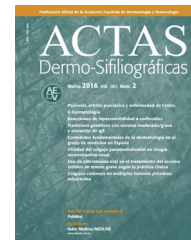




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## PRACTICAL DERMATOLOGY

# Early Detection of Emotional and Behavioral Disorders in Dermatology<sup>☆</sup>



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### KEYWORDS

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**Abstract** Many skin diseases are associated with mental disorders. When the psychological symptoms are mild, as is often the case in dermatology, it can be difficult to distinguish between normality and the manifestations of a mental disorder. To facilitate the distinction we review the concept of mental disorder in the present article. It is also important to have instruments that can facilitate early detection of psychological disease, i.e. when the symptoms are still mild. Short, simple, self-administered questionnaires have been developed to help dermatologists and other health professionals identify the presence of a mental disorder with a high degree of certainty. In this article, we focus on the questionnaires most often used to detect the 2 most common mental disorders: anxiety and depression. Finally, we describe the circumstances in which it is advisable to refer a dermatological patient to a psychiatrist, who can diagnose and treat the mental disorder in accordance with standard protocols.

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### PALABRAS CLAVE

Dermatología;  
Trastorno mental;  
Evaluación;  
Prevención;

### Detección precoz de la enfermedad psicoemocional en dermatología

**Resumen** Muchas enfermedades dermatológicas van asociadas a trastornos psiquiátricos. No es fácil la distinción entre la normalidad y el trastorno psiquiátrico cuando la intensidad de los síntomas psicológicos es leve, como suele ocurrir en dermatología. Por eso revisamos el concepto de trastorno psiquiátrico. Por otra parte, son necesarios instrumentos para detectar una

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enfermedad psicológica de forma precoz, cuando los síntomas son todavía menores. Para ello se han desarrollado cuestionarios breves, sencillos, autoadministrados por el propio paciente, que ayudan a dermatólogos y demás profesionales sanitarios a sospechar con alto grado de certeza la existencia de una enfermedad psiquiátrica. Nos centraremos en los cuestionarios más utilizados que detectan las 2 enfermedades psiquiátricas más frecuentes: ansiedad y depresión. Por último, describiremos las circunstancias en las que es recomendable derivar a un paciente dermatológico al psiquiatra para que sea este quien le siga de forma reglada.

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## Introduction

The definition of mental disorder according to the latest edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*<sup>1</sup> (DSM-V) is given in Table 1. According to estimates for 2020 by the World Health Organization, 1 in 4 people will be affected by a mental disorder at some point in their lives.<sup>2</sup> Mental illness is one of the main causes of disease and disability worldwide, and currently affects around 450 million people.<sup>2</sup> The relative proportion of cases seen in dermatology offices is even higher. According to a study by Gupta et al.,<sup>3</sup> mental disorders are 20% more common in patients seen by dermatologists than in the general population, and between 20% and 30% more common in hospitalized patients with dermatologic disorders than other hospitalized patients.

The most common psychiatric disorder seen by dermatologists is depression.<sup>4</sup> Survey-based data indicate that up to 30% of patients may have significant depression, and that

up to 10% of outpatients with psoriasis may have experienced suicidal ideation.<sup>5</sup> Obsessive-compulsive disorder may be present in between 10% and 15% of patients seeking dermatologic treatment, and over 10% have been reported to have body dysmorphic disorder.<sup>6</sup>

Psychological tests are experimental instruments designed to measure or assess an individual's specific psychological characteristics or general personality traits. Individual responses can then be evaluated by comparing them, either statistically or qualitatively, to those from other individuals who have undergone the same test. The results are then used to classify the person into a certain category. The test's design must ensure that the specific behavior being evaluated is a faithful as possible reflection of how the individual functions in everyday situations, which is where the capacity being evaluated is truly put to test.

## Scales for the Early Detection of Anxiety and Depression

Dermatologists have access to many scales that can be used to gain an initial diagnostic impression of an emotional or behavioral disorder,<sup>7</sup> but these preliminary diagnoses must then be confirmed through a standardized psychiatric interview, such as the standardized neuropsychiatric interview.<sup>8</sup>

Examples of scales available to dermatologists are the Goldberg Anxiety and Depression Scale, the Hamilton Depression Rating Scale, the Montgomery-Asberg Depression Rating Scale, Yesavage's Geriatric Depression Scale (Short Form), the Zung Self-Rating Depression Scale, the Beck Depression Inventory, Tyrer's Brief Scale for Anxiety, the Anxiety Screening Questionnaire, the Patient Health Questionnaire (PHQ-9), the Hospital and Anxiety Depression Scale, and the Generalized Anxiety Disorder Assessment (GAD-7). In this review, we will provide a brief description of the scales that are most used in routine clinical practice due to their simplicity and validity.

### The Generalized Anxiety Disorder Scale (GAD-7) (Table 2)

Although the GAD-7 was initially developed to detect and measure the severity of generalized anxiety disorder,<sup>9,10</sup> it has since proven to have good psychometric properties for use in other types of anxiety disorders (Table 2).

**Table 1** Definition of Mental Disorder According to the *Diagnostic and Statistical Manual of Mental Disorders*.<sup>1</sup>

#### Features

a significant behavioral or psychological syndrome or pattern that occurs in an individual is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom must not be merely an expectable and culturally sanctioned response to a particular event, for example, the death of a loved one a manifestation of a behavioral, psychological, or biological dysfunction in the individual neither deviant behavior (e.g., political, religious, or sexual) nor conflicts that are primarily between the individual and society are mental disorders unless the deviance or conflict is a symptom of a dysfunction in the individual

#### Other considerations

no definition adequately specifies precise boundaries for the concept of "mental disorder" the concept of mental disorder (like many other concepts in medicine and science) lacks a consistent operational definition that covers all situations

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