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PSYCHOSOMATIC RELATIONSHIPS IN ATOPIC DERMATITIS

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Abstract:

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Atopic dermatitis (AtD) is a hereditary, immunoneuroallergic, chronic, relapsing inflammatory disease of the skin caused by atopy, characterized by intense itching, sympathergic reaction of the skin (white dermographism), mainly erythematous-lichenoid rashes, combined with other symptoms of atopy.

In 1923, American allergists Coca A. F. and Cooke R. A. wanted to describe an unusual type of hypersensitivity to various environmental substances that occurs only in humans and often occurs in families with previously unknown sensitivity, and turned to the philologist Perry from Columbia University for help. It was he who suggested scientists to use the term "atopia", which means "out of place" or "strange" [11]. Atopy is understood as a genetic predisposition to allergic reactions in response to certain antigens. For the first time in the literature, Emperor Octavius Augustus was described as "atopic", with symptoms of severe itching, seasonal rhinitis and shortness of breath. In addition, his family history is detailed: his grandson Emperor Claudius suffered from symptoms of rhinoconjunctivitis, and his great-nephew Britannia suffered from an allergy to equine epithelium [15]. For more than 80 years, the term "atopy" has been used around the world, although it is sometimes controversial.

AtD is a very common and often severe dermatosis. Among skin diseases, its occurrence rate varies in different sources, from 20 to 40%. The results of epidemiological studies show that AtD is more common among young people than among adults. Both sexes are affected equally, but it is more common in women. AtD occurs in people all over the world and in all races. In recent decades, the prevalence of the disease has increased significantly. For example, in Denmark, the total incidence of twins under 7 years of age, born between 1960 and 1964, was 3%.

For twins born between 1970 and 1974, this indicator has already risen to 10%. The emergence and chronic course of AtD is a hereditary predisposition, functional disorders of the nervous system, the influence of adverse environmental conditions, psycho-emotional disorders and pathologies of internal organs, metabolic, neurohumoral, neurovascular diseases, allergic diseases, Bad nutrition leads to various intoxications [16]. The clinical manifestations of AtD are diverse, but very specific and well-studied. The disease usually begins in early childhood, often in the second half of the child's life. It can last for many years, mainly characterized by summer remissions and spring-autumn relapses. Over time, the acuteness of the disease weakens, and by the age of 30-40, most of the patients recover on their own. Three stages are distinguished in the development of the disease: infancy (usually from 7-8 weeks to 3 years), childhood (from 3 to 7 up to age) and size. Erythematous-squamous rashes with a tendency to exudation (vesiculation, wetting) on the skin of the face, buttocks and limbs are more often observed in infancy and childhood. In the adult stage, itchy erythematous-lichenoid rashes with the development of lichenification predominate on the flexor surfaces of the limbs and neck (the skin thickens, becomes rough, skin patterns are revealed). The level of clarity and spread of the process can be different - from limited (perioral) rashes to extensive skin lesions of the type of erythroderma. An indispensable symptom of AtD, regardless of the stage of progression or clinical variant, is strong, painful itching, which aggravates the course of the disease and reduces the patient's quality of life [6, 11, 14].

Sergeev Yu.V. According to the clinical classification of [16], five forms of AtD are distinguished: lichenoid, erythematous-squamous, pruriginous form, eczematous, atypical.

AtD diagnosis Hanifin a. It is based on the set of diagnostic signs of AtD, called Rajka criteria, 1980 [15]. A diagnosis of AtD requires the presence of at least three of the four major criteria and three minor criteria.

In order to objectively assess the severity, prevalence and severity of pruritus in AtD, a group of researchers from the European Center for the Study of AtD developed a single scale of AtD symptoms (SCORAD), which is a multi-scale assessment of AtD severity. consists of p-parameter scores, which can be used as the most objective ("golden") standard in scientific research and clinical practice [17].

Taking into account the fact that the stress of the disease is triggered psychogenically, AtD was included in the classic psychosomatic disorders by Franz Alexander in 1950 [18]. Since then, a large number of local studies dedicated to the study of the factors leading to AtD stress, the role of psychogenic influences, as well as mental disorders in patients with AtD [5,6,7, 8, 9, 10, 11, 12, 13, 18] and

foreign [10,17,12,18] studies were conducted. Using the AtD model, it seems possible to study the mental disorders that develop in patients with chronic pruritic dermatoses. The location of rashes on visible areas of the skin and severe itching lead not only to a decrease in the quality of life, but also to the development of pathological mental reactions to the disease, which significantly affects the patient's susceptibility to treatment and worsens the condition of patients.

According to the studies, AtD often develops after psychogenic effects and is often accompanied by mental disorders [12, 13, 15]. Thus, the association of AtD and depressive disorders was established in the study of the comorbidity of the discussed dermatosis and affective pathology. According to a cohort study by Timonen M., 30% of AtD patients had depressive episodes during their lifetime [14], which is significantly higher than the general population (5% to 10%) [16]. In the studies of other authors, depression was found in 23-80% of patients with AtD [1, 5, 11, 12, 14]. Comorbidity of anxiety disorders and AtD was noted in almost half of the studied patients [6, 17]. There is evidence that the psychological profile of "atopic" is characterized by depression, tension, anxiety and aggression [15, 18, 13]. At the same time, the frequent development of mental disorders is usually explained by the nature of the skin disease (chronic course, intensity, including nocturnal itching and location of rashes on visible areas of the skin). At the same time, psychosomatic studies conducted in patients with AtD are mainly based on the use of established psychometric diagnostic methods or psychological counseling, which does not allow to estimate the share of true benign mental disorders and the share of diseases that have developed independently of AtD. In recent years, a system of psychodermatological disorders has been created. According to this classification, AtD, on the one hand, belongs to the group of psychosomatic diseases, and on the other hand, as a chronic dermatosis, it can cause the formation of nosogenic reactions and pathological developments. However, there have been no studies examining the characteristics of mental disorders in AtD in these positions.

The purpose of this study is to comprehensively study psychosomatic disorders in AtD and to determine the dependence of these changes on the clinical characteristics and course of skin diseases.

Materials and methods of research. The research material consisted of 97 patients (73 girls and 23 boys; average age was 16.9±10.2 years). The criteria for inclusion in the study: the diagnosis of AtD confirmed according to the international diagnostic criteria of J. M. Hanifin and G. Rajka [17], the age of the patients is from 8 to 18 years. Exclusion criteria: manifest schizophrenic/schizoaffective/affective psychosis, organic damage of the MNS,

dementia, addiction to psychoactive substances, period of tension or decompensation of other severe somatic diseases.

The study was carried out using a clinical method that provides a comprehensive dermatological and psychopathological examination. Dermatological examination included the analysis of anamnestic and clinical indicators, confirming the diagnosis of AtD. In all patients, the severity and distribution of the skin process was evaluated using the SCORAD index (a method recommended by the European Working Group on AtD) [12], in which the distribution of the rash, the nature of the rash (erythema, swelling, moistness, excoriation, lichenification, dryness) and degree of clarity of subjective symptoms – itching, insomnia due to AtD were taken into account. Psychopathological examinations were conducted by employees of borderline mental pathology and psychosomatic disorders using special tests.

Results. In the conducted dermatological examination, it was revealed that the average duration of the disease in patients was 10.99 ± 12.04 years. According to the severity of the disease, patients were distributed as follows: mild AtD in 37 patients (38.1), moderate AtD in 30 patients (31), severe - in 19 patients (19, 6%) and very severe — diagnosed in 11 patients (11.3%). Patients with different forms of AtD were included in the studied sample: 72 (74.2%) patients were diagnosed with erythematous-squamous form of AtD, 17 (17.5%) - eczematous, 7 (7.2%) - lichenoid, 1 (1.1%) — pruritic. Among them, 37 (38.1%) had chronic skin disease at the time of examination, and 60 (61.9%) had AD during the period of tension.

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