

## Original Research

### To assess psychiatric morbidities of patients diagnosed with Alopecia

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#### ABSTRACT:

**Background:** Alopecia Areata (AA) is a skin disease with unknown etiology. The antidepressant effect of citalopram on treatment of AA in patients with major depressive disorder supports this close association. Hence; the present study was undertaken for assessing psychiatric morbidities of patients diagnosed with Alopecia. **Materials & methods:** A total of 100 patients diagnosed with alopecia were enrolled. Complete demographic and clinical details of all the patients were obtained. Patients with diabetes, hypertension or any other systemic illness were excluded. Physical examination of all the patients was carried out. Psychiatric morbidity among all the patients was assessed. All the results were recorded and analysed by SPSS software. **Results:** Psychiatric morbidity was seen in 41 percent of the patients. 46.37 percent of the patients with psychiatric illness were having depression while anxiety was seen in 29.27 percent of the patients. Delirium was seen in 19.51 percent of the patients. Mean age of the patients with psychiatric illness was 42.5 years. Among the 41 patients with psychiatric illness, 29 were males and 12 were females. **Conclusion:** In our study population, anxiety and depression are common psychological problems in AA patients.

**Key words:** Alopecia, Psychiatric illness

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#### INTRODUCTION

The skin is the largest organ of the body and functions as a social, psychological, interface between the individual and the surroundings. The brain and the skin have the same ectodermal origin, are affected by the same hormones and neurotransmitters thus being interrelated to each other thus forming the basis of psycho-dermatology. Psycho-dermatology is a relatively new discipline which describes an interaction between dermatology, psychiatry and psychology. Even though psycho-dermatology is a recent topic, it has been extensively researched. Alopecia Areata (AA) is a skin disease with unknown etiology. Various factors that have been claimed to play a role in its etiopathogenesis include immunological and endocrine abnormalities, genetic factors, infections, and psychological/psychiatric disturbances.<sup>1-3</sup>

The lifetime incidence of AA is about 2.1%. Its etiology is not exactly known. However, genetic

factors, autoimmune conditions, and environmental factors are supposed to play an important role. AA might be a psychosomatic disease precipitated by stressful life events. Therefore, it is suggested that AA can be in the category of primary dermatologic disorders with psychiatric comorbidities or it can be considered as a primary psychiatric disorder with dermatologic problems. The antidepressant effect of citalopram on treatment of AA in patients with major depressive disorder supports this close association. This medication increased the efficacy of a dermatological treatment. Moreover, the concordance rate of at least one psychiatric disorder in children and adolescents with AA is very high and it is up to 78%.<sup>4-6</sup> Hence; the present study was undertaken for assessing psychiatric morbidities of patients diagnosed with Alopecia.

## MATERIALS & METHODS

The present study was planned for assessing the psychiatric morbidities of patients diagnosed with Alopecia. A total of 100 patients diagnosed with alopecia were enrolled. Complete demographic and clinical details of all the patients were obtained. Patients with diabetes, hypertension or any other systemic illness were excluded. Physical examination of all the patients was carried out. Psychiatric morbidity among all the patients was assessed. Also the relevant data of psychiatric patients was obtained. All the results were recorded and analysed by SPSS software.

## RESULTS

A total of 100 patients diagnosed with alopecia were enrolled. Psychiatric morbidity was seen in 41 percent of the patients. 46.37 percent of the patients with psychiatric illness were having depression while anxiety was seen in 29.27 percent of the patients. Delirium was seen in 19.51 percent of the patients. Mean age of the patients with psychiatric illness was 42.5 years. Among the 41 patients with psychiatric illness, 29 were males and 12 were females.

**Table 1:** Prevalence of psychiatric morbidity among alopecia patients

Psychiatric morbidity	Number	Percentage
Present	41	41
Absent	59	59
Total	100	100

**Table 2:** Spectrum of psychiatric morbidity

Psychiatric morbidity	Number	Percentage
Anxiety	12	29.27
Depression	19	46.34
Delirium	8	19.51
Others	2	4.88
Total	41	100

**Table 3:** Data of patients with psychiatric illness

Variable	Number
Mean age (years)	42.5
Males (n)	29
Females (n)	12

## DISCUSSION

Alopecia areata (AA) is a nonscarring hair disorder with a frequency ranging from 0.7% to 3.8% of patients attending dermatology clinics with a lifetime risk of 1.7%. Because of the important cosmetic and communicational role of human hair, one can expect significant psychological distress in person with partial or complete hair loss. Though it is a benign condition, it can cause detrimental psychological impacts on individual's life. A few past studies have reported that AA really affects the quality of life of the affected individual. Moreover, if the negative psychological impacts are not addressed on time, it may further worsen the disease condition, and hence there can be a vicious cycle as well. A recent study

had also proved a bidirectional association between AA and depression.<sup>6-10</sup> Hence; the present study was undertaken for assessing psychiatric morbidities of patients diagnosed with Alopecia.

A total of 100 patients diagnosed with alopecia were enrolled. Psychiatric morbidity was seen in 41 percent of the patients. 46.37 percent of the patients with psychiatric illness were having depression while anxiety was seen in 29.27 percent of the patients. J Y Koo et al assessed psychiatric illness in alopecia patients. Two hundred and ninety-four community-based patients with alopecia areata responded to a detailed questionnaire distributed by Help Alopecia International Research, Inc. The prevalence of psychiatric disorders was determined using diagnostic criteria from the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R). Major depression, generalized anxiety disorder, social phobia, and paranoid disorder were all present in patients with alopecia areata at rates significantly higher than in the general population. Alopecia areata patients are at a higher risk of developing psychiatric comorbidity during their clinical course.<sup>10</sup>

In the present study, delirium was seen in 19.51 percent of the patients. Mean age of the patients with psychiatric illness was 42.5 years. Among the 41 patients with psychiatric illness, 29 were males and 12 were females. Aghaei S et al enrolled 40 patients with alopecia areata and a 40-volunteer random age-sex matched control group. The study is based on anxiety and Beck Depression Inventory (BDI) and the Eysenck Personality Questionnaire (EPQ). There was a significant difference between the case and control group regarding the prevalence of depression, anxiety, and neuroticism. There was no significant differences regarding extraversion, psychosis, and lying between the two groups. In alopecia areata involving the head, there was a significant relation only between neuroticism and lying. The facial involvement had a significant relation with depression, anxiety, and neuroticism. The frequency of psychological disorders in the case group is significantly greater than the control group.<sup>11</sup> Marahatta S et al investigated depression and anxiety in patients with alopecia areata. A total of 75 consecutive eligible patients of alopecia areata were interviewed over one-year period in the dermatology outpatient department. They recorded the relevant history and examination details in the present proforma. Nepali versions of Beck Depression Inventory and Beck Anxiety Inventory were used for the assessment of depression and anxiety, respectively. Among 75 patients, the prevalence of depression and anxiety were 66.7% and 73.3%, respectively, with median depression score = 5 (IQR = 0.0–10.0) and median anxiety score = 5 (IQR = 0.0–11.0). Out of all depressed patients, 82.0% had minimal and 18.0% had moderate depression. However, none of them had severe depression. Likewise, out of all patients with anxiety, 89.0% had

mild and 11.0% had moderate anxiety, but none of them had severe anxiety. Anxiety and depression are common psychological problems in patients with alopecia areata.<sup>12</sup>

### CONCLUSION

In our study population, anxiety and depression are common psychological problems in AA patients.

### REFERENCES

1. Seetharam KA. Alopecia areata: An update. *Indian J Dermatol Venereol Leprol* 2013;79:563-75.
2. Plunkett, A., Marks, R. A. Review of the epidemiology of psoriasis vulgaris in the community. *Australias Journal of Dermatology* 1998;39:25– 32.
3. Rodriguez-Cerdeira C, Pera-Grasa J, A, Molares, Isa-Isa R, Arenas-Guzman R. Psychodermatology: Past, Present and Future. *Open Dermatol J* 2011;5:21-7.
4. Yadav S, Narang T, Kumaran MS. Psychodermatology: A comprehensive review. *Indian J Dermatol Venereol Leprol* 2013;79:176-92.
5. Rodriguez TA, Fernandes KE, Dresser KL, Duvic M. National Alopecia Areata Registry. Concordance rate of alopecia areata in identical twins supports both genetic and environmental factors. *J Am Acad Dermatol.* 2010;62:525–7.
6. Díaz-Atienza F, Gurpegui M. Environmental stress but not subjective distress in children or adolescents with alopecia areata. *J Psychosom Res.* 2011;71:102–7.
7. Abedini H, Farshi S, Mirabzadeh A, Keshavarz S. Antidepressant effects of citalopram on treatment of alopecia areata in patients with major depressive disorder. *J Dermatolog Treat.* 2014;25:153–5.
8. Ghanizadeh A. Comorbidity of psychiatric disorders in children and adolescents with alopecia areata in a child and adolescent psychiatry clinical sample. *Int J Dermatol.* 2008;47:1118–20.
9. Richards, H. L., Fortune, D. G., Griffiths, C. E. M., Main, C. J. The contribution of perceptions of stigmatization to disability in patients with psoriasis. *Journal of Psychosomatic Research* 2001;50:11–15.
10. JY Koo, W V Shellow, C P Hallman, J E Edwards. Alopecia areata and increased prevalence of psychiatric disorders. *Int J Dermatol.* 1994 Dec;33(12):849-50.
11. Aghaei S et al. Prevalence of Psychological Disorders in Patients with Alopecia Areata in Comparison with Normal Subjects. *International scholarly research notices.* 2014; 304370.
12. Marahatta S, Agrawal S, Adhikari BR. Psychological Impact of Alopecia Areata. *Dermatol Res Pract.* 2020;2020:8879343.