

Understanding Depression in Psoriasis: A Case Report

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Abstract: Psoriasis, a chronic inflammatory dermatological disorder, often carries significant psychiatric comorbidity, particularly depressive disorder. Psoriasis affects personal, social, and sexual aspects of patients' lives, leading to psychological distress. Epidemiological studies indicate a high prevalence of psychiatric disorders, including depression, anxiety, and suicidal ideations, in psoriasis patients. This case report emphasizes the need for an integrated dermatological and psychiatric treatment approach.

Keywords: Psoriasis, Depression, Comorbidity, Psychiatric Treatment, Dermatology

1. Introduction

Psoriasis, a chronic inflammatory Dermatological disorder, which often carries significant psychiatric comorbidity particularly Depressive Disorder. [1] Psoriasis affects the personal, social, and sexual lives of the patients resulting in Psychological strain. [2] Many epidemiological studies have been conducted that looked into the psychiatric comorbidities of patients with psoriasis, both in India and abroad. Those studies have found a prevalence ranging from 30 to 62.5% for psychiatric comorbidities in patients with psoriasis.[3] Other psychiatric disorders that were commonly seen in psoriasis patients were depression, anxiety, body image disturbances, adjustments disorders, and suicidal ideations. [3] This case report underscores the crucial need to address both Dermatological and Psychiatric aspects in patient care.

Objective

To present a case of psoriasis with comorbid Depressive Disorder and highlight the importance of an integrated Dermatological and Psychiatric treatment approach.

2. Case Details

A 31-year-old unmarried male, diagnosed case of Psoriasis for 17 years referred from Dermatology to Psychiatry OPD in view of low mood, decreased interest, disturbed sleep, anxiety features, occasional suicidal ideations in the past 3 years. There is past history of hospital admissions and non-compliance of Psoriasis medications. Physical Examination revealed multiple reddish pink erythematous, scaly plaques over whole body. On Mental Status Examination: The patient is conscious and cooperative, exhibited a distressed affect and conveyed a prevailing sense of sadness.



Figure 1: Multiple erythematous, scaly plaques distributed over the body

Psychometric Test

Scale	Score
Hamilton Depression Rating Scale	27
Beck's Suicide Intent Scale	23

Patient showed high score in Hamilton Depression Rating Scale and moderate score in Beck's Suicide Intent Scale suggestive of Moderate Depressive Episode.

Management

Dermatologist from Pravara Rural Hospital started Topical Steroids Clonate, Tablet Levocetirizine, Tablet Methotrexate. During this period referral was done to Psychiatry and was started on Tablet Escitalopram 10mg and tablet clonazepam 0.25mg at night respectively, subsequently Tablet Escitalopram titrated to 15mg in divided doses. Concurrently Cognitive Behavioral Therapy sessions were conducted by Clinical Psychologist. Following Psychiatric and Dermatological intervention, significant improvement was observed in patient's behavioral symptoms and Psoriatic skin manifestations.

3. Discussion

Sahi FM et al and his colleagues found association between psoriasis and depression which shares multiple common mechanisms. The severity of psoriasis and depression are interconnected, with worsening symptoms of one often contributing to the intensification of the other. [5] Social stigmatization and low self-esteem secondary to psoriasis play a significant role in causing depression in patients with psoriasis. [5] Managing comorbid psychiatric symptoms is crucial, as psychiatric disorders can lead to non-compliance with both psychiatric and dermatological treatments. Non-compliance may further contribute to complications in both conditions. The Psychological and social support during psoriasis is recommended; this may help the patients to cope with depression and stress during Psoriasis. [5]

4. Conclusion

This case exemplifies the critical importance of an integrated approach in managing patients with chronic Dermatological conditions like Psoriasis. Collaboration between Dermatology and Psychiatry is paramount for comprehensive patient well-being, addressing both the Physical and Psychological dimensions of their health.

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References

- [1] Blackstone B, Patel R, Bewley A. Assessing and improving psychological well-being in psoriasis: considerations for the clinician. *Psoriasis (Auckl)*. 2022 Mar 25; 12:25–33.
- [2] Sahi FM, Masood A, Danawar NA, Mekaiel A, Malik BH. Association between psoriasis and depression: a traditional review. *Cureus*. 2020 Aug 13;12(8): e9708.
- [3] Mohapatra B, Chakraborty K, Sinha N, *et al*. Prevalence of Psychiatric Comorbidities in Patients with Psoriasis: A Cross-sectional Study from a Tertiary Care Hospital in Eastern India. *Ind J Priv Psychiatry* 2020;14(2):68–74
- [4] Ferreira BR, Pio-Abreu JL, Reis JP, Figueiredo A. Analysis of the prevalence of mental disorders in psoriasis: the relevance of psychiatric assessment in dermatology. *Psychiatr Danub*. 2017 Dec;29(4):401–6.
- [5] Sahi FM, Masood A, Danawar NA, Mekaiel A, Malik BH. Association between psoriasis and depression: a traditional review. *Cureus*. 2020 Aug 13;12(8): e9708.