

## **Neurotic Disorders in Psoriasis and their Psychopharmacotherapy**

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**Abstract:** On the basis of the Republican Specialized Scientific and Practical Medical Center of Dermatology and Venereology of the Ministry of Health of the Republic of Uzbekistan, later in the department of the Fergana regional Skin and Venereological Dispensary No. 2 in the city of Kokand, as well as in the departments of the Fergana regional skin and Venereological Dispensary No. 1 in the city of Fergana, 100 patients with psoriasis (men - 60 people, women - 40 people) aged from 18 to 72 years. According to the results of the study, the article discusses the issues of studying the significance of psychotherapeutic and psychopharmacotherapeutic treatment of neurotic disorders in patients with various forms of psoriasis, which will significantly increase the therapeutic effectiveness of the therapies used, as well as lengthen the time of clinical remission, which will affect the quality of life of patients.

**Keywords:** psoriasis, neurotic disorders, psychotherapy.

### **Introduction**

Dedicated to the memory of the person who opened the doors of Psychiatry and science to me, my Teacher, Ph.D., Associate Professor Shahnoza Muradovna Kurbanova

Data from epidemiological studies in recent years show that a large number of patients with mental disorders are identified outside the psychiatric network, most of them go to general somatic institutions [Rakhmatov A.B., Kurbanova Sh.M., Makhmutov R.Kh. "Correction of psychosomatic disorders in patients with dermatoses" (methodological manual) 2018, p. 4]. This is also observed in the dermatovenerological service. Nowadays, it is increasingly possible to find publications and works that describe mental disorders of the neurotic register, which are often found in patients with psoriasis. These disorders aggravate the already complex course of the dermatological disease [ Agranovsky M.L., Rakhmatov A.B., Makhmutov R.H. "Comorbidity of neurotic disorders with the main pathology in patients with psoriasis" (Journal Epomen - Medical Sciences) 2022, pp 6–18].

Today, many people already know the role of the mental factor in the etiology and pathogenesis of skin diseases, however, it can be said that until now only physiological parameters are usually

taken into account during treatment in Uzbekistan. In Uzbekistan, in the conditions of the Uzbek mentality, the presence of a visible skin defect further worsens the condition of patients with psoriasis due to high stigmatization in society, the non-acceptance of this disease as not contagious and the belief of the majority of the population in the clear probability of an indispensable hereditary predisposition, which is an obstacle to marriages that serve as an integral attribute of the life of the local population [Agranovsky M.L., Rakhmatov A.B., Makhmutov R.Kh. Clinical features of psychosomatic disorders in patients with psoriasis 2022, Rakhmatov A.B., Kurbanova Sh.M., Makhmutov R.Kh. On the importance of psychotherapeutic correction in the system of treatment and rehabilitation of patients with chronic dermatoses. Dermatovenereology and aesthetic medicine. 2017; 1:55-59, Agranovsky M.L., Rakhmatov A.B., Makhmutov R.H. "Comorbidity of neurotic disorders with the underlying pathology in patients with psoriasis" (Journal Epomen - Medical Sciences) 2022, pp. 6-18]. So far, the problems of mental disorders in psoriasis in Uzbekistan have not been sufficiently studied. There are only a few studies that do not provide sufficient information and, due to their small number, do not reveal the whole picture of the pathological condition [Agranovsky M.L., Rakhmatov A.B., Makhmutov R.Kh. Clinical features of psychosomatic disorders in patients with psoriasis 2022, Rakhmatov A.B., Kurbanova Sh.M., Makhmutov R.Kh. On the importance of psychotherapeutic correction in the system of treatment and rehabilitation of patients with chronic dermatoses. Dermatovenereology and aesthetic medicine. 2017; 1:55-59, Agranovsky M.L., Rakhmatov A.B., Makhmutov R.H. "Comorbidity of neurotic disorders with the underlying pathology in patients with psoriasis" (Journal Epomen - Medical Sciences) 2022, pp. 6-18]. Since the disease has a chronically relapsing course, it leaves a negative imprint on the patient's emotional background. According to certain data, mental factors are interpreted as pathoplastic, i.e. they participate in its formation and exacerbation of the disease [Ruzhinsky A.G., Solovyova S.L. Personality and mental characteristics in patients with varying degrees of severity of psoriasis. Neurological Bulletin. 2016;68(3):25-33.6, Agranovsky M.L., Rakhmatov A.B., Makhmutov R.H. "Comorbidity of neurotic disorders with the underlying pathology in patients with psoriasis" (Journal Epomen - Medical Sciences) 2022, pp. 6-18]. This disease has a high level of social stigma. The fact of social stigma and the presence of a cosmetic defect is difficult for patients to experience. Patients with psoriasis develop feelings of shame, irritation, anger, anxiety and embarrassment, they exhibit selective behavior, they hide their illness from others and, as a result, begin to strive to reduce the number of social contacts, especially with strangers. Therefore, many patients experience difficulties in obtaining a well-paid job, and there are episodes of dismissal under various pretexts due to an existing cosmetic defect. As a result, their negative experiences increase, social maladaptation intensifies, and as a consequence of all this, their quality of life decreases [Rakhmatov A.B. Psoriatic disease. Tashkent. 2019. 237 pp., Agranovsky M.L., Rakhmatov A.B., Makhmutov R.H. "Comorbidity of neurotic disorders with the underlying pathology in patients with psoriasis" (Epomen - Medical Sciences journal) 2022, pp. 6-18]. In addition, a significant increase in the stress level of the life of patients with psoriasis contributes to a more aggressive course of psoriasis and, as a consequence, the quality of treatment for this disease decreases. There are a lot of questions regarding the choice of therapy for this difficult-to-treat dermatological disease [Rakhmatov A.B., Kurbanova Sh.M., Makhmutov R.Kh. On the importance of psychotherapeutic correction in the system of treatment and rehabilitation of patients with chronic dermatoses. Dermatovenereology and aesthetic medicine. 2017; 1:55-59, Rakhmatov A.B. Psoriatic disease. Tashkent. 2019. 237 p.].

Not many patients with psoriasis and do not always seek help from psychiatric and psychotherapeutic institutions. Epidemiological trends and clinical reality are distorted due to the fact that patients with psoriasis are not taken into account by statistical services in official reports as requiring psychiatric and psychotherapeutic care. We can say with complete confidence that mental disorders significantly increase the severity of psoriasis, the threat to life and increase the burden of the disease [Rakhmatov A.B., Kurbanova Sh.M., Makhmutov R.Kh. "Correction of psychosomatic disorders in patients with dermatoses" (methodological manual) 2018, p. 4].

Psoriasis accompanies a person throughout his life and leads to the formation of psychopathological disorders, which to one degree or another reduce the quality of life of patients, disadapting them in social and psychological terms [Kurbanova Sh.M., Rakhmatov A.B., Makhmutov R.Kh. Nurmatov U.B. "Correction of psychosomatic disorders in patients with dermatoses" (Dermatovenereology and Aesthetic Medicine 2019, No. 3/2019 (43), pp. 113-114)].

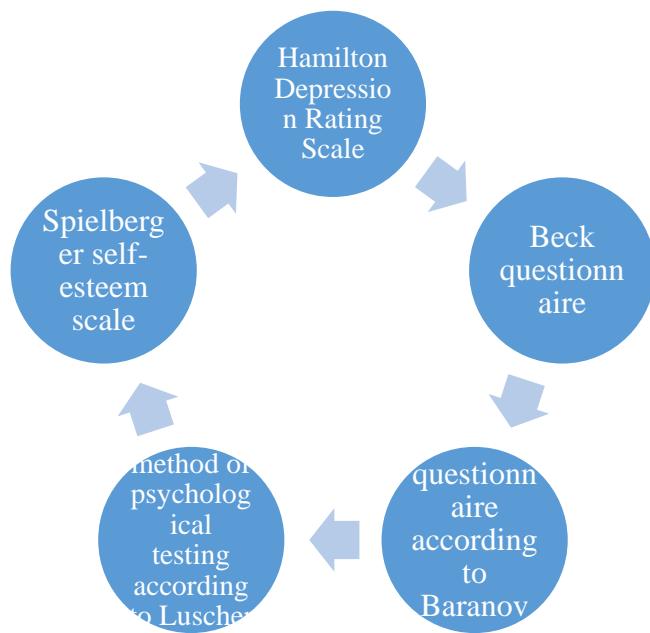
**Purpose of the study .** To determine the features of psychopharmacotherapeutic treatment of psychopathological disorders of the neurotic register in patients with various forms of psoriasis.

**Material and research methods.** We conducted a study on the basis of the Republican Specialized Scientific and Practical Medical Center of Dermatology and Venereology of the Ministry of Health of the Republic of Uzbekistan, in the clinic and department of the Fergana Regional Dermatology and Venereology Dispensary No. 2 in the city of Kokand and in the branches of the Fergana Regional Dermatology and Venereology Dispensary No. 1 in the city of Fergana . We examined 100 patients with psoriasis (women - 40 people, men - 60 people) aged from 18 to 72 years, who received outpatient and inpatient treatment.

The patients were examined using clinical-anamnestic and clinical-psychopathological methods, as well as through psychological testing using psychological scales.

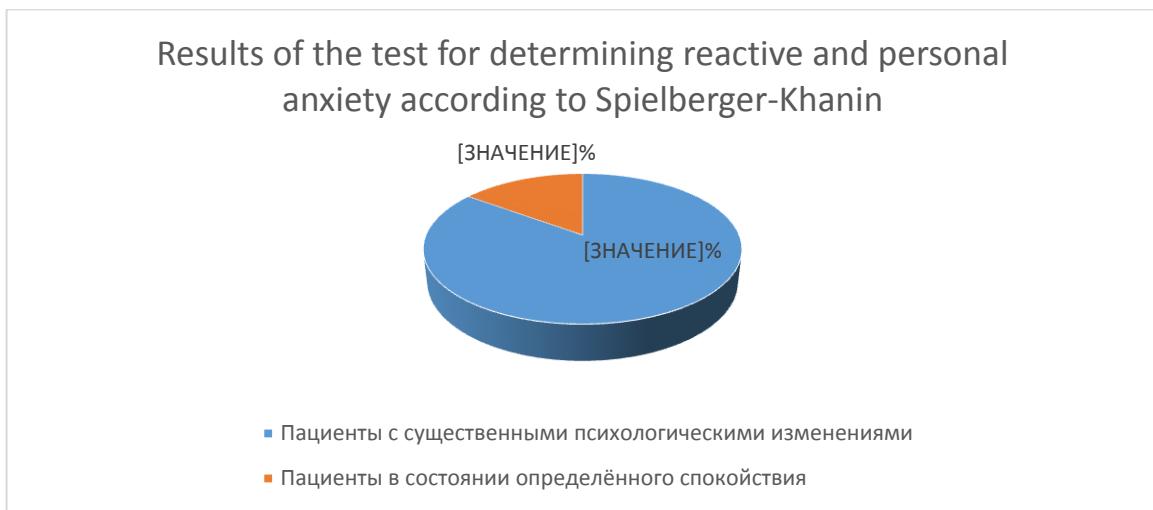
In our work, we used separate psychological tests: the Spielberger self-esteem scale, the Hamilton depression scale, the Beck questionnaire, the Luscher psychological testing method, the Baranov questionnaire.

**Diagram 1. List of psychological tests used to identify psychological spectrum problems**



**results .** We used the Spielberger-Hanin test to identify the level of reactive and personal anxiety. This helped us identify psycho-emotional disorders of the neurotic level, in particular, nosogenic depression. According to the results of this test, used by the authors, only 15 out of 100 patients (15%) with psoriasis were in a state of certain calm, and the remaining 85 (85%) patients showed significant psychological changes, indicating the presence of severe anxiety and difficult social adaptation.

**Diagram 2.**



The results of this test show that, due to increased anxiety, patients with psoriasis experience a number of disorders, including increased fatigue, significant sleep disturbances, a noticeable decrease in interests and social activity, low self-esteem, a constant feeling of self-pity, certain difficulties when it is necessary to concentrate and As a result of all this, a feeling of hopelessness.

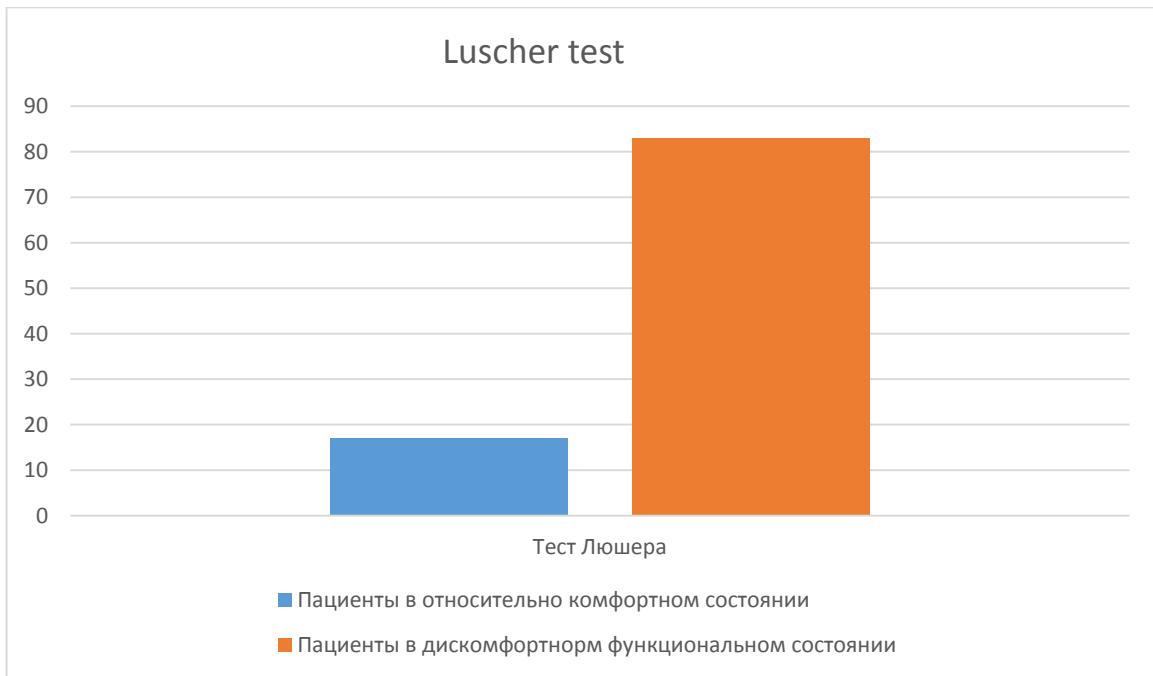
The Beck Questionnaire and the Hamilton Scale were used to assess depressive states. Testing using the Beck Questionnaire was carried out in individual versions, since the test consists of direct statements; to calculate the overall result, all points corresponding to the selected statements were simply summed up. Unlike the Beck Questionnaire, the Hamilton Scale was completed during a clinical interview and took into account the patient's condition over the past few days. The results of both tests complemented each other and were reflected in assessing the mental status of patients using the clinical-psychopathological method.

To identify the functional state, personality traits, mood and orientation of those examined for any activity, we used the Luscher test. Patients were asked to choose in a certain sequence from the most pleasant to the least pleasant colors from four primary and four additional colors. The main colors are 1 – blue, which symbolizes contentment and calmness, 2 – blue-green, defining perseverance and a sense of confidence, 3 – orange-red, symbolizing willpower, excitement, aggressiveness, 4 – light yellow, defining the desire to communicate , activity and cheerfulness.

Additional colors are 5 – purple, 6 – brown, 7 – black, 8 – zero. Complementary colors indicate fear, anxiety, stress and upset, i.e. negative trends. The test result was assessed by the distributions and arrangements of colors relative to each other and by positions. Patients, according to the instructions for this test, were allowed to choose colors depending on their sensations in a certain sequence.

According to the results of the Luscher test, at the time of the examination, only 17 patients had a relatively comfortable functional state and a stable, even mood. The remaining patients had an uncomfortable functional state and mood swings. All this was expressed in feelings of various fears, anxiety, irritability, sleep disturbances and low mood.

Diagram 3.

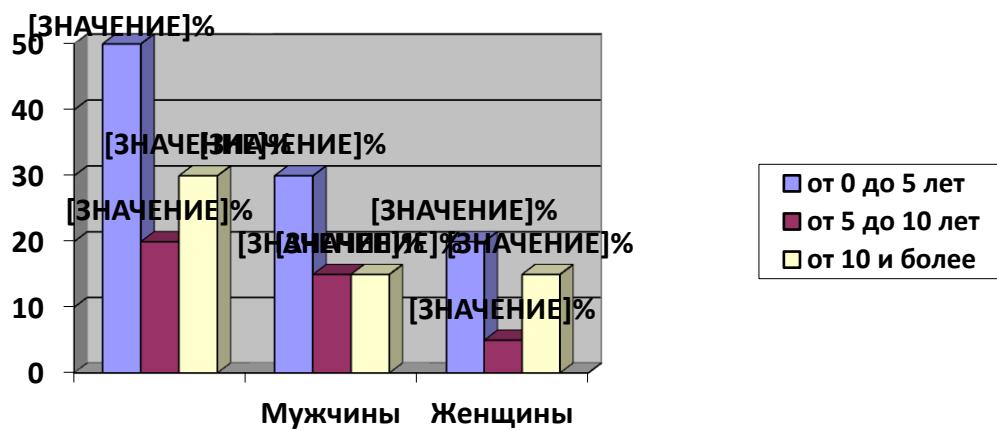


The personal characteristics of the patients were determined in addition to the clinical-psychopathological examination using the Baranov questionnaire. In many patients, depending on their premorbid character traits, one or another neurotic personality development was determined. However, this will be described in detail below.

It must be remembered that patients with psoriasis often have difficulty communicating their state of mind. It happens that they talk about their unpleasant sensations on the surface of the body associated with psoriatic rashes and slightly indicate their connection with their emotional state. Therefore, when communicating with patients, it is necessary to find out how much these symptoms affect everyday life and activities (whether they interfere with family life, professional activities, studies, communication with acquaintances, friends, leisure, etc.). In order to exclude hysterical disorders or set behavior (simulation), it is recommended to determine the patient's personality characteristics.

According to the survey results, the number of patients in whom the onset of psoriatic skin process was up to 5 years was [50%] 50 people (women – 20, men – 30), from 5 to 10 years – [20%] 20 people (women – 5, men – 15), from 10 years or more – [30%] 30 people (women – 15, men – 15). The data is shown in Table 1.

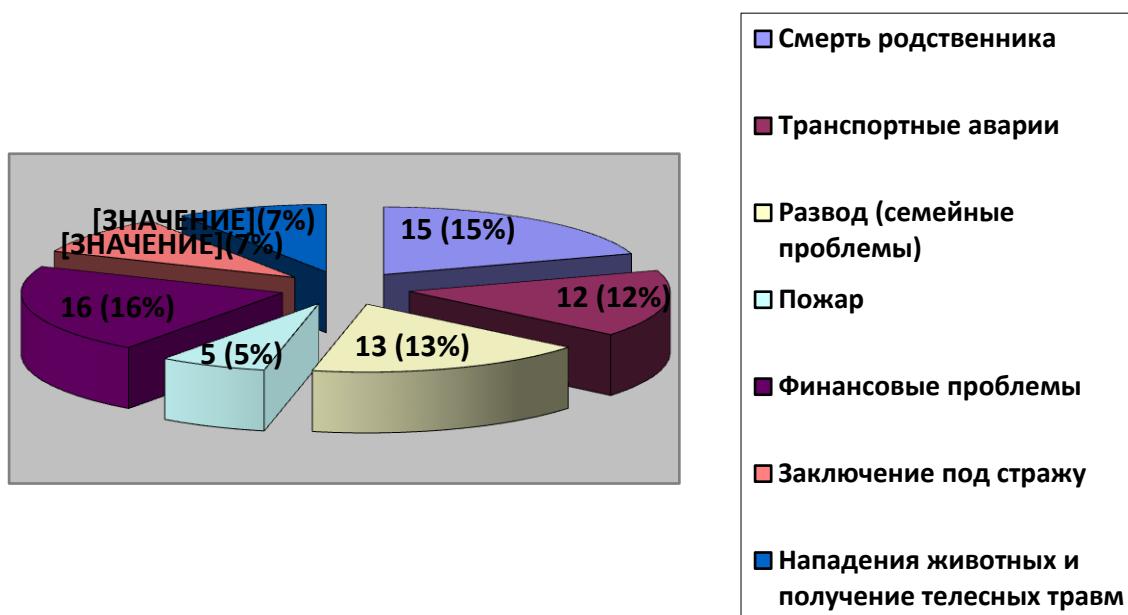
Table 1. Duration of the disease



Patients with the following forms of psoriasis were examined: erythrodermic - (10%) in 10 patients, arthropathic - (15%) in 15 patients, exudative - (15%) in 15 patients and vulgar - (60%) in 60 patients. During the conversation with the patients, it was found that out of 100 patients (75%) 75 first had pathological rashes appear after mental stress, after some time and, as a rule, were accompanied by very strong subjective sensations.

From the anamnesis it became clear that (75%) 75 patients (50 men, 25 women) had a psychotraumatic situation before the illness: financial problems - 2 (2%) women, 14 (14%) men; divorce (family problems) – 8 (8%) women, 5 (5%) men; death of a relative – in 5 (5%) women, 10 (10%) men; transport accidents – 2 (2%) women, 10 (10%) men; fire – in 3 (3%) women, 2 (2%) men; detention (of oneself or a relative) – 2 (2%) women, 5 (5%) men; animal attacks and bodily injuries – 3 (3%) women, 4 (4%) men. The data is presented in Table 2.

**Table 2. Trigger factors for the development of psoriasis**



In 50 patients, 50% (15 women, 35 men) identified the presence of a psychotraumatic situation in the period after the manifestation of the skin disease: financial difficulties (dismissal from work) - in 3 women, 8 men, death of a relative - in 4 women, 15 men; transport accidents – 2 women, 5 men; divorce (family problems) – 6 women, 7 men .

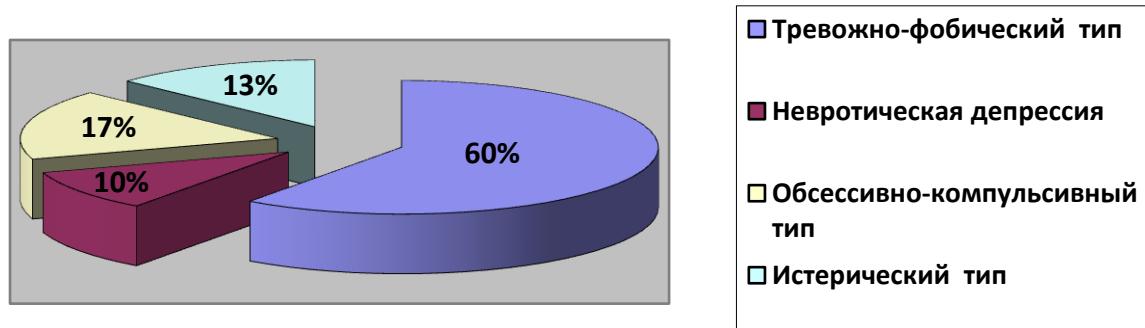
15 (15%) patients (8 women, 7 men) denied any psychotraumatic situations both during the period of the skin disease and before the disease. But the very fact of the presence of a dermatological, pathological process was a psychotraumatic situation for all patients. This manifested itself in certain neurotic disorders of varying degrees and had a very noticeable negative impact on the social component of patients with psoriasis. An indicator of this is that (52%) 52 patients (23 women and 29 men) had family conflicts due to an existing pathological, dermatological process. For 12 women and 7 men, conflicts ended in divorce. 40 (40%) patients (15 women and 25 men) experienced difficulties at work, some of them (25%) 25 patients (13 women, 12 men) reached dismissal. 30 (30%) of the above patients (8 women and 22 men) experienced difficulties both at work and in the family due to psoriasis. Neurotic disorders were found in 85 patients (33 women and 52 men). Among the identified disorders were irritability in 70 patients, 70% (29 women and 41 men), in 33 patients, 33% (21 women and 12 men) low mood was determined. Sleep disturbance was observed in 35 patients, 35% (12 women and 23 men), 34 patients - 34% (22 women and 12 men) experienced fear and anxiety, 17 patients - 17% (11 women and 6 men) noted the presence of suicidal thoughts. Appearance concerns had a

significant impact on the quality of life of patients, due to the skin process in 38 subjects - 38% (20 women and 18 men). The data is presented in Table 3.

**Table 3. Clinical features of psychosomatic disorders in patients with psoriasis**



All of the above disorders, in one ratio or another, resulted in a certain neurotic state in patients with psoriasis. In 60% of cases, a chronic neurotic condition was identified, which manifested itself as a neurotic personality development of an anxious-phobic type. Patients with this condition were very afraid for their health and their appearance. They were afraid that because of their illness, family, friends, acquaintances and strangers would reject them. Experienced constant discomfort in their life and daily activities due to the presence of severe anxiety and irritability against a background of frequent low mood. Fear for one's health, one's appearance and anxiety were always components of the mental state of these patients. 17% of patients showed neurotic personality development of the obsessive-compulsive type. They always had obsessive thoughts associated with the disease, possible rejection of the people around them. Obsessive thoughts about non-recovery and possible worsening of the pathological process occurred to patients in a stereotypical form. Patients were always in an anxious state due to unsuccessful resistance to upsetting, obsessive thoughts. For some of them, the neurotic state was much deeper, which was expressed in their performance of stereotypical movements with the goal of supposedly preventing unpleasant phenomena. At the same time, they understood that this was wrong, but they could not do anything about it. In 13% of cases, hysterical personality development was revealed. In these patients, due to the existing pathological process, the hysterical features deepened. On the one hand, they tried to hide their sickly appearance, on the other, the desire to attract the attention of others and their demonstrativeness constantly made themselves felt. Neurotic depression was detected in 10% of patients. They had a low mood, irritability and asthenia. These symptoms began in the morning, intensified during the day and reached a peak in the evening. At the height of the manifestation of the above symptoms, some patients with psoriasis noted the presence of suicidal thoughts. Almost the majority of patients had problems sleeping. They had difficulty falling asleep, often woke up in the middle of the night, and subsequently experienced a lack of sleep in the morning and throughout the day. Due to the presence of constant internal discomfort and the above symptoms, patients with psoriasis often experienced conflicts at work, in the family, among friends, relatives and loved ones. As a result, there were frequent quarrels and even nervous breakdowns. This all led in some cases to completion without resolving the conflict situation and, as a consequence, it all ended in dismissal from work, divorce, severance of relations with friends, relatives and loved ones. Neurotic conditions are presented in Table 4.

**Table 4. Neurotic conditions of patients with psoriasis**

The use of nootropics, sedatives and anxiolytics in patients with anxiety-phobic, obsessive-compulsive and hysterical disorders has shown very good results. Antidepressants were effective in helping patients with symptoms of neurotic depression. This is certainly consistent with the literature data [Rakhmatov A.B., Kurbanova Sh.M., Makhmutov R.Kh. On the importance of psychotherapeutic correction in the system of treatment and rehabilitation of patients with chronic dermatoses. Dermatovenereology and aesthetic medicine. No. 1/2017 (33) pp. 21-25, Petrova N.N., Smirnova I.O., Likhonos L.M. Comparative assessment of different approaches to the treatment of patients with psoriasis. Review of psychiatry and medical psychology. 2013; 1:63-70. Rakhmatov A.B., Kurbanova Sh.M., Makhmutov R.Kh. Modern problems of psychodermatology. Dermatovenereology and aesthetic medicine. No. 3/2015 (27) pp. 170-171].

Almost all patients were recommended to be treated with the sedative antidepressant mirtazapine (Mirtel) at a dose of 0.03. A treatment regimen of mirtazapine was used:  $\frac{1}{4}$  tablet at night for 2 weeks, then  $\frac{1}{3}$  at night for oral administration for 2 weeks,  $\frac{1}{2}$  at night for oral administration for 2 weeks and 1 tablet of mirtazapine (Mirtel) at night for oral administration also for 2 weeks and so in reverse order.

#### **The results of the study and their discussion.**

Our studies show that mirtazapine (Mirtel) is a very effective and safe antidepressant with a wide spectrum of action. It can be considered that mirtazapine (Mirtel) has once again shown the result of a rapid reduction of affective symptoms in depression of any severity, in our case neurotic depression, and has a pronounced thymoanaleptic effect. The drug was well tolerated by all patients and no side effects were observed, therefore we can conclude that mirtazapine (Mirtel) can be used in general medical populations of patients with depression associated with psoriasis. The use of mirtazapine (Mirtel) is economically beneficial because it has a fairly rapid and noticeably pronounced therapeutic effect, it has minimal adverse effects, in our case not identified, and there is no toxicity.

It should be noted that the frequency and severity of manifestations of neurotic, psychopathological disorders were directly proportional to the severity and course of the underlying dermatological disease. In these cases, along with the main treatment, we carried out enhanced psychotherapy and, of course, combined psychopharmacotherapy. All patients showed a significant improvement in their mental state, and many also experienced a reduction in the underlying psoriatic process.

All this allows us to conclude that it is necessary to take into account the mental state of each patient with psoriasis, and the use of the above methods will significantly save financial costs both for the patients themselves and for the medical institution.

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