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DISEQUILIBRIUM OF MENTAL HEALTH STATUS IN THE PATIENT WITH PEMPHIGUS VULGARIS: A CASE REPORT

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Abstract

Pemphigus vulgaris is a rare autoimmune disease characterized by the formation of the blisters and erosion of the mucosal membrane. It covers all of the body in some people, It may also aggravate the psychiatric symptoms that lead to the disequilibrium of the mental health status. There are many factors affecting the body which on one side are used as a treatment and on the other side exacerbate the mental health status and disturbed the normal equilibrium. Depression and anxiety are the most potent factors that affect and disequilibrate the mental health status and also cause many comorbidities. In the patient with pemphigus vulgaris the psychiatric comorbidities go parallel to each other due to the intake of the corticosteroids and disturbed body image which directly affects on the mental health of an individual and thus increases the psychiatric symptoms and reduces the recovery of the disease. This could badly damage the standardized health related quality of life.

Keywords: *Comorbidity, Corticosteroids, Disequilibrium, Health related quality of life (HROOL)*

INTRODUCTION

Pemphigus vulgaris is a chronic autoimmune relapsing disease which deteriorates the skin texture by the formation of the blisters on the skin and mucous membrane makes an individual vulnerable to infection and erosions formation on the body. It can also involve the mouth, nose, throat, eyes and genitals and it could be life threatening if left untreated. It may drastically affect the skin condition of an individual. Pemphigus vulgaris may also affect the equilibrium state of mental health. It is also reported previously that patient affected with pemphigus are more inclined to different psychiatric illnesses, depression and suicidal ideations are at the top of the list (1).

It has been studied that an increased prevalence rate of the psychiatric disorders among the dermatologically affected patients. Many researchers have assessed and estimated the psychological site of the patients having skin diseases especially pemphigus vulgaris to observe the status of mental health and quality of life.

Various studies divulged that psychiatric issues are periodic and chronic skin conditions are interrelated to the lower health related quality of life (HROOL), as the intensity of the disease is directly proportional to the low health related quality of life (HROOL) having the damaging effect on the life of an individual (2).

Contemplating the scarcity of the facts and figures, it is very much essential and worth considering to assess the status of mental health and also focus on the comorbid factors that aggravate the signs and symptoms of the psychological disorders which decline the capability of the brain to work properly and maintain the equilibrium to perform the basic routine tasks effectively.

The most prior effects of the pemphigus vulgaris are the disfigurement of the body which causes deformity in the long run, an unpleasant substitute and unwanted changes in lifestyle that leads to the aggravation of the psychiatry issues and this will be a supposed social stigma.

CASE STUDY

A forty year old male admitted in the dermatology department of the tertiary hospital. Patient presented a complaint of pemphigus vulgaris for the last 6 years. In the beginning he was returning to health by taking the prescribed medications and implementing the preventive measures as learned on previous visits. He was in usual state of health then he started to present the signs and symptoms of reoccurrence of the pemphigus vulgaris. During the hospital stay the patient was showing compliance in return for every instruction. He was also maintaining his daily routine and using the prescribed medication. After a prolonged stay in hospital, the patient started showing comorbidity among the patient. Within two week patient presented with low self esteem, as he used to focused on the presentation of the skin and used the hand mirror and verbalized that i was not like that before as I had a beautiful skin texture and i am unable to recognize my face as i was too much healthy and had a clear shiny skin. He started to present eccentric behavior as he stopped the random individuals and started to rationalize his disease condition and tried to convince them on his statement that he was previously a good looking person. After the thorough assessment it has been observed that he was using a defense mechanism to lessen the effects on his health. Moreover, many times he avoided people and sat lonely and quietly for a long time and looked at the mirror with depressed expressions and was reluctant to meet the people who visited his room.

Afterward his odd behavior became worse as he started to complain about each and everything vigorously and started yelling on everyone. He had severe mood swings and behaved weird and he began to complain continuously that he could not perform a well coordinated movement as someone was stopping me. Then he started to shout at the health care providers and became more aggressive with no reason. He was also started to cry sometime and sometimes he became too silent and expressed the pessimistic approach and thought about the different suicidal attempts. He started to blame the healthcare providers and his family members that someone had done black magic on me. They all wanted to kill me. That's why I am not recovering here.

After consultation with the psychiatry department, it has been concluded that the patient was in severe depression and low self esteem due to disturbed body image and unpleasant appearance. Furthermore it was also concluded that the prolonged use of the corticosteroids used as a first line therapy for pemphigus and independent severe aetiological factor for mental health comorbidity, there was a massive hormonal threshold on the patient's physiology and it may disturbed the equilibrium of the mental health status and thus worsen the condition of the mental health. Corticosteroids dose adjustment and use of the anti depressions, anxiolytics and mood stabilisers were the conservative treatment but the use of these drugs may also cause the drug induced pemphigus vulgaris. So, the counselling session was arranged for the patient along with the preventive measures and counted doses of the anxiolytics with strict vitals monitoring and with high risk consent from the patient's family.

DISCUSSION

The disequilibrium of the mental health status in the patients with pemphigus is becoming a question worth considering nowadays. There should be more research studies to rule out the solution to overcome the excessive psychiatric symptoms in the course of this disease which disequilibrated the mental health status from normal to deteriorated, which worsen the normal physiology of an individual. The drug of choice in the treatment of the pemphigus vulgaris corticosteroids which lessen the progression of the disease on one hand and thus may also cause psychiatric symptoms on the other hand. According to the study, it may observed that the psychiatric adverse effects of the corticosteroids include mood disorder, mania, bipolar disorder, anxiety, panic attacks, psychosis, agitation, disturbed cognitive ability and suicidal ideation (3).

Some researches further investigates in more detail the relative relationship between the psychiatric comorbidity and pemphigus vulgaris disease, so it would be beneficial to find some remedy for the skin disease as well as for the well maintenance of the equilibrium of the mental health status so that an individual can improve his quality of life and standards of living.

Moreover, when an individual with psychiatric comorbidity is given drugs to treat disturbed mental status, it might be one of the potential triggers of the drug induced pemphigus vulgaris. Some of the drugs with increased risk of pemphigus are particularly periciazine, melperone, haloperidol, biperiden, risperidone and some antidepressants like escitalopram, venlafaxine and duloxetine are linked with high risk of pemphigus (4). The cross reactive immune response between neural and cutaneous antigens may cause the disequilibrium of the mental health status.

It is suggested to adjust the doses from the very first day of the treatment along with the proper well managed counseling sessions. And motivates an individual to live his life with optimistic approach and maintained his standards and quality of living in order to lessen the side effects of the drug induced reaction and psychiatric disequilibrium,

CONCLUSION

Pemphigus vulgaris is a unique cause of the chronic erosive ulceration of the mucosal membrane in about 80% of the cases. There is a changing trend of the severity and natural history of the disease among the different cases, the effects of the disease are not same thus clinical presentation of the different cases are vacillating. In the efficient management of the pemphigus vulgaris, it is very essential to make the differential diagnosis in time so that prompt treatment could be initiated which saves people from the aggravated phase of the pemphigus vulgaris and thus decreases the mortality and morbidity rate worldwide. Untreated cases of pemphigus vulgaris are more susceptible to the infection and deranged fluid and electrolyte levels. Through the studies it is revealed that this disease demands a high coping spirit. The body image in this disease is highly compromised and most of the people cannot cope with it and die in the initial years but those having high coping spirit and strong supportive background, they will survive. People who survived more than 5 years have a good prognosis. Supportive treatment along with the pharmacological interventions and nursing interventions speed up the rate of the recovery as this disease deteriorates the body image and it requires too much patience and cooperation of the patient as well as their families to cope with the challenges faced during the disease process.

Conflict of interest:

The author reports no conflict of interest.

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