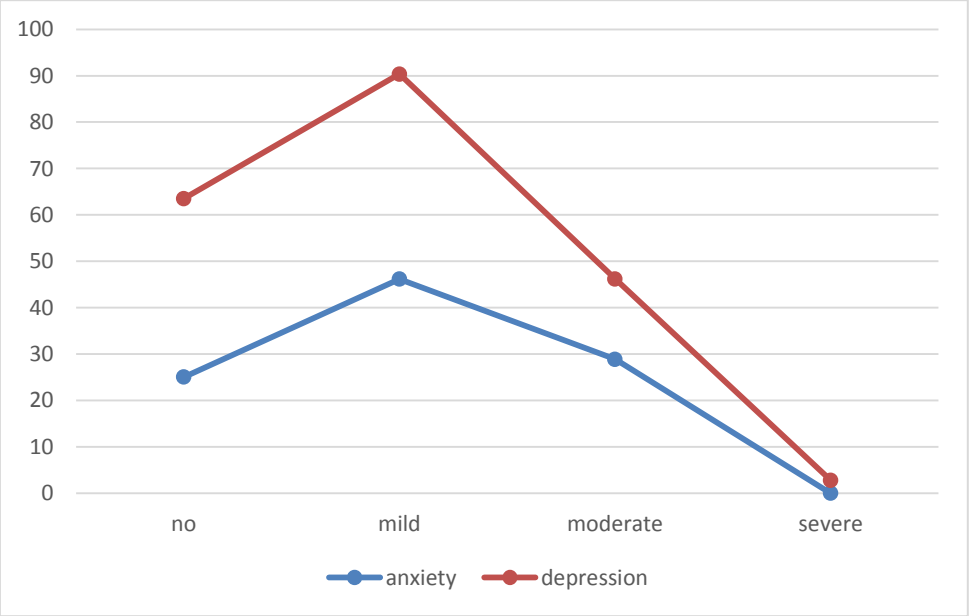

Figure 1: The distribution of patients according to the degree of anxiety and depression

With regard to patients' age distribution of anxiety levels, do not show significant differences. At the same time, the results show an increase in the percentage of depression in

older groups of patients with the highest levels of moderate depression 33, 34% in group 50+age. The distribution of anxiety and depression according to the age group is shown on Figure 2.

Regarding the severity of the disease results show no correlation between the levels of anxiety/depression and the severity of rosacea (Table 2).

Regarding the duration of rosacea results show correlation between the levels of anxiety/depression and the severity of facial disfiguration. 53, 34% of the patients with moderate anxiety and 45, 44% with moderate depression have rosacea for a period longer that 12 months (Table 3).

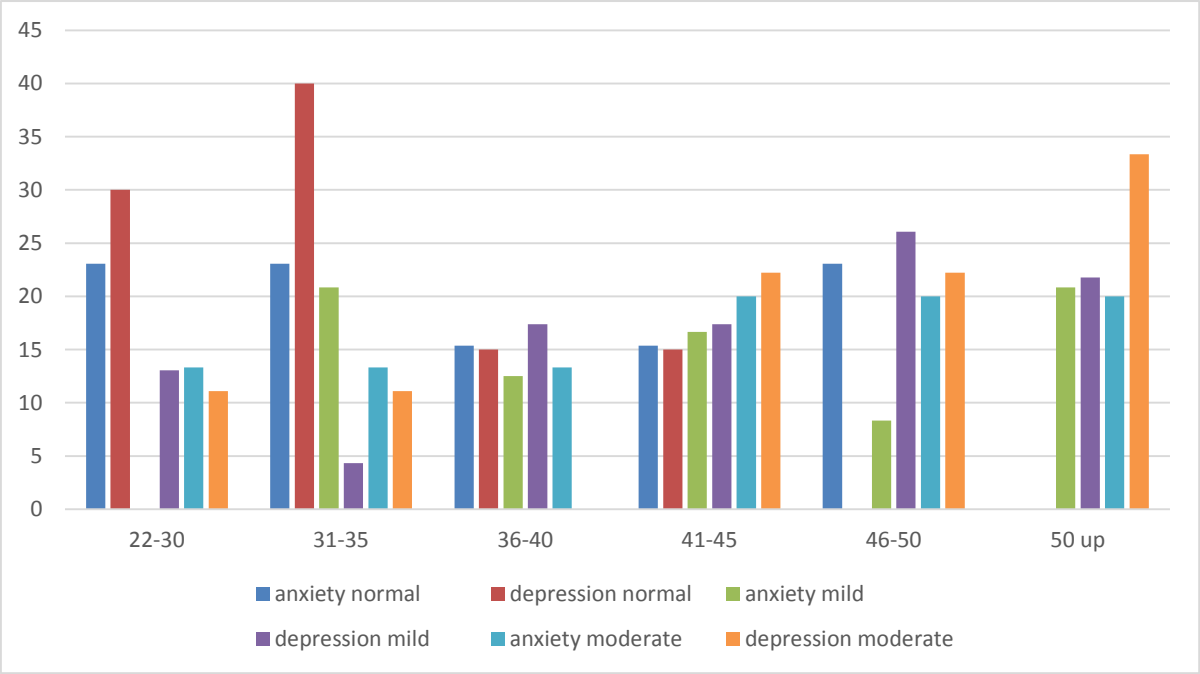

Figure 2: The correlation of anxiety and depression levels and age of patients

Table 2: Distribution of anxiety and depression according to the severity of rosacea

Severity of FD	Anxiety				P value	Depression				P value
	No %	Mild %	Moderate %	Severe %		No%	Mild %	Moderate %	Severe %	
Normal	23,07	25	26,67	0		20	26,09	33,33	0	
Mild	30,77	37,5	33,33	0		40	34,78	22,22	0	
Moderate	30,77	37,5	20	0	0,003	30	30,44	33,33	0	0,005
Severe	15,38	0	20	0		10	8,69	11,12	0	
	100	100	100			100	100	100		

Table 3: Distribution of anxiety and depression according to the duration of rosacea

Duration of FD	Anxiety				P value	Depression				P value
	No %	Mild %	Moderate %	Severe %		No%	Mild %	Moderate %	Severe %	
3 months	53,84	12,5	0	0		45	4,35	0	0	
6 months	23,08	29,17	13,33	0		20	26,09	22,22	0	
12 months	23,08	33,33	33,33	0	0,004	25	34,78	33,33	0	0,008
12 +	0	25	53,34	0		10	34,78	44,45	0	
	100	100	100			100	100	100	0	

In addition patients were asked how many other specialist they have visit for a consultation on this problem and what sources of information they have used. The results are shown on Figure 3 and Figure 4.

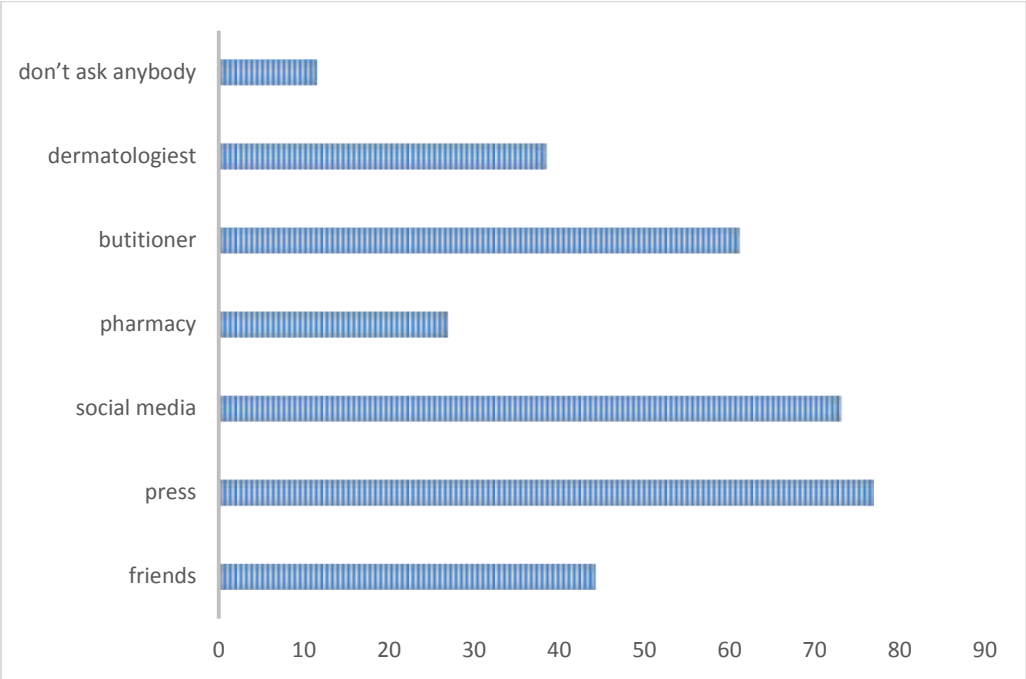

Figure 3: Sources of information.

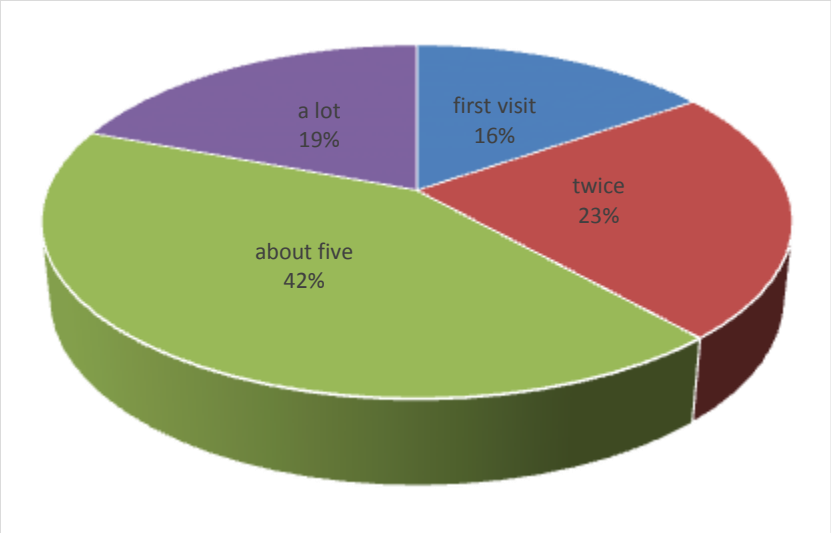

Figure 4: How many specialists have been visited for a consultation on this problem.

DISCUSSION

The studied on psychological impact of skin diseases are not new (Kieć-Swierczyńska at al. 2006; Jowett S, Ryan T 1985)[5,10]. Extensive researches in this area reveals a wide range of psychological effects associated with numerous dermatoses and skin conditions like depression, sexual problems and problems with communication. There are also data that these patients are at greater psychological and social stress (Zmijewski MA, Slominski AT 2011; Farah at al 2014)[11,12]. Chodkiewicz and coauthors (2007)[13] reported that patients with rosacea are less satisfied and have a higher level of anxiety and depression in comparison to healthy subjects. In another large study conducted among 807 patients from four countries was established high rate of depression and fear from social contacts in patients with rosacea

(Halioua B. at al 2017)[14]. Studying the comorbidity of rosacea and depression Gupta and coauthors (2005)[19] established the level 4.81 for depression in patients with rosacea. High rates of depression 36, 7% in rosacea patients were pointed out by Halioua (2017)[14]. In our study we established HADS-A score 8, 64 ± 3, 06 and HADS-D score 6, 2 ± 2, 68. These levels are a little bit higher than those reported by Bohm and coauthors (2013)[15] which could be explained by the fact that our patients were enrolled from the esthetic dermatological unit. In 2016 Egeberg and coauthors[18] reported data from a study enrolling 24 712 patients with mild and moderate-to-severe rosacea. They found the increased risk of depression and anxiety disorders and correlation between the severity of rosacea and level of anxiety disorders. Such correlation was pointed out by Su and Drummond (2011)[16]. They reported that patients with more visible clinical picture (papules and pustules) had higher stress and phobia scores .On the contrary Abram (2009)[17] found out that depression do not correlate with the severity of the disease but depends to the character of the patient. Our results are closer to those reported by Abram and show no correlation with the severity of rosacea. At the same time data show the correlation between the duration of rosacea and levels of anxiety and depression. These results are indirectly confirmed by finding of increase in the percentage of depression in older groups of patients with the highest levels of moderate depression 33, 34% in group 50+age.

The analysis of the answers to the additional questions shows that patients with facial imperfections are severely suppressed by this condition, hardly accept the diagnosis and look for alternatives for rejection or replacement of the diagnosis. This could be one of the explanation that 42, 20% of patients visit specialists about five times and 19, 24% more than five times. Of course other explanation is the limitation in treatment. An interesting point is that patients with rosacea have greater confidence in social networks (76, 92%), friends (44, 23%), cosmetician (61, 15%) and etc. than in dermatologists (38, 46%).

CONCLUSION

Rosacea is a skin condition rather than “serious” disease, but visibility of changes alongside with limitation in treatment options, makes it a serious problem for patients. The self-esteem and body image have serious influence on patients’ psycho-emotional status. There was a limitation in this study as far as it was conducted just among female patients.

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