

Study of Social Anxiety in Patients Diagnosed with Vitiligo

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Abstract: The prevalence of vitiligo ranges greatly all over the world, from 0.004% to 2.28%. [Krüger, C. *et al.*, 2012] More than half of those affected by it do so before age 20, and it can affect persons of any age or race. Segmental and generalised kinds are the two basic categories. [Whitton, M.E. *et al.*, 2015] The traditional appearance is a symmetrical distribution of depigmentation that starts on the hands, feet, wrists, elbows, axillae, and around the lips and eyes, which has led it to be a stigmatised condition in society. [Nordlund, J.J., 2011] All of this can have an impact on a person's emotional and psychological well-being. **Aims-** To study the prevalence of social anxiety in patients diagnosed with vitiligo. **Methods-** After the approval from the Institutional Ethics Committee, 40 patients visiting the Department of Dermatology in a tertiary hospital were identified and enrolled for this study. After obtaining informed consent, patients were questioned using a semi-structured proforma. A psychiatric evaluation was conducted using the Leibowitz social anxiety scale and DSM-5. Results were obtained after the data was collated, statistically analysed, and evaluated. **Results-** The sample's average age was 36.18 years. Of the total 40 applicants, 60% (n=24) were women, while 40% (n=16) were men. Although no diagnosable social anxiety disorder was detected in this study using DSM 5 criteria, the prevalence of social anxiety using the Leibowitz social anxiety scale was 32.5% (n=13). Gender had an effect on social anxiety levels. There was an inverse relationship between social anxiety and the duration of the illness. **Conclusions-** Individuals with vitiligo have a greater frequency of social anxiety than the general population. This has an influence on socio-occupational functioning because of avoidance of public areas due to humiliation.

Keywords: Social anxiety disorder, Vitiligo, stigma

INTRODUCTION

Vitiligo has been observed to affect between 0.25% and 4% of dermatological outpatients in India, with rates reaching 8.8% in Gujarat and Rajasthan. [Krüger, C. *et al.*, 2012] In most of the research, vitiligo affects both genders approximately equally, with the exception of women being affected two times more frequently than males. [Krüger, C. *et al.*, 2012; Shah, H. *et al.*, 2008]

Non-segmental vitiligo (also known as bilateral or generalised vitiligo): the symptoms develop symmetrical white patches on both sides of your body. The white spots in segmental vitiligo (also known as unilateral or localised vitiligo) only affect one section of your body. [Whitton, M.E. *et al.*, 2015] While it is more frequent in children, segmental vitiligo is less common than non-segmental vitiligo.

Social anxiety disorder (SAD), also known as social phobia, is defined by feelings of fear and anxiety in social situations, producing significant suffering and impairing the capacity to function in at least some elements of everyday life. [National Collaborating Centre for Mental Health] SAD is known to manifest at a young age. Fifty per cent have it by the age of 11, and 80% have it by the age of 20. [Stein, M.B., 2008] Adolescents in India have a 12.7% incidence of social anxiety disorder. [Mehtalia, K. *et al.*, 2004] The estimation of SAD in adults in the Indian context is yet to be investigated. In the general population, the lifetime

prevalence of social anxiety disorder is estimated to be 4.0% across all nations. [Stein, D.J. *et al.*, 2017]

Patients with vitiligo endure stigma due to depigmentation, which has a more detrimental impact on social, personal, and professional functioning. Patients are afraid to go out in public settings for fear of being criticised or rejected, and as a result, many refrain from attending social gatherings, schools or universities, or even engaging in interpersonal relationships. It may also make it difficult to get or keep a job.

Because of their personal embarrassment, many people think that vitiligo has affected their capacity to associate with members of the opposite gender and have probable or real sexual relations.

METHODS AND MATERIALS

Following the approval from the Institutional Ethics Committee, 40 patients attending the Department of Dermatology's Outpatient Department at a tertiary healthcare hospital were identified and recruited in the study after providing informed consent. A semi-structured proforma was used to interview patients. DSM 5 criteria were utilised to establish a psychiatric assessment after taking an acceptable history. To measure severity, a psychiatric rating scale, the Leibowitz social anxiety scale (LSAS), was used.

The acquired data was collated and statistically analysed, and findings were obtained.

- **Population Under Study:** Vitiligo patients
- **Study Site:** NKPSIMS Out-Patient Department of Dermatology
- **Study Duration:** One month between Oct 2022 to Nov 2022
- **Sampling Technique:** All consecutive patients who met the inclusion criteria.

Inclusion criteria: Individuals willing to engage in the study and provide written informed permission.

- Between the ages of 18 and 65

Exclusion criteria: Individuals with any other serious psychiatric illnesses were excluded.

RESULTS

1. The mean age of the participants was 36.18 years.
2. 60% (n=24) of participants were female and the remaining were males. [fig no 1]

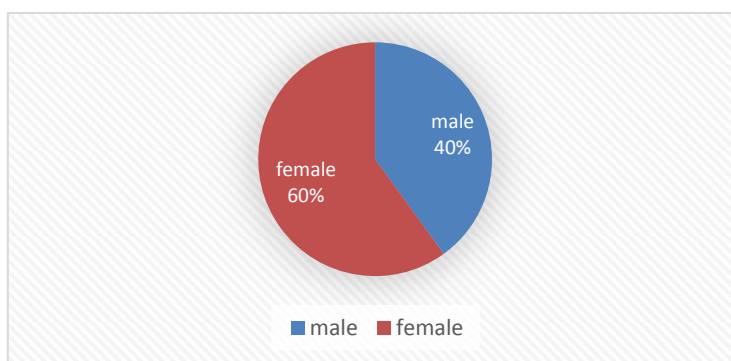


Fig 1- Gender wise distribution

3. Diagnosable Social Anxiety Disorder (SAD) as per DSM 5 criteria were not found in this study. Assessment of symptoms that are suggestive of social anxiety were done using Leibowitz social anxiety scale (LSAS).

The prevalence of social anxiety was 32.5% (n=13) in this sample with LSAS score ranging between 30-49 i.e. mild social anxiety. [fig no 2]

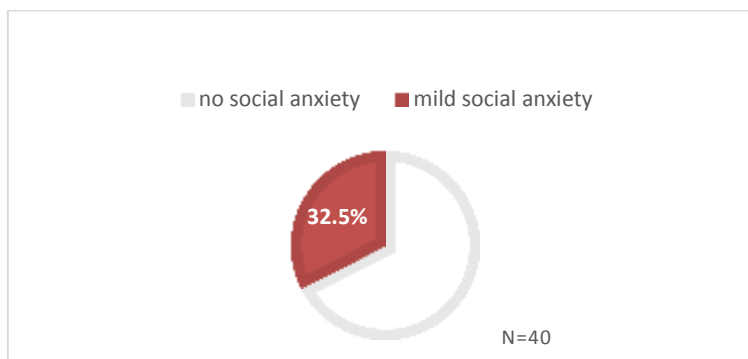


Fig 2- Prevalence of social anxiety

4. Gender had an impact on levels of social anxiety. Of the 24 female participants, 37.5%(n=9) had mild social anxiety as

compared to only 25%(n=4) of male participants.

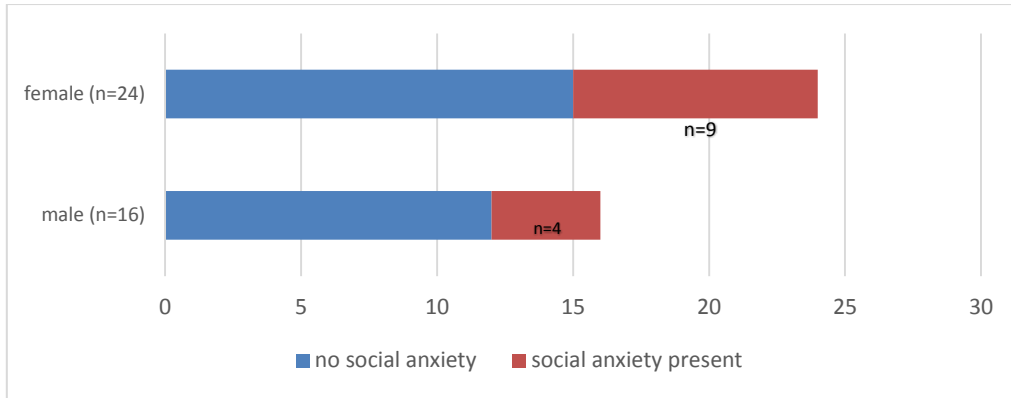


Fig 3- Gender wise distribution of social anxiety

5. There was an inverse relation between social anxiety to the duration of illness i.e. with increasing duration of vitiligo the symptoms of social anxiety decreased. [fig no 4]

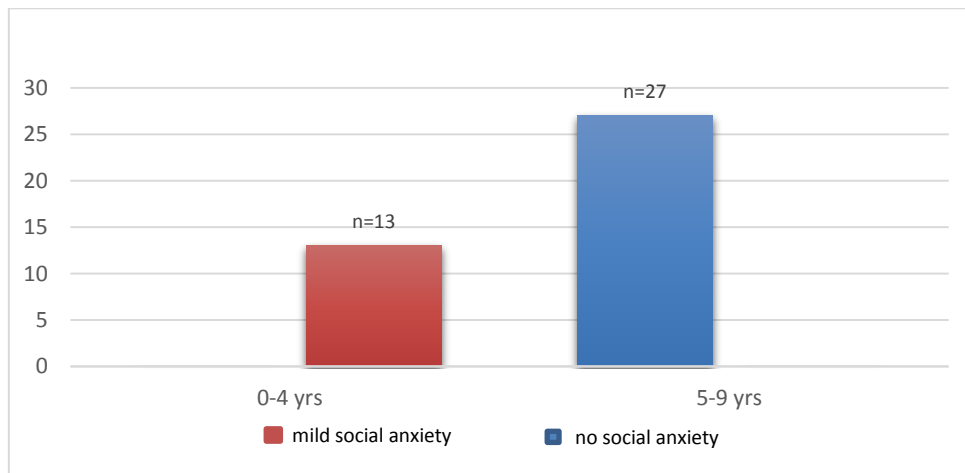


Fig 4- Duration of illness and social anxiety

6. The most anxiety provoking situations were performing in front of others followed by trying to befriend someone from the opposite gender for a romantic relationship, going to a party and so on. Participants have avoided such situations. [fig no 5]

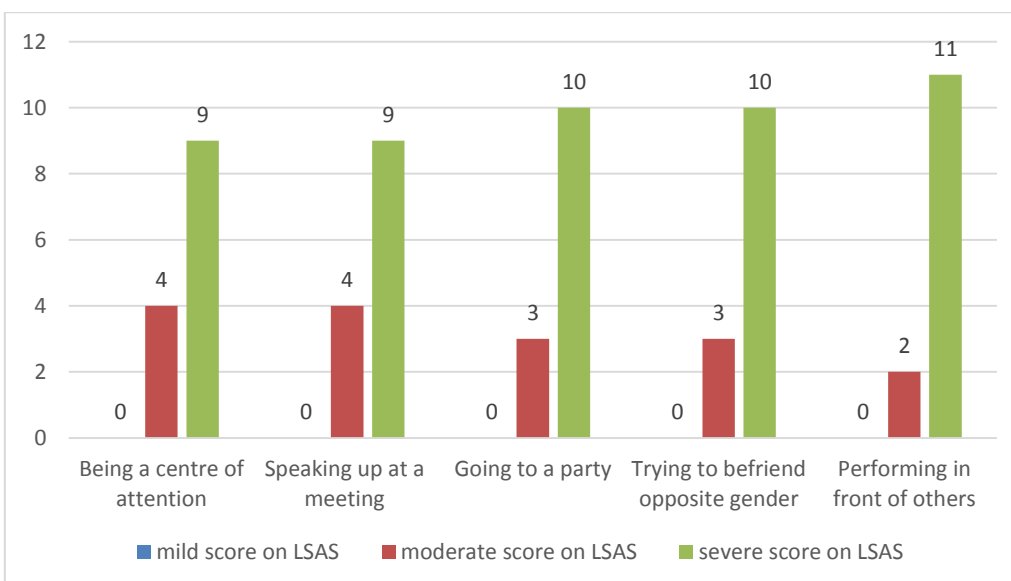


Fig 5- Occurrence of moderate to severe social anxiety in different scenarios

7. Patients reported that the other domains of drinking or eating in public, participating in a group activity did lead to anxiety and that they

have tried to avoid such situations but not always. [fig no 6]

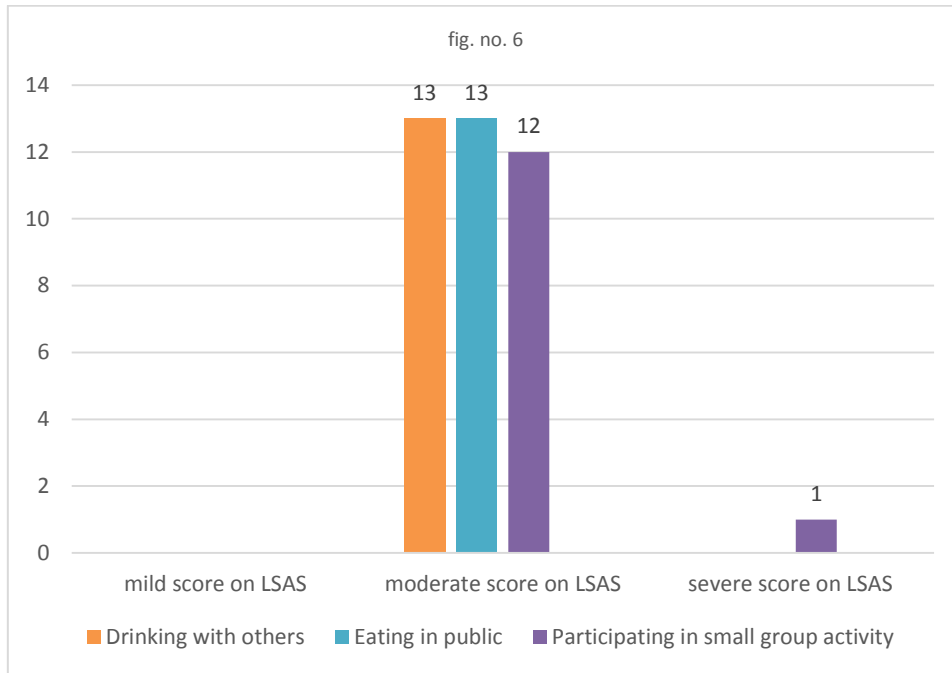


Fig 6- Occurrence of moderate social anxiety in different scenarios

8. Amongst all the 24 domains of LSAS the least anxiety provoking situation was taking a test which involved checking once abilities.

The sub-domains of speaking on telephone in public, being observed while working, meeting a stranger and looking at someone you don't know very well occasionally led to anxiety. [fig no 7]

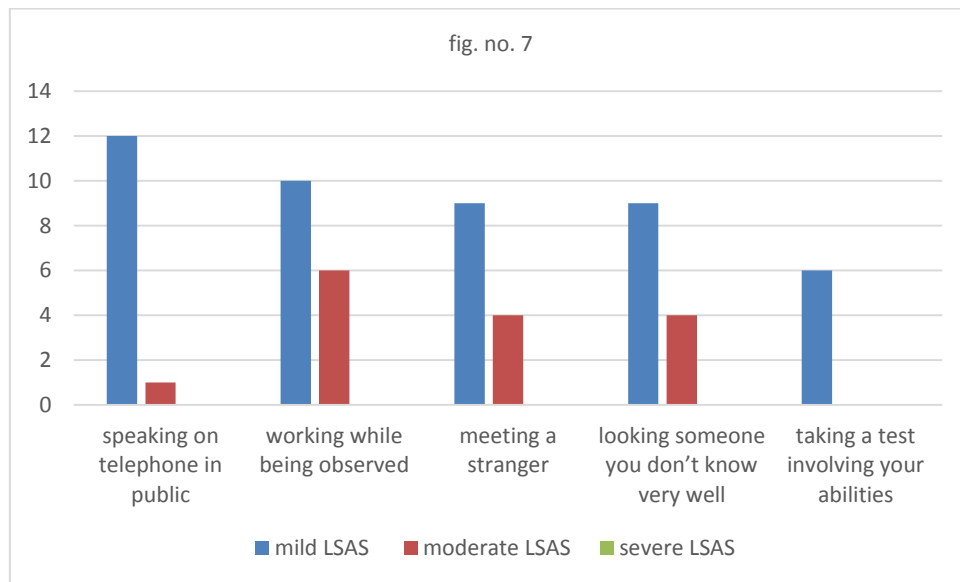


Fig 7- Occurrence of mild social anxiety in different scenarios

DISCUSSION

Vitiligo affects both genders almost in equal frequency, with the exception of a few geographical areas where women are affected twice as often as males. Our study found a female

preponderance with the ratio of females to males being 3:2 (60% females).

All the participants in this study had non-segmental vitiligo.

In this study, 32.5% (n=13) of the patients reported minor social anxiety. While DSM 5 criteria for diagnosable social anxiety disorder were not discovered in this investigation, symptoms of social anxiety assessed using the LSAS scale showed a prevalence of 32.5% (n=13). This is consistent with the findings of Stein, M.B, [2006] and L Fehm, *et al.*, [2008], who discovered that social anxiety disorder below the diagnostic threshold is more common in the general population. The most common social phobia reported in this study was performing in front of an audience, which is consistent with the findings of Stein, M.B, (2006), who discovered that around 15% of the population fear giving a speech in public.

In this study, females were more socially anxious than males, with a prevalence of 37.5%, which is consistent with the findings of Sawant, *et al.*, [2019] that females typically have low self-esteem with greater cosmetic awareness, as well as the findings of Hamidizadeh, (2020) that female vitiligo patients were more hopeless and nervous.

Because of the stigma associated with the condition, people with vitiligo were more socially apprehensive in our study. These findings are congruent with those of Kota, *et al.*, (2019), who discovered that vitiligo can interfere with basic everyday activities such as dressing, eating, and attending social gatherings. Patients were also afraid of rejection, and the condition made it impossible to marry in a few cases.

This study also discovered that individuals who were recently diagnosed with vitiligo were more socially uncomfortable and that as the length of the disease progressed, patients' intensity of symptoms lessened and they were more accepting of their condition. This is consistent with the findings of Kashdan, *et al.*, [2007], who discovered that feelings of social anxiety lessen over time.

FINDINGS

Individuals who were socially anxious were most nervous in scenarios involving (i) performance in front of an audience, (ii) the engagement of the opposing gender, and (iii) going to a party or being the centre of attention.

Performing daily activities or indulging in hobbies which did not involve other people caused the least anxiety in such patients.

LIMITATIONS

The study's limitations include that it was done at a single hospital with a limited sample size, which may not reflect all persons with vitiligo or be generalizable. Another disadvantage is that this study did not include participants under the age of 18 years.

CONCLUSION

According to the findings of our study, patients with vitiligo had a greater incidence of social anxiety. Females were more affected than males, indicating that gender had an influence. According to our findings, individuals who have been recently diagnosed with vitiligo or have had the disease for a shorter period of time are more socially nervous and avoid going out in public. As a result, their future job or personal relationship may suffer.

IMPLICATIONS

Healthcare professionals should actively screen those who are newly diagnosed with vitiligo for any symptoms suggestive of social anxiety.

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