

Patients with Mood Depression Have a High Prevalence of Seborrhoeic Dermatitis

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Prevalence and severity of seborrhoeic dermatitis were studied in 150 patients with psychiatric disorders, including schizophrenia, mood disorders, anxiety and organic mental illness. As a control group, we examined 150 patients waiting for surgery and regarded as obviously anxious. Thirty-eight psychiatric patients were found to have seborrhoeic dermatitis, versus 13 in the surgery group. This statistically significant difference was entirely ascribable to patients with depression.

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Emotional stress and psychogenic factors are claimed to precipitate or aggravate seborrhoeic dermatitis (SD) (1), but, besides the uncontrolled report of a higher prevalence of SD in psychiatric patients (2), there is no evidence that psychiatric disorders are connected with SD. We report herein that patients with mood disorders have a high prevalence of SD unrelated to medication with psychotropic drugs.

SUBJECTS AND METHODS

One hundred and fifty patients affected by psychiatric diseases (average age 45 years; range 18–80 years) entered the study. Twenty-eight were out-patients of the Department of Psychiatry, University of Genoa and the remainder were in-patients. Most of them had a long psychiatric history and all were being treated with psychotropic drugs (antipsychotic, antidepressant, or anxiolytic-hypnotic drugs) in various combinations. No patient was receiving lithium or on a single class of drug.

The patients were compared with a control group of 150 sex- and age-matched patients (average age 40; range 13–83 years), waiting for major surgery and regarded as obviously anxious. The study lasted one whole year, but each patient matched his control within one week, to avoid a possible seasonal bias. All of the patients were individually and separately examined by a dermatologist and a psychiatrist.

The dermatologist noted the clinical presence or absence of SD and excluded other skin diseases. SD was evaluated according to four parameters, namely erythema, scaling, itching, and oozing. Their severity was scored on a 0–3 scale (0 = none, 1 = mild, 2 = moderate, 3 = severe) in 10 different body areas, namely scalp, forehead, glabella, nose-labial folds, ear, retroauricular areas, eyelids, chest, back and other areas (axillae, groin, genitalia, perineum). The maximum score attainable at each visit was 120 (3 score \times 4 different parameters at 10 sites).

The psychiatrist made a psychiatric diagnosis and made a careful anamnesis of the drug intake. Psychiatric patients were divided into four main diagnostic groups: schizophrenia, mood disorders, anxiety, and organic mental disorders, according to the DSM III-R classification of the American Psychiatric Association (3). Diagnostic subgroups were also introduced (Table I).

Statistical analyses were made with the χ^2 -test for frequencies, and the Mann-Whitney U-test for non-parametrical data.

RESULTS

Of the 150 patients with psychiatric diseases, 25% had SD, versus 9% of surgery patients ($p < 0.01$). SD prevalence was the same in male patients (15.3%) as in females and as in in- and out-patients.

As regards SD severity, the average score in the psychiatric group was 13 (range 4–44), versus 10 (range 7–13) in the surgery group ($p < 0.01$). The difference between the psychiatric and surgery groups was entirely ascribable to depressed patients. In fact, once the depressed patients were excluded, the psychiatric group had the same SD prevalence (14) as the surgery group (9%).

36% of the patients with mood disorders had SD, versus 14% of patients with schizophrenia and 9% of patients with organic mental disorders. There were only 8 patients with anxiety, 2 of whom had SD ($p < 0.01$) (Table I). Depressed patients had a significantly higher prevalence of SD than other psychiatric patients ($p < 0.01$).

Psychotropic drugs were not related to SD. Overall, the patients undergoing treatment and with SD were less numerous than patients without SD and

Table I. Prevalence of seborrhoeic dermatitis in psychiatric disorders

Diagnosis	Total patients	Seborrhoeic dermatitis		
		Without	With	% with
Paranoid schizophrenia	23	21	2	8.7
Undifferentiated	10	9	1	10
Schizophreniform	3	0	3	100
Schizoaffective	21	19	2	9.5
Total schizophrenia	57	49	8	14
<i>Bipolar depression</i>	42	28	14	33.3
Manic episode	9	6	3	33.3
Depressive episode	33	22	11	33.3
<i>Major depression</i>	32	19	13	40.6
Single episode	9	5	4	44.4
Recurrent episodes	23	14	9	39.1
Total mood disorders	74	47	27	36.5
Panic disorder with agoraphobia	7	5	2	28.6
Obsessive-compulsive disorder	1	1	0	0
Total anxiety disorders	8	6	2	25
Organic mental disorders	11	10	1	9.1

this was the case for all of the classes of drugs (Table II).

DISCUSSION

We are in agreement with Binder & Jonelis (2) who reported a higher prevalence of SD in psychiatric patients with respect to the general population. Unfortunately, Binder & Jonelis did not detail their psychiatric diagnoses nor did they identify the effect of the drugs.

Patients with depressive syndromes have been found to have a higher prevalence of psychosomatic diseases (4) and dermatoses (5) than other psychiatric patients, though no satisfactory explanation has been provided.

Evidence is accumulating suggesting that SD is a reaction to *Pityrosporum ovale* (6), possibly due to an increase in sebum production (7), but there is no evidence that depressed patients overproduce sebum.

SD has been reported to be remarkably common in patients with spinal injury who live in obligatory

recumbency (8) and those with Parkinson's disease (2) in whom sebum production is increased or cannot be adequately washed off.

A factor which may be important for SD patients is sunlight. In fact, SD is known to improve, and even clear in summertime, possibly due the germicidal effect of UVB on *P. ovale* (9), while depressed patients, like the afore-mentioned neurologic patients, tend to live indoors even for very long periods of time.

Table II. Seborrhoeic dermatitis and psychotropic drugs

Drug	Patients			
	With SD		Without SD	
	Treated	%	Treated	%
Anxiolytics-hypnotics	21	81	55	80
Antidepressants	15	29	36	69
Antipsychotics	16	26	45	65

SD = Seborrhoeic dermatitis.

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