

PREVALENCE OF MENTAL HEALTH PROBLEMS IN ACNE PATIENTS

MOHAMMAD ZUBAIR KHAN, ABIDA NAEEM* KHALID A MUFTI

Department of Dermatology and Psychiatry*, Post Graduate Medical Institute, Lady Reading Hospital Peshawar, Pakistan

Background: Acne is the most common of all skin diseases, the condition affects young people at the time when they are undergoing maximum social and physical change and can produce significant psychological scarring. This study was done to determine the Mental Health problem in Patients suffering from acne and to determine significant difference of mental health problems in acne patients in comparison to seborrheic dermatitis patients as a control group. **Methods:** 50 subjects with acne and 50 with seborrheic skin problems (13-25 yrs age) were included in this study through Psychiatry OPD of Lady Reading Hospital, Peshawar. The period of study was from March 1998 to August 1998. The patients were assessed for psychiatric problems by using WHO Guide to mental health in primary care ICD 10-chapter V primary care. The statistical significance was determined by chi square. **Results:** The data shows that out of 50 acne patients 19 (38%) were suffering from Depression, with a female predominance. The control group (seborrheic) presented lower prevalence of Depression i.e. 57% in females. Similarly, Anxiety problem in particular social anxiety were overall more in acne group (34%) as compared to seborrhea group (10%). A statistically significant difference was observed between the two groups indicating that depression and social anxiety was more in the acne group. A consistent finding in the study over six months depicted the difference between gender i.e. more females presenting with depression. Total Depressed Patients were 19, while total with suicidal Thoughts were 4 (21%). **Conclusion:** The importance of this study is to highlight depression among such patients.

INTRODUCTION

Acne is the most common of all skin diseases and affects at one time or another about 85% of those aged 12 to 25. The condition, however, affects young people at the time when they are undergoing maximum social and physical change and can produce significant psychological scarring. Teen agers tend to be more vulnerable to the development of depression so when having acne causes feeling of low self-esteem, self-consciousness, embarrassment, frustration and negative body image, the consequences can be serious¹. Thus importance of present study is to highlight depression among dermatology patients. According to a recent Canadian study published in British Journal of Dermatology' the prevalence of active suicidal thoughts among the psoriasis and acne patients were higher than the prevalence reported among general population.

MATERIALS AND METHODS

Fifty consecutive patients with acne and fifty consecutive patients with seborrheic skin problems in the age range of 13-25 (mean age 16 years) were included in this study through psychiatry out-patient at Lady Reading Hospital, Peshawar, Pakistan. The period of study was six months from March 1998 to August 1998.

Each patient was examined by dermatologist for establishing the diagnosis of acne and seborrhea as per clinical presentation and examination. The patients were assessed for psychiatric problem by

using WHO Guide to mental health in primary care ICD 10-chapter V primary care.³ This instrument is used as one of diagnostic framework by psychiatric professionals, however this is a simplified and piloted to ensure that they are relevant in primary care. This instrument is available in the form of a mental health checklist that is easy to use. The clinical psychologist screened these patients for mental health problems. A second pre-structured proforma containing relevant demographic information e.g. age, sex, education, occupational etc. were recorded for analysis. The control group from normal population was difficult to involve in this study, therefore, patients with seborrhea were taken as control.

Questionnaire
Depression
A Low mood/sadness
B Loss of interest or pleasure
C Decreased energy and/or increased fatigue
If YES to any of the above, continue below
1. Sleep disturbance:
2. Difficulty falling asleep Early morning wakening
Appetite disturbance:
Appetite loss Appetite increase
3. Concentration difficulty
4. Psychomotor retardation or agitation
5. Decreased libido
6. Loss of self-confidence or self-esteem
7. Thoughts of death or suicide
8. Feelings of guilt Summing up
Positive to A B or C and at least four positive from 1-8 all occurring most of the time for two weeks or more
INDICATIONS OF DEPRESSION

RESULTS

The demographic data is given in tables I, 2 & 3 and is self-explanatory. A total of 100 cases. 50 each acne and 50 seborrheic (control group) were analyzed for the presence of mental health problems in *these* patients. The data shows that out of 50 acne patients 19 (38%) were suffering from Depression, with a male: female ratio 32:68. The control group (seborrheic) presented lower prevalence of *Depression* i.e. 57% in females. Similarly, Anxiety problem in particular social anxiety were overall *more in acne* group (34%) as compared to seborrhea group (10%) (Table 4).

Chi square analysis was used and a statistically significant difference ($p < .05$) was observed between the two groups indicating that depression and social anxiety being more in acne group. A consistent finding in the study over six months depicted the difference between gender i.e, more females presenting Depression. However male and female patients were found to have similar educational and occupational background. This adds strength to this study. The age similarity was also determined. Total Depressed Patients were 19, while total with suicidal Thoughts were 4 (21%).

DISCUSSION

The study done on Psychiatric aspects of acne are not many, however there is a recent growth in literature. Akton et al.⁴ recently report higher anxiety level in adolescent girls who are more vulnerable than boys to the negative psychological effects of acne. Schulpis et al.,⁵ while studying young patients with cystic acne concluded that not only the psychological status is influenced in subjects with cystic acne but also their sympatho-adrenal system. Kellett and Gaw K Rodger while acknowledging the Psychological and emotional impact of acne confirmed this hypothetical concept drawn from evolutionary psychology⁶. All these studies are done in the Western culture and to date. We could not search any literature from the developing world on this topic.

Our study confirmed the view of depression with statistical difference amongst acne patients. However, analyzing the subtests of depression as presented in this study did not confirm the increased prevalence of active suicidal thoughts as portrayed in the western studies. This could well be due to a difference in

religious attitudes, which requires further objective studies in our population.

CONCLUSION

Depression and anxiety are frequently presented mental health problems and a trend for suicidal thoughts as part of depression in few patients require to alarm the dermatologists and primary health care physicians for giving due attention to the psychological symptoms of acne patients.

Table-1: Sex Distribution

Sex	Seborrheic Acne Group (50)		Seborrheic Group (50)	
	No.	%	No	%
Male	37	74	32	64
Female	13	26	18	36

Table-2: Educational Status

Education	No.	%
Illiterate	10	10
Middle	03	03
Matric	45	45
College	42	42

Table – 3: Occupational Status

Occupation	No.	%
Students	55	55
Govt. Student	10	10
Skilled Worker	20	20
Professional	15	15

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Table-4: Prevalence of psychiatric illness in dermatology patients

	Group I Acne (n=50)						Group II Seborrheic (n=50)						P - Value
	M	%	F	%	Total	%	M	%	F	%	Total	%	
Depression	16	12	13	26	19	19	3	6	4	8	7	14	<i>p</i> <.05
Anxiety	8	16	9	18	17	34	2	4	3	6	5	10	<i>p</i> <.05