



STIGMATIZATION OF PATIENTS WITH SOME DERMATOSES

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Abstract

Among the surveyed 118 patients (male: 76; female: 42) with chronic dermatoses, including 53 psoriasis cases, 32 alopecia areata and 33 itching dermatosis, 73.7 % of cases display a high level of stigmatization. It is established that among females the prevalence of stigmatization is considerably higher than in males. Nosological studies revealed that stigmatization in the greatest percent of cases is marked in patients with psoriasis, then in patients with alopecia areata and in some smaller degree in case of itching dermatosis.

Carrying out psychometric researches pursuing quantitative determinations and personal-behavioural features, as well as revealing their interrelation in patients with chronic dermatoses has added to the currently available insight on the role of the personal factor in patients with skin pathology. Correlation was established between personal types and attributes of stigmatization, the characteristic of alexithymic type of a person as a stereotypic parameter of psychosomatic mechanisms in etiological, pathological, and clinical display of psoriasis, alopecia areata and itching dermatosis was given.

Keywords: stigmatization, alexithymia, psycho-dermatology, stress

Introduction

Identification of complex psychosomatic and somatopsychic relations is one of actual problems of modern dermatology. As known, "if the emotional factor of skin disease is not considered, then therapy is not effective in 40 % of patients" [Rook A. and Wilkinson D., 1979]. There is an opinion expressed by M. Gupta [Gupta M., 2006] and other researchers, who are intensively targeting modern problems of psycho-dermatology that the key point in understanding of psychosomatic relations is a study on personal characteristics in relation with traumatic, specifically psycho-traumatic stress. The psycho-traumatic situations were revealed in 25-60 % cases of manifestation or exacerbation of psoriasis [Gupta M. and Gupta A., 2001].

Concerning a problem of interrelation between psychological distress and psoriasis and atopic dermatosis, a triggering role of psychological and social factors in the initiation of chronic skin diseases, likewise the necessity of interdisciplinary approach in dermatology was emphasized [Evers A. et al., 2005].

It is established that several skin pathology associated syndromes such as pain, itching, eruption, angioedema are the result of posttraumatic stress. Author presents psoriasis and atopic dermatosis as stress initiated diseases.

The conclusion was drawn that the psychological trauma of different type and origin is one of the reasons of persistency of dermatoses and individual-behavioral changes [Gupta M. et al., 2005].

Despite different interpretations of psycho-emotional stress, researchers are more prone to accept the following approaches. The first one is

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Life Events (critical events, which change a life). These are the events in the human life, which at least meet the following three criteria:

- they can be dated and located, i.e. they can be identified among chronic stressors;
- they involve qualitative structural reorganization in the system of individual and surrounding environment;
- they are accompanied not only by short-term emotions as it usually happens, but also by steady affective reactions.

The second important, but vague concept is “daily overloads (micro-stressors) and their influence”. An opinion was formed that this concept more frequently includes the following problems: dissatisfaction with body weight, appearance, irritating misunderstandings on a wide spectrum of social problems, working stresses, interpersonal and social overloads, etc. [Kanner L., 1990].

Some authors separately consider concept of “chronic overloads and their influences”. As opposed to the discrete and short-term life events and daily overloads, chronic overloads continue longer time repeatedly bringing hard experiences known as “chronic strain” [Perre M. and Bauman U., 2003]. The stigmatization in patients with chronic skin diseases pertains to this concept according to psycho-dermatology.

As known, the term “stigma” describes labels and signs, which specify the shameful qualities of an individual, are an attribute of neglect or mistrust and separate the person from the others. The concept of stigma, which is primarily a psychiatric concept, was lately included into the dermatological practice.

The term “stigma” fits very well patients with various skin diseases, which disfigure the skin, especially on visible parts of a body, creating good conditions for stigmatization. We used Stigma Scale [Neil J., 2000] questionnaire to assess the level of stigmatization in patients with some dermatoses.

Materials and methods

The study involved 118 patients with chronic skin diseases (men: 76, women: 42). Among them 53 had psoriasis, 32 - alopecia areata, 33 - itching

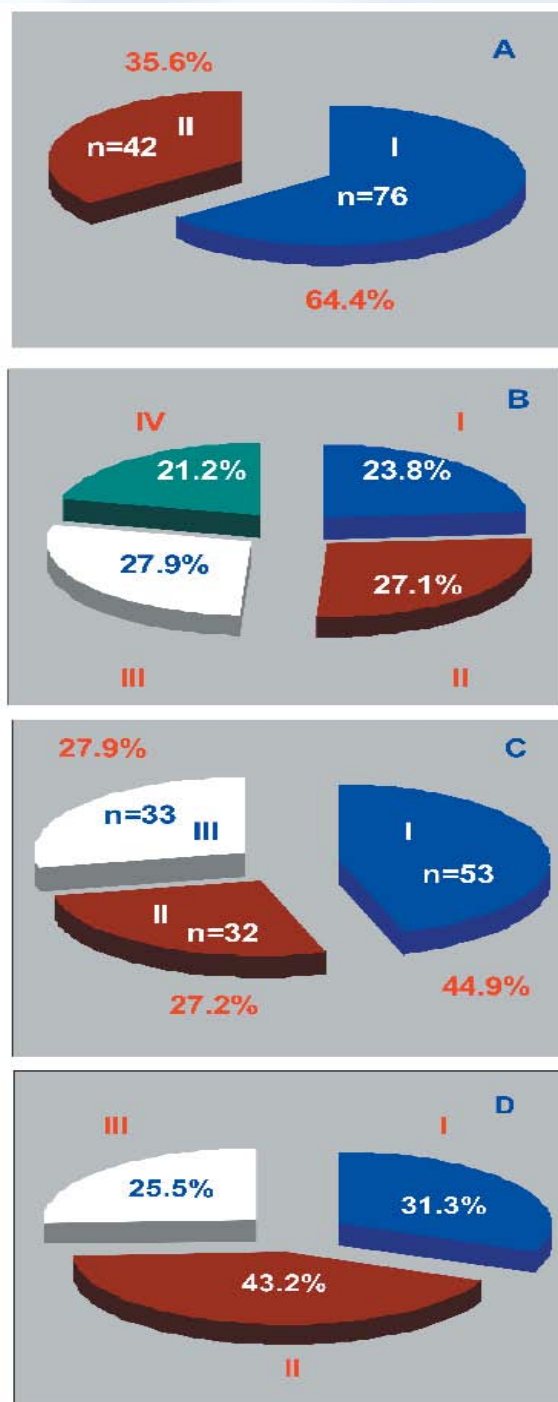


Figure 1. Distribution of patients with chronic skin diseases.

Legends: A - by gender: I - men; II - women; B - on age: I - 15-30 years, II - 31-45 years, III - 46-60 years, IV - above 61; C - by disease: I - psoriasis, II - alopecia areata, III - itching dermatosis; D - by duration: I - 1-3 years, II - 3-5 years, III - more than 5 years.

dermatosis (L40, L63 and L29 by the International Classification of Diseases, ICD-10, respectively). The age ranged 20-65 years (Figure 1). Clinical studies were done according to the standard ethical norms, including minimization of risks and voluntary, informed consent of the patients for participation in the study. The minimization of possible psychological trauma to the patients was prioritized because of carrying out neuropsychological testing. Comparison group included practically healthy persons, 30 volunteers aged 25-60 years, which were informed about the purposes of research and gave consent to participate in the study.

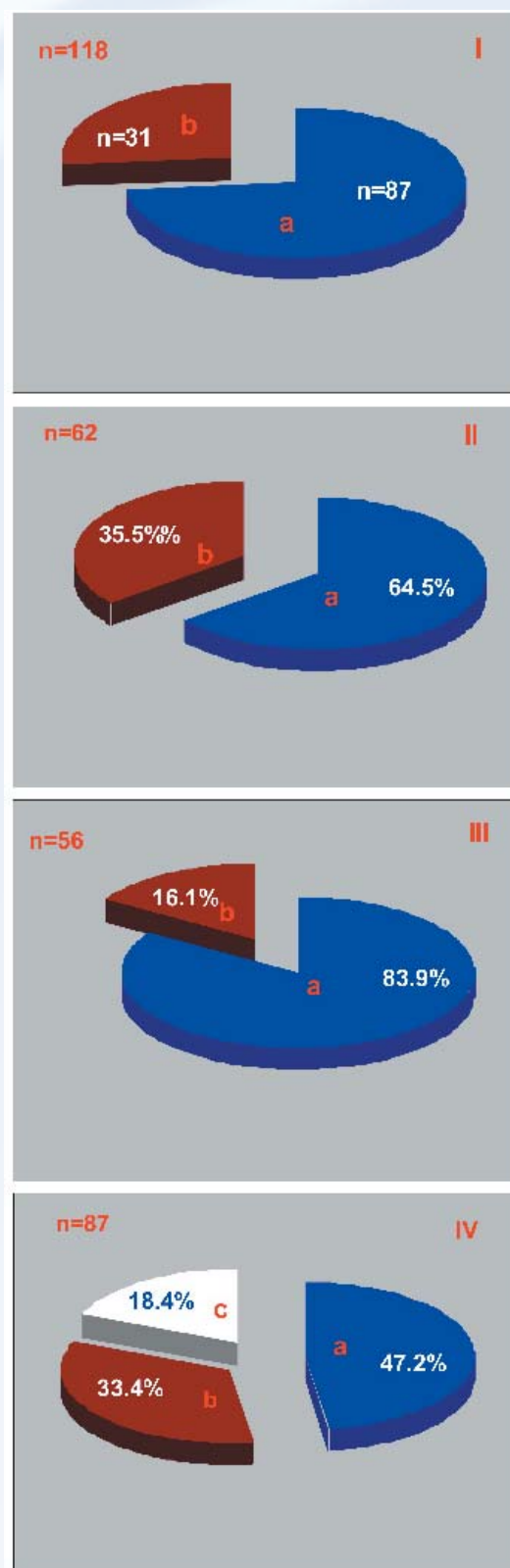
Results and discussion

Data obtained from studied patients with chronic skin diseases showed that stigmatization is present in 73.7%. It was simultaneously established that in women the frequency of stigmatization revealing is considerably higher than in men. When we considered the results from stratified analysis by diseases the stigmatization was the greatest among patients with psoriasis; then should be mentioned patients with alopecia areata and itching dermatosis (Figure 2).

Alongside with ascertainment of the absence or presence of stigmatization in patients with chronic skin diseases, the quantitative estimation of a degree of stigmatization was done. As follows from data presented, in patients with stigmatization the cases with high degree of stigmatization dominated (Figures 3-5).

The following stage of investigation was to study correlation between stigmatization and personality types of patients with chronic skin diseases. As appears from the presented data, the personality type A is in positive correlation with the moderate level of stigmatization ($r = 0.37$) and does not correlate with high values on Stigma scale ($r = 0.00$).

Figure 2. Distribution of patients with chronic skin diseases according to data of testing under Stigma Scale test. Legends: I - the general distribution of patients: a - with stigmatization, b - without stigmatization; II - and III - distribution of stigmatization by gender; IV - distribution of patients on stigmatization by disease: a - psoriasis, b - alopecia areata, c - itching dermatosis.



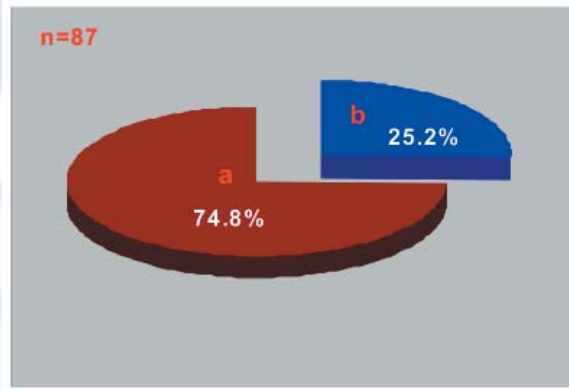


Figure 3. Distribution of patients with chronic skin diseases depending on a level of stigmatization. Legends: a - moderately raised level of stigmatization, b - a high level of stigmatization. n - the overall number of patients.

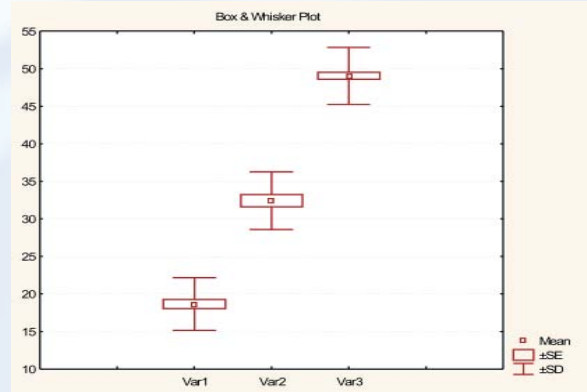


Figure 4. Results of testing patients with chronic skin diseases on Stigma scale

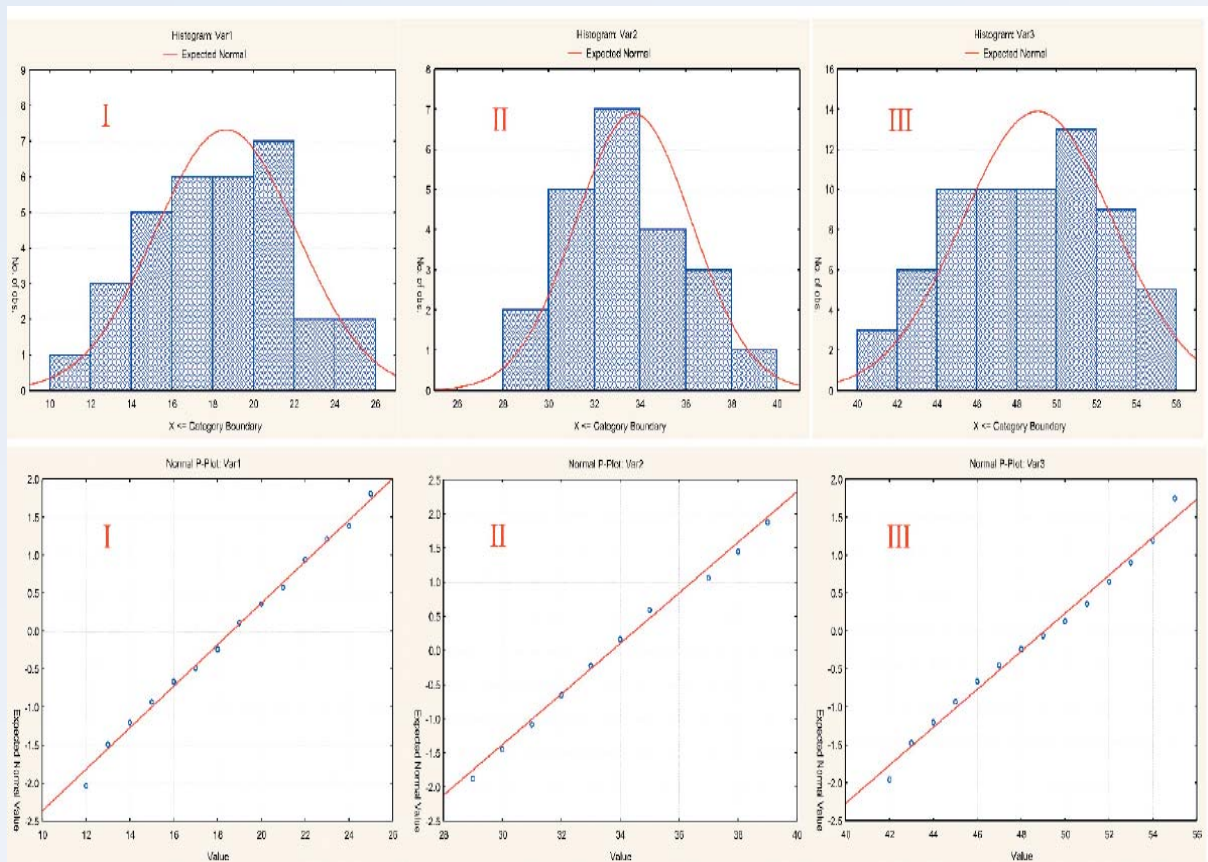


Figure 5. Frequency and character of distribution of patients with chronic skin diseases on scale Stigma alexithymia. Legends: I - without stigmatization, II - the raised level of stigmatization, III - a high level of stigmatization. On an abscissa axis - scale, on an axis of ordinates - number of patients.

Table 1.

Degree of correlation of personal types A, AB, B with a degree of stigmatization in patients with chronic skin diseases.

	Type A		Type AB		Type B	
	R	r	R	r	R	r
Stigma I	0.10	0.12	0.46**	0.48**	0.18*	0.19*
Stigma II	0.29*	0.37**	0.21*	0.20*	-0.01	0.01
Stigma III	0.00	0.00	-0.22*	-0.28*	-0.11	-0.15

Legends: *Stigma I* - without stigmatization; *Stigma II* - moderately raised level of stigmatization; *Stigma III* - a high level of stigmatization; R - factor of stepwise Spearman correlations; r - Pearson criterion (multiple regression), * - $P < 0.05$, ** - $P < 0.01$.

Positive correlation of personality type AB was noted in patients without stigmatization ($r = 0.48$) and those with moderately raised level of stigmatization ($r = 0.20$); negative correlation was observed at high level ($r = -0.22$). The positive values of correlation revealed in patients of personality type B without stigmatization ($r = 0.19$) disappeared at moderately raised level of stigmatization ($r = 0.01$), being replaced by negative sign ($r = -0.15$) at a high level of stigmatization (Table 1; Figure 6).

Results of the study require special consideration for revealing the possible correlation between alexithymia and stigmatization in patients with chronic skin diseases. This issue is not discussed in literature, though the correlation of noted attributes can be one of parameters interlinking psychosomatic relations in dermatosis.

Obtained data prove the absence of correlation between stigmatization in patients. In patients with intermediate type positive correlations were

found out with moderately raised ($r = 0.20$) and negative correlation with high ($r = -0.17$) level of stigmatization. Positive correlation between scales of alexithymia and stigmatization was revealed in patients with alexithymic type of person and absence of stigmatization attributes ($r = 0.21$) to a lesser degree under moderately expressed level stigmatization (Table 2).

Thus, the results of psychometric studies pursuing quantitative determinations and the characterization of personality-behavioral features and revealing their correlation in patients with chronic skin diseases added significantly to the knowledge on role of personality factors in patients with skin pathology, established new internal interrelations between personality types and stigmatization, allocation and the characterization of alexithymic type of person as a stereotypic parameter of psychosomatic mechanisms in the initiation and clinical features of psoriasis, alopecia areata and itching dermatosis.

Table 2.

Degree of correlation of alexithymia with the degree of stigmatization in patients with chronic skin diseases

	non- alexithymic		intermediate		alexithymic	
	R	r	R	r	R	r
Stigma I	0.03	0.07	-0.07	-0.02	0.18*	0.21*
Stigma II	0.08	0.07	0.20*	0.20*	0.14	0.11
Stigma III	0.00	0.04	-0.25*	-0.17*	-0.08	-0.14*

Legends: *Stigma I* - without stigmatization; *Stigma II* - moderately increased level of stigmatization; *Stigma III* - a high level of stigmatization; R - factor of stepwise Spearman correlations; r - Pearson criterion (multiple regression), * - $P < 0.05$.

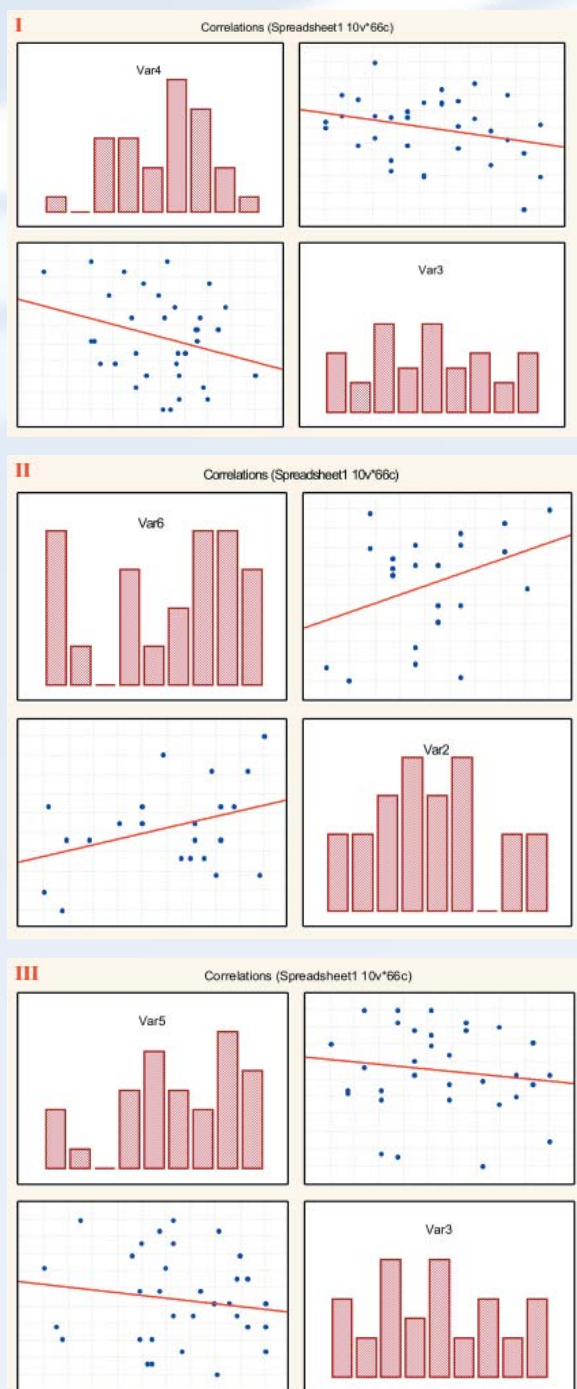


Figure 6. Correlations of personality types with parameters of the stigmatization scale in patients with chronic skin diseases. Legends: correlation - I - a high level of stigmatization (Var 3) with personality type A (Var 4); II - the moderate level of stigmatization (Var 2) with personality type B (Var 6); III - a high level of stigmatization (Var 3) with personal type AB (Var 5).

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