



THE IMPACT OF DEPRESSION AND PERSONALITY DISORDERS ON TREATMENT OUTCOMES IN PATIENTS WITH SERIOUS SKIN CONDITIONS

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ABSTRACT

Background: Serious skin conditions, such as psoriasis, eczema, and severe acne, not only affect physical appearance but also have a significant impact on mental health. These conditions are often chronic, visible, and stigmatized, which can lead to psychological co-morbidities such as depression and personality disorders. The emotional burden of living with a skin disorder, combined with the social isolation and negative self-image it can cause, contributes to increased rates of depression among affected individuals. Additionally, personality disorders, particularly avoidant and borderline personality disorders have been found to co-occur with serious skin conditions, further complicating the psychological profile of these patients. The bidirectional relationship between psychological distress and skin conditions is well-documented, with stress often exacerbating skin symptoms, creating a vicious cycle. Understanding and addressing the mental health needs of these patients is crucial for improving overall treatment outcomes and enhancing their quality of life.

Methods: This study included 60 patients with serious skin disorders from the Department of Psychiatry. Patients were assessed for depression using the HDRS and for personality disorders using the MCMI.

Results: 83.4% of patients had depression, and 66.6% had personality disorders. Patients with psychological co-morbidities showed poorer treatment outcomes.

Conclusion: Integrating mental health care with dermatological treatment can improve outcomes for patients with serious skin disorders.

Key words: Serious skin conditions, depression, personality disorders, psoriasis, eczema, acne, psychological co-morbidities, mental health, treatment outcomes, dermatology, psycho-dermatology.

INTRODUCTION

Skin disorders have profound psychological impacts, often extending beyond visible symptoms to affect mental health. Conditions such as psoriasis, eczema, and severe acne can trigger or exacerbate psychological conditions, particularly depression and personality disorders. The visible nature of skin disorders makes patients vulnerable to social stigma, leading to feelings of shame, embarrassment, and

isolation. The chronicity and unpredictability of serious skin conditions can further worsen the psychological burden on patients. It is crucial to explore the link between serious skin disorders and mental health, particularly focusing on depression and personality disorders, to enhance patient outcomes.

Depression is a common comorbidity in patients with chronic skin conditions, with various studies documenting its prevalence across

different dermatological diseases. Studies have shown that approximately one-third of patients with skin disorders suffer from depression (1). The visible and chronic nature of these conditions can result in significant social, emotional, and psychological stress. Inflammatory skin disorders like psoriasis have also been associated with systemic inflammation, which may contribute to the development of depressive symptoms through immunological pathways (2). Furthermore, the physical discomfort, constant itching, and pain that accompany many skin conditions can lead to sleep disturbances, further contributing to mood disorders (3).

Personality disorders, another critical aspect of mental health, have also been linked to serious skin disorders. Individuals with personality disorders, such as borderline or avoidant personality disorder, may exhibit a heightened sensitivity to the stigma associated with their skin condition, exacerbating their emotional and psychological distress (4). Studies have shown that patients with skin disorders are more likely to exhibit traits of personality disorders, particularly those related to emotional instability and self-image (5). The impact of personality disorders on patients with serious skin disorders may result in poor coping mechanisms, increased anxiety, and difficulty adhering to treatment plans.

The intersection of dermatology and psychiatry highlights the need for integrated care models. The burden of mental health disorders in patients with chronic skin conditions often remains under-recognized and under-treated in dermatology settings. A comprehensive approach that addresses both dermatological and psychological aspects of care could improve treatment outcomes and quality of life for these patients. The integration of mental health screening into routine dermatological care is essential to identifying patients at risk of depression and personality disorders early, allowing for timely intervention.

In recent years, the psychological implications of skin disorders have gained increased attention. A study conducted by Gupta et al. found that patients with chronic skin conditions had a significantly higher prevalence of depression and anxiety compared to the general population (6).

Another study highlighted the importance of recognizing personality traits that may influence the perception and experience of skin conditions, emphasizing the need for psychological support alongside dermatological treatment (7). These findings underline the necessity of addressing mental health concerns in dermatological patients, particularly those with severe or chronic conditions.

The correlation between psychological distress and skin disorders can also be bidirectional. While skin conditions can exacerbate mental health issues, psychological stress has been shown to worsen skin conditions through neuroimmune mechanisms. Stress-induced exacerbations of skin disorders are well-documented in conditions like eczema and psoriasis, where stress triggers inflammatory responses that worsen symptoms (8). This vicious cycle of skin disease and psychological distress underscores the importance of a holistic approach to patient care.

Moreover, the stigmatization of skin disorders in society can further complicate the mental health of affected individuals. Patients with visible skin conditions often face discrimination and negative social reactions, which can lead to social withdrawal, reduced self-esteem, and feelings of inadequacy (9). These social factors can compound the psychological burden, making it essential for healthcare providers to address the psychosocial aspects of skin disease management.

In summary, the intersection of dermatology and psychiatry is a critical area of study. Addressing both the psychological and dermatological needs of patients with serious skin disorders can lead to better treatment outcomes and improved quality of life. The relationship between skin conditions, depression, and personality disorders is complex and multifaceted, requiring a multidisciplinary approach for effective management. This study aims to investigate the prevalence of depression and personality disorders in patients with serious skin conditions and to explore the impact of these psychological comorbidities on patient outcomes.

Aims and Objectives

Aim: The Impact of Depression and Personality Disorders on Treatment Outcomes in Patients with Serious Skin Conditions

Objectives:

1. To assess the prevalence of depression in patients with serious skin disorders.
2. To evaluate the association between personality disorders and skin conditions.
3. To analyze the impact of psychological comorbidities on treatment outcomes in patients with serious skin disorders.

Material and Methods

This study was conducted in the Department of Psychiatry, including 60 patients diagnosed with serious skin disorders, such as psoriasis, eczema, and severe acne. The inclusion criteria were adults aged 18-65 with chronic skin conditions lasting for more than six months. The participants were assessed for depression using the Hamilton Depression Rating Scale (HDRS) and for personality disorders using the Millon Clinical Multiaxial Inventory (MCMI). The study duration was six months, and patients underwent both dermatological and psychiatric evaluations.

Results:

Table 1: Prevalence of Depression among Patients with Serious Skin Disorders

Depression Severity	Number of Patients (n=60)	Percentage (%)
Mild	15	25%
Moderate	25	41.6%
Severe	10	16.6%
No Depression	10	16.6%

Table 1 shows that 83.4% of patients with serious skin disorders experienced some level of depression, with moderate depression being the most prevalent.

Table 2: Personality Disorders in Patients with Serious Skin Disorders

Personality Disorder Type	Number of Patients (n=60)	Percentage (%)
Borderline Personality	12	20%
Avoidant Personality	18	30%
Obsessive-Compulsive	10	16.6%
No Personality Disorder	20	33.4%

Table 2 highlights the presence of personality disorders, with avoidant personality disorder being the most common, affecting 30% of the patients.

Table 3: Impact of Psychological Comorbidities on Treatment Outcomes

Psychological Condition	Improved Outcomes (%)	Poor Outcomes (%)
Depression	40%	60%
Personality Disorder	35%	65%
No Psychological Comorbidity	75%	25%

Table 3 indicates that patients with psychological comorbidities had poorer treatment outcomes compared to those without, emphasizing the need for integrated care.

Discussion:

The results of this study indicate a significant association between serious skin disorders and psychological conditions such as depression and

personality disorders. The high prevalence of depression (83.4%) among the patients highlights the profound psychological impact of chronic skin conditions. These findings align with previous studies that have documented a strong link between skin disorders and depression, suggesting that the chronic nature, visibility, and social stigma associated with these conditions contribute to psychological distress (10).

The presence of personality disorders, particularly avoidant and borderline personality disorders, further complicates the management of skin conditions. Patients with these personality traits may have difficulties coping with their condition, exhibit poor adherence to treatment, and experience heightened emotional distress. This association between personality disorders and serious skin conditions has been documented in other studies, where patients with personality disorders showed higher levels of psychological distress and poorer quality of life (11).

The impact of psychological comorbidities on treatment outcomes is evident from the results. Patients with depression and personality disorders were less likely to experience improved outcomes compared to those without psychological comorbidities. This highlights the importance of addressing mental health issues in dermatological care. The bidirectional relationship between skin disorders and psychological conditions suggests that treating both aspects simultaneously could lead to better outcomes (12).

Moreover, the findings underscore the need for routine mental health screening in patients with chronic skin conditions. Early identification and treatment of depression and personality disorders could prevent the worsening of both skin and psychological conditions. Psychotherapeutic interventions, such as cognitive-behavioral therapy (CBT), and pharmacological treatments for depression and anxiety may improve patient adherence to dermatological treatments and enhance overall well-being.

In conclusion, the strong association between depression, personality disorders, and serious skin conditions requires a multidisciplinary approach to patient care. Dermatologists and psychiatrists must work together to address the complex needs of these patients. Further research should explore the mechanisms linking skin disorders and psychological distress, as well as the effectiveness of integrated treatment strategies.

Conclusion

Patients with serious skin disorders are at a higher risk of developing depression and personality disorders, which negatively impact treatment outcomes. Integrated dermatological and psychiatric care is essential for improving both psychological and physical health in these patients.

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