CASE REPORT

Mental health in patients with atopic dermatitis: An underestimated need – A clinical case report

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ABSTRACT

In the treatment of skin diseases, the psychosocial factors involved must be taken into account. In certain dermatologic conditions, demographic and personality characteristics can be identified that are often associated with the onset or worsening of the condition. Given the complex relationship between skin and mind, it's often difficult to determine whether the primary problem lies in the skin or mental health. Sometimes, the clinical manifestation results from the interaction between both aspects and other factors. Dermatological disorders can cause various psychopathological problems that impact the patient, their family and society in general. For this reason, an interdisciplinary, multimodal approach is essential, with an exhaustive assessment that includes primary care physicians, psychologists, psychiatrists and dermatologists, since this could be very useful and highly beneficial in therapy, because the comprehensive approach is key to improving the patient's quality of life.

INTRODUCTION

It is a chronic and recurrent inflammatory process of the skin characterized by intense itching and skin dryness, which occurs with periods of remission and exacerbation. It is the most common chronic skin disease in children with a prevalence of up to 20%, a condition that not only affects physical well-being, but can also have a significant impact on mental health.[1]

The manifestations include a variety of lesions including macules, papules, plaques, lichenification among others. They adopt a specific location according to the age of presentation.[2]

Multidisciplinary management focused on the severity of the disease is required, including hygienic and dietary measures and topical treatment schemes as the first line, and even more complex treatments that in many cases are not sufficient and there is no improvement. This is frustrating for the patient, their family and health professionals.

The link between the skin and the mind is very close and integrates an interdisciplinary field involving dermatology, psychology and psychiatry. Compared to other people, those with dermatological diseases have 30% more psychological and psychiatric alterations.[4]

The skin is the boundary between the inner and outer world, functioning as a receiver and sender of people's emotional state.[5] If a person's emotional disturbance is not satisfactorily resolved, it can cause physical symptoms. This process is known as somatization, which involuntarily translates into organic symptoms. It is estimated that the ectoderm of the skin and the nervous system have a common origin, which could explain this joint response. According to the classification of Koo et al. (2001), atopic dermatitis is one of the psychophysiological disorders.[3]

CASE REPORT

A 15-year-old female patient with a personal pathological history of atopic dermatitis since she was 5 years old. He does not report a family pathological history. He went to the clinic in the company of his mother, who reported a clinical picture that began 4 years ago, characterized by multiple erythematous and pruritic papules that later converged to form hyperkeratotic plaques with well-defined hyperpigmented borders with a scaly center; ranging from 1cm to 8cm in diameter. They were initially located on the outside of both thighs and were later located at the level of the upper and lower limbs, with those found on the elbows, backs of the hands and feet being larger (respecting palms and soles). Familiar mentions having gone during the time of evolution of the disease to several specialists in several cities of the country, being polymedicated with antihistamines, topical corticosteroids, moisturizers and thalidomide without improvement. (Figure 1).

During the anamnesis, there was little collaboration and irritability on the part of the patient, so it was suggested to carry out a multidisciplinary approach together with Pediatric Psychiatry, Psychology and Allergology. At the beginning of her family, she refused to be assessed by the mental health team, alluding that her daughter did not have a psychological condition. It has laboratory tests showing in blood biometry eosinophilia 22% and IgE 5000 IU/ml. Renal, hepatic, thyroid function and coagulation times within normal parameters.

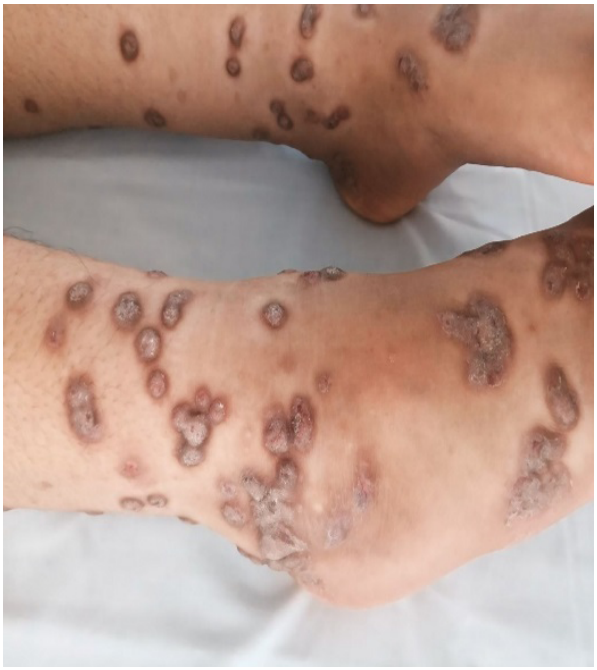

Figure 1: Clinical image of legs and feet with papules that converge to form hyperpigmented hyperkeratotic plaques with a scaly center.

The patient was approached in the first instance with hygienic dietary measures, topical treatment based on emollients and corticosteroids, oral antihistamines in addition to performing narrowband UVB phototherapy on a triweekly basis.

Due to the time of evolution of the disease and refractoriness to treatment, an incisional biopsy of a lesion was performed, finding pseudoepitheliomatous hyperplasia and hyperkeratosis with compact areas with partial loss of the granulosa layer.

The patient was reassessed at 2 months with slight improvement; During the physical examination, the picture of nervousness and constant manipulation of the lesions in an unintentional way was striking, so the need for assessment by mental health area was insisted on. (Figure 2)

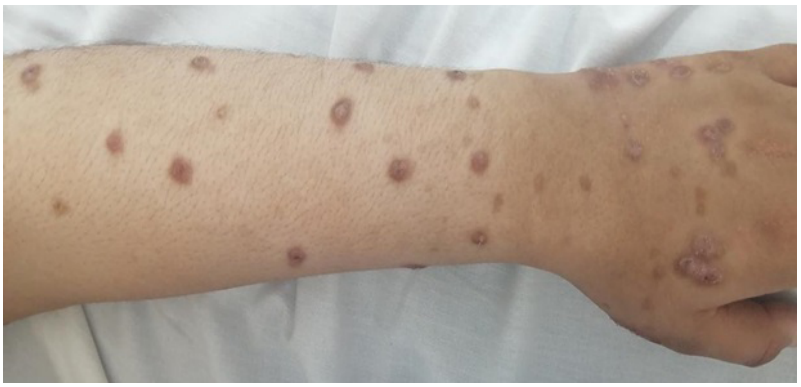

Figure 2: Clinical image of the left arm with hyperkeratotic and pruritic papules at 2 months of treatment.

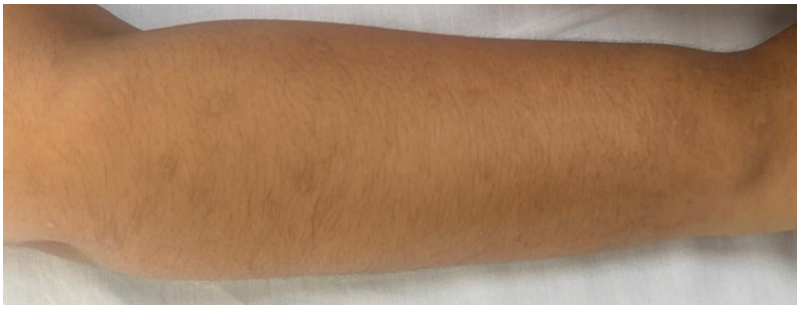

Figure 3: Clinical image of the right arm with total resolution of initial lesions.

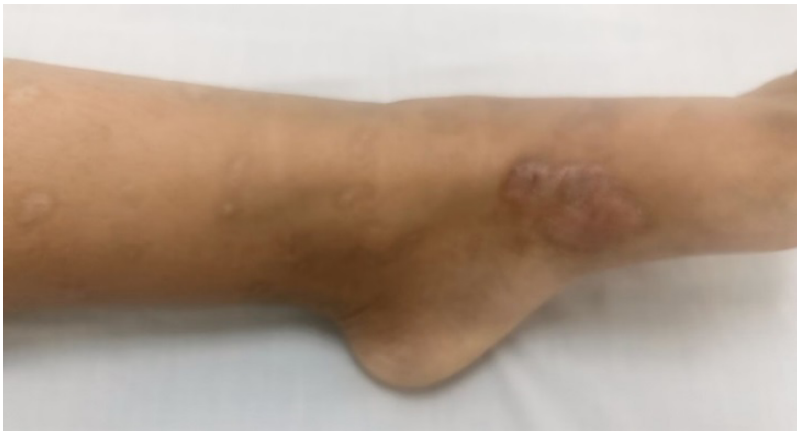

Figure 4: Clinical image of the left leg and foot with post-inflammatory hyper and hypopigmented patches.

The evaluation by the mental health team showed emotional lability, anxiety, irritability and depressive episodes that had an impact on the initial clinical picture. With each new episode, the lesions increased, intensifying the itching and unintentional manipulation. Therapy was carried out aimed at the containment of emotions and feelings, psychoeducation to patients and family members.

After 8 months of psychological and clinical treatment, a remission of 90% of the lesions was evidenced. (Figures 3 and 4).

DISCUSSION

The analysis of this clinical case highlights the importance of mental health as a cause of non-specific skin manifestations in patients with atopic dermatitis, which could mimic other skin disorders.

The lesions presented by the patient are not part of the typical manifestations of atopic dermatitis, nor are they found in specific areas for the patient's age. Due to the non-specific clinical picture, numerous treatments were performed without adequate improvement. This caused

little satisfaction for both the patient and her family. The irritability and apathy shown may suggest a possible emotional burden associated with their skin condition, which is why the need for an approach by the mental health team was insisted on.

The anxiety, emotional lability, and depressive episodes observed during the psychiatric evaluation underscore the connection between chronic pruritus and mood impairment.[2] Constant itching can reduce quality of life, affecting daily activities, school performance, and social relationships.

The management of this patient required intervention not only by the dermatology area, but also psychiatry and psychology. The family's initial refusal to seek psychological care highlights a potential stigma associated with mental health problems, which can be an obstacle to effective treatment. The inclusion of a multidisciplinary team made it possible to address clinical and psychological needs in a comprehensive manner.

Initial treatment focused on hygienic-dietary measures and medical therapy. However, due to the evolution of the disease, a more comprehensive approach is warranted. The combination of medical therapy with psychological interventions, such as psychoeducation and emotional containment, resulted in significant change. After eight months of treatment, the patient experienced a 90% improvement, underscoring the importance of simultaneously addressing the physical and psychological aspects of her condition.

CONCLUSION

This clinical case seeks to highlight the importance of mental health, because 20% of patients with dermatological diseases develop psychiatric disorders.[1] During adolescence, physical, psychological and behavioural changes occur, which makes this a fragile stage and especially vulnerable to suffering from some type of psychological condition affecting the skin.

The integrated action of several specialties including dermatology, allergology and mental health; It does not always result in a cure of the disease. Rather, it allows patients to deal with psychological problems and dermatoses in a balanced and autonomous way, as reflected in our patient.

INFORMED CONSENT

The patient included in this study and their representative have signed the informed consent, approving the use of their images and clinical data exclusively for research and scientific publication purposes. It is guaranteed that no personal data has been provided and no photographs have been used to allow identification.

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