PSYCHIATRIC DISORDERS AND FALLING HAIR

THESIS SUBMITTED FOR PARTIAL FULFILLMENT OF MSC IN NEUROPSYCHIATRY

By

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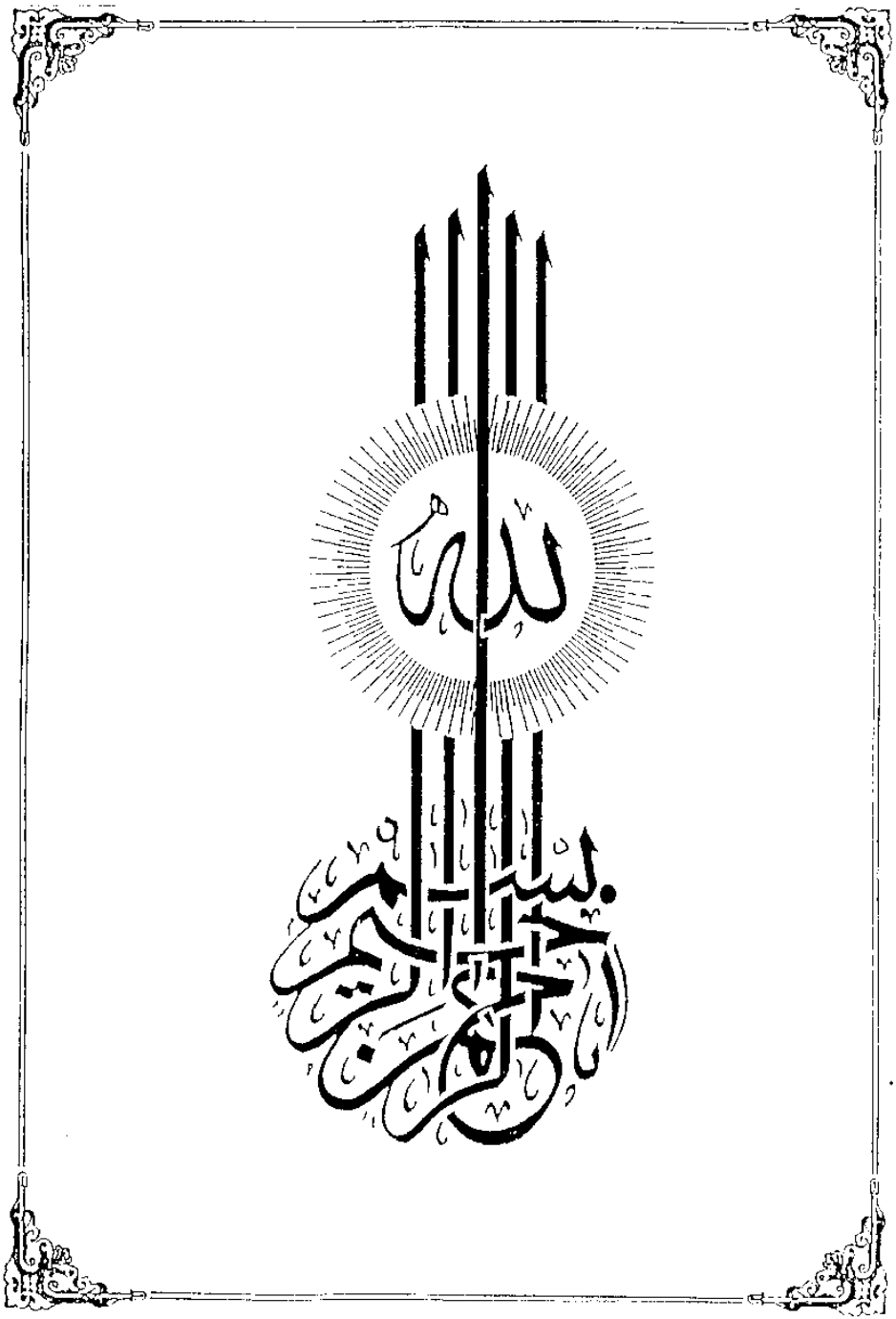

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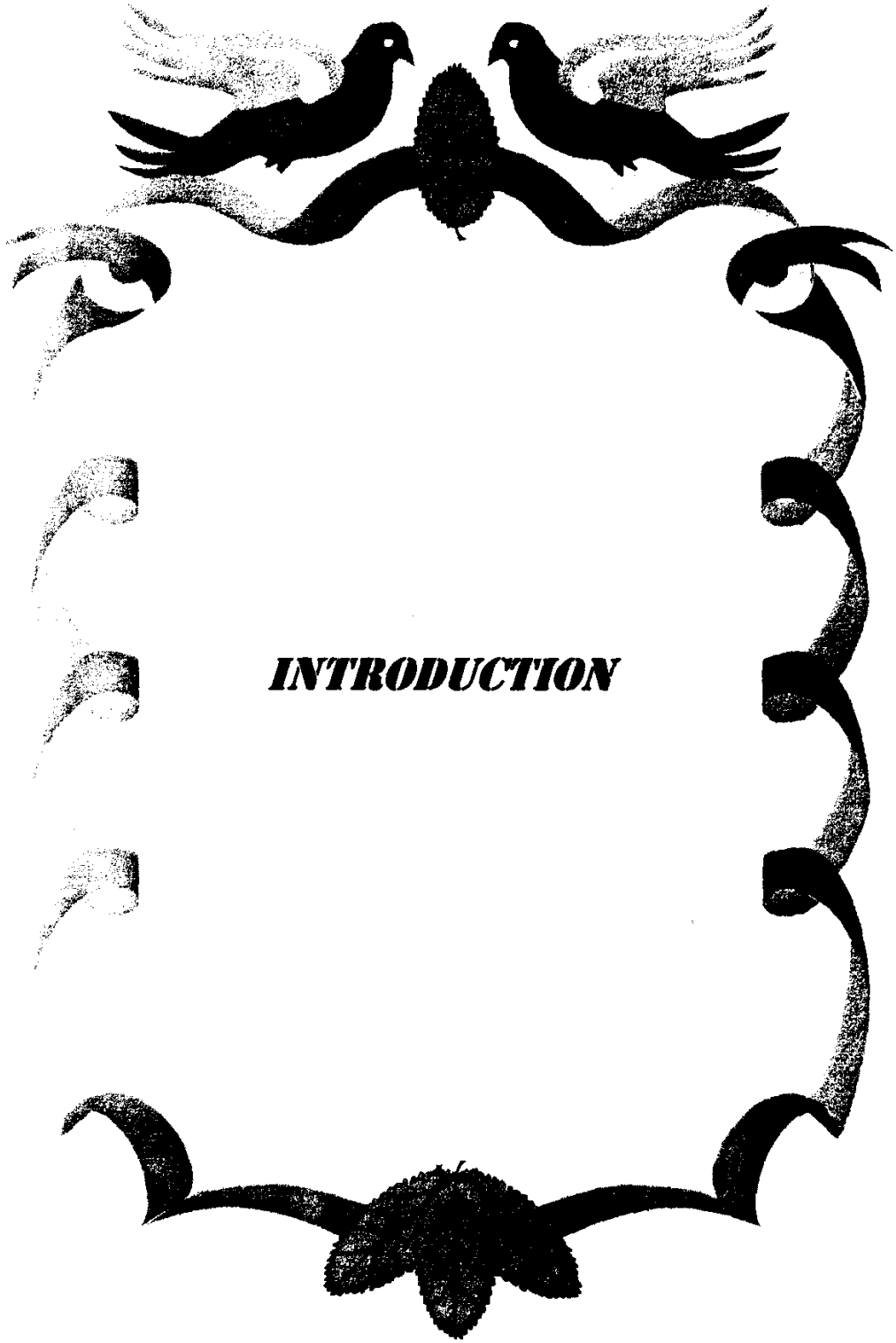


INTRODUCTION

Introduction

Skin is not only the boundary excluding the world and defining our limits, but it is the surface of contact between ourselves and the environment . Only in the narrow sense do we end at our skin . In the larger psychological sense , we extend beyond our skin , we " invest " or place energy in friendships , love relationship , ideas , and ideals outside ourselves and even outside of our time . Our ambitions , ideals and ideas are not coterminous with our physical boundary . The skin exists , then , both as a boundary and as the interface between self and the world of objects . Children who are not held or fondled or touched enough fail to develop a strong sense of their own boundaries and of the existence of others who care . (Griesmer and Nadelson , 1979) .

There are important connections between skin and mind as well as between skin and brain .

The skin represents both the literal as well as the symbolic boundary between what is internal and what is external to the individual Just as in social systems one often sees the manifestations of conflict or turmoil at the boudnary between the organization and the environment, so in individuals the effects of stress or conflict, whether interpersonal or intrapsychic, may be manifest in skin disorders.

Similarly, the biology of this mind body connection between psychological phenomena and skin manifestations begins with the common embryological origin of both the skin and the nervous system (Kaplan., et al, 1989) .

Hair has no vestige of vital function in man , yet its psychological function seem immeasurable . If the inevitability

of scalp baldness makes it reluctantly tolerable to genetically disposed men , in women loss of hair from the scalp is no less distressing than growth of body or facial hair in excess of the culturally acceptable amount (Rook & Dawber , 1996) .

The importance of hair as a component of the body image is important when we discuss alopecia Alopecia areata can be extremely disfiguring . Whether or not stress plays a part in provoking it , it is certain that the alopecia is often itself a source of severe stress . It is not proven that this stress perpetuates the condition but the possibility should be borne in mind in the management of these patients (Rook & Dawber , 1982) .

Alopecia areata is a common disease of the hair follicle, it accounts for about 2% of new dermatological outpatient attendances in Britatin and united States (Dawber., et al., 1992). They are at a higher risk of developing psychiatric comorbidity during their clinical illness (Koo., et al., 1994) . Some degree of anxiety or depression will be present in a quarter to a third of the patients seen by a dermatologist. This may be unrelated to their skin disease but more often plays some part in the malady, occasionaly is the reason for its presentation (Rook., et al., 1986).

Psychological stress may precipitate hair loss or it may aggravate it, as reported in an adult male with psychogenic alopecia universalis . There are two characteristic features which are the reactive depressive state and hair loss on the head, eyebrows, axilla and genital organ. Discussions on the pathogenesis of these findings are; the first is that the psychic escape from social life may be represented as the hair loss. And

the second is that the depressive and anxious states as a result of his suffering from the initial alopecia areata which brought him changes in the physical image exagerate the skin findings which lead to alopecia universalis (Terashima., et al., 1989) .

A comparative retrospective study was carried out by Al'Abadie et al., 1994 to find out the role of stressful life events in the progress of various skin conditions. They concluded that stress was associated with the exacerbations than with the onset of alopecia areata .

Psychological Classification of Skin Disorders

I. Disorders of Psychological Origin
- Dermatitis artefacta
- Delusional parasitosis
- Neurotic excoriations
- Trichotillomania
- Dermatological nondisease

II. Disorders of Mixed Origin
- Generalized pruritus
- Pruritis ani
- Pruritus vulvae
- Chronic urticaria
- Psychogenic purpura
- Hyperhydrosis

III. Chronic Disorders Made Worse by Psychological Factors
- Atopic dermatitis
- Psoriasis
- Alopecia areata

The preceding conceptualization should be used heuristically rather than rigidly . Although there is considerable consensus in the dermatological literature about the disorders

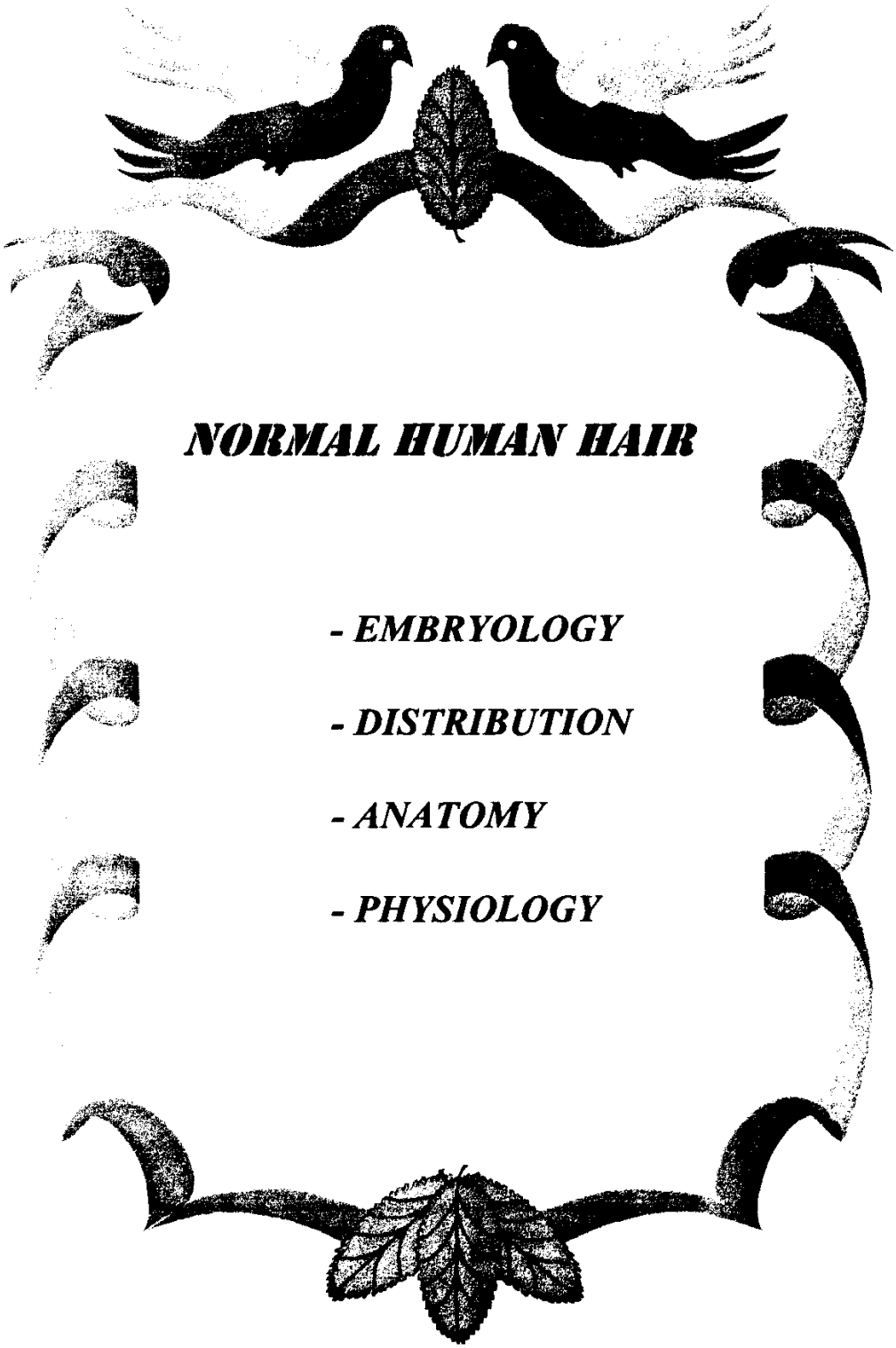
listed in the first category , there is much disagreement about whether certian disorders belong in the second or third category . Finally , it should be remembered that regardless of the role of psychological factors in the etiology of a skin disorder , the very presence of a dermatological disorder will ferquently induce any of a number of psychologically important reactions . These may include self - consciousness about appearance, embarrassment, shame , loss of self - confidence and lowered self - esteem , Symptoms of anxiety and depression are also common . (Struss, 1989) .

Aim of the study :

The aim of our study was to determine the nature and degree of co-morbidity of psychiatric disorders and falling of hair .

Objectives : Determination of :

1- The effect of psychological stressors and falling of hair on each other .
2- The frequency of psychiatric disorders among patients with falling of hair .
3- The association of different psychiatric symptoms and disorders in different forms of falling of hair .



NORMAL HUMAN HAIR

- EMBRYOLOGY
- DISTRIBUTION
- ANATOMY
- PHYSIOLOGY