Original article / Araştırma

PHENOMENOLOGY AND PREVALENCE OF OBSESSIVE COMPULSIVE AND OTHER AXIS I DISORDERS IN A TURKISH DERMATOLOGY CLINIC

Barış ÖNEN ÜNSALVER,[1*] Mine ÖZMEN,[2] Özlem TECER,[3] Ertuğrul AYDEMİR[4]

[1] Yrd.Doç.Dr., Üsküdar Üniversitesi, İstanbul
[2] Prof.Dr., Psikiyatri ABD; [4] Prof.Dr., Dermatoloji ABD; İstanbul Üniversitesi Cerrahpaşa Tıp Fakültesi, İstanbul
[3] Uzm.Dr., Merzifon Karamustafapaşa Devlet Hastanesi, Amasya
** Yrd.Doç.Dr. Barış ÖNEN ÜNSALVER, Üsküdar Üniversitesi Feneryolu Polikliniği, Bağdat Cd. No.109/A Feneryolu-Kadıköy/İstanbul*
E-mail: onenunsalver@gmail.com

ABSTRACT

Background: *Previous studies report that many obsessive compulsive disorder (OCD) patients seek help especially from dermatology clinics. The aims of the present study were: to determine the prevalence of OCD and other DSM-IV Axis I disorders among patients attending an outpatient clinic of dermatology, to identify any possible relationship between dermatological diseases and OCD, to determine the clinical and phenomenological features of the OCD subgroup in this population.*

Methods: *The study was conducted in the Dermatology Outpatient Clinic of Istanbul University, Cerrahpaşa Medical Faculty. To achieve randomization, every fifth patient applying for the first time within the denoted period was included. Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I), Yale-Brown Obsessive Compulsive Symptoms Scale (Y-BOCS), and a Case Report (CRF) were used for psychiatric evaluation. The Statistical Package for Social Sciences (SPSS for Windows, Version 11.5, Chicago, IL., USA) was used for statistical analyses. Descriptive statistics, chi-square test and One-way Analysis of Variance (ANOVA, via Kruskal-Wallis test) were used for comparisons. The results were interpreted within a confidence interval (CI) of 95 % and p was set at 0.05.*

Results: *Among 99 patients 21 (21.2%) were diagnosed as having OCD and 34 were (34.3%) found to have other mental disorders whereas 44 (44.4%) had no psychopathology. OCD was found to be significantly commoner among those who had disease more than a year. The most common obsession was found to be contamination (63.6%), ordering (22.7%) and symmetry (18.1%). Most frequent compulsions were found to be Washing/ Cleaning (63.6%), checking (40.9%) and counting (31.8%). Psycho-cutenous disorders and eczema were found to be related with OCD.*

Conclusion: *We have found increased prevalences of both OCD and other axis I disorders among dermatology patients, especially those with psycho-cutenous reactions and eczema and we argue that a closer cooperation among dermatology and psychiatry is needed also in Turkey.*

Key words: *consultation-liaison psychiatry, dermatology, obsessive compulsive disorder, psychopathology*

NPAKADEMİ. 2012; 1(1):16-22

TÜRKİYE'DE BİR DERMATOLOJİ KLİNİĞİNDE OBSESİF KOMPULSİF BOZUKLUK VE DİĞER I. EKSEN BOZUKLUKLARININ FENOMENOLOJİSİ VE YAYGINLIĞI

ÖZET

Amaç: *Geçmiş çalışmalarda birçok obsesif kompulsif bozukluk (OKB) hastasının dermatoloji kliniklerine başvurduğu bildirilmiştir. Çalışmamızdaki amaçlarımız, bir dermatoloji ayaktan tedavi birimine başvuran hastalar arasında OKB ve diğer DSM-IV I. eksen bozukluklarının yaygınlığını ölçmek, dermatolojik hastalıklar ve OKB arasındaki olası ilişkiyi belirlemek ve bu popülasyondaki OKB alt grubunun klinik ve fenomenolojik özelliklerini belirlemekti.*

Yöntem: *Çalışma, İstanbul Üniversitesi Cerrahpaşa Tıp Fakültesi Dermatoloji Polikliniği'nde yürütülmüştür. Rastgele dağılımı sağlamak amacıyla, çalışmanın yapıldığı dönem boyunca dermatoloji polikliniğine ilk defa başvuran beş hastadan biri çalışmaya alındı. Psikiyatrik değerlendirmede, DSM-IV I. Eksen Bozuklukları için Yapılandırılmış Klinik Görüşme (SCID-I), Yale-Brown Obsesif Kompulsif Belirtiler Ölçeği (Y-BOKÖ) ve Olgu Bildirim Formu kullanıldı. İstatistiksel analizler Sosyal Bilimler için İstatistik Paket (Windows için SPSS, 11.5. sürüm, Chicago, IL, ABD) ile yapıldı. Karşılaştırmalarda, tanımlayıcı istatistik, ki-kare testi ve Kruskal-Wallis testiyle ANOVA uygulandı. Bulgular %95 güvenilirlik aralığında yorumlandı ve $p<0.05$ olarak belirlendi.*

Bulgular: *Doksan dokuz hastadan 21'ine (%21.2) OKB tanısı, 34'üne (%34.3) diğer psikiyatrik bozukluk tanıları kondu. Kırk dört hastada (%44.4) hiçbir psikopatoloji saptanmadı. Dermatolojik hastalık süresi bir yıldan uzun olanlarda OKB tanısı anlamlı olarak daha yüksekti. En sık görülen obsesyonlar sırasıyla bulaşma (%63.6), düzenleme (%22.7) ve simetriydi (%18.1). En sık görülen kompulsiyonlar ise, sırasıyla temizlik/yıkama (%63.6), kontrol etme (%40.9) ve saymaydı (%31.8). Psiko-kütanöz hastalıklar ve egzemanın OKB ile ilişkili olduğu bulundu.*

Sonuç: *OKB ve diğer I. eksen bozukluklarının prevalansının, özellikle psiko-kütanöz hastalıklar ve egzema hastalarında daha belirgin olmak üzere, dermatoloji hastaları arasında yüksek olduğunu bulduk. Türkiye'de dermatoloji ve psikiyatri arasında yakın işbirliği kurulmasını öneririz.*

Anahtar sözcükler: *Dermatoloji, konsültasyon-liyezon psikiyatrisi, obsesif kompulsif bozukluk, psikopatoloji*

NPAKADEMİ. 2012; 1(1):16-22

INTRODUCTION

Obsessive-compulsive disorder (OCD), is a psychiatric disorder characterized by obsessions (repetitive, unwanted thoughts, impulses or images that provoke anxiety) and compulsions (behaviors or rituals; either somatic or mental, that are aimed to decrease the anxiety caused by obsessions and that the person feels driven to do). By definition these hinder the social and occupational function of the patient and they are felt as ego-dystonic.[1] Epidemiological studies report its life-time prevalence as 2-3%, however because of the secretive nature of the signs and symptoms the actual prevalence may be much higher.[2,3] WHO has reported OCD as the tenth leading cause of disability, therefore recognition and treatment of OCD patients is also a public health problem.

It is thought that a significant portion of the patients with OCD seek help from clinics other than psychiatry. Previous studies reported that many of OCD patients sought help especially from dermatology clinics.[4-8] According to literature, misidentification of a simple nevus as cancer, complaining of non-existent bodily odor, or of premature aging of the skin, fears of going bald, chronic pruritus, tricho-tillomania, neurotic excoriation, onycho-tillomania, licking or biting the lips, irritant dermatitis due to excessive grooming or localized neuro-dermatitis may be evaluated as compulsive behavior.[9]

Psychiatric morbidity in dermatology patients has been studied and prevalence of anxiety disorders and depression is found to be increased.[8] However, systematic studies using reliable procedures to identify patients with OCD in dermatology outpatient clinics are surely needed. Consequently, we are aware of two studies that assessed the prevalence of OCD in patients seeking help from dermatology clinics. Fineberg and colleagues[5] reported a prevelance of 20.0% of which 94.4% received the diagnosis for the first time. The corresponding ratios for a Turkish population were 24.7% and 85.4%, respectively.[6]

Therefore, the aims of the present study were: 1) to determine the prevalence of OCD and other DSM-IV Axis I disorders among patients attending an outpatient clinic of dermatology, located in a tertiary treatment center, 2) to identify any possible relationship between dermatological diseases and OCD, 3) to determine the clinical and phenomenological features of the OCD subgroup in this population

METHODS

Sampling

The study was conducted in the Dermatology Outpatient Clinic of Istanbul University, Cerrahpaşa Medical Faculty. To achieve randomization, every fifth patient applying for the first time within the denoted period was included. Inclusion criteria were; being between 18-65 years old, not being enrolled in another study at the time, not having any significant concurrent medical disorder or mental retardation. The patients were informed prior to any of the study procedures and those who gave their informed consent were enrolled in the study. The study procedures were conducted in accordance with the Declaration of Helsinki and local regulations and they were approved by the local ethics committee.

Evaluation

The psychiatric evaluation was conducted by two psychiatrists (BÖ, ÖT) prior to the dermatologic evaluation. The psychiatrists were blind to the diagnoses. Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I), Yale-Brown Obsessive Compulsive Symptoms Scale (Y-BOCS), and a Case Report Form (CRF) were used for psychiatric evaluation.

Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I): The SCID-I, which was developed by First and his colleagues,[10] is a reliable and valid assessment procedure for evaluation of Axis I disorders according to DSM-IV. The scale was translated in Turkish and reliability and validity was found to be valid and reliable.[11]

Yale-Brown Obsessive Compulsive Symptoms Scale (Y-BOCS): This scale was developed by Goodman and his colleagues[12] to evaluate the type and severity of obsessive compulsive symptoms. It is applied by the clinician and is made up of 19 questions, though only the first 10 of those were entered into calculation (except 1b and 6b). Questions 1-5 evaluate obsessions, whereas questions 6-10 evaluate compulsions. The reliability and validity of the Turkish version was determined by Karamustafaoğlu and his colleagues.[13]

Case Report Form (CRF): The case report form was prepared by the investigators and included questions assessing sociodemographic variables, psychiatric and family histories.

Statistical Analysis

The Statistical Package for Social Sciences (SPSS for Windows, Version 11.5, Chicago, IL., USA) was used for statistical analyses. Descriptive statistics, chi-square test and One-way Analysis of Variance (ANOVA, via Kruskal-Wallis test) were used for comparisons. The results were interpreted within a confidence interval (CI) of 95% and p was set at 0.05.

RESULTS

The sample consisted of 99 patients from dermatology outpatient clinic. Among 99 patients 21 (21.2%) were diagnosed as having OCD and 34 were (34.3%) found to have other mental disorders whereas 44 (44.4%) had no psychopathology. Socio-demographic characteristics of the patients were given in Table 1. No significant difference was found in between the three sub-groups in terms of age, sex, educational and marital status. The only difference was for time past from the diagnosis of the dermatologic disease (i.e. OCD was found to be significantly commoner among those who had disease more than a year compared with newly diagnosed cases, $\square_2$=8.2, df=2, p=0.01).

Table 2 presents the distribution of obsessions and compulsions in the OCD group. The most common obsession was found to be contamination (63.6%), ordering (22.7%) and symmetry (18.1%). Most frequent compulsions were found to be washing/cleaning (63.6%), checking (40.9%) and counting (31.8%). The mean total Y-BOCS score of the cases was 19.5±5.1) and the mean scores for compulsions and obsessions were found to be 10.3±2.8) and9.2±3.1), respectively (Figure 1).

When the relationship of various dermatologic disorders and psychopathology was assessed, it was found that, eczema was more commonly associated with OCD (23.8%) and

Table 1. Sociodemographic features of dermatology patients with OCD, other axis I disorders and those without psychopathology

Features	Normal (n=44) n	%	OCD (n=21) n	%	Other mental disorders (n= 34) n	%	p*
Gender							0.92
Male	25	43.1	13	22.4	20	34.5	
Female	19	46.3	8	19.5	14	34.1	
Age (Mean ± SD)	36.2±14.7		34.1±13.1		39.8±13.8		0.31
Education							0.95
Primary	9	39.1	6	26.1	8	34.8	
High school	21	44.7	10	21.3	16	34.0	
University	14	48.3	5	17.2	10	34.5	
Marital status**							0.50
Single	20	50.0	7	17.5	13	32.5	
Married	20	38.5	13	25.0	19	36.5	
Time past since from diagnosis							0.01
Less than 1 year	25	56.8	4	9.1	15	34.1	
More than 1 year	19	34.5	17	30.9	19	34.5	

* Chi-square and Kruskal-Wallis tests.
** Six divorced or widowed cases were excluded from analysis due to small sample sizes.

Table 2. Obsessions and compulsions in OCD group (n=22)*

	n	%
Obsessions		
Contamination	14	63.6
Doubting	5	22.7
Symmetry	4	18.0
Aggression	4	18.1
Ordering	5	22.7
Collecting	5	22.7
Religious	2	9.1
Sexual	2	9.1
Other	4	18.1
Compulsions		
Washing/cleaning	14	63.6
Checking	10	21.3
Ordering	5	22.7
Counting	7	31.8
Repetitive rituals	4	18.1
Other	4	18.1

* Some of the cases had more than one type of obsessions and compulsions.

other axis I disorders (23.5%), whereas none of the patients free of psychopathology was found to have eczema (Table 3). Another significant finding was that none of the patients with OCD had fungal infections whereas psycho-cutenous disorders were significantly more frequently associated with OCD (23.8%). Idiopathic inflammatory disorders of the skin were also more frequently found in patients with axis I disorders, other than OCD (17.6%). When dermatologic diseases were compared among each other in terms of psychopathology it was found that no significant differences exist, except psycho-cutenous disorders. Those were most frequently associated with OCD (50.0%, p=0.02).

Table 3. The relationship of dermatologic disorders and psychopathology

Dermatologic disorders	Normal n	Normal %	OCD n	OCD %	Other axis I disorders n	Other axis I disorders %	Total n	Total %
Genetic	-	-	-	-	1	2.9	1	1.0
Alopecia	3	6.8	2	9.5	3	8.8	8	8.1
Benign tumors	1	2.3	1	4.8	2	5.9	4	4.0
Eczema	-	-	5	23.8	8	23.5	13	13.1
Infection (bacterial)	1	2.3			1	2.9	2	2.0
Urticaria	2	4.5	1	4.8	-	-	3	3.0
Psycho-cutenous	2	4.5	5	23.8	4	11.8	11	11.1
Skin cancer	-	-	1	4.8	-	-	1	1.0
Infection (Fungal)	8	18.2			3	8.8	11	11.1
Infection (Viral)	1	2.3	-	-	2	5.9	3	3.0
Infection (Parasites)	1	2.3	-	-	-	-	1	1.0
Dsorders of sebaceous glands	17	38.6	5	23.8	3	8.8	25	25.3
Disorders of sweat glands	1	2.3	-	-	-	-	1	1.0
Trauma	1	2.3					1	1.0
Idiopathic, inflammatory	5	11.4	1	4.8	6	17.6	12	12.1
Behçet disease	1	2.3	-	-	1	2.9	2	2.0
Total	44	100.0	21	100.0	34	100.0	99	100.0

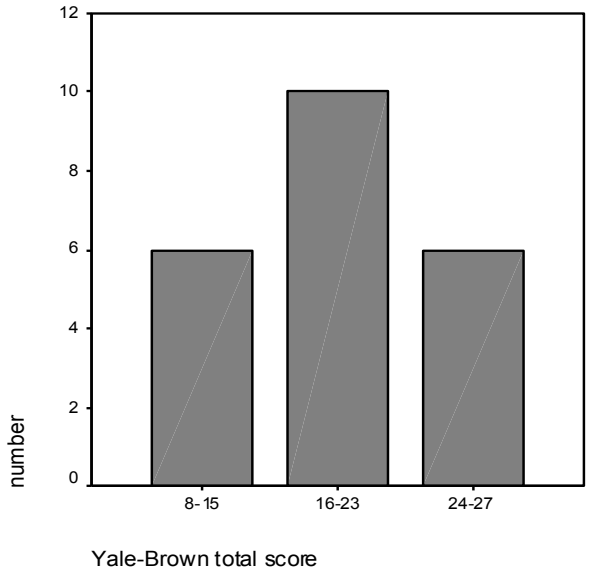

Figure 1. Y-BOCS scores of patients in the OCD group

DISCUSSION

Our results, along with those of Fineberg et al.[5] and Demet et al.,[6] confirm that OCD has a higher prevalence among dermatology patients than the general populations. These results point to the need for a closer relationship between dermatology and psychiatry. Also, it may be argued that, because dermatology patients are frequently not diagnosed or treated for OCD

before, further studies conducted to assess the etiology and treatment of OCD may tap into this hitherto unsuspected reservoir for sampling.

Although having a higher prevalence among dermatological patients, OCD may not be as easily recognized by dermatologists as anxiety and depression. The main reason, as suggested by Rasmussen and Eisen[4] seems to be the unfamiliarity of dermatologists with this condition. This unfamiliarity may hinder the recovery rate of these patients i.e. the presence of OCD may be responsible for the persistence and progression of dermatological symptoms. This problem may also be addressed by closer cooperation between psychiatry and dermatology.

In Demet et al.'s study,[6] the most common obsessions were, contamination (61.0%), pathological doubt (53.0%) and need for symmetry (51.2%); and the most common compulsions were, washing/ cleaning (61.0%), checking (51.2%), and ordering (41.5%). However, in our study, the most common obsessions were found to be contamination (63.6%), ordering (22.7%), need for symmetry (18.1%) and agression (18.1%); and the most common compulsions were found to be washing (63.6%), checking (40.9%) and counting (22.7%). Other than the sole patient that had trichotillomania, there were no obsessions related to skin as defined by the Y-BOCS symptom checklist. The difference between those results may be due to sampling bias and these needs to be clarified by further studies conducted on larger populations of Turkish dermatology patients.

The findings that psycho-cuteonus reactions and eczema were related with axis I disorders as well as OCD were deemed to be significant and consistent with the available literature.[8] This relationship may be due to neurotransmitters and hormones, which act on keratinocytes, Langerhans cells or even Merkel cells.[14] Neuropeptides, substance P, substance Y and melanocyte stimulating hormone may also play a role in psycho-cutenous reactions. Because of the cross-sectional nature of our study we defer from making causal explanations, though we think that the role of these substances in OCD and other axis I disorders should be evaluated accordingly.

The main limitations of our study are the small sample size and cross-sectional nature. To decrease sampling bias, randomized, consecutive sampling was applied. Though we used reliable and valid assessment instruments, we could question neither stressful life events, nor the duration of psychiatric symptoms and those may also be counted among the limitations of the present study.

CONCLUSION

Regardless of all those limitations we confirmed the increased prevalence of both OCD and other axis I disorders among dermatology patients, especially those with psycho-cutenous reactions and eczema and we argue that a closer cooperation among dermatology and psychiatry is needed also in Turkey.

REFERENCES

1. *Amerikan Psikiyatri Birliği (1994) Mental Bozuklukların Tanısal ve Sayımsal El Kitabı (DSM-IV). Dördüncü baskı, E Köroğlu (Çev. ed.), Ankara, Hekimler Yayın Birliği.*
2. *Karno M, Golding JM, Sorenson SB, Burnam MA (1988) The epidemiology of obsessive-compulsive disorder in five US communities. Arch Gen Psychiatry. 45:1094-1099.*
3. *Çilli AS, Telcioğlu M, Aşkın R, Kaya N, Bodur S, Kucur R (2004) Twelve month prevalence of obsessive compulsive disorder in Konya, Turkey. Comp Psychiatry. 45:367-374.*
4. *Rasmussen SA, Eisen JL (1994) The epidemiology and differential diagnosis of obsessive compulsive disorder. J Clin Psychiatry. 55(Suppl.5-10):11-14.*
5. *Fineberg NA, O'Doherty C, Rajagopal S, Reddy K, Banks A, Gale TM (2003) How common is obsessive-compulsive disorder in a dermatology outpatient clinic? J Clin Psychiatry. 64(2): 152-155.*
6. *Demet MM, Deveci A, Taskin EO, Ermertcan AT, Yurtsever F, Deniz F, et al. (2005) Obsessive-compulsive disorder in a dermatology outpatient clinic. Gen Hosp Psychiatry. 27(6):426-430.*

7. *Vythilingum B, Stein DJ (2005) Obsessive-compulsive disorders and dermatologic disease. Dermatol Clin. 23(4):675-680.*
8. *Maryam R, Azizeh AE, Maryam Z, Zahra (2010) Psychiatric Morbidity in dermatological conditions. International Journal of Psychiatry in Clinical Practice. 14(1):18-22.*
9. *Monti M, Sambvani N, Sacrini F (1998) Obsessive-compulsive disorders in dermatology. J Eur Acad Dermatol Venereol. 11(2):103-108.*
10. *First MB, Spitzer RL, Gibbon M et al. (1997) Structured clinical interview for DSM-IV clinical version (SCID-I/CV). Washington DC, American Psychiatric Press.*
11. *Özkürkçügil A, Aydemir Ö, Yıldız M (1999) DSM-IV eksen I bozuklukları için yapılandırılmış klinik görüşmenin Türkçeye uyarlanması ve güvenilirlik çalışması. İlaç ve Tedavi Dergisi. 12:233-236.*
12. *Goodman WK, Price LH, Rasmussen SA, Mazure C, Fleischmann RL, Hill CL, et al. (1989) The Yale-BrownObsessive-Compulsive Scale I: Development, use, and reliability. Arch Gen Psychiatry. 46:1006-1011.*
13. *Karamustafalıoğlu OK, Üçışık AM, Ulusoy M, Erkmen H. Yale-Brown Obsesyon-Kompulsiyon Derecelendirme Ölçeği'nin geçerlik ve güvenirlik çalışması. 29. Ulusal Psikiyatri Kongresi Özet Kitabı (29 Eylül-4 Ekim 1993), Bursa, Savaş Ofset, 1993, s.86.*
14. *Misery L (2001) Are biochemical mediators the missing link between psychosomatics and dermatology? Dermatol Psychosom. 2:178-183.*