

# PSYCHIATRIC MANIFESTATIONS AND MENTAL HEALTH PROFILES IN INDIVIDUALS WITH VITILIGO

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## Abstract

Vitiligo is one of the most common skin diseases and is diagnosed by a chronic relapsing course with increasing severity, having a long chronic course that continues through life. The proportion of psychogenic ally-provoked exacerbations of vitiligo developing during life was determined by studying a representative sample of sick.

**Keywords:** vitiligo, psychogenic, path characterological deviations, comorbidity, affective disorders

## Introduction

Currently, according to various authors, the prevalence of vitiligo is from 2 to 4% among all skin diseases. Psychogenic factors of vitiligo exacerbation are systematized. It has been determined that the severity and duration of psychogenic ally-induced vitiligo depend on path characterological deviations and the severity of accompanying mental disorders. At the same time, the role of psychogenic influences in the provocation and exacerbation of vitiligo is clearly visible. This was the basis for classifying the disease as one of the five classic psychosomatic diseases [9,10,13].

Characteristic depigmented spots located in visible areas of the skin often lead to the development of specific psychosomatic diseases that significantly worsen patients socially, and reduce the quality of life of patients [1-5, 20]. The most common reaction to skin disease is depression [1,20]. An example of the study of psychosomatic diseases in vitiligo patients is several studies conducted in different countries. A number of studies have shown that the impact of symptomatology in vitiligo is directly related to psycho-emotional problems [4,6,16,18].

Studies detailing the spectrum of mental disorders caused by or associated with vitiligo are underrepresented. Therefore, the development of typological differentiation of mental disorders caused by vitiligo in terms of modern psychodermatological concepts and their complex correction is an urgent problem.

According to several authors, a clear psychosomatic component in this dermatosis is noted in 40-80% of patients. The leading condition is complex anxiety-depressive syndrome. In some cases, psychogenic effects of dermatitis and asthenia have been reported in patients due to chronic skin diseases [3, 7, 11, 12, 13]. The significant influence of psychogenic factors on the course of vitiligo has long aroused the great interest of many researchers in studying the psychosomatic aspects of this disease [1-6, 7, 8, 19].



At the same time, it has been repeatedly noted that vitiligo exacerbation leading to a significant deterioration in the quality of life can be a serious stress factor in itself [2,7,14], thus creating a negative mood environment. The high frequency of affected areas, which are often located in visible parts of the body (face, neck, hands), often causes the development of clearly reactive (neogenic) mental disorders [2,12].

The structure of mental disorders corresponding to different variants of vitiligo course has been determined. Characteristics of benign mental disorders in vitiligo patients were determined, and their frequency was evaluated. Currently, for the effective treatment of vitiligo, the concept that patients should have full and reliable knowledge about their disease and be taught to constantly control it is becoming increasingly widespread [1-4, 14, 15- 20].

The purpose of the study is to investigate the nature of affective disorders among vitiligo patients.

### Research Materials and Methods

Individuals with clinically diagnosed cases of vitiligo aged over 18 years in both sexes and meeting the inclusion criteria were included in the study. The total study included 58 patients, including 22 women and 36 men aged 18 to 60 years (mean age 24.6 years). Open parts of the body were studied in 32 affected patients and closed parts in 26 patients.

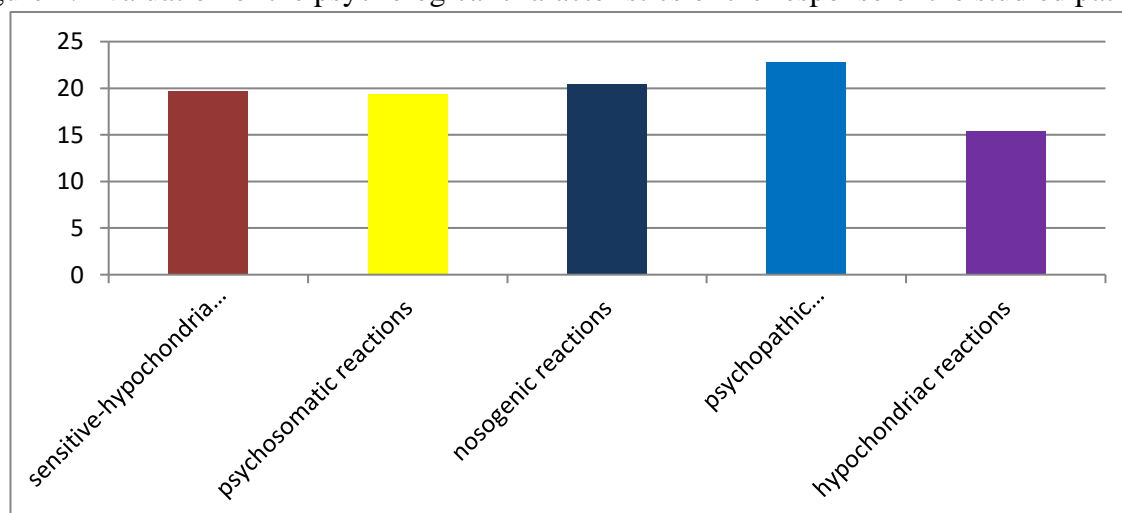
Indicators of psychological state were determined using an automated psychodermatological diagnostic system, which includes the following methods [10]:

- \*Assessment of individual and personal psychological characteristics of a person;
- \*Spilberger-Hanin self-rating scale;
- \*Beck Depression Scale;
- \*Hamilton Depression Scale;
- \*Scale (GHQ-12).

### Research Results

Twenty-six of the examined patients were married, and 32 were single. According to the results of the GHQ-12 scale, 42 patients had a positive diagnosis of mental illness, including 26 women and 16 men.

Figure 1. Evaluation of the psychological characteristics of the response of the studied patients.





According to the data of the GHQ-12 scale, psychiatric illness was found more often in patients under 30 years of age (28 patients) and in people with open body parts affected (49.8% (27 patients)). When assessed by psychiatric examination (GHQ-12), the most common mental disorder was 24.8% (15 patients), generalized anxiety 17.1% (10 patients), mixed anxiety and depression 34.4% (20 patients). ), social phobia, agoraphobia, and sexual dysfunction 23.3% (Fig. 1).

Patients with vitiligo perceived their appearance as imperfection, which could lead to low self-esteem because the feeling of constant discomfort and self-dissatisfaction created a feeling of living incorrectly. Patients may avoid social events for fear that others will look at their skin with disdain or judgment.

Therefore, they avoid meeting friends and family, as well as communicating with colleagues and partners. Fear of negative reactions from others leads to restrictions on activities, including sports, travel, and other recreational activities.

There is also a stigma attached to this issue: many people have a misconception about this pathology, believing it to be contagious or the result of improper skin care. Patients with this disease often face unwanted comments or questions from others. May encounter, which can be unpleasant and intrusive. In addition, treatment of vitiligo requires huge expenses for medicines and medical consultation, which has also affected the financial situation of the patients.

An important role in the formation of noxious reactions belongs to the personality structure. Among the constitutional anomalies predisposed to the manifestation of psychogenic disorders, hysterical% (10 patients), schizoid% (7 patients) and% (18 patients) pathocharacterological deviations of the psychosthenic circle predominate.

The basis for pathological development along with a constant psychotraumatic factor with a skin disease is a constitutional predisposition. Paranoid and schizoid personality disorders predominate among premorbid pathocharacterological features [1-6, 7, 8, 9, 10-13].

At the same time, in most cases, paranoid-hypochondriac development, the sensitive type (cowardice, shyness, inferiority complex) and the narcissistic type (self-esteem, excessive attention to one's appearance, especially the condition of the skin) valued attitude) is emphasized. sensitive development, as well as persistently expansive type, emotional level hyperactivity.

As the pathocharacterological features deepen (paranoial-hypochondriac development), concerns about the state of health increase, which become characteristic of high-value structures. Demands for new tests and effective treatment methods come to the fore.

Patients who are not satisfied with the results of medical measures go from one doctor to another, often try to self-medicate, which aggravates the course of the skin disease: they treat the skin with cleaning liquids (alcohol, concentrated solution of potassium permanganate) and diet they tire themselves.

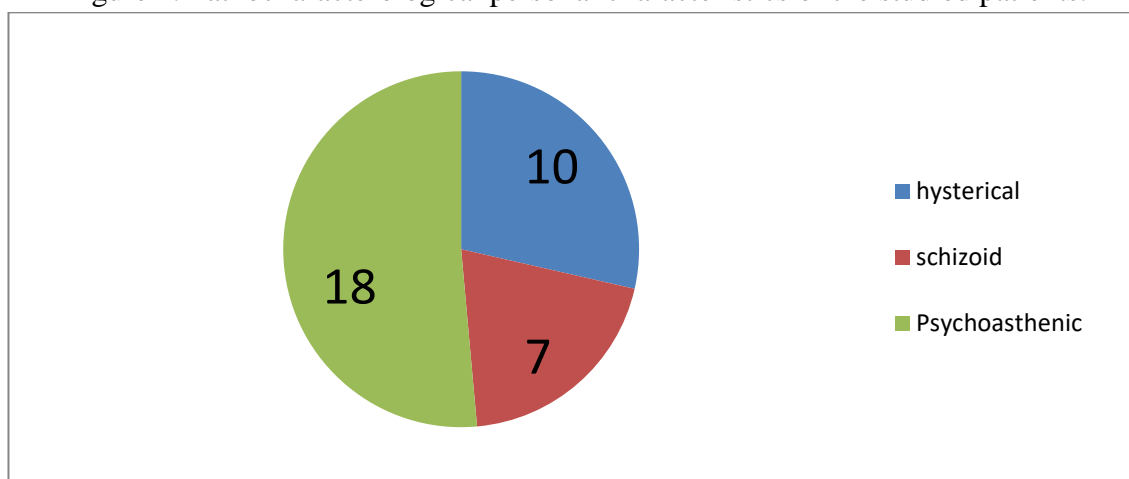
At the same time, the whole lifestyle is gradually changing. Patients, in their opinion, choose activities that do not complicate dermatological pathology, set rules aimed at maintaining a gentle regime in the family. Attitudes combined with a pessimistic perception of skin disease with subtle development, an exaggerated assessment of the associated cosmetic defect, and a desire to hide the manifestation of dermatological pathology at any cost prevail.



In order not to emphasize skin hyperemia, patients become regular customers of beauty salons, they stop wearing red clothes and shade their faces with the edges of their hats. Gradually, events of avoidance behavior come to the fore. In severe cases, patients completely change their lifestyle: they are ashamed to appear in public, they quit work, some even refuse to communicate with close relatives, and their social circle narrows.[3,6, 7, 8, 19, 20]

Expansive-schizoid development is determined by the desire for hyperadaptation with the official recognition of chronic dermatosis, which is accompanied by the inclusion of therapeutic measures related to the disease in the scope of daily tasks. Dominant types of psychological reactions were found in the patients of the studied sample: anxious-neurotic (58% of patients) perception of skin rash as a physical defect that interferes with daily life and sensitive (42%). to get rid of cosmetic defects (Fig. 2).

Figure 2. Pathocharacterological personal characteristics of the studied patients.

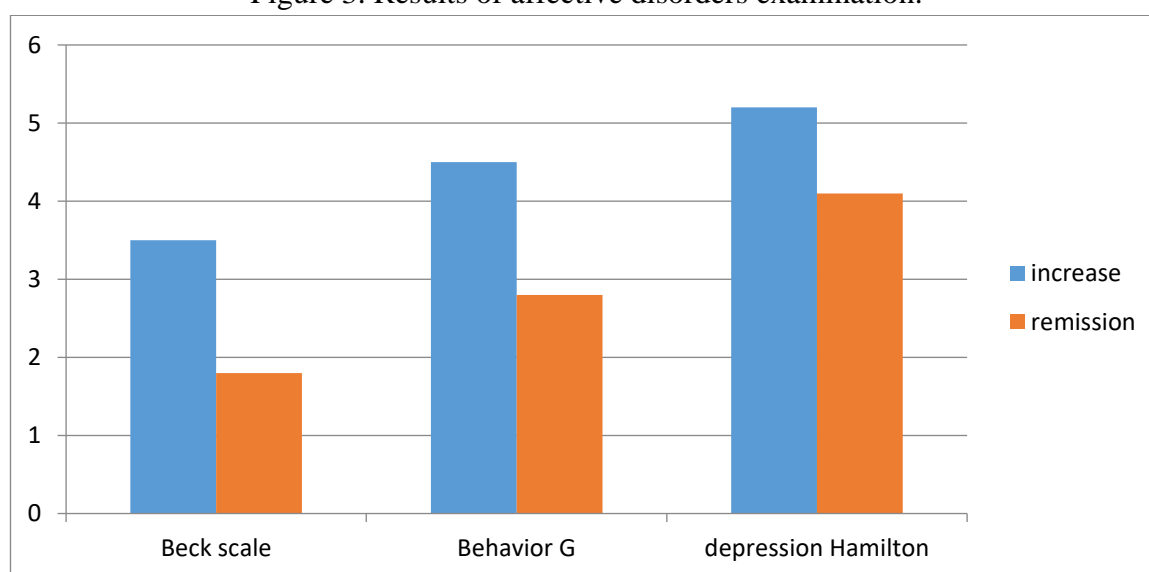


Affective pathology is often limited to mild depression. Hypothymia (low mood, tears, irritability, poor sleep) is associated with ideas of physical deficiency — cosmetic defect (disorder of facial skin and exposed parts of the body).

In the first place, concerns about the outcome of the disease, fear of lifelong deformity, accompanied by a feeling of hopelessness (anxious depression). Also, constant fixation on body sensations, registration of the smallest changes in the structure of skin rashes, careful analysis of the results of therapeutic measures, usually ending with a pessimistic assessment of them (hypochondria depression).

Clinical manifestations of hysterical depression are characterized by a tendency to dramatize the situation, body sensations unusual for dermatological pathology (hysteroalgia, body hallucinations) and a variety of complaints with conversion disorders. At the same time, there are exacerbations and psychopathic deviations, which are carried out by attempts to manipulate relatives or medical personnel, as well as suicidal blackmail. The skin disease develops over a long period of time. According to our data, paranoid-hypochondriac, sensitive and expansive-schizoid types of development prevail among dermatological patients [2, 3, 12, 18]. Figure 3.

Figure 3. Results of affective disorders examination.



The basis for pathological development along with a constant psychotraumatic factor with a skin disease is a constitutional predisposition. Paranoid and schizoid personality disorders predominate among premorbid pathocharacterological features [3,6, 7, 8, 19].

At the same time, along with paranoid-hypochondriac development, the narcissistic type (self-esteem, overestimated attitude to one's own appearance, especially the condition of the skin), the sensitive type (cowardice, shyness, inferiority complex) accents. states of sensitive development, as well as expansive type with persistence, hyperactivity with emotional flattening.

When pathocharacterological features deepen (paranoid-hypochondriacal development), anxiety about the state of health increases, takes on the character of an overestimated formation. Demands for new tests and effective treatments come to the fore.

Patients who are not satisfied with the results of medical measures go from one doctor to another, often resort to self-medication, which aggravates the skin disease: they treat the skin with irritating liquids (alcohol, a concentrated solution of potassium permanganate) and diets tired with

At the same time, the whole lifestyle gradually changes, patients choose activities that, in their opinion, do not complicate the dermatological pathology, set rules aimed at maintaining a gentle regime in the family.

Pessimistic perception of skin disease with sensitive development, hypertrophied assessment of the associated cosmetic defect, combined with the desire to hide the manifestation of dermatological pathology at any cost prevails.

In order not to emphasize skin hyperemia, patients become regular customers of beauty salons, they stop wearing red clothes and shade their faces with the edges of their hats. Gradually, events of avoidance behavior come to the fore. In severe cases, patients completely change their lifestyle: they are ashamed to appear in public, they quit work, some even refuse to communicate with close relatives, and their social circle narrows.

Expansive-schizoid development is determined by the desire for hyperadaptation with the official recognition of chronic dermatosis, which is accompanied by the inclusion of therapeutic activities related to the disease in the scope of daily tasks.



Thus, our research has shown that an emphasis on the problems of beauty and perfection of one's own appearance, which appeared within the framework of personality disorder, plays an important role; In dermatitis, which affects the affected skin, such an emphasis is enhanced and has the characteristic of a catathymic complex.

Such innate or acquired pathocharacterological features, for example, accentuated sensitivity (high sensitivity), weakness in interpersonal relations, contribute to the formation of nosogenies.

### Conclusions

1. In terms of nosogenic reactions, the most vulnerable category of patients are young women with personality disorders of the dramatic cluster. The threat of losing external attractiveness in these cases is often associated with the formation of long-term hypothyroid states, which are complicated by suicide attempts.
2. Patients suffering from narcissistic accentuation painfully tolerate the presence of a cosmetic defect, even subsyndromal manifestations of skin disease in these cases are a reason to consult a dermatologist and often representatives of alternative medicine (psychics, traditional healers). It's done.
3. Clinical manifestations of hysterical depression are characterized by a tendency to dramatize the situation, body sensations unusual for dermatological pathology (hysteroalgia, body hallucinations) and a variety of complaints accompanied by conversion disorders. At the same time, there are exacerbations and psychopathic deviations, which are carried out by attempts to manipulate relatives or medical personnel, as well as suicide blackmail.

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