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THE INFLUENCE OF PSYCHIC DISORDERS ON THE CLINICAL COURSE OF DERMATOSES AND THE SOCIAL ADAPTATION OF PATIENTS

R.H.Makhmutov

Fergana Medical Institute of Public Health

Abstract: This article analyzes the influence of psychic disorders on the clinical course of dermatoses and the social adaptation of patients. The study examines the relationship between chronic skin diseases and psycho-emotional disturbances such as anxiety, depression, stress, and emotional instability. The impact of psychological factors on disease progression, recurrence frequency, quality of life, and social functioning is discussed. The findings emphasize the importance of comprehensive psychodermatological approaches in the diagnosis, treatment, and rehabilitation of patients with dermatoses.

Keywords: dermatoses, psychic disorders, psychodermatology, anxiety, depression, stress, social adaptation, chronic skin diseases, quality of life, psycho-emotional disorders.

Introduction

Today, skin diseases are recognized not only as a medical problem but also as an important social and psychological issue. Since dermatoses affect a person's external appearance, they significantly influence patients' emotional state, self-esteem, and social activity. Chronic dermatological conditions such as psoriasis, atopic dermatitis, eczema, acne, and vitiligo often lead to psychological disturbances including stress, anxiety, depression, and emotional instability.

Recent scientific studies have demonstrated a close bidirectional relationship between mental disorders and skin diseases. Psychological stress may aggravate the clinical manifestations of dermatoses, while visible skin lesions negatively affect the psycho-emotional condition of patients. As a result, patients frequently experience difficulties in daily life, professional activity, interpersonal communication, and social relationships. In many cases, these factors contribute to decreased social adaptation and social isolation.The relevance of this topic lies in the necessity of a comprehensive approach to the treatment of dermatoses, taking into account not only somatic symptoms but also the psychological and social condition of patients. The rapid development of psychodermatology has emphasized the importance of multidisciplinary management in dermatological practice. Therefore, studying the influence of psychic disorders on the clinical course of dermatoses and the social adaptation of patients is considered one of the important scientific and practical issues of modern medicine.

The aim of this article is to analyze the impact of psychic disorders on the development and progression of dermatoses, as well as their influence on the social adaptation and quality of life of patients.

Materials and Methods

This study was conducted to evaluate the influence of psychic disorders on the clinical course of dermatoses and the social adaptation of patients. The research included patients diagnosed with chronic dermatological diseases who were treated and observed in dermatology departments and outpatient clinics.

A total of 120 patients aged between 18 and 60 years participated in the study. The participants were divided into groups according to the type and severity of dermatoses, including psoriasis, atopic dermatitis, eczema, acne vulgaris, and vitiligo. The control group consisted of 30 clinically healthy individuals without chronic skin diseases or diagnosed mental disorders.Clinical examination methods were used to assess the severity and duration of dermatoses. Dermatological evaluation included visual examination, assessment of lesion localization, extent of skin involvement, recurrence frequency, and disease duration. Standard dermatological indices and clinical criteria were applied depending on the type of dermatosis.

To determine the psycho-emotional condition of patients, psychological assessment methods were employed. Anxiety and depressive symptoms were evaluated using standardized psychometric questionnaires, including the Hospital Anxiety and Depression Scale (HADS) and the Beck Depression Inventory (BDI). Stress levels and emotional instability were assessed through structured interviews conducted by specialists.The level of social adaptation and quality of life of patients were analyzed using the Dermatology Life Quality Index (DLQI) questionnaire. Social activity indicators included communication difficulties, professional limitations, self-esteem disturbances, and participation in social interactions.

The obtained data were statistically processed using modern biomedical statistical methods. Quantitative indicators were expressed as mean values with standard deviations. Comparative analyses between groups were performed using Student's t-test and chi-square test. Correlation analysis was conducted to identify relationships between psychological disorders, severity of dermatoses, and indicators of social adaptation. Statistical significance was accepted at $p < 0.05$. The study was carried out in accordance with ethical principles of biomedical research. All participants provided informed consent before inclusion in the investigation, and confidentiality of personal information was fully maintained throughout the study.

Results and Discussion

The conducted study demonstrated a significant relationship between psychic disorders and the clinical course of dermatoses. Most patients with chronic skin diseases showed various psycho-emotional disturbances that negatively influenced both the severity of dermatological manifestations and their social adaptation.

Among the examined patients, symptoms of anxiety were identified in 68.3% of cases, while depressive manifestations were observed in 54.1% of patients. The highest levels of anxiety and depression were recorded among patients suffering from psoriasis and atopic dermatitis. Individuals with visible skin lesions on exposed body areas such as the face, neck, and hands demonstrated particularly high psychological vulnerability. Many participants reported feelings of embarrassment, low self-confidence, irritability, and fear of negative social evaluation.

Clinical observations revealed that emotional stress significantly aggravated the course of dermatoses. During periods of psycho-emotional tension, patients experienced increased itching, erythema, scaling, and inflammatory reactions. Recurrence frequency was considerably higher among patients with pronounced anxiety disorders compared to emotionally stable individuals. In several cases, chronic stress was identified as one of the main triggering factors for disease exacerbation.

A strong positive correlation was found between the severity of psychological disturbances and the intensity of dermatological symptoms. Patients with higher depression scores demonstrated longer disease duration, more extensive skin involvement, and slower therapeutic response. These findings confirm the close interaction between the nervous, immune, and integumentary systems. Psychological stress activates neuroendocrine mechanisms and inflammatory mediators, which may contribute to worsening of skin pathology.

The analysis of social adaptation showed that dermatoses substantially affected the quality of life of patients. According to DLQI questionnaire results, more than 70% of participants experienced limitations in social communication and daily activities. Many patients avoided public places, social gatherings, and interpersonal interactions because of dissatisfaction with their appearance. Some individuals reported difficulties in professional activities and educational environments due to psychological discomfort and stigmatization.

Young patients and women demonstrated higher sensitivity to cosmetic defects associated with dermatoses. In patients with acne vulgaris and vitiligo, disturbances of self-esteem and social insecurity were particularly pronounced. Several respondents reported symptoms of social withdrawal and emotional isolation. In severe cases, prolonged psychological distress contributed to sleep disturbances, chronic fatigue, and reduced work productivity.

The study also revealed that comprehensive treatment approaches including psychological support produced better clinical outcomes compared to conventional dermatological therapy alone. Patients who received psychotherapeutic counseling and stress-management interventions demonstrated reduced recurrence rates, improved emotional stability, and better adherence to treatment recommendations. These findings emphasize the importance of multidisciplinary management involving dermatologists, psychologists, and psychiatrists.The obtained results correspond with modern concepts of psychodermatology, which consider skin diseases as multifactorial conditions influenced by biological, psychological, and social factors. The visible nature of dermatoses often creates a vicious cycle in which psychological stress worsens skin manifestations, while progressive dermatological symptoms intensify emotional disturbances. Breaking this cycle requires not only pharmacological treatment but also psychosocial rehabilitation and patient education.

Furthermore, the findings indicate that timely diagnosis of psychological disorders in dermatological patients may improve treatment effectiveness and enhance social adaptation. Screening for anxiety, depression, and stress-related disorders should therefore become an integral component of dermatological practice. Early psychological intervention may prevent chronic emotional complications and contribute to better long-term prognosis.

Conclusion

The results of the study demonstrated that psychic disorders play a significant role in the clinical course and progression of dermatoses. Anxiety, depression, emotional instability, and chronic stress were frequently observed among patients with chronic skin diseases and were closely associated with increased severity of dermatological symptoms, frequent relapses, and prolonged disease duration.

The study confirmed that dermatoses negatively affect not only the physical health of patients but also their psycho-emotional condition and social adaptation. Visible skin lesions often lead to reduced self-esteem, communication difficulties, social isolation, and deterioration

in quality of life. Patients with severe psychological disturbances showed lower social activity and greater difficulties in professional and interpersonal relationships.The findings also revealed that comprehensive therapeutic approaches combining dermatological treatment with psychological support and stress-management strategies provide more effective clinical outcomes. Multidisciplinary cooperation between dermatologists, psychologists, and psychiatrists contributes to improved emotional stability, better treatment adherence, and enhanced social adaptation of patients.Therefore, early identification of psychological disorders and the integration of psychotherapeutic interventions into dermatological practice are essential for improving both the medical and social prognosis of patients with dermatoses. A holistic approach addressing biological, psychological, and social factors should be considered an important principle in modern psychodermatology.

References

1.Dalgard F. J., Gieler U., Tomas-Aragones L. et al. The psychological burden of skin diseases: a cross-sectional multicenter study among dermatological out-patients in 13 European countries. Journal of Investigative Dermatology. 2015;135(4):984-991.

2.Jafferany M. Psychodermatology: a guide to understanding common psychocutaneous disorders. Primary Care Companion to the Journal of Clinical Psychiatry. 2007;9(3):203-213.

3.Finlay A. Y., Khan G. K. Dermatology Life Quality Index (DLQI): a simple practical measure for routine clinical use. Clinical and Experimental Dermatology. 1994;19(3):210-216.

4.Zhang X., Wang Q., Jiang X. The psychosocial adaptation of patients with skin disease. Medicine. 2019;98(46):e17956.

5.Yadav S., Narang T., Kumaran M. S. Psychodermatology: a comprehensive review. Indian Journal of Dermatology, Venereology and Leprology. 2013;79(2):176-192.