

Anxiety, Depression and Self-Esteem among Chronic Skin Patients

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ABSTRACT

Objectives: The study was designed to examine anxiety, depression and self-esteem among patients of chronic skin diseases and to explore the split up of patients as per gender. **Study Design:** Correlational Study. **Duration and the Place of the Study:** The study was conducted from February 2010 to April 2010 in outdoor of dermatology DHQ hospital Faisalabad and Nishtar Hospital Multan. **Patients and Methods:** All patients who consented (in case of minors consent taken from guardians/parents) were included in this correlational study. All patients who refused to participate in the study were excluded and patients who suffering from chronic medical or surgical problems were also excluded. 160 patients with different skin diseases participated in it through purposive convenient sampling technique. Anxiety, depression and self-esteem were assessed by using test booklet was comprised of Zung Self-Rating Anxiety Scale, Zung Self-Rating Depression Scale, Rosenberg Self-Esteem Scale and Informed Consent form. The diagnostic criteria of DSM IV TR were employed while demographic variables were recorded on a demographic sheet. SPSS version 10 was used to analyze the raw data by correlation coefficient and

the independent-samples *t*-tests. **Results:** Results showed that there were positive relationship between anxiety and depression ($P < 0.05$) and negative relationship between depression and self-esteem among chronic skin patients ($P < 0.01$). It was also found that there is significant difference on anxiety scale among female patients of chronic skin diseases ($M = 43.18$, $SD = 5.72$), and male patients of chronic skin diseases ($M = 44.71$, $SD = 4.86$), where $t(158) = 1.798$, $p = 0.037$, $N = 160$. Results also showed that female patients of chronic skin diseases have higher level of depression as compared to male patients of chronic skin diseases ($M = 56.89$, 53.81), ($SD = 5.08$, 4.13), where ($t = -4.118$, $df = 158$, $p = 0.001$) and female patients of skin diseases have lower level of self-esteem as compared to male patients of chronic skin diseases ($M = 10.64$, 11.91), ($SD = 2.67$, 2.66), where ($t = 2.990$, $df = 158$, $p = 0.0015$). **Conclusion:** As the psychiatric co morbidity anxiety, depression and self-esteem in patients suffering from chronic skin diseases is so frequent hence the doctors dealing with such patients should be better trained in assessment and management of these disorders. **Key Words:** Anxiety, Depression, Self-Esteem, Chronic

INTRODUCTION

Anxiety is a psychological and physiological state characterized by cognitive, somatic, emotional, and behavioral components. These components combine to create an unpleasant feeling that is typically associated with uneasiness, apprehension, fear, or worry. Anxiety is a generalized mood condition that can often occur without an identifiable triggering stimulus. As such, it is distinguished from fear, which occurs in the presence of an observed threat¹. Anxiety is "a future-oriented mood state in which one is ready

or prepared to attempt to cope with upcoming negative events"². When anxiety becomes severe and one cannot find out any coping skills to remove challenges, one may suffer from feelings of worthlessness³. Depression is a state of low mood and aversion to activity. The Diagnostic and Statistical Manual of Mental Disorders defines a depressed person as experiencing feelings of sadness, helplessness and hopelessness. In traditional colloquy, feeling "depressed" is often synonymous with feeling

"sad", but both clinical depression and non-clinical depression can also refer to a conglomeration of more than one feeling⁴. Serious illness presents a crisis in people's itself. Individual may suffer from severely effected relationships with family members and friends. Loss of personal control and threats to self-esteem, these psychological elements may lead to distorted thought patterns and patients diagnosed with chronic illness often pass through a phase of self-realization. This phase may result in negative thoughts about one's own self and the situation⁵. Self-esteem is a term used in psychology to reflect a person's overall evaluation or appraisal of his or her own worth⁶. Low self-esteem may cause significant distress and impairment in important areas of functioning and one may suffer from worthlessness that leads to stress. In reaction of stress and anxiety individual may suffer from skin problems due to hormonal changes⁷. Previously, many researches have been done regarding level of anxiety, depression and self esteem among chronic skin patients⁸. Skin diseases are among the most common health problems worldwide and are associated with a considerable burden. The burden of skin disease is a multidimensional concept that encompasses psychological, social and financial consequences of the skin disease on the patients, their families and on society. Chronic and incurable skin diseases, such as psoriasis and eczema, are associated with significant morbidity in the form of physical discomfort and impairment of patients' quality of life; whereas malignant diseases, such as malignant melanoma, carry substantial mortality⁹, with the availability of a wide range of health status and quality-of-life measures, the effects of most skin diseases on patients' lives can be measured efficiently. The aim of this review is to present some of the published data in order to highlight the magnitude of the burden associated with some common skin diseases and also to suggest ways to quantify this burden of skin diseases¹⁰. Acne vulgaris is a common skin disorder affecting at least 85 percent of adolescents and young adults. This disorder is often dismissed by the medical community and general population as a superficial affliction associated with growing up, however scientific evidence has illustrated that the effects of this condition are far more than skin deep. This brief review of relevant scientific literature discusses the potential effect of acne beyond its

dermatological manifestations. These include effects on psychiatric health, psychological well-being, and quality of life¹¹. Schneider et al identified psychosomatic cofactors and psychiatric comorbidity in patients with chronic itch. While psychosomatic factors may be involved in eliciting as well as coping with chronic itch, psychiatric comorbidity often goes unrecognized in dermatological patients. To record psychiatric illness, psychiatric and psychotherapeutic pretreatment, and psychotherapy indication in dermatology inpatients with pruritus. A consecutive sample of 109 dermatology inpatients with the symptom of pruritus were examined by interviews with consecutive ratings by experts (using psychiatric ICD-10 diagnoses, the Global Assessment of Functioning Scale and the Impairment Score) and self-assessment using the Eppendorf Itch Questionnaire. In greater than 70% of the pruritus patients, 1-6 psychiatric diagnoses could be demonstrated. In greater than 60%, psychotherapeutic or psychiatric treatment was recommended. In contrast, almost 90% of the patients had had no previous psychotherapeutic experience. As psychiatric comorbidity in dermatology inpatients suffering from chronic itch is high, dermatology departments should aim for an improvement of their psychosomatic consultation and liaison services¹². Elisabeth et al examined the level of psychological distress and factors contributing to distress in patients with morphea or eosinophilic fasciitis. It was a Cross-sectional study and participants were Dermatology outpatient clinic of a university hospital. Participants of 120 patients with morphea or eosinophilic fasciitis diagnosed between December 1, 1994, and July 15, 2007, who were enrolled in the study, only 74 completed questionnaires were suitable for data analysis. Main Outcome Measures was Self-reported responses on the Impact of Chronic Skin Diseases on Daily Life scale measure psychological distress, specifically anxiety and depressed mood. Psychological functioning was generally impaired in patients with skin disease, particularly among patients with generalized morphea and eosinophilic fasciitis. Twenty-eight patients (38%) were at risk of depression or anxiety. Higher levels of psychological distress were significantly related to greater severity of skin disease; more pain and fatigue; impact of disease on daily life; more perceived stigmatization; illness cognitions of greater helplessness; and less

acceptance and less perceived social support. Physical and psychosocial aspects play a substantial role in the quality of life for patients with morphea. Physicians should be encouraged to assess the physical and psychosocial factors when treating patients with sclerotic skin diseases. This approach could improve quality of life and ultimately lead to improved dermatological treatment outcomes¹³. Another study identified self-esteem and suicidal risk among subjects with dermatological disorders in West African Teaching Hospital. The subjects had statistically significant higher mean scores on assessment compared with the controls. These higher scores indicate lower self-esteem and increased risk of depression and suicide¹⁴. Hayes and Koo (2010) examined that Psoriasis is a chronic skin disease that can negatively impact many aspects of quality of life. Patient's with psoriasis may suffer from pain and discomfort from the disease as well as psychological and social difficulties including stigmatization, embarrassment and social inhibition. Anxiety, depression, smoking and alcohol abuse have been focused to have a higher prevalence among psoriasis patients than healthy controls. These comorbidities have also been found to have a directly negative impact on psoriasis. Awareness of the relationship between psoriasis, psychiatric disorders and substance abuse is important for dermatologists as these comorbidities can lead to poor compliance and treatment outcomes.¹⁵

MATERIAL AND METHOD

All patients who consented (in case of minors consent taken from guardians/ parents) were included in this correlational study. All patients who refused to participate in the study were excluded and patients who suffering from chronic medical or surgical problems were also excluded. A sample of 160 patients with skin diseases in which 70 males and 90 females were drawn from District Headquarter Hospital, Allied Hospital, Fatima Skin Clinic Faisalabad and Nishtar Hospital, Multan through purposive sampling technique. The distribution of patients were as, out patient of DHQ were 80, out patient of Allied Hospital were 40, out patients of Fatima skin Clinic were 25 and out patient of Nishtar hospital, Multan were 15. Zung Self-Rating Anxiety

Scale¹⁶, Zung Self-Rating Depression Scale¹⁷ and Rosenberg Self-Esteem Scale¹⁸ were used to measure anxiety, depression and self-esteem respectively. The test booklet also comprised of demographic information sheet and informed consent form. The participants were diagnosed patients of skin diseases. The required information was obtained by rater assessment as the patients were not educated enough. As the instruments were in English, so almost all patients were asked about their feelings in Urdu in an interview format. The team of ratters was trained to help the illiterate patients to fill in the Performa and scrutinize the patients for anxiety, depression and self-esteem as per DSM-IV^r criteria. Participants were also given assurance that their identity will not be disclosed. At the end of the data collection, raw results were tabulated along with demographic information obtained from the participants. The raw data was analyzed by using correlation coefficient and the independent-samples *t*-tests with the help of SPSS version 10.

RESULTS

Results have shown that patients of chronic skin diseases had anxiety, depression and low self-esteem. According to findings there is positive relationship between anxiety and depression among patients of chronic skin diseases ($P < 0.05$) (See Table 1). There is negative relationship between depression and self esteem among patients of chronic skin diseases ($P < 0.01$) (See Table 2). It was also found that there is significant difference on anxiety scale among female patients of chronic skin diseases ($M = 43.18$, $SD = 5.72$), and male patients of chronic skin diseases ($M = 44.71$, $SD = 4.86$), where $t(158) = 1.798$, $p = 0.037$, $N = 160$ (See Table 3). According to another findings female patients of chronic skin diseases ($M = 56.89$, $SD = 5.08$) and male patients of chronic skin diseases have ($M = 53.81$, $SD = 4.13$), where $t(158) = -4.118$, $p = 0.001$, $N = 160$ which indicated that there is highly significant difference on depression scale among female patients of chronic skin diseases and male patients of chronic skin diseases (See Table 4), whereas female patients of chronic skin diseases

($M=10.64$, $SD=2.67$) and male patients of chronic skin diseases have ($M=11.91$, $SD=2.66$), where $t(158) = 2.990$, $p=0.0015$, $N=160$ which indicated that there is highly significant difference on self esteem scale among female patients of chronic skin diseases and male patients of chronic skin diseases (See Table 5).

Table 1:
Correlation coefficient of anxiety and depression

	Anxiety	Depression
Anxiety	1	.160*
Depression	.160*	1

* $p < 0.05$

The results given in the table no.1 suggest that there is positive relationship between anxiety and depression among patients of chronic skin diseases. Correlation is significant at the level of 0.05.

Table 2:
Correlation coefficient of depression and self-esteem

	Anxiety	Depression
Depression	1	-.458*
Self esteem	-.458*	1
Depression	1	-.458*

* $p < 0.01$

The results given in the table no.2 suggest that there is negative relationship between depression and self esteem among patients of chronic skin diseases. Correlation is more significant at the level of 0.01

Table 3:
Mean, Standard deviation and t-values of score on anxiety among female patients of chronic skin diseases and male patients chronic skin diseases (N=160).

Gender	N	M	SD	t	df	p
Male	70	44.71	4.86			
Female	90	43.18	5.72			
Anxiety				1.798	158	0.037

* $p < 0.05$

The results given in the table no.3 suggest that female patients of chronic skin diseases ($M=43.18$, $SD=5.72$) and male patients of chronic skin diseases have

($M=44.71$, $SD=4.86$), where $t(158) = 1.798$, $p=0.037$ on the scale of anxiety $N=160$, which indicated that there is significant difference on anxiety scale among female patients of chronic skin diseases and male patients of chronic skin diseases.

Table 4:
Mean, Standard deviation and t-values of score on depression among female patients of chronic skin diseases and male patients of chronic skin diseases (N=160).

Gender	N	M	SD	t	df	p
Male	70	53.81	4.13			
Female	90	56.89	5.08			
Depression				-4.118	158	0.001*

* $p < 0.01$

The results given in the table no.4 suggest that female patients of chronic skin diseases ($M=56.89$, $SD=5.08$) and male patients of chronic skin diseases have ($M=53.81$, $SD=4.13$), where $t(158) = -4.118$, $p=0.001$ on the scale of depression $N=160$ which indicated that there is highly significant difference on depression scale among female patients of chronic skin diseases and male patients of chronic skin diseases.

Table 5:
Mean, Standard deviation and t-values of score on self esteem among female patients of chronic skin diseases and male patients of chronic skin diseases (N=160).

Gender	N	M	SD	t	df	p
Male	70	11.91	2.66			
Self-Esteem				2.990	158	0.0015*
Female	90	10.64	2.67			

* $p < 0.01$

The results given in the table no.5 suggest that female patients of chronic skin diseases ($M=10.64$, $SD=2.67$) and male patients of chronic skin diseases have ($M=11.91$, $SD=2.66$), where $t(158) = 2.990$, $p=0.0015$ on the scale of self esteem $N=160$ which indicated that there is highly significant difference on self esteem scale among female patients of chronic skin diseases and male patients of chronic skin diseases.

Figure-1
Co-Relation between anxiety and depression in chronic skin patients

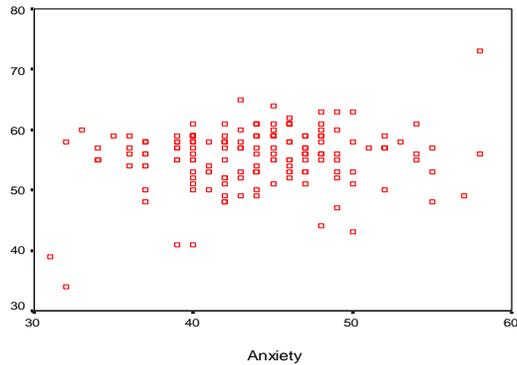


Figure-2
Co-Relation between depression and self esteem in chronic skin patients

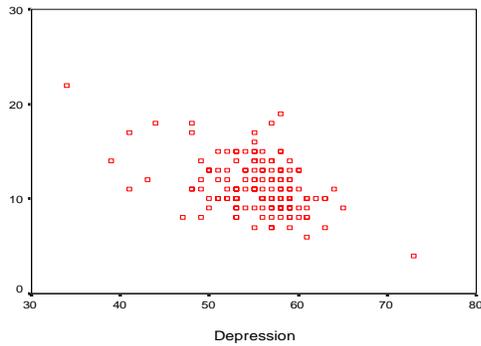


Figure-3
Gender distribution of anxiety in chronic skin patients

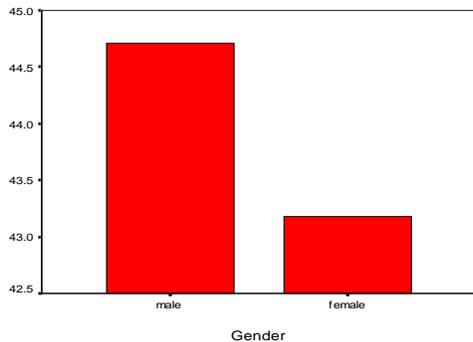


Figure-4
Gender distribution of depression in chronic skin patients

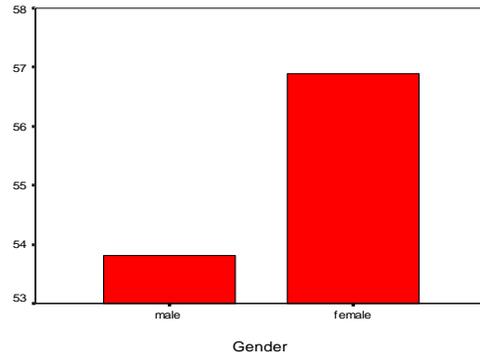
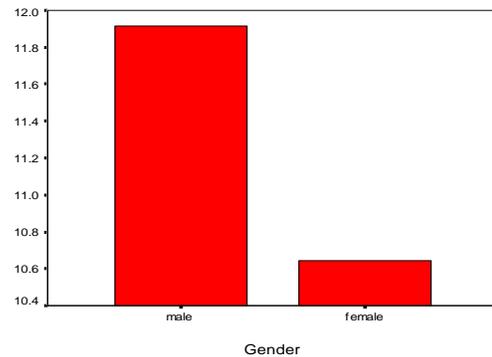


Figure 5
Gender distribution of self –esteem in chronic skin patients



DISCUSSION

The research was conducted to investigate the level of anxiety, depression and self-esteem among patients of chronic skin diseases. Finding regarding anxiety and depression ($p < 0.05$) suggests that anxiety and depression have positive relationship among patients of chronic skin diseases. In a study, Levenson identified that there is Psychosocial Morbidity in Atopic Dermatitis. He identified that Atopic individuals with emotional problems may develop a vicious cycle between anxiety and depression and dermatologic symptoms. In one direction of causality, anxiety and depression are frequent consequences of the skin disorder. The misery of living with atopic dermatitis may have a profoundly negative effect on health-related quality of life of children and their

families. Intractable itching causes significant insomnia, and sleep deprivation leads to fatigue, mood lability, and impaired functioning¹⁹. Another finding of the present study suggests that depression and self-esteem ($p < 0.01$) have negative relationship among patients of chronic skin diseases. The finding shows that there is significant relationship between depression and self-esteem among patients of chronic skin diseases. Schneider identified psychosomatic cofactors and psychiatric comorbidity in patients with chronic itch. While psychosomatic factors may be involved in eliciting as well as coping with chronic itch, psychiatric comorbidity often goes unrecognized in dermatological patients. He identified that skin diseases provoke anxiety and depression that lead to low self-esteem²⁰. The present study suggests that female patients of chronic skin diseases have high level of depression ($M=56.89$, $SD=5.08$) as compared to male patients of chronic skin diseases ($M=53.81$, $SD=4.13$) where $t(158) = -4.118$, $p=0.001$, $N=160$. Another finding of present study suggests that female patients of chronic skin diseases ($M=10.64$, $SD=2.67$) have low level of self-esteem as compare to male patients of chronic skin diseases ($M=11.91$, $SD=2.66$) where $t(158) = 2.990$, $p=0.0015$, $N=160$. Elisabeth and Andrea examined the level of psychological distress and factors contributing to distress in patients with skin diseases, morphea or eosinophilic fasciitis. They identified that psychological functioning is generally impaired in patient with skin diseases. They are at high risk of depression and anxiety. Higher level of psychological distress and low self-esteem was significantly related to greater severity in female patients of skin diseases²¹. Current study also found that there is significant difference on anxiety scale among female patients of chronic skin diseases ($M=43.18$, $SD=5.72$), and male patients of chronic skin diseases ($M=44.71$, $SD=4.86$), where $t(158) = 1.798$, $p=0.037$, $N=160$. As males may have to meet people in society and they may want to become more socialized and may want to enter in the race of millionaire to save their future yet cannot fulfill their responsibilities due to skin diseases they may feel anxiety about their future, as compared to females.

CONCLUSION

The present study explored the relationship of anxiety and depression among chronic skin patients that leads to low self-esteem. As per gender female patients of

chronic skin diseases have higher level of depression and low level of self-esteem comparatively male patients of chronic skin diseases as told by this study and other studies, so the doctors working in dermatology should be better educated and trained in assessment of psychiatric disorders especially anxiety and depression as well as their management. They should also be sensitized when to refer complicated cases to the psychiatrists. Further studies are suggested to examine the level of anxiety, depression and self-esteem among chronic skin patients and as well as normal population.

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