

Prevalence of eczema infection at psychiatry inpatient department: A hospital based study

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Abstract

Introduction: Long time known that the close relationship between the development of skin disease with psychological factors. In fact an estimated over 75 percent of patients with skin diseases are also affected to some psychological problems. Certain psychosomatic disorders are associated with severe itching and other skin diseases and in common mental disorders found frequently. Moreover, the onset and course of dermatologic disorders may be significantly influenced by stress. **Aims and Objective:** To study Prevalence and associated factors of Eczema and Infection at Psychiatry Inpatient Department **Methodology:** This was a cross-sectional, descriptive study of the patients admitted to psychiatry inpatients department at tertiary care hospital during the Jan2014 to Jan 2015 one year study, all the patients admitted to inpatients department were studied, Patients skin problems like Eczema or any skin infection were studied it found that out 360 psychiatric 100 patients were having skin problems. The patient's related information was collected by semi-structured questionnaire. Statistical analysis done by Graph Pad prism 5 for the calculation of Chi-square test. **Result:** Overall prevalence of Eczema and Skin Infection was found to be 27.78% in psychiatrically ill patients. The Eczema and Skin Infection were more common in the age group of psychiatrically ill patients above 50 yrs. i.e. in 51-60 (37.50%); 61-70 (36.70%); >70 (44.70%). The presence of Eczema and Skin Infection was compared in between age <50 yrs. and > 50 was compared, the observed difference was statistically highly significant. ($p < 0.001$; $X^2 = 42.12$). Presence of Eczema and infection in Males and female was comparable to each other; the difference was not statistically significant ($p > 0.05$; $X^2 = 3.408$). Presence of Eczema and infection in Rural and Urban similar, the difference was not statistically significant ($p > 0.05$; $X^2 = 2.25$). It is found that Eczema and infection were significantly higher in the Group of patients having psychiatric illness like Disorders due to psychoactive Substance use, Schizophrenia and Delusional disorders than the patients having Neurotic, stress-related and somatoform disorder, Organic Mental Disorders, Mood disorders, Disorder of Childhood and adolescents ($p < 0.0001$; $X^2 = 31.19$). **Conclusion:** Eczema and infection were found to be more common with increasing age in psychiatrically ill patients and also; significantly higher in the Group of patients having psychiatric illness like Disorders due to psychoactive Substance use, Schizophrenia and Delusional disorders than the patients having Neurotic, stress-related and somatoform disorder, Organic Mental Disorders, Mood disorders, Disorder of Childhood and adolescents.

Keywords: Eczema, Skin Infection, Psychiatric illness.

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INTRODUCTION

Long time known that the close relationship between the development of skin disease with psychological factors. In fact an estimated over 75 percent of patients with skin diseases are also affected to some psychological problems. Certain psychosomatic disorders are associated with severe itching and other skin diseases and in common mental disorders found frequently¹. Moreover, the onset and course of dermatologic disorders may be significantly influenced by stress². Schizophrenia is affected that almost one percent of human populations usually start before the age of 25 years and remains stable end of life. Any of the social classes are not immune to

the infection. Several studies is known as the total of 80% schizophrenia patients have an important internal disease and perhaps are not diagnosed to 50% percent of these illnesses³. The drug used to treat schizophrenia can have effects on the skin. Phenothiazines caused rash, sensitivity to light and skin pigmentation. Phenilbotason can cause the rash, dermatitis and drug induced lupus⁴. The appearance of dermatological disorders among long stay patients with schizophrenia is often neglected in psychiatric health service research, especially in developing countries where resources are scarce. The tendency to develop skin problem among this group of patients has been suggested to be a result of either antipsychotic treatment⁵⁻⁷ or the nature of their illness, which may lead to reducing personal hygiene⁸. The prescription of any type of antipsychotics might lead to obesity⁹. Obese patients are not only at a higher risk for developing cardiovascular disorders¹⁰, but also show increased rates on some types of dermatological disorders¹¹. A direct association between antipsychotic medication and the appearance of dermatological symptoms has been studied¹², and it was found that around 8.4% of hospitalized psychiatric patients had dermatological symptoms. All mentioned studies were conducted in industrialized countries, making it difficult to compare them with or conclude on the situation in low- and middle-income countries. Psychiatric patients in Indonesia tend to stay in the hospital longer compared to psychiatric in-patients in developed countries such as in Germany and the USA^{13,14}.

AIMS AND OBJECTIVE

To study Prevalence and associated factors of Eczema and Infection at Psychiatry Inpatient Department

METHODOLOGY

This was a cross-sectional, descriptive study of the patients admitted to psychiatry inpatients department at tertiary care hospital during the Jan 2014 to Jan 2015 one year study, all the patients admitted to inpatients department were studied, Patients skin problems like Eczema or any skin infection were studied it found that out 360 psychiatric 100 patients were having skin problems. The patient’s related information was collected by semi-structured questionnaire. Statistical analysis done by Graph Pad prism 5 for the calculation of Chi-square test.

RESULT

Table 1: Distribution of Eczema infection in Psychiatric In-patients as per the age

Age	Psychiatric illness	Eczema and Skin Infection
1-10	2 (0.5%)	0(0.00%)
11-20	26 (7.22%)	2(7.69%)
21-30	10(2.78%)	5(6.32%)

31-40	98 (27.22%)	3(3.06%)
41-50	4 (1.11%)	2(2.35%)
51-60	56 (15.55%)	21(37.50%)
61-70	79 (21.94%)	29(36.70%)
>70	85 (23.61%)	38(44.70%)
Total	360 (100%)	100(100%)

Overall prevalence of Eczema and Skin Infection was found to be 27.78% in psychiatrically ill patients. The Eczema and Skin Infection were more common in the age group of psychiatrically ill patients above 50 yrs. i.e. in 51-60 (37.50%);61-70 (36.70%);>70 (44.70%).The presence of Eczema and Skin Infection was compared in between age <50 tyrs and > 50 was compared , the observed difference was statistically highly significant .(p<0.001X²= 42.12)

Table 2: Distribution of the Eczema infection Patients as per the Demographic Characters

Sex	Psychiatric illness	Presence of Eczema and infection
Male	256 (71.11%)	64 (25.00%)
Female	104 (28.89%)	36(34.61%)
Rural	245 (68.06%)	74 (30.20%)
Urban	115 (31.94%)	26(22.60%)

Presence of Eczema and infection in Males and female was comparable to each other; the difference was not statistically significant (p>0.05; X²= 3.408). Presence of Eczema and infection in Rural and Urban similar, the difference was not statistically significant (p>0.05; X²=2.25)

Table 3: Distribution of the Eczema infection Patients as per the Diagnosis of Psychiatric illness

Diagnosis	No (Percentage)	Eczema and infection
Neurotic, stress-related and somatoform disorder	98 (27.22%)	6(6.12%)
Depressive disorders	82 (22.78%)	33 (40.24%)
Organic Mental Disorders	81 (22.50%)	12(14.81%)
Disorders due to psychoactive Substance use	65 (18.05%)	39 (55.38%)
Mood disorders	25 (6.94%)	4 (16.00%)
Schizophrenia and Delusional disorders	7 (1.9%)	6(85.00%)
Disorder of Childhood and adolescents	2 (0.56%)	0 (0.00%)
Total	360 (100%)	100(27.78%)

For the comparison purpose Neurotic, stress-related and somatoform disorder, Organic Mental Disorders, Mood disorders, Disorder of Childhood and adolescents and Depressive disorders, Disorders due to psychoactive Substance use, Schizophrenia and Delusional disorders were merged together. It is found that Eczema and infection were significantly higher in the Group of patients having psychiatric illness like Disorders due to psychoactive Substance use, Schizophrenia and Delusional disorders than the patients having Neurotic,

stress-related and somatoform disorder, Organic Mental Disorders, Mood disorders, Disorder of Childhood and adolescents ($p < 0.0001$; $X^2 = 31.19$)

DISCUSSION

In our study we have found that The Eczema and Skin Infection were more common in the age group of psychiatrically ill patients above 50 yrs. i.e. in 51-60 (37.50%); 61-70 (36.70%); >70 (44.70%). The presence of Eczema and Skin Infection was compared in between age <50 yrs. and > 50 was compared, the observed difference was statistically highly significant ($p < 0.001$; $X^2 = 42.12$). So this appears that increasing age have more problems of eczema and infections this can be explained with that with increasing age the elasticity of the skin decreases and also prone for the various infections. Presence of Eczema and infection in Males and female was comparable to each other; the difference was not statistically significant ($p > 0.05$; $X^2 = 3.408$). Presence of Eczema and infection in Rural and Urban similar, the difference was not statistically significant ($p > 0.05$; $X^2 = 2.25$). It is found that Eczema and infection were significantly higher in the Group of patients having psychiatric illness like Disorders due to psychoactive Substance use, Schizophrenia and Delusional disorders than the patients having Neurotic, stress-related and somatoform disorder, Organic Mental Disorders, Mood disorders, Disorder of Childhood and adolescents ($p < 0.0001$; $X^2 = 31.19$). This can explained with the reason that the drugs used in these psychiatric illness have some effect on skin also because of their chronic state of illness these patients lose their self-care and become prone for the infections. These findings are confirmative with Mehdi Amirnia *et al*¹⁵ and Marthoenis *et al*¹⁶.

CONCLUSION

Eczema and infection were found to be more common with increasing age in psychiatrically ill patients and also; significantly higher in the Group of patients having psychiatric illness like Disorders due to psychoactive Substance use, Schizophrenia and Delusional disorders than the patients having Neurotic, stress-related and somatoform disorder, Organic Mental Disorders, Mood disorders, Disorder of Childhood and adolescents

REFERENCES

1. Benjamin James Dadock, Kaplan Harold I., Sadock Virginia A. Kaplan and Sadock's Comprehensive Textbook of Psychiatry. Eighth ed. Li ppincott, Williams and Wilkins, 2004; pp: 1110-1115.

2. Folks D G, Warnock J K. Psychocutaneous Disorders. Current Psychiatry Reports 2001, 3:219-225.
3. Krishnan A, Koo J. Psyche, Opioids, and itch: therapeutic consequences. Dermatol Ther; 2005;18, 314-322.
4. Lal S., Bloom D, Silver B, Desjardins B, Krishnan B, Thavundayil J, Thompson T. J Psychiatr Neurosci, 1993;18(4):173-177.
5. Warnock JK, Morris DW. Adverse cutaneous reactions to antipsychotics. Am J Clin Dermatol. 2002Jan; 3(9):629-36.
6. Lange-Asschenfeldt C, Grohmann R, Lange-Asschenfeldt B, Engel RR, R  ther E, Cordes J. Cutaneous adverse reactions to psychotropic drugs: data from a multicenter surveillance program. J Clin Psychiatry. 2009 Sep; 70(9):1258-65.
7. Bliss S a, Warnock JK. Psychiatric medications: adverse cutaneous drug reactions. Clin Dermatol. Elsevier Inc.; 2013; 31(1):101-9.
8. Brewer WJ, Edwards J, Anderson V, Robinson T, Pantelis C. Neuropsychological, olfactory, and hygiene deficits in men with negative symptom schizophrenia. Biol Psychiatry. 1996 Nov 15; 40(10):1021-31.
9. Sicras-Mainar A, Navarro-Artieda R, Rejas-Guti  rrez J, Blanca-Tamayo M. Relationship between obesity and antipsychotic drug use in the adult population: a longitudinal, retrospective claim database study in Primary Care settings. Neuropsychiatr Dis Treat. 2008 Feb; 4(1):219-26.
10. Poirier P, Eckel RH. Obesity and cardiovascular disease. Curr Atheroscler Rep. 2002 Nov; 4(6):448-53.
11. Zingone F, Bucci C, Tortora R, Santonicola a, Cappello C, Franzese MD, et al. Body mass index and prevalence of skin diseases in adults with untreated coeliac disease. Digestion. 2009 Jan; 80(1):18-24.
12. Murak-Kozanecka E, Rabe-Jab  nska J. [Prevalence and type of dermatologic disorders in psychiatric patients treated with psychotropic drugs]. Psychiatr Pol. 2004; 38(3):491-505.
13. Auffarth I, Busse R, Dietrich D, Emrich H. Length of psychiatric inpatient stay: comparison of mental health care outlining a case mix from a hospital in Germany and the United States of America. Ger J Psychiatry. 2008; 1-5.
14. Keliat B, Azwar A, Bachtiar A, Hamid A. Influence of the abilities in controlling violence behavior to the length of stay of schizophrenic clients in Bogor mental hospital, Indonesia. Med J Indones. 2009; 18(1):31-5
15. Mehdi Amirnia, Shalaleh Ganji, Asghararfaei, Majid Khanmohammadi. Survey of Skin Disease in Schizophrenia patient visiting psychiatry clinics in Razi and Sina hospital in 2007 to 2008, Tabriz in Iran. Annals of Biological Research, 2011, 2 (5) : 120-124.
16. Marthoenis, Marion C Aichberger, Liza Fathiarani, Meryam Schouler-Ocak. Skin Diseases among Long Stay Psychiatric Patients In Indonesia. July - December 2015. Asean Journal of Psychiatry, Vol. 16 (2):120-124.

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