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Eczema and Mental Health

The Silent Struggle of Skin Disorders

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One in 10 individuals experience eczema at some point in their lives, with infants and children being the most prone to being diagnosed with the skin disorder. Also known as atopic dermatitis (AD), eczema is an itchy inflammation of the skin that usually develops in early childhood. It normally appears as dry, cracked, and/or rashy skin inside the elbows and behind the knees. Essentially, any creased area of the body is susceptible to eczema and the intense itch that follows. While it is more common in families with a history of the disease, there are a combination of factors which can cause eczema – primarily genetic or environmental. For instance, children in families with higher parental education levels or in a highly polluted city are statistically more likely to have eczema. Even a mother's age has been shown to have a correlation, as children born to older women are more likely to develop eczema. Nevertheless, the exact causes are not yet completely understood and there is clearly a complex story hidden behind eczema.

Growing up, I saw first-hand how eczema in a family affects not only the person afflicted by the condition, but everyone around them too. My little sister developed prominent eczema at the age of three. Although there were mild cases of eczema in my family history, neither my parents nor my relatives could recall any cases even somewhat resembling the intensity of my sister's. The underlying cause of her eczema was a mystery. Could the trigger have been the environment, our social class, my mother's age? Or was it something else entirely? My parents visited every doctor and tried every treatment plan, but nothing worked. The ordeal was made worse by the sleepless nights they had to spend soothing my sister to sleep because of the relentless itchiness. Treating and monitoring the eczema had a significant impact on my parents' and sister's lives, from a rigorous daily lotion application schedule to constantly monitoring my sister and reminding her not to itch her skin. In some ways, maybe eczema was my sister's entire life. Anyone who struggles with eczema knows that it is so much more than just a skin disorder. It affects not only one's physical well-being but also their emotional state and social life. Despite this, there is a gap in understanding within the medical system. The lack of this more nuanced professional support results in a heavy burden on the family of the child, to try to support the mental side of a fundamentally medical issue, despite their insufficient knowledge and training.

Considering that eczema is not yet curable and that treatments are relatively ineffective for many, a collaborative effort to train physicians to aid in the mental aspects of eczema would be extremely valuable. Many studies have shown a significant correlation between both adult and adolescent eczema patients and the prevalence of depressive symptoms and suicidal behaviors, highlighting the necessity of both medical and mental support.

One study by Dr. Yu and colleagues explores the quality of life and risk of developing depression in patients with hand eczema — a subset of eczema that has not been researched in detail. The

researchers argue that a change in morphological appearance and its impact on daily life can lead to negative social, emotional, and psychological effects that increase the risk of depression.

They found a positive correlation between the severity of the hand eczema and both dermatology quality of life (DLQI) and depression index (BDI-II) scores, meaning that increased severity of eczema symptoms both decreased quality of life and increased depression. This study suggests that eczema strongly influences not only mental health but also quality of everyday life.

Similarly, another study by Dr. Kim and colleagues focuses on the most common type of eczema and its association with depressive symptoms, anxiety, stress, sleep disturbances, social withdrawal, and stigmatization. They note that stress and other emotional factors do not cause eczema, but can significantly worsen the condition and course of the disease. By measuring demographic, socioeconomic, and clinical traits, the researchers found a significantly higher presence of depressive symptoms in eczema patients than in the control group. While the previous study simply measured depression, quality of life, and severity of eczema on the hands, Dr. Kim's study delves into alcohol use, exercise frequency, income, and other aspects of life for patients with this more common type of eczema. These studies can give physicians

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a better understanding of the remarkable impact eczema can have on the lives and mental health of those who suffer from it.

We need innovative intervention strategies, both in clinician and caregiver practices, to prevent psychological morbidity and aid those who are suffering with the mental elements of eczema. Further, there is a limited amount of studies examining the effects of eczema on mental health from childhood into adolescence. This information is necessary for physicians to be trained in addressing the effects of eczema on specific developmental stages. Furthermore, these programs need to be targeted at regional and local levels so that individual hospitals are trained and aware. Similarly, there is a need to normalize therapy and parents talking to their children about the mental effects of eczema. ● ● ●

