

IDROSADENITE SUPPURATIVA

ASPETTI PSICOLOGICI

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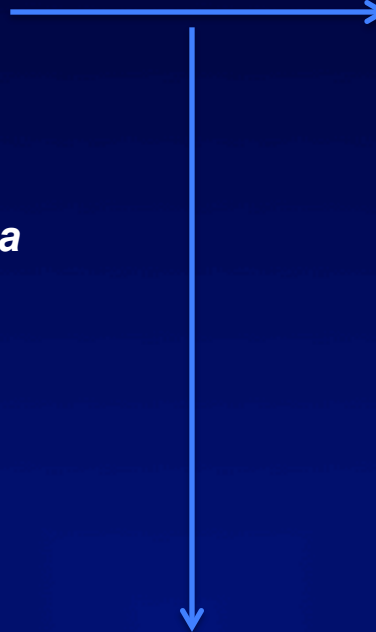
Stress Psicologico



Emozioni Negative:
angoscia, tristezza, vergogna, rabbia

Immagine di Sé
Corporeità

Autostima



Comorbilità Psichiatrica



Depressione

Stigma

Gravità e Stadio Evolutivo

Lesioni e cicatrici visibili

Cattivo odore

Percezione di mancato controllo sul decorso

Sentimento di inaccettabilità sociale



PROFILO PSICOSOCIALE DEL PAZIENTE CON HS

Table II. *Results of the analysis of patient interviews on the psychosocial impact of hidradenitis suppurativa (HS)*

Main categories and subcategories

Emotions and self-worth

Unworthy, Not lovable

Depression. Sadness. Irritation. Worry. Helplessness. Dependency. A feeling of lack of control. Suicidal ideation.

Taboo and stigmatization

Repulsive, Disgusting

Feel impure. Shy. Smell. Scars. Isolation.

Intimate relations

Bodily contact

To find a partner. In relationship. Sexuality.

Cognition

To put a name to the disease

To have a diagnoses or a name of the disease. Acceptance of the disease.

Communication

To feel alone

To talk about the disease. Group meetings.

Precautions

Try to hide the scars

Dressing. Gestures. Perfumes. Contagiousness. Tobacco. Weight. Sport.

Economy and work

Risk of low income

Job. Colleagues. Sick leave. Cost of care.

Esmann S; Jemec GB

Psychosocial impact of hidradenitis suppurativa: a qualitative study.

Acta Derm. Venereol. 2011; 91(3):328-32

LO SPECIFICO PSICOPATOGENO DELL'HS

- sedi e caratteristiche delle lesioni
- dolore persistente
- cronicità
- ritardi nella diagnosi *8 years' delay as a mean before the diagnosis is formally reported*
(Smith et al, 2010)
- parziale e transitoria efficacia dei trattamenti

→ *“...the symptoms of hidradenitis suppurativa, are much more than just physical”*

(Matusiak et al., 2010)

pochi studi scientifici sul tema “correlati psicologici dell'HS”

Axillary hidradenitis.

Anderson DK, Perry AW.

Abstract

The magnitude of the social, economic, and medical problems confronting patients with chronic suppurative axillary hidradenitis is not generally recognized. Nonoperative treatment is disappointing. Total excision of all apocrine-bearing axillary tissue with primary closure is the treatment of choice. Operative treatment can be safely accomplished even when draining sinuses are present. Twenty-six patients representing 47 operated axillae are presented.



Major personality changes

Deterioration of the family unit

Suicidal ideation

Depression scores of HS patients were significantly higher than those of other dermatological patients [...] and correlate with disease severity scores (Onderdijk et al., 2013)

Depression level is undoubtedly linked to HS clinical stage (Matusiak et al., 2010)

HS can be debilitating and devastating, significantly compromising **Quality of Life** (Vazquez et al., 2013)

The impact of HS on quality of life (QoL) was found to be higher than that found in several other dermatologic conditions (Wolkenstein et al. 2007)

HS causes a high degree of morbidity, with the highest scores obtained for the level of **Pain** caused by the disease (Von Der Werth et al., 2001)

HS can significantly detract from patients' quality of life especially in those patients who have severe painful disease (Smith et al, 2010)

This study demonstrated, for the first time to our knowledge, that patients with HS have **Sexual dysfunctions** and **Sexual distress** (Kurek et al., 2012)

Quality of life impairment in hidradenitis suppurativa: a study of 61 cases.

Wolkenstein P¹, Loundou A, Barrau K, Auquier P, Revuz J; Quality of Life Group of the French Society of Dermatology.

HS is a distressing condition for many patients, one of the worst that has been systematically studied in dermatology.

A number of factors modulate this impact:

1) The impact of HS on QoL correlates positively with the:

- **severity**
- **duration**
- **continuous evolution**
- **pain**
- **more involved locations, particular locations, uncovered locations**

2) It correlates negatively with the

- **age of onset**

Late-onset HS seems to have an overall better outcome, with a better chance of spontaneous recovery, than HS developing earlier in life.

→ A subgroup of patients seems to be more severely affected: those with an **early onset** of their disease, **long disease duration**, and **continuous evolution**.

Psychiatric comorbidities in 3207 patients with hidradenitis suppurativa.

Shavit E¹, Dreiher J, Freud T, Halevy S, Vinker S, Cohen AD.

⊕ Author information

Abstract

BACKGROUND: Hidradenitis suppurativa (HS) is a chronic recurrent inflammatory disease affecting skin that bears apocrine glands. Only anecdotal reports and a few small studies have demonstrated a possible association between HS and depression, but these studies were uncontrolled or were based on small sample sizes. To the best of our knowledge, the association between HS and other psychiatric disorders has never been investigated.

OBJECTIVES: To investigate the association between HS and psychiatric disorders: depression, anxiety, psychoses, schizophrenia and bipolar disorder.

METHODS: A cross-sectional study was conducted utilizing the database of Clalit Health Services (over 4,100,000 patients). Case patients were defined as having HS when diagnosed by a dermatologist. Control patients without HS were age and gender matched in a 2 : 1 manner. The proportions of patients with psychiatric diseases were compared between patients with and without HS. The association between HS and psychiatric diseases was assessed in multivariate models using logistic regression analyses.

RESULTS: The study included 3207 patients with HS and 6412 age- and gender-matched controls. Depression was diagnosed in 5.9% of patients with HS vs. 3.5% of patients without HS ($P < 0.001$). Anxiety was diagnosed in 3.9% of patients with HS vs. 2.4% of patients without HS ($P < 0.001$). These associations were significant after controlling for the confounders age and gender (Depression: OR = 1.7, 95% CI: 1.4-2.1; Anxiety: OR = 1.7, 95% CI: 1.3-2.1).

CONCLUSIONS: Hidradenitis suppurativa was associated with depression and anxiety. Dermatologists treating patients with HS should be aware of this important association.

Incidence of hidradenitis suppurativa and associated factors: a population-based study of Olmsted County, Minnesota.

Vazquez BG¹, Alikhan A, Weaver AL, Wetter DA, Davis MD.

+ Author information

Abstract

There are no population-based incidence studies of hidradenitis suppurativa (HS). Using the medical record linkage system of the Rochester Epidemiology Project, we sought to determine the incidence of the disease, as well as other associations and characteristics, among HS patients diagnosed in Olmsted County, Minnesota, between 1968 and 2008. Incidence was estimated using the decennial census data for the county. Logistic regression models were fit to evaluate associations between patient characteristics and disease severity. A total of 268 incident cases were identified, with an overall annual age- and sex-adjusted incidence of 6.0 per 100,000. Age-adjusted incidence was significantly higher in women compared with men (8.2 (95% confidence interval (CI), 7.0-9.3) vs. 3.8 (95% CI, 3.0-4.7)). The highest incidence was among young women aged 20-29 years (18.4 per 100,000). The incidence has risen over the past four decades, particularly among women. Women were more likely to have axillary and upper anterior torso involvement, whereas men were more likely to have perineal or perianal disease. In addition, 54.9% (140/255) patients were obese; 70.2% were current or former smokers; 42.9% carried a diagnosis of depression; 36.2% carried a diagnosis of acne; and 6% had pilonidal disease. Smoking and gender were significantly associated with more severe disease.

Over 40% of HS patients in our study carried a diagnosis of DEPRESSION,
compared to a lifetime prevalence of mood disorders in the general population of 20.8%.

Increased Suicide Risk in Patients with Hidradenitis Suppurativa.

Thorlacius L¹, Cohen AD², Gislason GH³, Jemec GBE¹, Egeberg A⁴.

Author information

Abstract

Patients with skin disorders are considered at a higher risk of depression and anxiety than the background population. Patients with hidradenitis suppurativa (HS) may be particularly affected. We explored the association between HS and depression, anxiety, and completed suicides in the Danish national registries expanding to include data on suicidal behavior, using both a cross-sectional and a cohort study design. Both designs included 7,732 patients with HS and a background population of 4,354,137. The cohort study revealed that HS-patients had an increased risk of completed suicide after adjustment for confounding factors (11/7,732 vs. 2,904/4,354,137) (Hazard Ratio (HR) 2.42 (1.07-5.45); P=0.0334) and an increased risk of antidepressant drug use (HR 1.30 (1.17-1.45); P<0.0001). In contrast to previous studies the cross-sectional baseline data revealed non-significant association with depression (Odds Ratio (OR) 1.13 (0.87-1.47); P=0.36 and hospitalization due to depression (OR 1.32 (0.94-1.85); P=0.1083). To the best of our knowledge, this is the first study to report on the increased risk of completed suicide among HS patients. The increased risk of completed suicide is not solely explained by lifestyle and demographic differences and the results highlight the profound impact HS has on the lives of patients with this often devastating disease.

Impairment of Sexual Life in 3,485 Dermatological Outpatients From a Multicentre Study in 13 European Countries.

Sampogna F¹, Abeni D, Gieler U, Tomas-Aragones L, Lien L, Titeca G, Jemec GB, Misery L, Szabó C, Linder MD, Evers AW, Halvorsen JA, Balieva F, Szepietowski JC, Romanov DV, Marron SE, Altunay IK, Finlay AY, Salek SS, Kupfer J, Dalgard F.

⊕ Author information

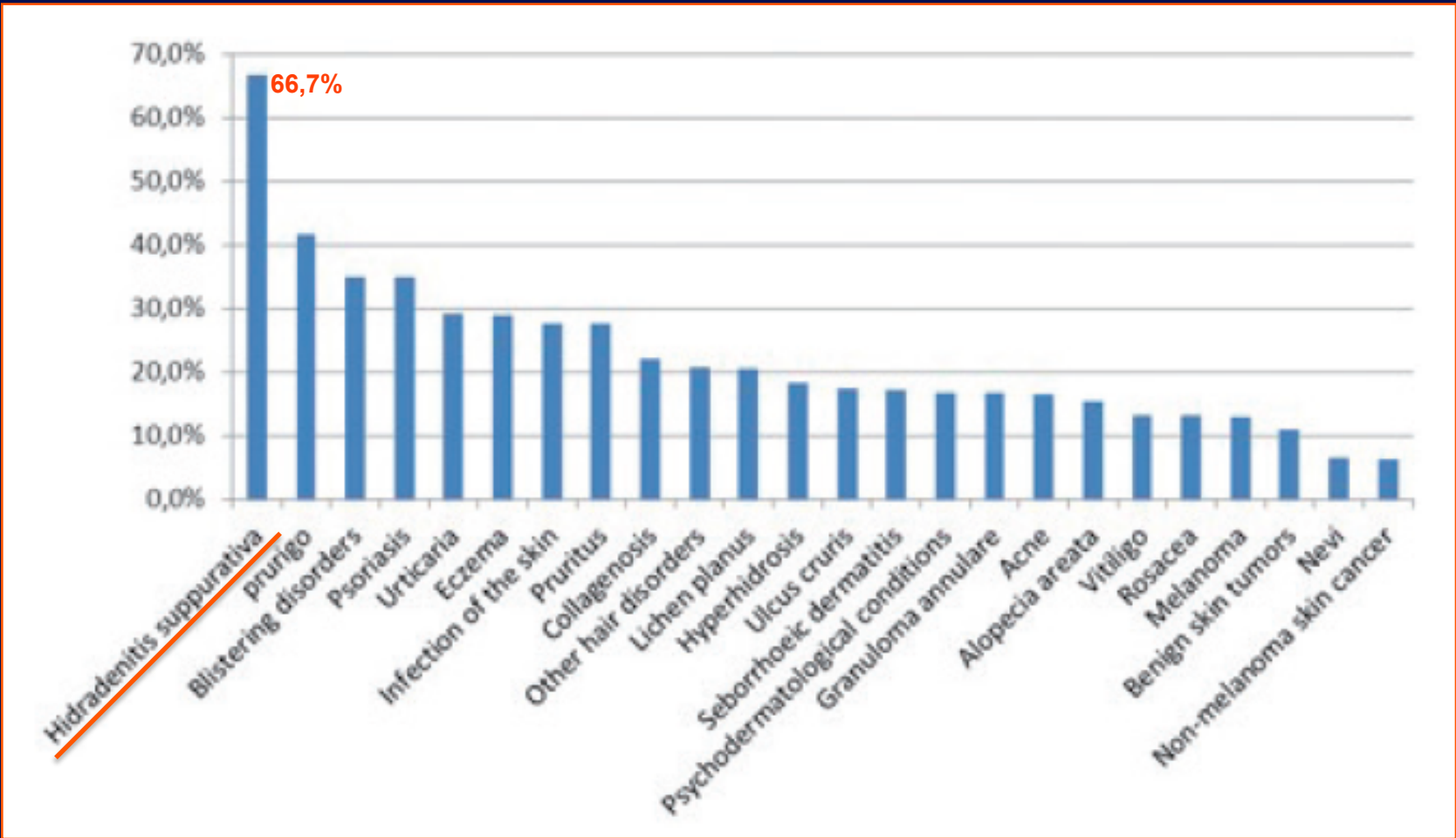
Abstract

Skin conditions may have a strong impact on patients' sexual life, and thus influence personal relationships. Sexual issues are difficult to discuss directly in clinical practice, and a mediated instrument may be useful to capture such information. In this study item 9 of the Dermatology Life Quality Index was used to collect information on sexual impact of several skin conditions in 13 European countries. Among 3,485 patients, 23.1% reported sexual problems. The impairment was particularly high in patients with hidradenitis suppurativa, prurigo, blistering disorders, psoriasis, urticaria, eczema, infections of the skin, or pruritus. Sexual impact was strongly associated with depression, anxiety, and suicidal ideation. It was generally more frequent in younger patients and was positively correlated with clinical severity and itch. It is important to address the issue of sexual well-being in the evaluation of patients with skin conditions, since it is often linked to anxiety, depression, and even suicidal ideation.

***“Sexual impact was strongly associated
with
depression, anxiety and suicidal ideation”***

Impairment of Sexual Life in 3,485 Dermatological Outpatients From a Multicentre Study in 13 European Countries.

Sampogna F¹, Abeni D, Gieler U, Tomas-Aragones L, Lien L, Titeca G, Jemec GB, Misery L, Szabó C, Linder MD, Evers AW, Halvorsen JA, Balieva F, Szepletowski JC, Romanov DV, Marron SE, Altunay IK, Finlay AY, Salek SS, Kupfer J, Dalgard F.



Prevalence of positive answers to question 9 of the Dermatology Life Quality Index (DLQI)
("Over the last week, how much has your skin caused any sexual difficulties?")
in different skin conditions.



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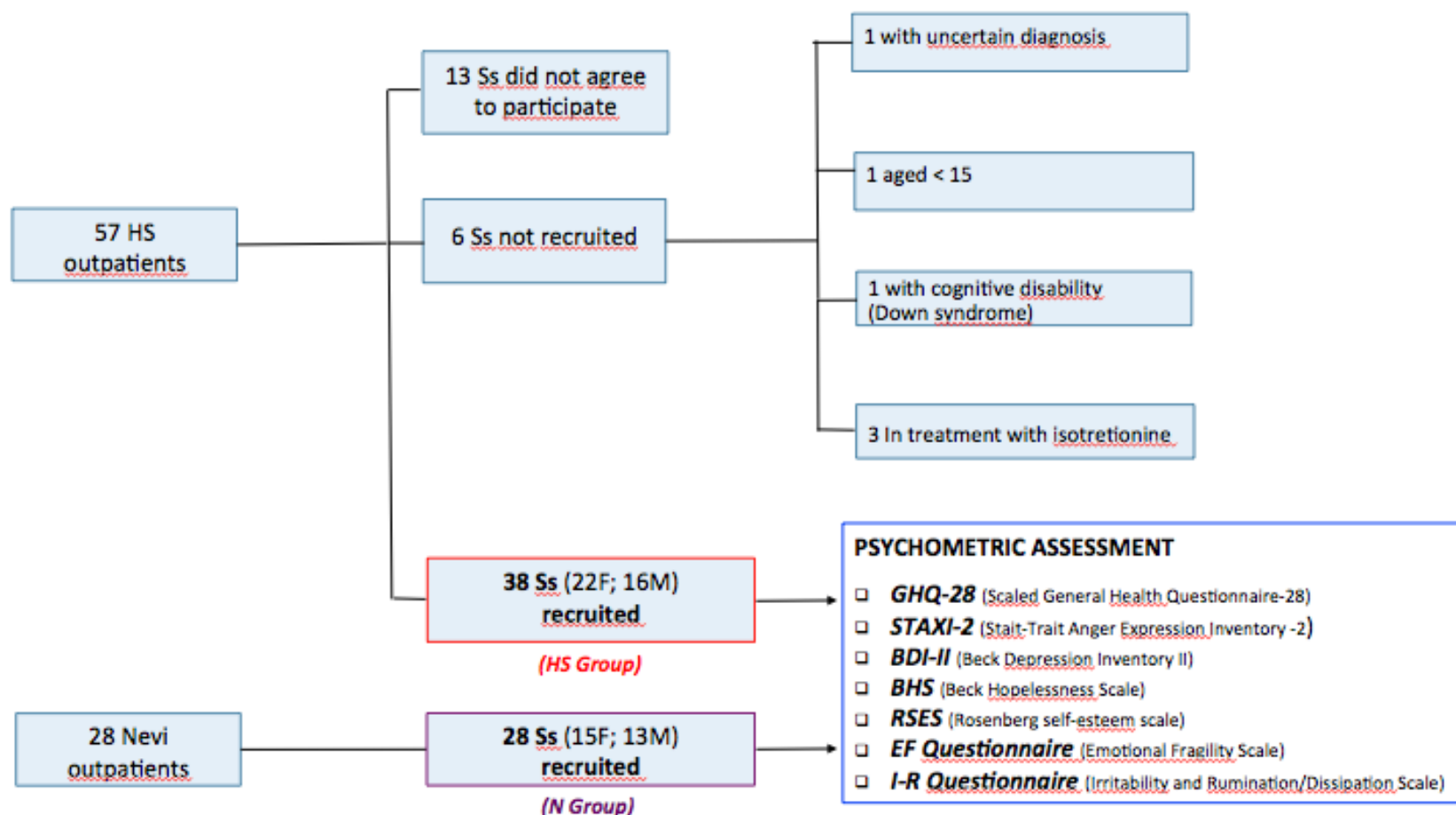
6th Conference of the European Hidradenitis Suppurativa Foundation
Copenhagen, Denmark | 8-10 February 2017

Psychiatric comorbidity, depression, self-esteem and anger in patients with Hidradenitis Suppurativa-Acne Inversa.

Tugnoli S., Silvestri A., Agnoli C., Giari S.*, Caracciolo S., Bettoli V.*

Section of Neurological Psychiatric and Psychological Sciences – Department of Biomedical and Specialty Surgical Sciences
School of Medicine – University of Ferrara (Italy)

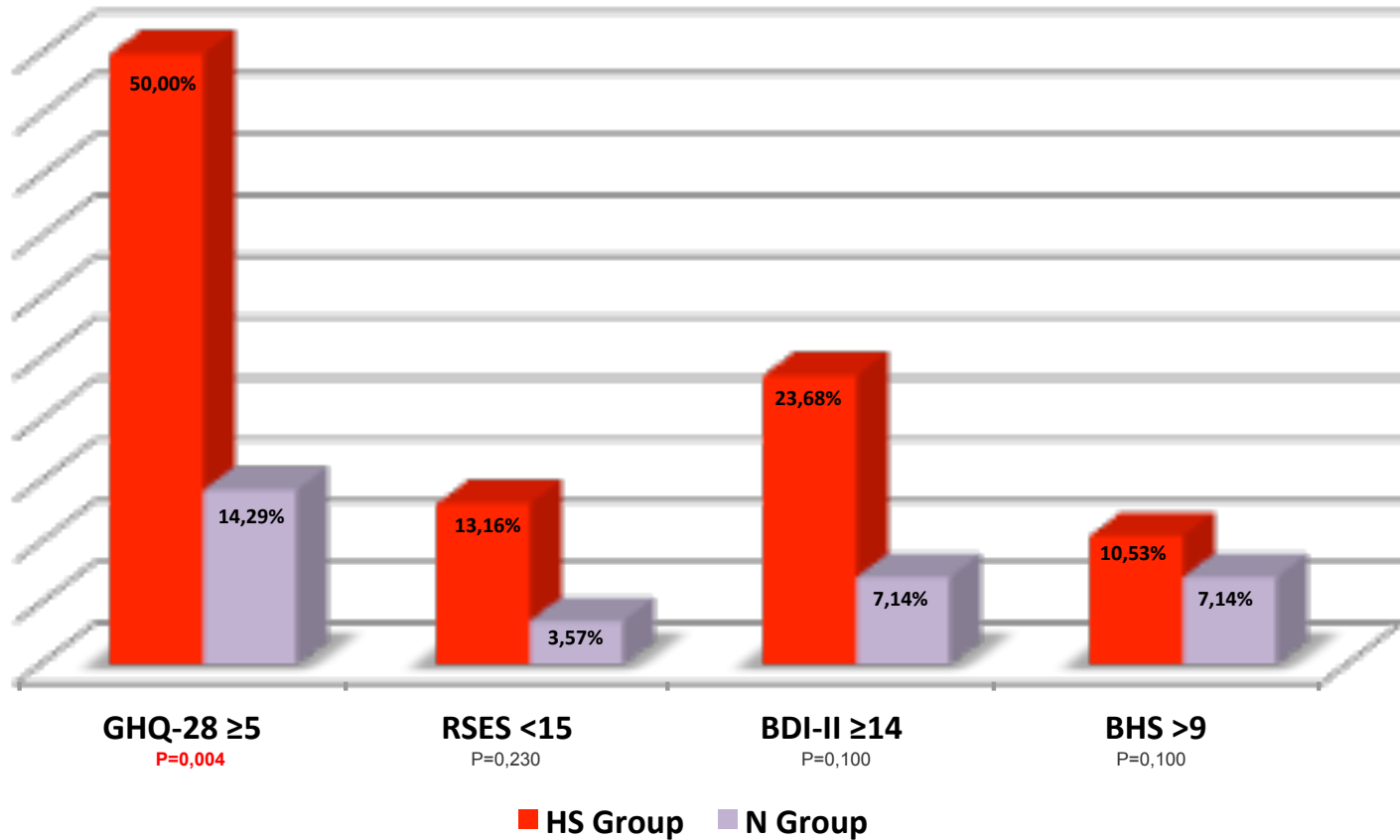
*Operative Unit of Dermatology – Azienda Ospedaliero-Universitaria – University of Ferrara (Italy)



Psychometric Variable	HS Group	N Group	<i>p-value</i>
GHQ-28	4 [1-9]	0,5 [0-2]	0,002
Somatic Symptoms	1 [0-3]	0 [0-0]	0,003
Anxiety and Insomnia	1 [0-4]	0 [0-1]	0,006
Social Dysfunction	0 [0-2]	0 [0-0]	0,054
Severe Depression	0 [0-0]	0 [0-0]	0,668
State Anger	18,5 [15-24]	15 [15-16]	0,000
Trait Anger	16 [13-20]	15,5 [12-18]	0,344
Anger Expression-Out	13 [12-15]	12 [11-17]	0,429
Anger Expression-In	16 [13-20]	15,5 [12-19]	0,395
Anger Control-Out	22,5 [20-27]	25 [20,5-28]	0,256
Anger Control-In	24 [21-27]	25 [21-29]	0,388
Anger Expression Index	30,5 [23-40]	29 [18-38]	0,367
Rosenberg Self-Esteem Scale	19,5 [17-23]	22 [19,5-25]	0,037
Beck Depression Inventory II	7,5 [1-13]	2 [0-6]	0,006
Beck Hopelessness Scale	4 [3-8]	4 [3-5]	0,564
Emotional Fragility	108 [96-125]	95,5 [87,5-104,5]	0,013
Irritability	48 [41-65]	48,5 [40,5-54]	0,512
Dissipation–Rumination	61,5 [52-73]	60,5 [45-67,5]	0,171

Data are reported as median [IQR]

Comparison between the two groups considering the cut-off points



(Fisher's exact test)

The study shows the evidence of a **significant psychiatric comorbidity in HS patients** and of a **strong emotional impact of the disease**: psychiatric symptoms, including ***depression, somatic symptoms, anxiety, insomnia***, are higher than among matched controls, and ***state anger, emotional fragility*** and ***low self esteem*** are important psychological correlates in these patients.



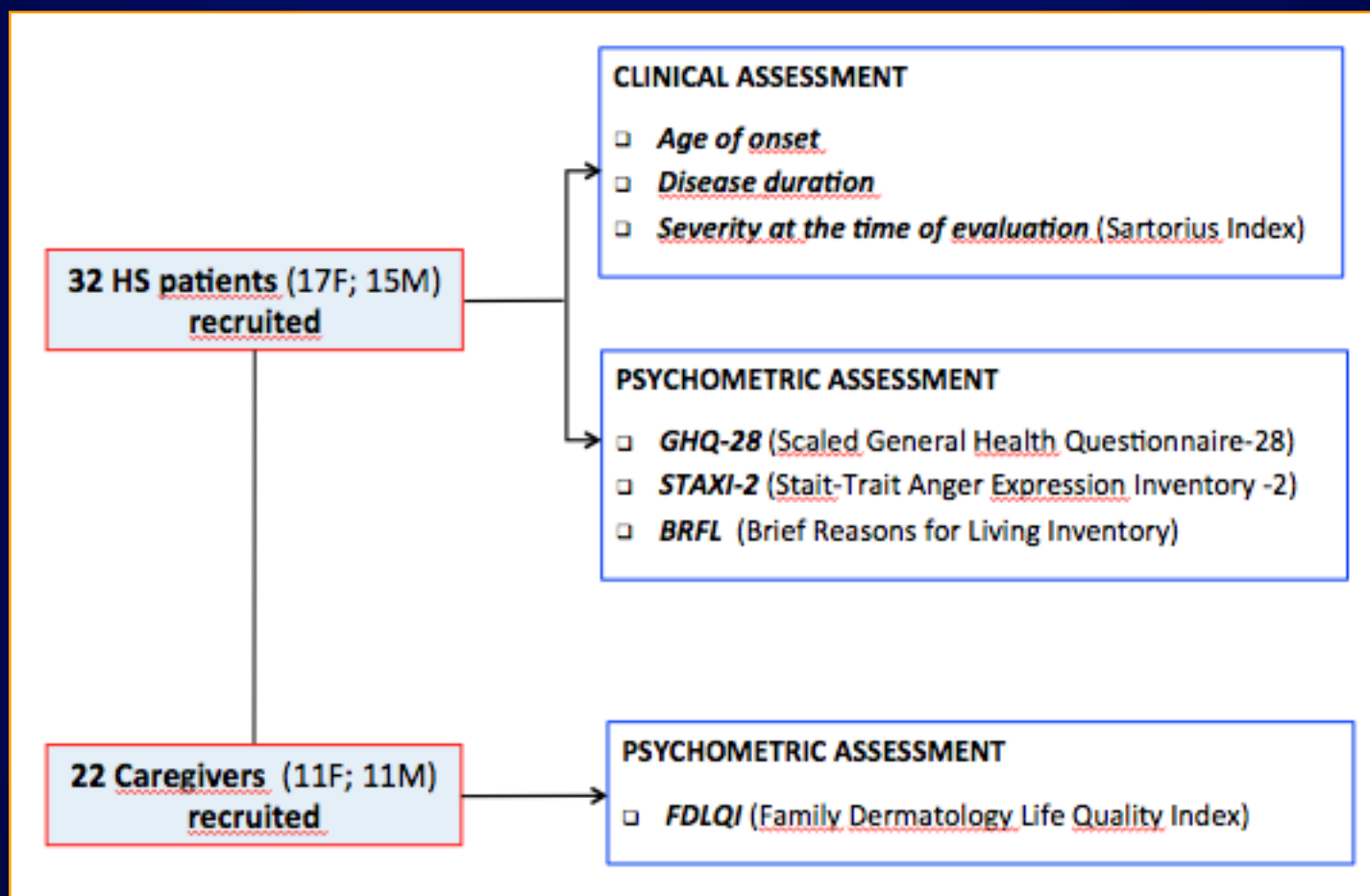
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Psychiatric morbidity and anger in patients with Hidradenitis Suppurativa – Acne Inversa and the impact on quality of life of caregivers

Tugnoli S., Bettoli V., Agnoli C., Giari S.*, Toni G.*, Virgili A.*, Caracciolo S.*

*Section of Neurological Psychiatric and Psychological Sciences – Department of Biomedical and Specialty Surgical Sciences
School of Medicine – University of Ferrara (Italy)*

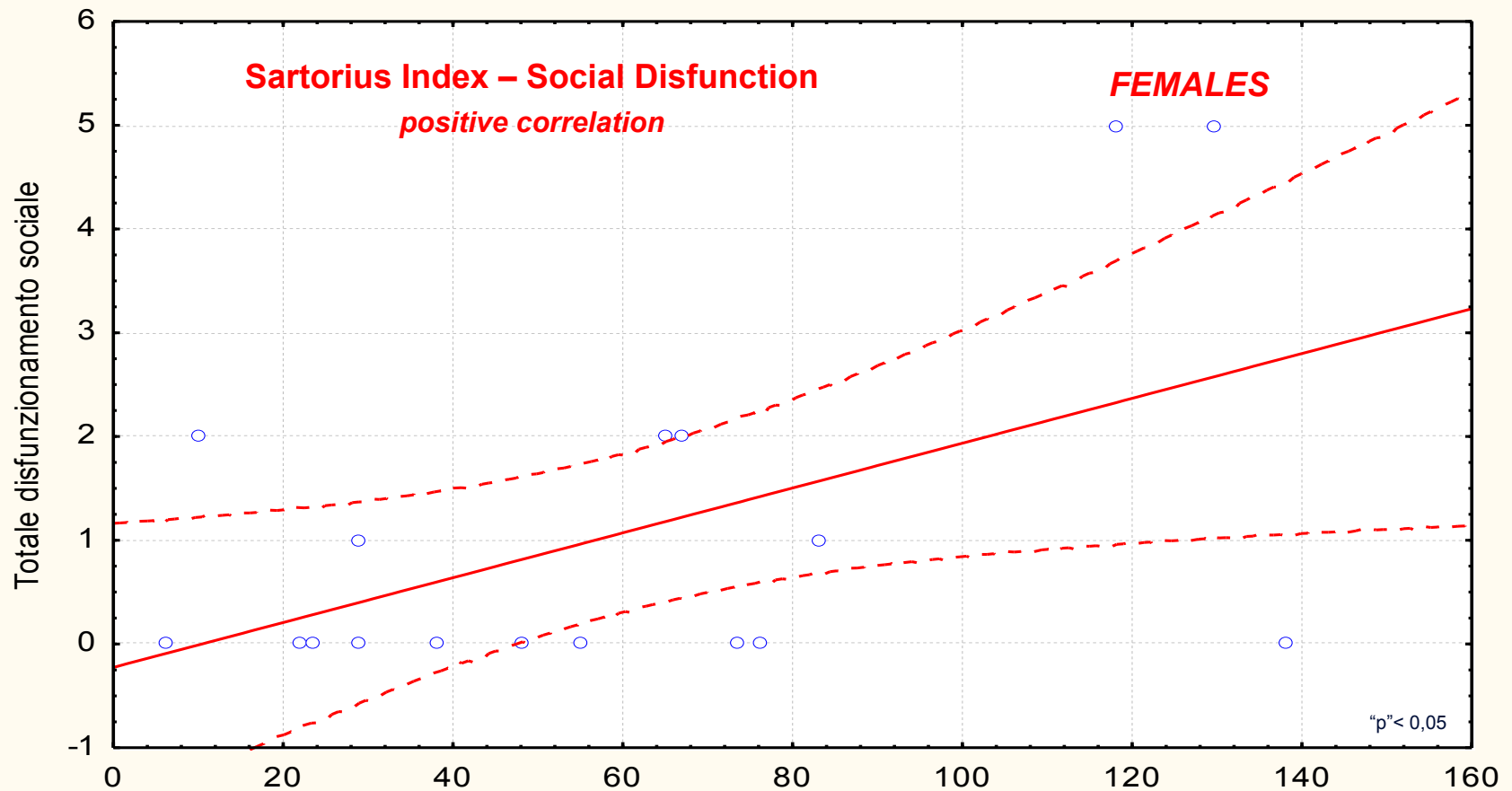
**Operative Unit of Dermatology – Azienda Ospedaliero-Universitaria – University of Ferrara (Italy)*



GRAVITA'

Scatterplot (dati femmine Idrosadenite psichiatrica giugno 2015 195v*17c)

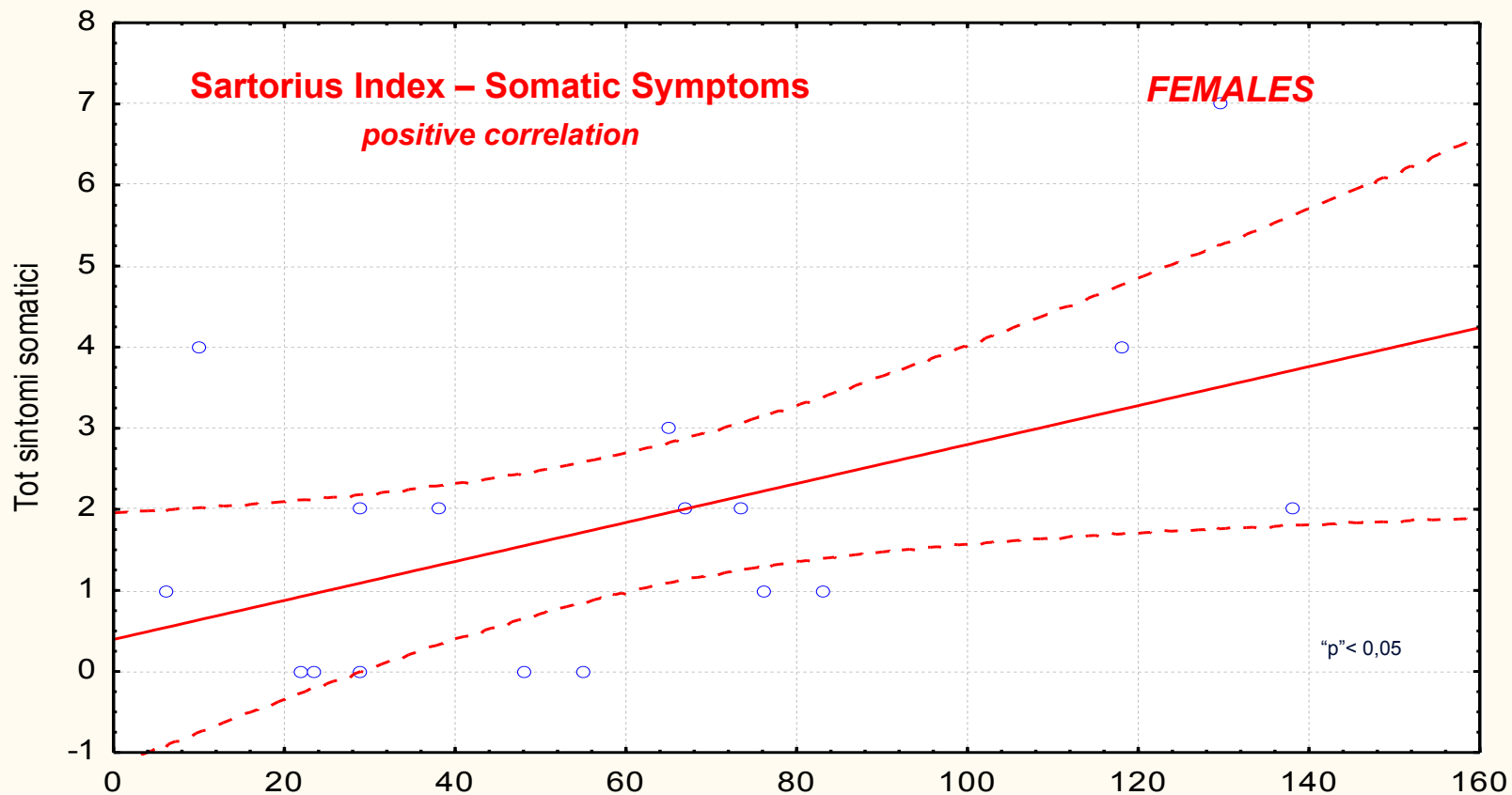
Totale disfunzionamento sociale = $-0,2256 + 0,0216 \cdot x$; 0,95 Int.Conf.



SARTORIUS in T:Totale disfunzionamento sociale: $r^2 = 0,2710$; $r = 0,5205$; $p = 0,0322$; $y = -0,22$

Scatterplot (dati femmine Idrosadenite psichiatrica giugno 2015 195v*17c)

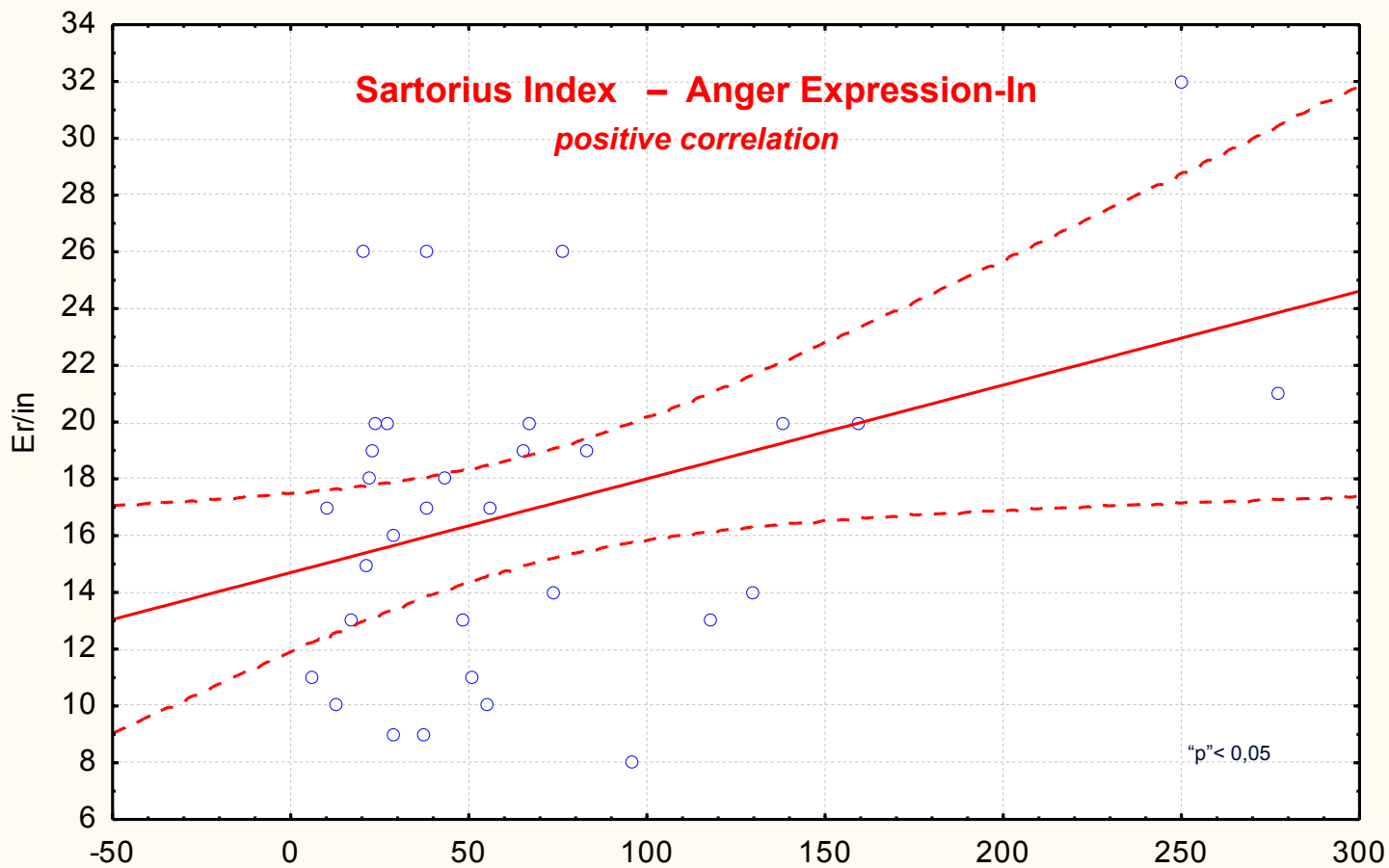
Tot sintomi somatici = $0,395 + 0,024 * x$; 0,95 Int.Conf.



SARTORIUS in T:Tot sintomi somatici: $r^2 = 0,2668$; $r = 0,5165$; $p = 0,0338$; $y = 0,395 + 0,024 * x$

Scatterplot (dati totali HS 125v*32c)

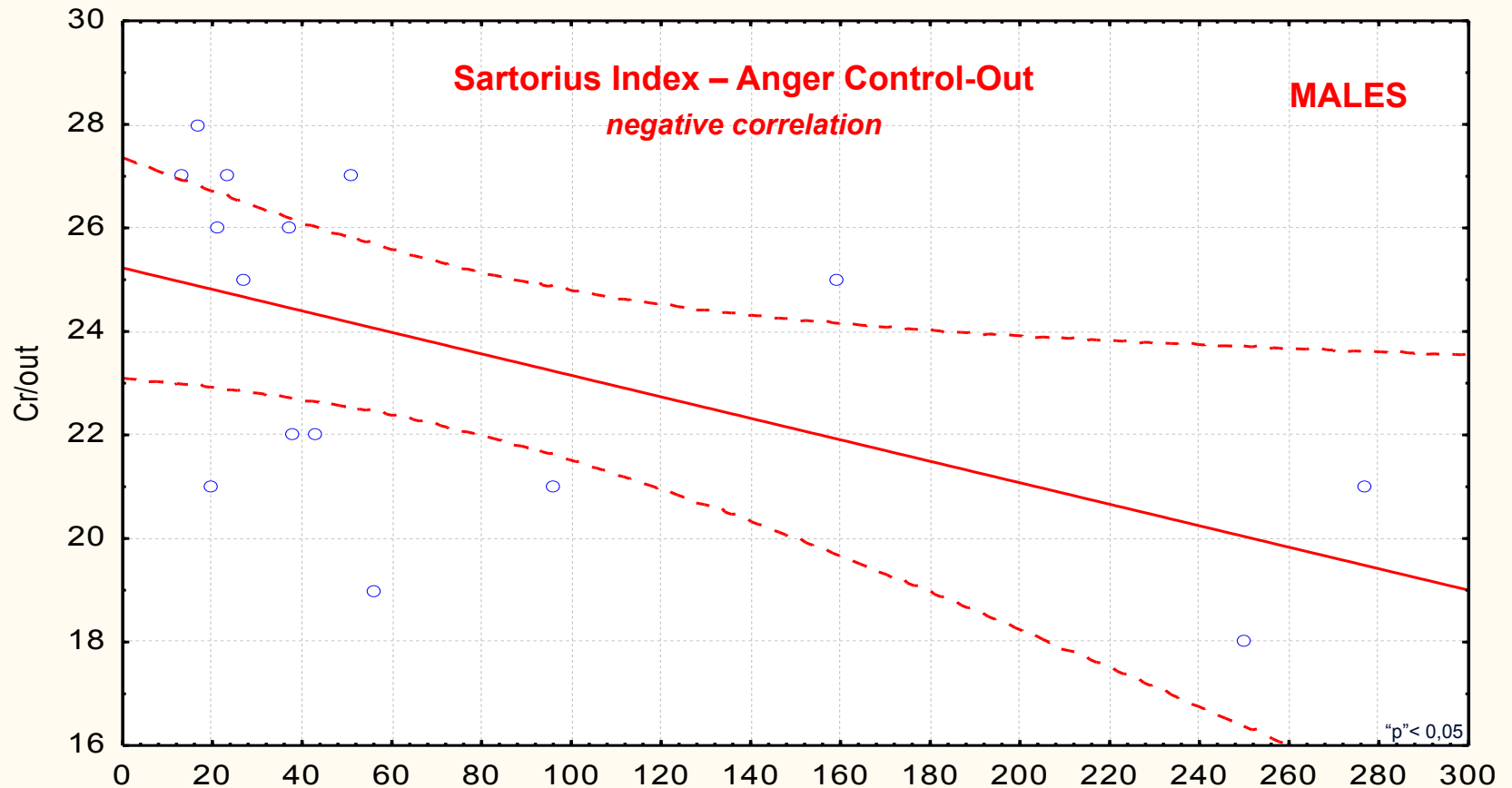
$Er/in = 14,698 + 0,033 \cdot x$; 0,95 Int.Conf.



SARTORIUS in T:Er/in: $r^2 = 0,1429$; $r = 0,3780$; $p = 0,0329$; $y = 14,698 + 0,033 \cdot x$

Scatterplot (dati maschi Idrosadenite psichiatrica giugno 2015 130v*15c)

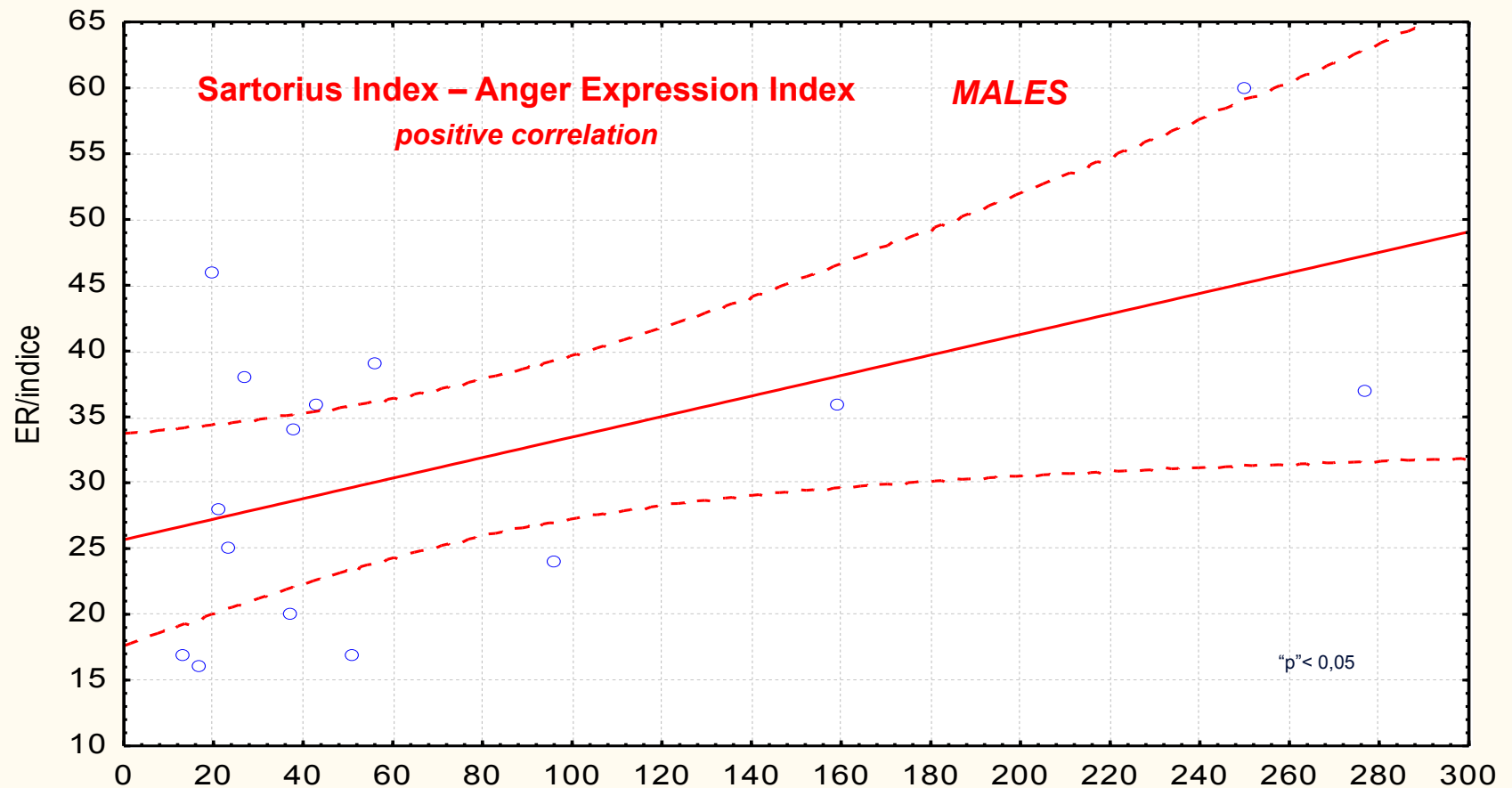
Cr/out = 25,2274-0,0208*x; 0,95 Int.Conf.



SARTORIUS in T:Cr/out: $r^2 = 0,2978$; $r = -0,5457$; $p = 0,0354$; $y = 25,2274 - 0,0208*x$

Scatterplot (dati maschi Idrosadenite psichiatrica giugno 2015 130v*15c)

ER/indice = $25,671 + 0,078 * x$; 0,95 Int.Conf.

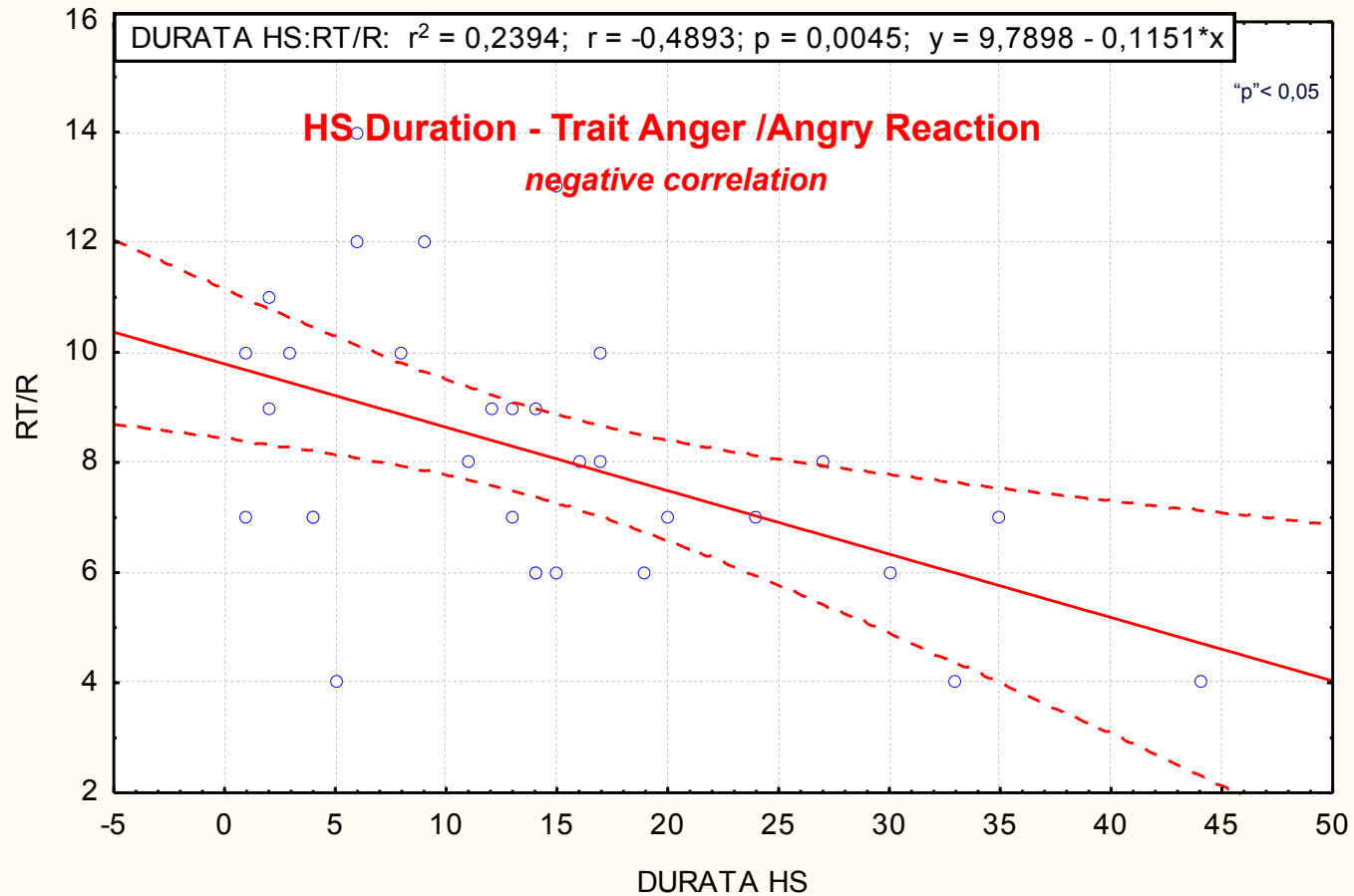


SARTORIUS in T:ER/indice: $r^2 = 0,2945$; $r = 0,5427$; $p = 0,0366$; $y = 25,671 + 0,078 * x$

DURATA

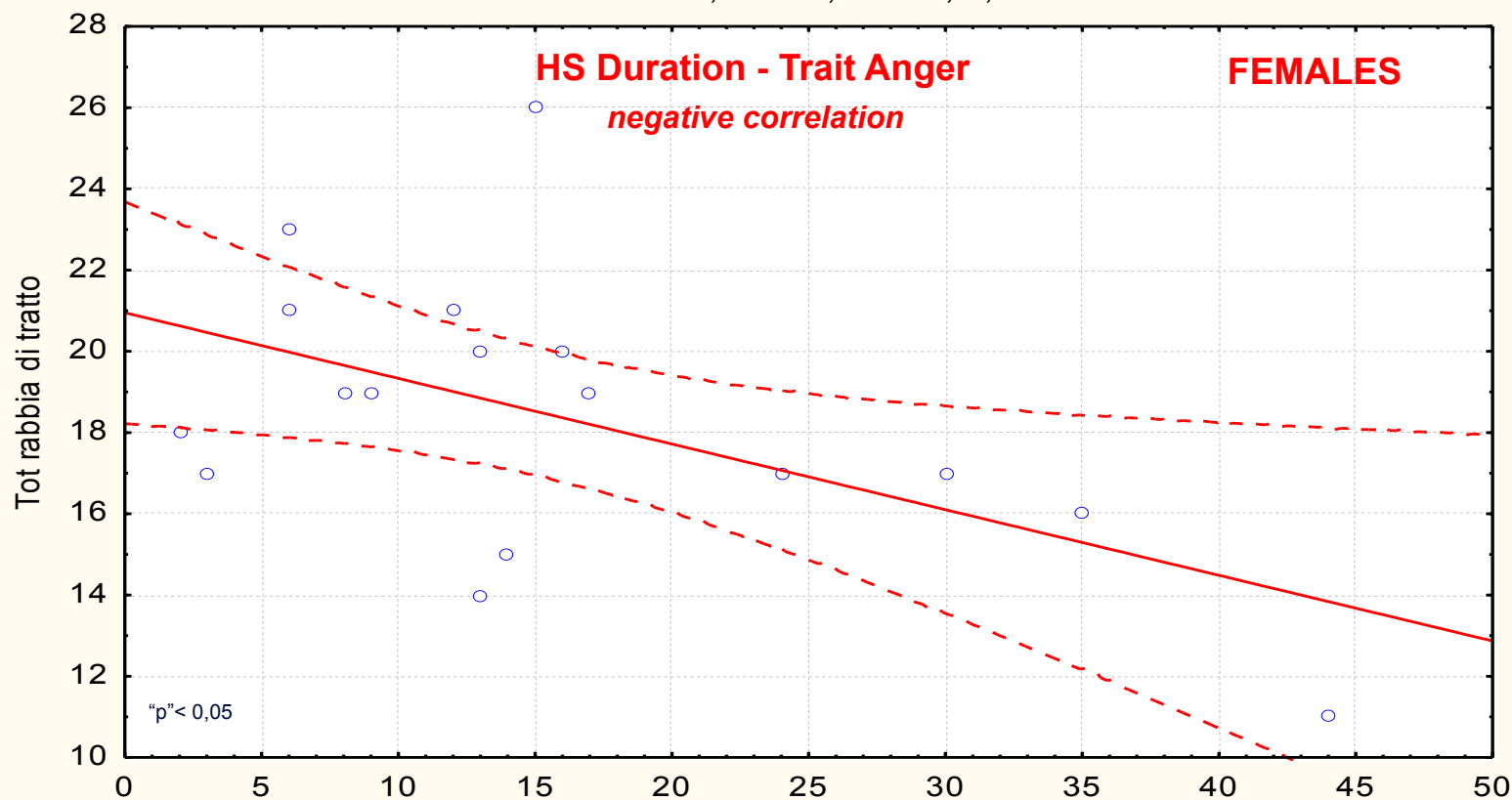
Scatterplot (dati GHQ 28 e STAXI 133v*32c)

RT/R = 9,7898-0,1151*x; 0,95 Int.Conf.



Scatterplot (dati femmine Idrosadenite psichiatrica giugno 2015 195v*17c)

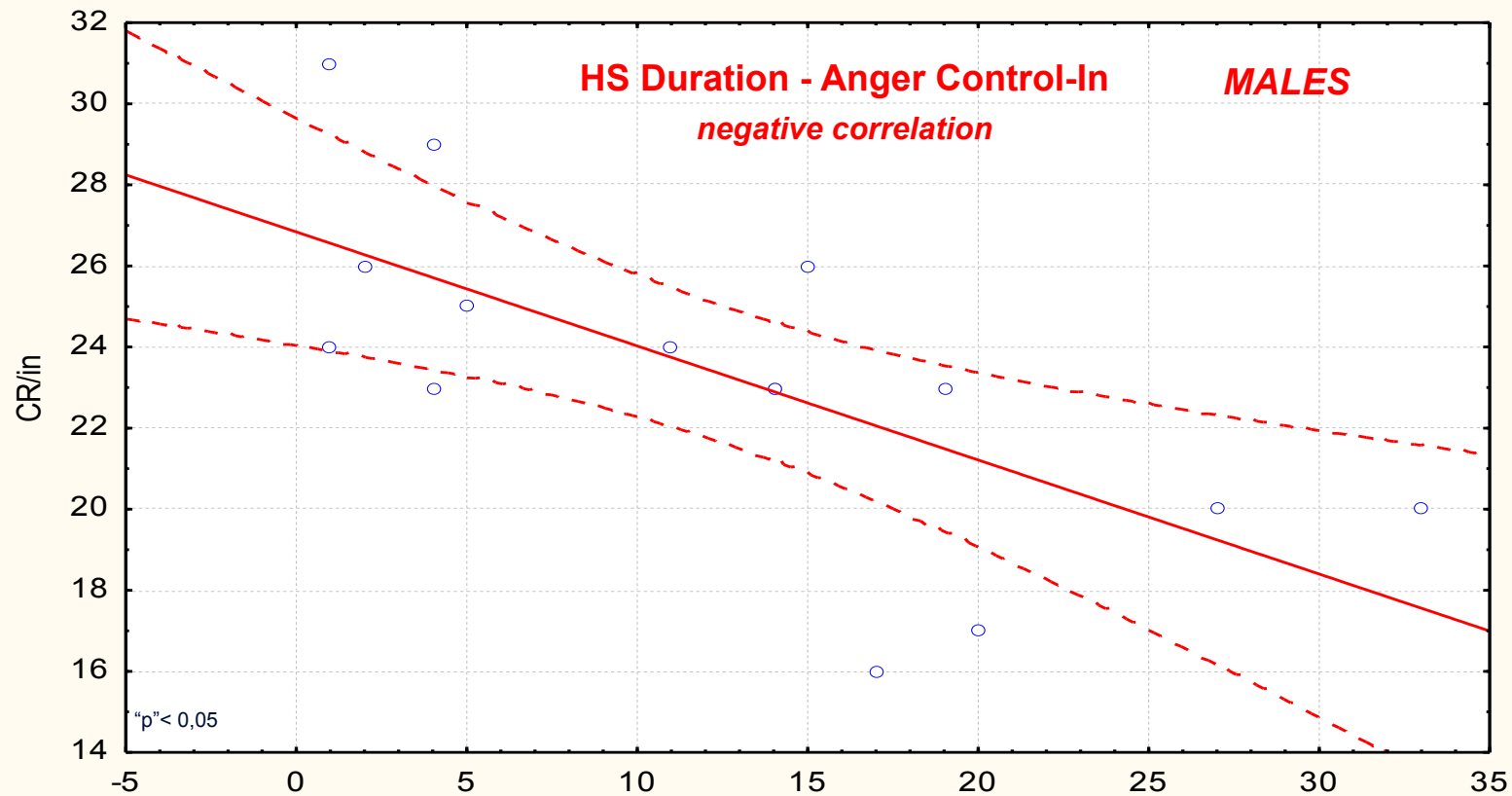
Tot rabbia di tratto = $20,9506 - 0,1616 \cdot x$; 0,95 Int.Conf.



DURATA HS:Tot rabbia di tratto: $r^2 = 0,2827$; $r = -0,5317$; $p = 0,0281$; $y = 20,9506 - 0,1616 \cdot x$

Scatterplot (dati maschi Idrosadenite psichiatrica giugno 2015 130v*15c)

CR/in = 26,8405-0,2813*x; 0,95 Int.Conf.

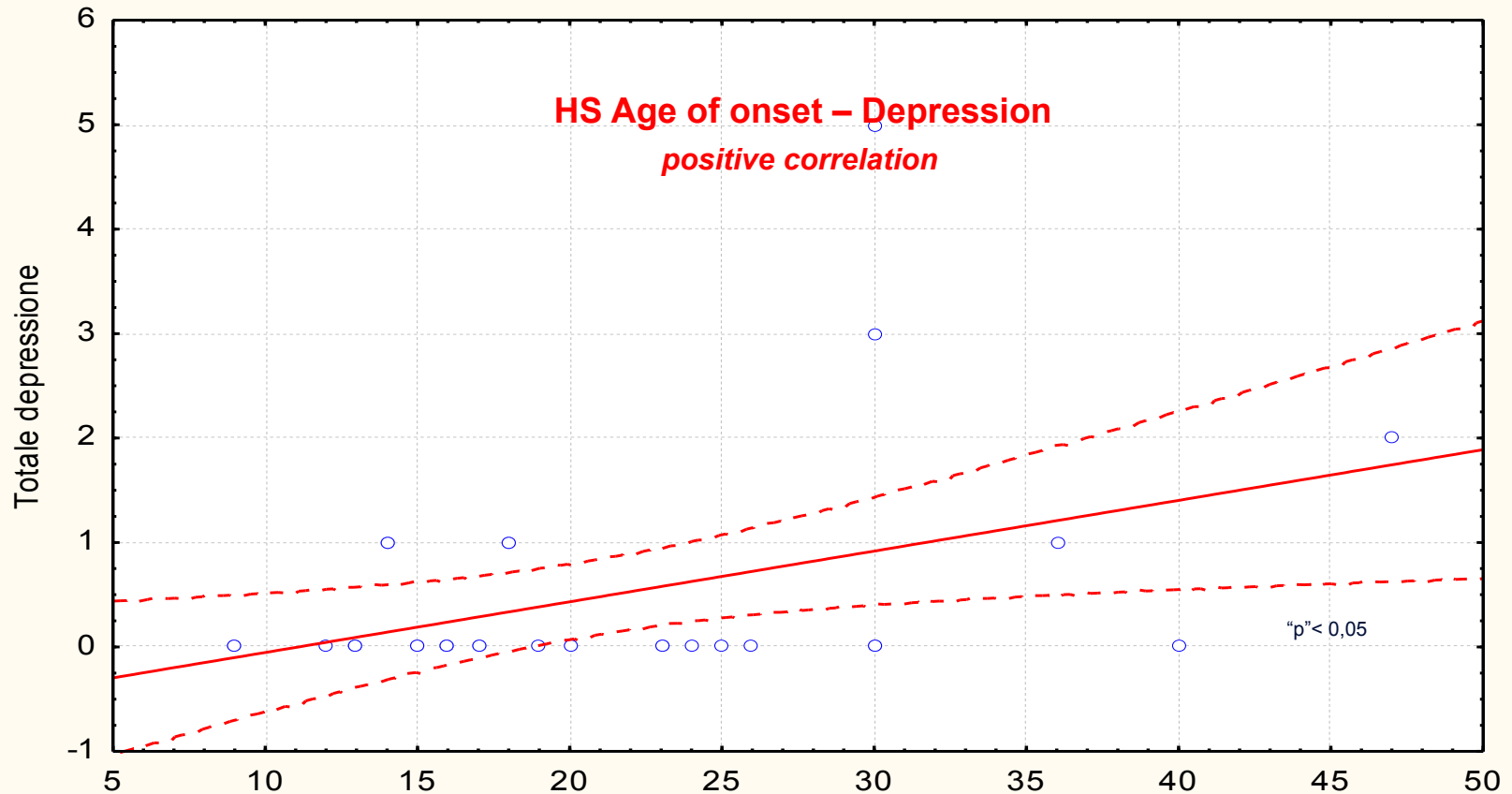


DURATA HS:CR/in: $r^2 = 0,4698$; $r = -0,6854$; $p = 0,0048$; $y = 26,8405 - 0,2813 \cdot x$

ETA' DI ESORDIO

Scatterplot (dati Idrosadenite psichiatrica giugno 2015 195v*32c)

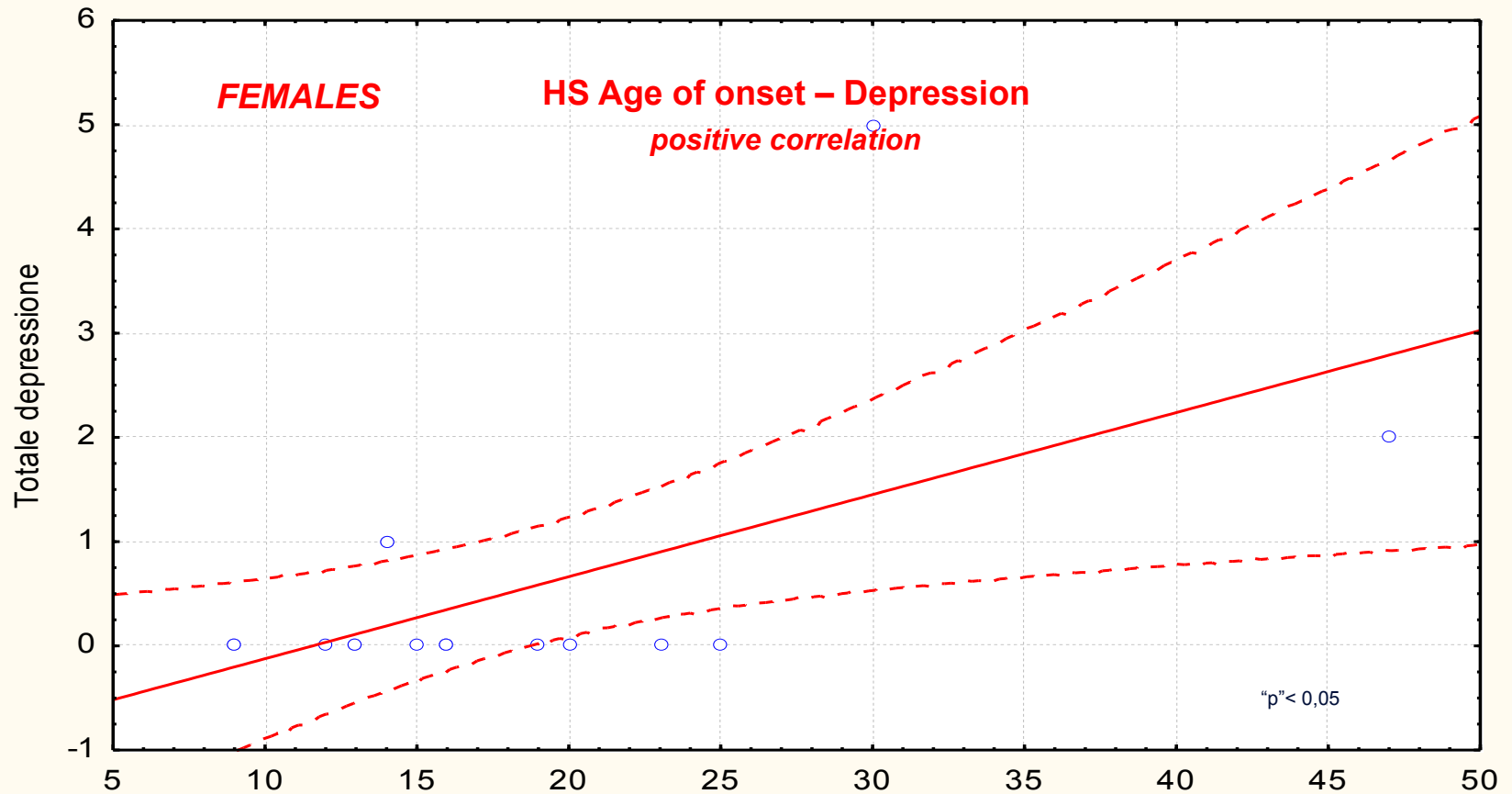
Totale depressione = $-0,5388 + 0,0486 \cdot x$; 0,95 Int.Conf.



ETA' ESORDIO:Totale depressione: $r^2 = 0,1657$; $r = 0,4071$; $p = 0,0208$; $y = -0,5388 + 0,0486 \cdot x$

Scatterplot (dati femmine Idrosadenite psichiatrica giugno 2015 195v*17c)

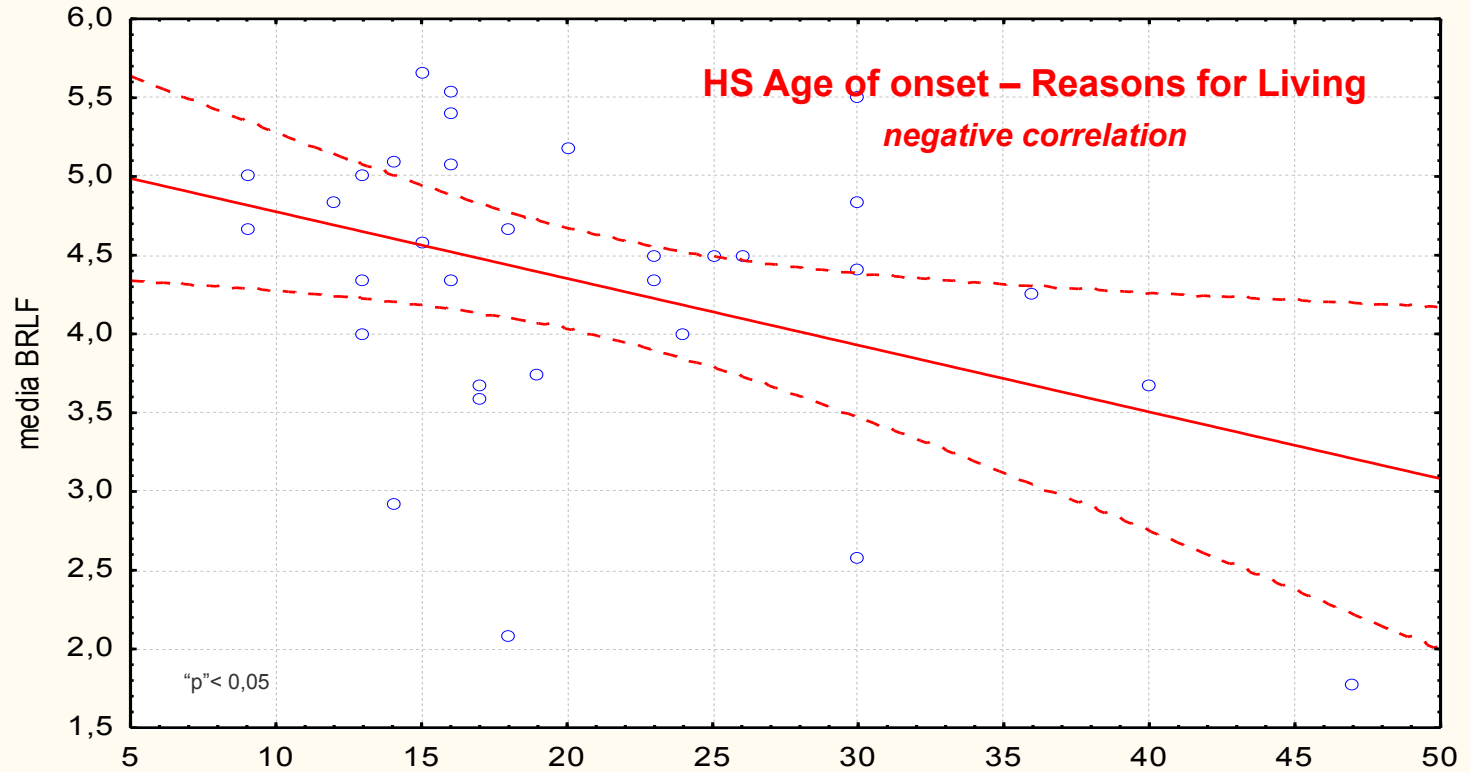
Totale depressione = $-0,9109 + 0,0787 * x$; 0,95 Int.Conf.



ETA' ESORDIO:Totale depressione: $r^2 = 0,3222$; $r = 0,5676$; $p = 0,0175$; $y = -0,9109 + 0,0787 * x$

Scatterplot (dati Idrosadenite psichiatrica giugno 2015 195v*32c)

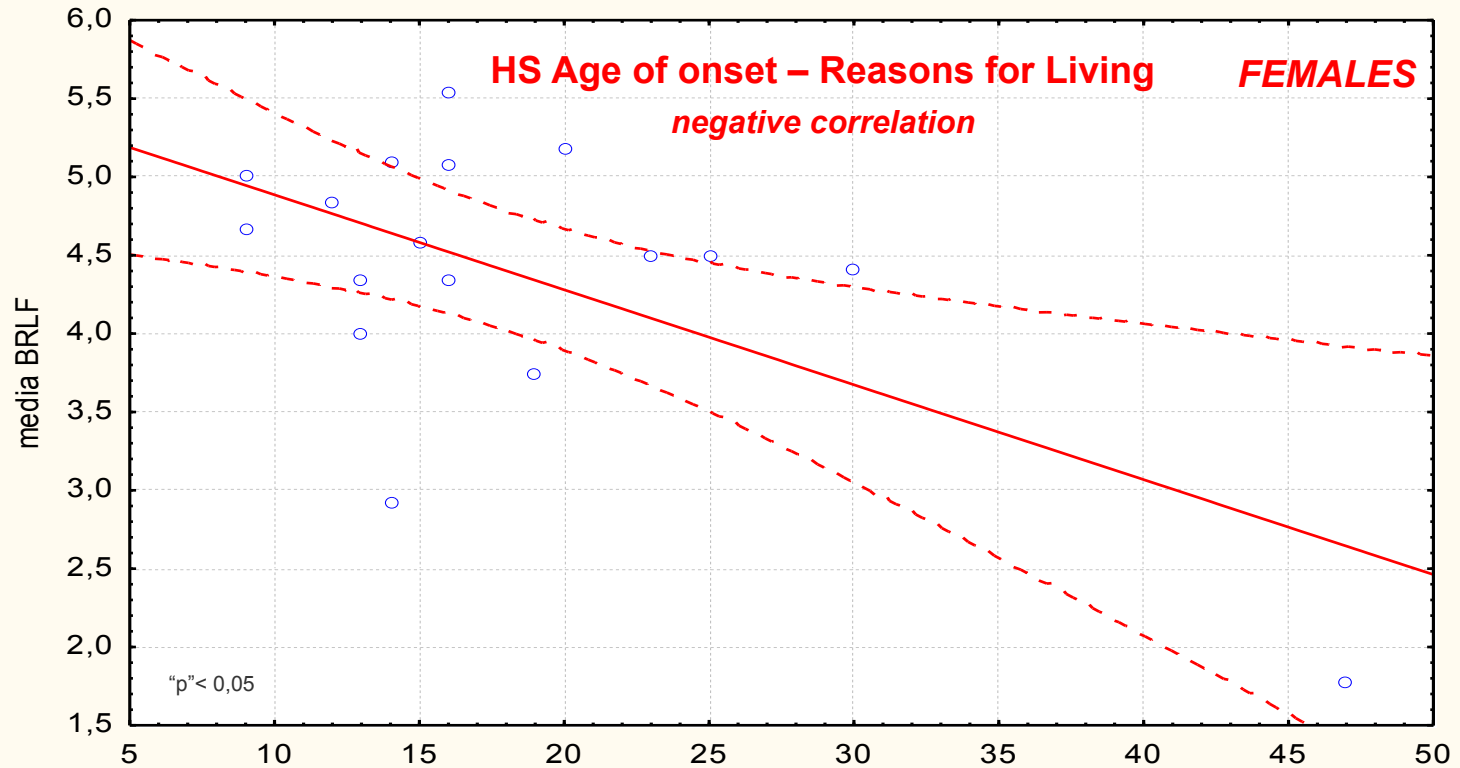
media BRLF = $5,1996 - 0,0424 * x$; 0,95 Int.Conf.



ETA' ESORDIO:media BRLF: $r^2 = 0,1620$; $r = -0,4025$; $p = 0,0224$; $y = 5,1996 - 0,0424 * x$

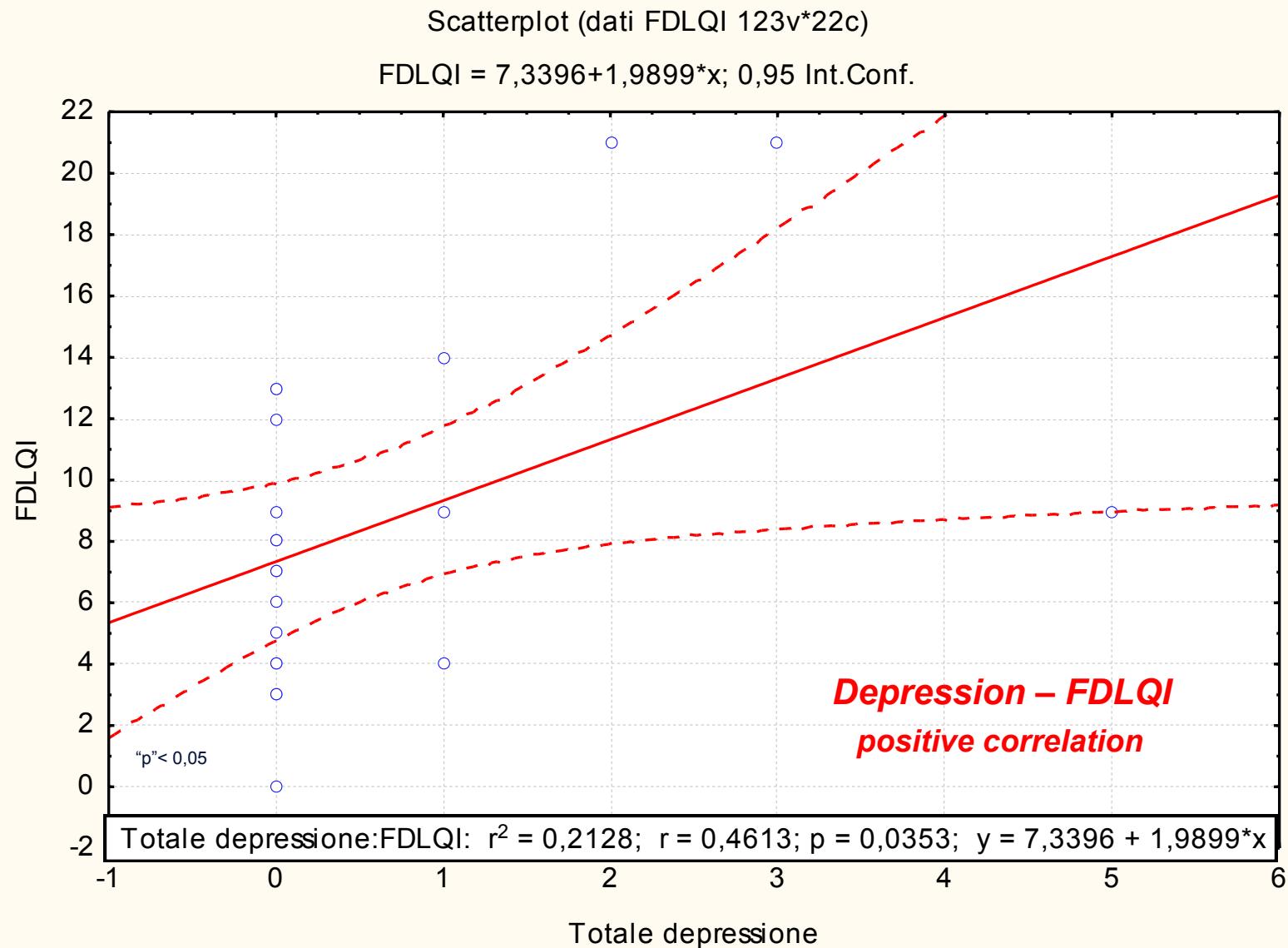
Scatterplot (dati femmine Idrosadenite psichiatrica giugno 2015 195v*17c)

media BRLF = $5,4916 - 0,0606 \cdot x$; 0,95 Int.Conf.



ETA' ESORDIO:media BRLF: $r^2 = 0,3791$; $r = -0,6157$; $p = 0,0085$; $y = 5,4916 - 0,0606 \cdot x$

IMPACT ON CAREGIVERS QoL



IMPORTANZA DI UN INTERVENTO INTEGRATO

Equipe multidisciplinare

Assessment - Intervento Terapeutico



PSICHIATRA

PSICOLOGO CLINICO

INTERVENTO PSICOLOGICO

- accoglienza dei bisogni del paziente
- offerta di uno spazio relazionale, ascolto empatico, condivisione e possibilità di elaborazione psichica
- comprensione della sofferenza emotiva riconducibile alla malattia (vissuti depressivi, sentimenti di inadeguatezza, vergogna, solitudine e rabbia)
- attenzione alla presenza di problematiche sessuali
- contenimento delle ansie e gestione delle problematiche emotive e relazionali che si sviluppino nel lungo percorso di trattamento, contestualmente all'evoluzione del quadro clinico
- gestione delle dinamiche e delle conflittualità nel contesto familiare e nel rapporto con l'equipe curante

GRAZIE PER L'ATTENZIONE