Pruritus Diagnosis Linked With Psychopathology

BY BRUCE JANCIN

SAN FRANCISCO — Patients with pruritus are twice as likely to have a comorbid psychiatric diagnosis as those with other dermatologic diagnoses, according to a large epidemiologic study.

This association is driven largely by the strong association between pruritus and comorbid anxiety disorders, Dr. Madhulika A. Gupta reported at the annual meeting of the American Academy of Dermatology.

The link between pruritus and obsessive compulsive disorder (OCD) was particularly robust.

In this analysis representing more than 33 million dermatologic physician/patient encounters, patients with an International Classification of Diseases 9th edition Clinical Modification diagnosis of pruritus were 11.3-fold more likely than all other dermatology patients to have a comorbid diagnosis of OCD, according to Dr. Gupta, a psychiatrist at the University of Western Ontario, London.

She analyzed epidemiologic data from the National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey for 1995-2003.

These surveys conducted by the U.S. National Center for Health Statistics encompassed an estimated 33.6 million dermatology-related patient visits to physicians' offices, clinics, and emergency departments.

Patients diagnosed with pruritus, as indicated by ICD-9-CM codes 698.0–698.9, were 4.6-fold more likely to have a comorbid anxiety disorder than were patients who had other dermatologic diagnoses.

To Dr. Gupta's surprise, pruritus was not associated with a significantly increased likelihood of comorbid major depressive disorder. She suspects this was because there was a substantial prevalence of major depressive disorder among the comparison group comprised of patients with other dermatologic disorders.

A signal that pruritus may be associated with an increased likelihood of comorbid depression was evident in the finding that physicians responded affirmatively to the survey checklist question "Is the patient depressed?" Depression was 3.3 times more frequent when the patient in question had pruritus, Dr. Gupta added. ■

Diabetes May Double Risk Of Perinatal Depression

BY MARY ANN MOON

Pregnant women and new mothers with any type of diabetes appear to have twice the risk of developing perinatal depression as do those without diabetes, according to an analysis of Medicaid records.

This finding is consistent with reports showing a doubling of the odds of depression among adults with diabetes in the general population, said Katy Backes Kozhimannil of Harvard Medical School, Boston, and her associates.

These findings should 'encourage health care providers to pay particular attention to managing the mental health concerns of women with diabetes during pregnancy and the postpartum period.'

The researchers explored a possible link between diabetes and depression in the perinatal period using a Medicaid database on 11,024 low-income women who gave birth in New Jersey between 2004 and 2006.

A total of 657 of these women had diabetes, comprising 57 with nongestational diabetes who were taking insulin, 254 with nongestational diabetes who were not taking insulin, 163 with gestational diabetes who were taking insulin, and 183 with gestational diabetes who were not taking insulin.

Both prenatal and postpartum depression were twice as prevalent among the women who had diabetes than among those who did not. This association did not vary by diabetes classification.

After the data were controlled to account for the effects of age, race, and preterm delivery, women with diabetes still had nearly double the chance (odds ratio 1.9) of developing depression during the perinatal period (15%) than those without diabetes (8%).

"When cesarean delivery was included in the regression models in addition to the other covariates, the results remained virtually unchanged," Ms. Kozhimannil and her colleagues wrote (JAMA 2009;301:842-7).

The findings were the same in the large subset of women who had no indication of depression before delivery. Those with diabetes had nearly twice the risk of developing new onset depression during the postpartum period.

Perinatal depression is underdiagnosed and therefore inadequately treated. These findings should "encourage health care providers to pay particular attention to managing the mental health concerns of women with diabetes during pregnancy and the postpartum period," the researchers said.

They noted that the design of this study did not allow them to determine whether the link between diabetes and perinatal depression is causal. It is plausible that diabetes-related changes in glycemic control and thyroid function could impact hormonal changes and contribute to perinatal depression, or that the stress of managing "a chronic illness that poses risks to the woman and the infant" may exacerbate depressive symptoms in pregnant women and new mothers.

It is also possible, however, that perinatal depression may be related to other factors, such as sleep disorders and obesity, both of which are common among diabetic women, the investigators added. ■