Original research article

Psychological disorders in patients with lichen simplex chronicus: A comparative study with normal population

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ABSTRACT

Introduction: Lichen simplex chronicus (LSC) is an eczematosus skin disease characterized by single or a few thickened and 'lichenified' skin plaques, with very disturbing itching. The role of psychological factors and transient relief of pruritus after violent scratching seems to be of great importance in development and perpetuation of its course. On the other hand, the chronic nuisance itching may lead to burdensome psychological distress and impaired quality of life.

Aim: This study sought to elucidate more aspects of this interplay.

Material and methods: 40 patients with LSC (diagnosed clinically) and 40 healthy controls (selected between attendants of the patients with no skin problem) were enrolled in this study. Hamilton questionnaire and symptom checklist 90-revised (SCL-90 R) were filled by a psychologist for all cases. Demographic characteristics, localization of the skin lesions, personal and family history of psychiatric disorders (if existent) were recorded.

Results and discussion: Mean scores of SCL-90 R in somatization, interpersonal sensitivity, depression, anxiety, aggression, and phobia items were significantly higher in patient group than control group. Regarding Hamilton depression test, the mean scores were higher in patient group, but the difference was not statically significant.

Conclusions: Patients with LSC are subject to ample psychiatric morbidities. Close collaboration of dermatologist and psychiatrist is essential in its successful control.

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1. Introduction

Lichen simplex chronicus (LSC, also known as circumscribed neurodermatitis) is a chronic dermatitis characterized clinically as heavily lichenified and pruritic plaques. The term ‘simplex’ usually implies that at the time of diagnosis no other overt skin disorder that justifies intense itching is evident, otherwise ‘secondary lichenification’ would be a better descriptive diagnosis.1 Nonetheless, it’s been shown that not all the patients have the ability to lichenify, and certain predisposing factors determine the clinical response to an itching trigger.2 Dermatologic conditions like xerosis, with or without atopy, stasis dermatitis, and non-dermatologic conditions like anxiety, obsessive-compulsive disorder, and pruritus due to systemic disease has been named as predisposing factors.3-5 These factors predispose the patient to initialize and perpetuate a cycle of itch-scratch which leads to the clinical lesion.6

The importance of psychological factors in triggering, development and persistence of many skin diseases cannot be overemphasized.4,7,8 LSC is one of the most common prototypes of psychocutaneous disorders, its behavioral and psychological aspects and its impact on quality of life of the patient has been widely reviewed in different populations.9-11 There are reports that associate it with affective disorders, and consider serotonin as the principal linking mediator, whose metabolism is changed in the skin of LSC patients.12 Also, another controlled study supports higher rates of depression among LSC patients in different populations.13 To the best of our knowledge no similar study has been recently done to evaluate psychologic profile of the patients with LSC.

2. Material and methods

During 2010, this cross sectional study was performed on 40 LSC patients presenting to dermatology clinic in Imam Reza Hospital, Mashhad, Iran; and 40 healthy control cases (selected from patient’s attendants with no skin problem) which were matching regarding sex, age and educational level. The study was approved ethically by ethic’s committee of ... Mashhad University of Medical Science.

Inclusion criteria were: (1) diagnosis of LSC, based on clinical diagnosis and history; (2) informed consent to take part in the study; (3) cooperation in filling for the questionnaires.

Exclusion criteria were: (1) simultaneous presence of other skin diseases; (2) patient under treatment with psychotropic drugs.

After recording demographic information, patients were handed a Persian translation of the revised version of the Symptom Check List-90 (SCL-90-R). SCL-90-R is a 90-item self-report clinical rating scale measure of current psychopathology which is widely employed in psychiatric and medical populations with well-established reliability and validity. SCL-90-R evaluates psychiatric profile the patients in 9 aspects: somatization, obsession and compulsion, sensitivity to interpersonal relationship, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychocism.14,15 This scale has been translated to Persian, and found to be valid and reliable among Iranian adult population.16 Each question in this checklist can be scored between 0 and 4. The sum score can be considered a representation of general mental health status. There is no cut of point for normal in our population. So we compared mean scores between the two groups and also considered mean scores in each sub-scale separately. Patients were asked to answer the questions by their selves (each in a single session), but if they asked for help a psychologist was available.

Then the patients were addressed to a psychologist who interviewed and applied Hamilton depression rating scale (HAM-D) to them. HAM-D is a 17 item clinician-rated clinical evaluation scale to rate the severity of depression that has been used extensively in clinical research and practice.17 Also, a 24-item variant of HAM-D has been prepared which we used in this study. Each item can be scored between 0 and 4, and the final scores are possible between 0 and 96. No cut of point has been defined in this scale, so we made a comparison between mean scores of the two groups.

The data were analyzed by SPSS 11.5, using t-test, t²-test and Fisher’s exact test. P values of less than 0.05 were considered as significant.

3. Results

This study included 40 patients with diagnosed LSC – 20 (50.0%) male and 20 (50.0%) female – and 40 control cases – 22 (52.5%) male and 18 (47.7%) female. Age range was between 12 and 60 years, mean age in patients group was 33.5 ± 11.8 years old and in control group 34.03 ± 8.18 old (P = 0.81). Other demographic characteristic (marital state, education) of the patients and control group are summarized in Table 1.

Among LSC group, 10 (25%) had personal and 11 (27.5%) had family history of psychiatric illness.

Mean HAM-D score was 9.55 ± 9.06 (range: 0–40) in LSC group and 6.55 ± 8.66 (range: 0–32) in control group, but the difference was not statistically significant (t = 1.51, P = 0.13). Scores of SCL-90-R in LSC and control group are summarized in Table 2.

In subscales of somatization, interpersonal sensitivity, anxiety hostility and phobic anxiety scores in LSC group were significantly higher that control. Whereas in subscales of obsessive-compulsive disorder, paranoid ideation and psychocism, although the mean scores were higher in LSC group, the difference was not statistically significant.

Regarding sex of the patients, scores of HAM-D test and all subscales of SCL-90-R were higher in females, but the difference was significant in HAM-D scores and subscales of interpersonal sensitivity, depression, and psychocism.

Moreover, comparison of the scores in females (both control and patient groups) showed that female patients had significantly higher scores in items of interpersonal sensitivity, depression, anxiety, hostility and phobic anxiety. Comparison of scores between single and married cases did not show significant difference in the whole group and within the LSC group.

Regarding personal or family history of psychiatric illness, although there was not a significant difference in any items of the scales between the LSC and control groups, within the LSC
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