Original Article

Psychodynamic Aspects in a Sample of Egyptian Vitiligo Patients

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Background: : Vitiligo is a skin condition resulting from loss of pigmentation, which produces white patches (macules) on the skin. Both men and women are equally vulnerable to vitiligo. Patients with vitiligo are very sensitive to the way others look at them and they often remain withdrawn, anticipating rejection. In general, young adults with severe vitiligo, and those for whom appearance is very important have more difficulty coping with the disease. Vitiligo can affect a person's emotional and psychological well-being and may create difficulty in social adjustment.
Objective: To study the quality of life, body image and most common defense mechanisms used by patients to cope with their illness putting into consideration the gender difference and to asses the effect of site of lesion on the quality of life, body image.
Subjects & Methods: 90 subjects were randomly selected in a comparative cross sectional study. The sample consists of two groups: a group of vitiligo (n=45), and control group (n=45). The patients were recruited from dermatological out patient clinic after being approved by the ethical committee of dermatological department in Kasr El Eini hospital. The patients were assessed using Defense Style Questionnaire, General Health Questionnaire, Quality of life scale and Body image scale.
Results: Body image was disturbed in 57.8% of cases and 8.9 % of control and this difference was statistically significant and it was disturbed in females (72%) more than males (40%). Quality of life scales were lower in the cases than the control and better in male than female in all the scales and these differences reached a statistically significant difference. Mature and neurotic defenses were higher in the control group than the cases while the immature defenses as a whole were higher in the cases group but the difference were not significant except in the projection, autistic fantasy, denial, displacement and somatization.
Conclusion: There are impairment in body image and quality of life, in patients group more than the controlled group and in females more than males.

Keywords: Vitiligo, Defence Style, Quality of life, Body Image, Gender Difference.

Abbreviations:
GHQ: General Health Questionnaire
DSQ: Defense Style Questionnaire
QOL: Quality of life
SPSS: Statistical Package for the Social Science

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INTRODUCTION

Vitiligo is a skin condition resulting from loss of pigmentation, which produces white patches (Macules) on the skin. Both men and women are equally vulnerable to vitiligo and it affects people of all races and age groups. About fifty percent of people with vitiligo develop it before the age of 25. It is most obvious in people with darker skin. It affects approximately one in every 200 persons. Around 40 percent of patients have an affected family member. Stressful life events or physical trauma can often precipitate the onset of the disease (Picardi and Abeni, 2001).

Although vitiligo per se is asymptomatic and does not cause any physical discomfort or disability, it may be associated with devastating psychological and social consequences. People with this disorder may experience emotional stress, particularly if vitiligo develops on visible areas of the body, such as face, hands, arms, feet, or on the genitals. Some feel embarrassed, ashamed, depressed, or worried about how others will react. Several indices have been used from time to time to measure the extent of psychiatric disability caused by skin disorders (Ahmed, et al. 2007).

In some cultures there is a stigma attached to having vitiligo. Those affected with the condition are sometimes thought to be evil or diseased and are sometimes shunned by others in the community. People with vitiligo may feel depressed because of this stigma or because their appearance has changed dramatically. Other people with vitiligo experience no negative psychological effects at all (Mechri, et al. 2006).

Vitiligo considerably influences the psychological well-being of patients. Disease-induced disfigurement can cause patients to experience a high level of stigmatization, which can lead to psychosocial stresses and negative impacts on quality of life (QOL) Kim, et al. (2009).

In this study we aim to investigate the most common defense mechanisms used by vitiligo patients to cope with their illness, body image, the quality of life in these patients and gender difference between both sexes in copying with the illness as regards defense mechanisms, body image, and quality of life. Also we aim to asses the effect of site of lesion on the quality of life and body image.

SUBJECT AND METHODS

Ninety subjects were randomly selected in a comparative cross sectional study which had been approved by ethical committee of dermatological department in kasr El Eini hospital. A written informed consent was assigned by each patient. There is no conflict of interest. The sample consists of two groups: a group of vitiligo (n=45), and control group (n=45). The patients were recruited from dermatological outpatient clinic. The control was relatives and companion of the patients. It was done over one year duration. Patients were diagnosed clinically. Both sexes were included and age limit was 20-50 years. Patients with other dermatological or psychiatric diseases were excluded.

Tools:

1- General Health Questionnaire (Goldberg and William, 1983):
It contains 60 items that refers to the severity of psychological complains during the past 4 weeks relative to the person's normal situation Goldberg and William, (1983). Shorter versions of the GHQ have been developed. The GHQ 28 item is one of them. It includes 4 factors labeled scale "A" somatic symptoms, scale "B" anxiety and insomnia, scale "C" social dysfunction and scale "D" severe depression. The total score of the GHQ 28 ranges from 0-28 with frequently used cut-off score 4/5 (A score within the range of 0-4 representing absence of psychopathology). The version used in this study was the Arabic version of the short 28-items scale (Abdel-Hamid, 1988).

2- Defense Style Questionnaire (DSQ 40) (Andrews, et al. 1993):
This brief questionnaire was applied to obtain an assessment of ego defenses. It can yield both 20 individual defenses scores and three defense styles scores namely mature, neurotic and immature. There are two items for each of the 20 defenses. It is a self-report measure that is easily applied and has been widely used to determine the levels of maturity of defenses. The ratings are made on a nine point scale for all variables. The subject responds by matching his degree of agreement or disagreement on this nine point scale. Score 1 indicates strongly disagree while score 9 indicates strongly agree. Scoring is uncomplicated, individual defense scores are simply the average of the two items for that defense. Styles scores are simply the average of the defense scores contributing to that style.

3- Quality of life questionnaire (Bech, 1997):
This questionnaire consists of 30 questions to assess somatic problems, thinking problems, mood problems, social stressor, economic problems and special problems. Scoring of the scale was done for each item from 0 to 2 where 0 stands for bad response, 1 for moderate response and 2 for good response. The results calculated by multiply the results of the sum of each domain in 4 to obtain the % for quality of life. So 100% means the better quality of life.

4- Body Image Questionnaire (Shokeer, 2002):
It is a scale based on phenomenon that body image is a mental picture of body at time of rest and movement. It is a self rated scale formed of 26 items. Every subject answers in 3 grades from totally accept to totally not accept.

Statistical methods:

Data were statistically described in terms of mean ± standard deviation (± SD), frequencies (Number of cases) and relative frequencies (Percentages) when appropriate. Comparison of quantitative variables between the study groups was done using Student t test for independent samples in comparing 2 groups when normally distributed and Mann Whitney U test for independent samples when not normally distributed. For comparing categorical data, Chi square (χ^2) test was performed. Exact test was used in stead when the expected frequency is less than 5. Correlation between various variables was done using Pearson moment correlation equation for linear relation in normally distributed variables and Spearman rank correlation equation for non normal variables. A probability value (p value) less than 0.05 was considered statistically significant. All statistical calculations were done using computer programs Microsoft Excel version 7 (Microsoft Corporation, NY, USA) and SPSS (Statistical Package for the Social Science; SPSS Inc., Chicago, IL, USA) version 15 for Microsoft Windows.

RESULTS

Sociodemographic data:

The sample was 90 subjects, 45 vitiligo patients and 45 controls with equal distribution of males and females. Mean age for cases was 29.2±8.1 and control 29.6±7.7. 53.3% of cases were married while 62.2% of the controls were married. 55.6% of the cases were educated while 51% of the controls were educated. 40% of the cases were working indoor while 28.9% of the controls were working indoor. There were no statistically significance differences between the two groups as regards the fore mentioned sociodemographic data.

The onset of the disease was associated with stress in 42.2% of the cases. The course was progressive in 71.1% and the site of the disease was in exposed area in 60% of patients. Family history of vitiligo was positive in 33.3% of cases.

The body image was disturbed in 57.8% of vitiligo patients and 8.9% of control and this difference was statistically significant as shown in (Table 1).

Table 1: Body Image in both groups:

Body Image	Cases		Control		P
	NO=45	100%	NO=45	100%	
Disturbed	26	57.8	4	8.9	0.000*
Not disturbed	19	42.2	41	91.1	

* (P<0.05) is statistically significant.

The GHQ was disturbed in 53.3% of vitiligo patients while no disturbance in the control group. The difference was statistically significant and all the scales of the GHQ were worse in the vitiligo patients than the control as shown in (Table 2, 3).

Table 2: General Health Questionnaire in both groups:

GHQ	Cases		Control		P
	NO=45	100%	NO=45	100%	
Disturbed	24	53.3	0	0	0.000*
Not disturbed	21	46.7	45	100	

* (P<0.05) is statistically significant.

Table 3: GHQ Scales in both groups:

GHQ scales	Cases		Control		P
	Mean	SD	Mean	100%	
Somatic	1.3	1.5	0.33	0.5	0.000*
Anxiety	1.6	1.5	0.5	0.6	
Social	1.08	1.4	0.2	0.4	0.000*
Depression	1.5	1.5	0.2	0.4	0.000*
Total	5.6	4.9	1.2	1.2	0.000*

* (P<0.05) is statistically significant.

The Quality of life scales were lower in the vitiligo patients than the control and the difference was statistically significant in all scales as in (Table 4).

Table 4: Quality of life in both groups:

GHQ scales	Cases		Control		P
	Mean	SD	Mean	100%	
Somatic	1.3	1.5	0.33	0.5	0.000*
Anxiety	1.6	1.5	0.5	0.6	
Social	1.08	1.4	0.2	0.4	0.000*
Depression	1.5	1.5	0.2	0.4	0.000*
Total	5.6	4.9	1.2	1.2	0.000*

The mature defenses were higher in the control group than the patients group and reached a statistically significant difference in sublimation and suppression defense mechanism. Neurotic defenses were higher in the control group and reached statistically significant difference in the idealization defense. The immature defenses as a whole were higher in the patients group but the differences were significant in the projection, autistic fantasy, denial, displacement and somatization as shown in (Table 5).

Table 5: Defense Style questionnaire in both groups:

		Cases		Control		P
		Mean	SD	Mean	SD	
Mature	Sublimation	3.2	2.8	5	3.2	0.04*
	Humor	2.9	2.6	3.3	2.7	0.4
	Anticipation	3.4	3	4.3	2.9	0.4
	Suppression	4.4	3.3	3.8	2.6	0.002*
	Total	14	8.7	16.5	6.2	0.002*
Neurotic	Undoing	2.3	2	2.5	2	0.3
	Pseudo-Altruism	3.2	2.4	3.4	2.8	0.05
	Idealization	1.4	1	2.8	2.9	0.000*
	Reaction Formation	4	2.7	2.5	2.3	0.24
	Total	10.9	4.6	11.3	6.6	0.017*
Immature	Projection	2.7	2.4	1.3	1.1	0.000*
	Passive aggression	2.9	2.5	2.5	2.4	0.56
	Acting out	3.8	2.7	2.2	2.7	0.05*
	isolation	2.2	2	2	2.2	1
	Devaluation	2.1	1.8	2	1.8	0.818
	Autistic fantasy	3.5	3.3	2.7	2.7	0.001*
	Denial	4.4	2.9	2.5	2.2	0.01*
	Displacement	1.9	1.9	1.5	1.2	0.01*
	Dissociation	1.2	0.7	1.1	0.7	0.296
	Splitting	2.3	2.3	2.1	2.2	0.822
	Rationalization	4.5	2.9	3.1	2.4	0.10
	Somatization	5.8	3	2.7	2.6	0.05*
	Total	37.9	10.7	26.2	10.7	0.675

* (P<0.05) is statistically significant.

The Body image was disturbed in females (72%) more than males (40%) and this difference reached a statistically significant difference as in (Table 6).

Table 6: Gender difference as regard body Image:

Body Image	Male		Female		P
	NO= 20	100%	NO= 25	100%	
Disturbed	8	40	18	72	0.02
Not disturbed	12	60	7	28	

* (P<0.05) is statistically significant.

The GHQ was disturbed in females (76%) more than males (25%) and this difference reached a statistically

significant difference, while all the scales were higher in males as in (Tables 7, 8).

Table 7: Gender Difference as regard General Health Questionnaire (GHQ):

GHQ	Male		Female		P
	NO= 20	100%	NO= 25	100%	
Disturbed	5	25	19	76	0.001*
Not disturbed	15	75	6	24	

* (P<0.05) is statistically significant.

Table 8: Gender difference as regard GHQ scales:

GHQ scales	Male		Female		P
	Mean	SD	Mean	SD	
Somatic	0.4	0.4	2	1.6	0.001*
Anxiety	0.7	1	2.4	1.5	0.000*
Social	0.4	0.7	1.5	1.6	0.002*
Depression	0.8	1.1	2	1.5	0.006*
Total	2.4	2.5	8.2	4.9	0.000*

* (P<0.05) is statistically significant.

The Quality of life scales were better in male than female in all the scales and these differences reached a statistically significant difference as in (Table 9).

Table 9: Gender differences as regard Quality of life:

Quality of life scales	Male		Female		P
	Mean	SD	Mean	SD	
Physical	31.4	9.1	18.8	10.7	0.000*
Cognitive	32.2	7.2	23.2	13.5	0.030*
Mood	26	10.9	16.6	12	0.011*
Social	31.6	7.4	20.9	12.3	0.004*
Financial	26	10	16.6	13.3	0.010*
Self	24.4	13.6	12.3	11	0.003*

The patients with exposed lesions showed worse scores on all quality of life scales than the patients with non exposed lesions and these differences reached a statistically significant difference as in (Table 10).

Table 10: Effect of the site of lesion on Quality of life:

Quality of life scales	Not Exposed		Exposed		P
	Mean	SD	Mean	SD	
Physical	28.8	10.3	21.4	11.9	0.042*
Cognitive	34.4	5.1	22.3	12.8	0.001*
Mood	27.3	9.6	16.4	12.2	0.004*
Social	32.8	7.4	20.8	11.6	0.001*
Financial	30	8.7	14.6	11.3	0.000*
Self	25.7	14.4	12.3	9.9	0.002*

* (P<0.05) is statistically significant.

When comparing the disturbance in the body image with the site of the lesion 96.2% of the patients with exposed lesion showed disturbed body image and the difference was statistically significant as in (Table 11).

Table 11: Effect of the site of lesion on Body Image:

Site	Image					P
	Disturbed		Not Disturbed		Total	
Not Exposed	1	3.8	17	89.5	18(40%)	0.000*
Exposed	25	96.2	2	10.5	27(60%)	
Total	26	100	19	100	45(100%)	

* (P<0.05) is statistically significant.

The mature defenses were higher in male patients than female patients and reached a statistically significant difference in the sublimation and suppression defense mechanism. Neurotic defenses as a whole were higher in female patients and reached statistically significant difference in reaction formation. As regard immature defenses, passive aggression, displacement, rationalization and denial were higher in males and reach statistically significant differences while autistic fantasy and somatization were significantly higher in female patients than male as shown in (Table 12).

Table 12: Gender Difference as regard Defense Style questionnaire:

		Male		Female		P
		Mean	SD	Mean	SD	
Mature	Sublimation	4.4	3	2.2	2.2	0.014*
	Humor	2.8	2.6	3	2.6	0.532
	Anticipation	3.9	3.1	3	2.9	0.269
	Suppression	6	2.8	3	3	0.007*
	Total	17.2	7.1	11.4	9.2	0.010*
Neurotic	Undoing	2.3	1.7	2.2	2.3	0.379
	Pseudo-Altruism	2.9	2.4	3.3	2.4	0.557
	Idealization	1.4	0.9	1.4	1.1	0.370
	Reaction Formation	3	2.4	4.7	2.7	0.033*
	Total	9.8	4.5	11.8	4.5	0.09
Immature	Projection	2.7	2.5	2.8	2.3	0.906
	Passive aggression	4.2	3	1.9	1.4	0.010*
	Acting out	3.4	3.1	4.2	2.4	0.343
	isolation	2.3	1.9	2.2	2.1	0.462
	Devaluation	2.2	1.8	2	1.8	0.386
	Autistic fantasy	1.7	1.8	4.9	3.6	0.002*
	Denial	5.6	2.5	3.5	2.9	0.018*
	Displacement	2.1	1.3	1.8	2.3	0.043*
	Dissociation	1.3	0.8	1.2	0.7	0.476
	Splitting	2.6	2.7	2.2	1.9	0.978
	Rationalization	5.4	2.8	3.8	2.9	0.050*
	Somatization	3.4	2.6	7.8	1.7	0.000*
	Total	37.2	11.5	38.5	10.3	0.599

* (P<0.05) is statistically significant.

DISCUSSION

Since a person's appearance is a major determinant of his/her personality traits, vitiligo, by causing cosmetic blemishes can have a major impact on an individual's personality. Lowered self-esteem due to the embarrassment caused by social contacts can be quite stressful for an individual. Patients with vitiligo are very sensitive to the way others look at them and they often remain withdrawn, anticipating rejection. In general, young adults with severe vitiligo, and those for whom appearance is very important have more difficulty coping with the disease Picardi and Abeni, (2001). This study was done to evaluate how vitiligo affect the body image in these patients. It also gives important information about the nature and burden of vitiligo on the quality of life in these patients. It gives information about the way through which these patients deal with their illness. This might be helpful in developing strategies to deal with such patients and to combine the medical care with the psychiatric care.

In our study, the onset of the disease was associated with stressor in 42.2% of the cases. The course was progressive in 71.1% and the site of the disease was in exposed area in 60% of patients. Family history of vitiligo was positive in 33.3% of cases. This is in agree with the literature which concluded that there is some evidence suggesting that vitiligo caused by a combination of auto-immune, genetic, and environmental factors. Vitiligo may also be caused by stress that affects the immune system, leading the body to react and start eliminating skin pigment Mechri, et al. (2006). In addition Picardi and Abeni, (2001) reported that stressful life events or physical trauma can often precipitate the onset of the disease. Al'Abadie, et al. (1994) indicated that psychological stress increases level of neuroendocrine hormones which affects the immune system and alters the level of neuropeptides. The increase in the level of neuropeptides may be the initiating event in pathogenesis of vitiligo.

In our study the patients showed more impairment in quality of life than the control groups and the difference are statistically significant as regards cognitive, somatic, mood, self, social and economic problems. This is in concordance with the study done by Parsad, et al. (2003) which concluded that vitiligo is thus an important skin disease having major impact on the quality of life of patients suffering from vitiligo. Appearance of skin condition can affect individual self-image. Many vitiligo patients feel distressed and stigmatized by their condition. They attract undue attention from the general public, sometimes whispered comments, antagonism and ostracism. Borimnejad, et al. (2006) found that female patients experienced significantly more impairment of general and psychological health ($P<0.003$), social relationships ($P<0.02$), and sexual activity ($P<0.001$) than did male patients. Also Belhadjali, et al. (2007) studied patients with vitiligo in a cross-sectional case-control study and they found that quality of life was significantly impaired in patients and to a greater extent in women and in cases affecting more than 10% of the body surface. All aspects of quality of life were affected.

On the other hand a study was conducted by Al Robaee, (2007) to detect the impact of vitiligo on the quality of life in Saudi patients and to detect the variables that could influence it by using the Dermatology Life Quality Index (DLQI). It showed no statistical difference between males and females. Women are more embarrassed and self-conscious about the disease with more impairment of their social life, personal relationships, sexual activities, and more influenced in their choice of clothing than men, these results are different from ours and this could be attributed to the nature of culture in Saudi Arabia with its conservative nature

In our study we detected disturbed body image in 53% the patients compared to only 9% of the control group this is in agree with Mattoo, et al. (2002) who detected that self image of the vitiligo patients drops considerably and may lead to depression. These patients often develop negative feeling about it, which is reinforced by their experiences over a number of years. Most patients of vitiligo report feelings of embarrassment, which can lead to a low self-esteem and social isolation. In our study about 76% of female suffering from disturbed body image compared to male that in concordance with Parsad, et al. (2003) in his study reported that disturbed body image seriously felt among young unmarried women. This is because of arranged marriages. Thus a young woman with vitiligo has little chance of getting married. A married women developing vitiligo after marriage shall have marital problems perhaps ending in divorce.

In our study the defense study questionnaire showed that neurotic and immature defense mechanisms are more used by patients than the control group and by females than males. This way of copying affects the impact of the illness on the psychological aspect of the patients which was explained by Porter, et al. (1979) who reported that the cosmetic disfigurement of inconsequential skin disease can seriously disrupt the lives of a large number of patients. Those who cope well with their disfigurement have higher self-esteem than a matched control group without the disorder. Those who cope poorly have significantly lower self-esteem, which suggests that response to disfiguring diseases is affected by basic ego strength.

In our study by application of the GHQ, we found that about 53.3% of the patient were suffering from psychiatric disorders, in similar study was done by Ahmed, et al. (2007) revealed that psychiatric illness was detected with the help of GHQ 12 (Urdu version),

42 patients were positive for psychiatric disorder comprising 26 females and 16 males. Psychiatric disorder featured in patients those having exposed parts of the body being involved. On the other hand anxiety is the most frequent psychiatric symptoms followed by depression. Owoeye, et al. (2007) disagree with our study as they found that subjects with dermatological disorders suffered from significant emotional pain when compared to the healthy controls but the males had higher mean scores on psychiatric scales, hence more likely to suffer emotional pain than their female counterparts. But our study detected more psychiatric disturbance in females (76%) compared to only 25% of males.

CONCLUSION

There are impairment in body image and quality of life, in patients group more than the controlled group and in female more than male.

On the other hand mature defense mechanisms are more used by male patients than females. While the neurotic and immature defenses are more used by female patients. But as a general immature defenses used by the patients more than the control group. Quality of life scales reached a statistically significant difference and were lower in the patients than the control group and better in male than female.

From all the above we conclude the importance of psychiatric evaluation and intervention beside dermatological treatment to get the best prognosis in vitiligo patients.

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الملخص العربى

دراسة مقارنة للعوامل السيكولوجية والدينامية في مرضي البهاق المصريين

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الهدف: دراسة مدي جودة الحياة وصورة الجسد وأهم الحيل الدفاعية المستخدمه في مرضي البهاق وكذلك تأثير اختلاف الجنس وتأثير مكان الإصابة علي جودة الحياة وصورة الجسد.

طريقة وأدوات البحث: طبقت الدراسة علي المرضي المترددين علي العيادة الخارجية للأمراض الجلدية بكلية الطب جامعة القاهرة ومقارنتهم بعينة قياسية وتم استخدام مقياس جودة الحياة، مقياس صورة الجسد، مقياس الصحة العامة ومقياس الحيل الدفاعية.

النتائج: وجد اختلال في صورة الجسد في ٥٧% من المرضي مقارنة ٩,٨ من القياس وكذلك كانت نسبة الاختلال في النساء أكثر من الرجال. جودة الحياة كانت أقل في المرضي عن القياس وفي النساء عن الرجال وكانت الفروق لها دلالة احصائية. الحيل الدفاعية النفسية الناضجة والعصابية كانت تستخدم أكثر في العينة القياسية عن المرضي والحيل الدفاعية الغير ناضجة كانت أعلي في المرضي. ووجد أن هناك علاقة بين مكان الاصابة وزيادة المعاناة حيث أن المريض المصاب في مكان مكشوف يعاني أكثر من اختلال نوعية جودة الحياة وصورة الجسد.

الخلاصة: وجد أن مرضي البهاق يعانون من اختلال في نوعية جودة الحياة وكذلك في صورة الجسد.