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DEPRESSION MANIFESTING AS URTICARIA

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Three female patients with chronic urticaria and angio-oedema unresponsive to antihistaminics and corticosteroids were found to have moderate to severe depression on psychiatric evaluation. Treatment and followup using only antidepressants led to complete remission of the skin disorder along with recovery from depression. The importance of detecting an underlying psychiatric disorder in chronic urticaria is highlighted.

Key Word: Urticaria

Introduction

Urticaria is an eruption of transient nature which is characterised by circumscribed, oedematous, and itchy swellings lasting for a few hours. Angio-oedema occurs when the above oedematous process extends into deep dermis and/or subcutaneous and submucosal layers.[1] Episodes of lesions persisting longer than 6 to 8 weeks are considered chronic and many patients with acute episode of urticaria drift gradually with recurrent minor attacks into a state of chronic urticaria.[2]

The cause of about 80% cases of chronic urticaria remains unknown and emotional stress may be a precipitating factor in somecases.[2] In upto 2/3rds of cases of chronic urticaria, psychological factors play a considerable part in the causation. We report 3 patients of chronic urticaria and angio-oedema in whom the dermatological condition was seen to be closely related to depression and responded to specific psychiatric treatment.

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Case Reports

Three female patients, aged 18,32,and 54 years were seen during the past 1 year with symptoms of urticaria and angio-odema lasting for 1 to 2 1/2 years. After initial evaluation for physical causes of urticaria, they were given antihistamines and later oral corticosteriods over a period of 4 to 7 months with only a brief symptomatic improvement. In view of the poor response to the treatment they were referred to the psychiatrist.

Psychiatric evaluation using standard clinical interview and diagnostic criteria revealed the presence of moderate to severe depression in all the 3 patients. Following this antihistamines and corticosteroids were stopped and the patients were given oral imipramine 50 or 75 mg per day and reviewed weekly. At the end of 8 week followup there was complete recovery from depression and complete absence of skin complaints. At 3-5 month of followup on anti-depressants they were in remission. During followup the second patient had

discontinued the drugs for a brief period of 2 weeks during which she experienced itching and few rashes but recovered on restarting the antidepressant therapy.

Comments

The observations demonstrated that there is a proportion of cases of chronic urticaria which is psychogenically based and which would require proper detection, psychiatric evaluation, and management. However it is difficult to comment upon the actual prevalence of such cases from this report as no systematic evaluation of patients of chronic urticaria was made. The fact that all 3 patients reported were woman might suggest that psychogenic chronic urticaria is more common in that sex. It has been recorded often that clinical presentation of psychiatric disorders, like depression, in the form of physical rather than emotional complaints is commoner amongst women.[3] Hence it is possible that women with underlying emotional illness can more often present with urticaria than men.

Skin as the largest organ in the body is intimately linked to emotions through the autonomic nervous system. It is known that histamine release from the mast cells can be provoked by cholinergic agonists. The autonomic nervous system through its central and peripheral connections can mediate emotional states and peripheral immune mechanisms leading to release of histamine and subsequently clinical urticaria. Experiments in guinea pigs have shown that elevated blood histamine can be behaviourally conditioned.[4] The immunoglobulin E, responsible for immediate hypersensitivity reaction (leading to urticaria) in humans is synthesised by B lymphocytes and plasma cells, which are regulated by a subpopulation of T lymphocytes.[1] The immunotoxic effect of psychologic distress states on the functional state of T lymphocytes implicated in pathogenesis of other skin conditions like psoriasis [5] could be said to play a role in the causation of urticaria in our cases.

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