



## Asian pearls

## Alexithymia in different dermatologic patients

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## ARTICLE INFO

## Article history:

Received 9 November 2015

Received in revised form 15 May 2016

Accepted 10 October 2016

## Keywords:

Acne vulgaris

Alexithymia

Alopecia areata

Psoriasis

Vitiligo

## ABSTRACT

Alexithymia is a personality trait characterized by difficulties in differentiating and describing feelings. Research indicates that alexithymia can be considered as a possible risk factor for a variety of medical conditions. The purpose of our study was to compare and assess the prevalence of alexithymia in patients with psoriasis, alopecia areata, vitiligo and acne vulgaris. 120 consecutive subjects referred to dermatologic clinic with psoriasis, alopecia areata, vitiligo and acne vulgaris and 30 subjects selected from hospital staff and relatives of patients were enrolled in patient and control groups of our study respectively. Toronto Alexithymia Scale (TAS-20) was used to assess the prevalence of alexithymia. Statistical analysis showed significant differences between the vitiligo, alopecia areata, psoriasis patients and the control group in terms of alexithymia score ( $p \leq 0.05$ ), but did not find any significant difference between acne patients and control group ( $p = 0.06$ ). This study has demonstrated high score of alexithymia in patients with psoriasis, alopecia areata and vitiligo compared with control group; however, such association was not found in individuals with acne vulgaris. Hence it is proposed that the evaluation and management of alexithymia would better the treatment of skin disorders and improve the quality of life in patients.

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## 1. Introduction

Alexithymia is a personality construct that is normally distributed in general population, with its prevalence being higher than major depressive disorders (10–13% vs 6.4–8.6%) (Willemssen et al., 2008). Alexithymia is composed of following factors: (a) limited ability in identifying and describing feelings; (b) constricted imaginary activities; and (c) externally oriented- cognitive style (Baiardini et al., 2011). In addition to genetic susceptibility and emotional stress, alexithymia is considered as one of the risk factors for a variety of medical and psychiatric disorders. Although the relationship between alexithymia and dermatology disorders are not fully understood, preliminary data show that alexithymia seems to be associated with alopecia areata (AA), psoriasis, vitiligo and chronic urticaria (Willemssen et al., 2008). In this study we examined patients suffering from four different dermatologic disorders: psoriasis, vitiligo, acne and alopecia areata (AA).

Psoriasis is a chronic inflammatory skin disease in the onset and exacerbation of which genetic factors and psychological distress play a key role. For a long time, psoriasis was considered as a psychosomatic disorder affected by certain personality types; therefore, it could be a highly suitable candidate for the investigation of alexithymia (Richards et al., 2005).

Previous studies have revealed that stress events might trigger vitiligo. These patients have higher scores on alexithymia than controls possibly due to emotional dysregulation or inability to cope with stress (Picardi et al., 2003a; Willemssen et al., 2008).

Also, acne is a common dermatologic problem dermatologists encounter almost every day. Acne can have a profound psychological effect, especially if it causes disfigurement of face. In extreme cases, it may lead to great embarrassment, anger, depression and self esteem reduction. Consequently, the separation of acne vulgaris and psychological disturbances is impossible (Mooney, 2014; Sunay et al., 2011).

Several clinical investigations have indicated an association between AA and stressful events, while others have suggested that particular personality trait such as alexithymia might reduce the ability to cope with stressful events (Willemssen et al., 2009).

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Furthermore, it has been shown that most AA patients with poor response to the treatment were alexithymic (Cordan et al., 2006).

As screening and treating of alexithymia can benefit chronic skin diseases, in this article we tried to estimate the prevalence of alexithymia among patients with psoriasis, vitiligo, acne and alopecia areata (AA), and compare the results.

## 2. Methods

### 2.1. Participants

Since VanVoorhis and Morgan (2007) state Analysis of Variance (ANOVA) requires 30 observations per cell to detect a medium effect size, the clinical sample was comprised of 120 consecutive patients who, more than 18 years, had acne (n = 30), alopecia areata (n = 30), vitiligo (n = 30) and psoriasis (n = 30). The control group included 30 healthy individuals recruited from the hospital staff and relatives of patients who did not currently or previously have any dermatological disorders. First degree relatives were not selected because of the possible influence of genetic factors in the development of alexithymia.

Patients with moderate-to-severe disease were enrolled between December 2012 and June 2013. Then, patients with Acne severity index (ASI), Severity of Alopecia Tool score (SALT score), Vitiligo European Task Force (VETF) and Psoriasis Area and Severity Index (PASI) were assessed by a dermatologist. However, those patients with any cognitive impairment or other types of skin diseases other than the required samples were excluded from the study.

For inclusion of each case in the study, informed consent was obtained from the participants. In order to ensure confidentiality, there was no identifying information on any of the questionnaires. Therefore, patients were free to quit the study at any time.

### 2.2. Measures

After the informed consent was obtained from the participants, they were asked to complete the Toronto Alexithymia Scale-20. The Toronto Alexithymia Scale (TAS-20) is the most widely used instrument for assessing Alexithymia. This measurement consists of 20 items in which subjects respond to each statement on 5-point likert scales ranging from 1 (strongly disagree) to 5 (strongly agree). The range of scores is from 20 to 100, and scores higher than 61 have been suggested to be alexithymic. In this study the Persian (Iranian language) version of the TAS-20 was used to measure alexithymia. The psychometric properties of Iranian version of the TAS-20 have proven to be satisfactory (Besharat, 2007).

Statistical analyses were performed by means of SPSS 20. The differences between TAS score of groups were assessed by analyzing variance. In addition, post-hoc comparisons were made to examine the differences between each of the five diagnostic groups.

## 3. Results

The mean ages of the participants were  $29.75 \pm 11.11$  years and  $30.7 \pm 8.02$  years in patient and control groups, respectively ( $p = 0.66$ ). Demographic characteristics of the groups are shown in Table 1

According to cut-off score, 50% of alopecia areata patients, 46.7% of vitiligo patients, 40% of the psoriasis patients, 40% of acne patients and 13.3% of control groups were alexithymic. As a result, significant differences were found between each of the disease groups and the control group ( $p < 0.05$ ).

The ANOVA analysis was conducted to evaluate the differences in TAS-20 scores among patients and control groups. The results indicated that the five groups differed significantly in terms of alexithymia (Table 2).

Post-hoc comparisons using LSD's statistic showed significant differences between the vitiligo, alopecia areata, psoriasis patients, and the control group in terms of alexithymia score ( $p \leq 0.05$ ). However, they did not reveal any significant difference between acne patients and control group. Also there were no differences between any of patients groups (Table 3).

## 4. Discussion

The results of our study proved that dermatological patients except for acne patients had higher levels of alexithymia scores compared with healthy individuals. The differences between the patients and control groups were statistically significant. The high level of alexithymia has been shown in patients with a number of health problems (Taylor, 2000) including skin disorders (Picardi et al., 2005b).

Richards and her colleagues evaluated 300 patients with chronic plaque psoriasis with TAS (TAS-20). The results of their study revealed that the overall prevalence of alexithymia was 33% (the mean score of TAS was 55.62) in these patients, but there were no significant relationships between TAS score and clinical severity, age or duration of disease (Richards et al., 2005). Our study yielded the similar results; TAS scores in patients with psoriasis were higher than those in control groups and the mean score was  $57.1 \pm 10.42$ .

The association between alexithymia and psoriasis was also shown in the researches by Consoli et al. (2006) and Picardi et al. (2005a); however, some other studies have not demonstrated a significant relationship (Fava et al. 1980; Picardi et al., 2003a; Rubino et al., 1988). Different investigators have used various methods of assessment which explain why some previous studies did not yield similar results (Willemsen et al., 2008). In our study the prevalence of alexithymic psoriasis patients was 40% whereas in previous studies including Consoli et al. (2006), Picardi et al. (2005a) and Allegranti et al. (1993) its prevalence was 35%, 51.5% and 15.6% respectively.

**Table 1**

Patients and control group demographic characteristics.

Characteristics	Vitiligo n (%)	Alopecia Areata n (%)	Psoriasis n (%)	Acne n (%)	Control n (%)	
Gender	Female	19 (63.3)	10 (33.3)	18 (60)	25 (83.3)	18 (60)
	Male	11 (36.7)	20 (66.7)	12 (40)	5 (16.7)	12 (40)
Education	<High school	4 (13.3)	2 (6.7)	5 (16.7)	0	1 (3.3)
	High school	12 (40)	14 (46.7)	15 (50)	11 (36.7)	6 (20)
	University	14 (46.7)	14 (46.7)	10 (33.3)	19 (63.3)	23 (76.7)
Age (Mean, SD)	31.6 (11.1)	30.3 (8.4)	34.9 (13.8)	22.3 (5.6)	30.7 (8)	

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