



(RESEARCH ARTICLE)



## Integrating dermatology and psychiatry: Clinical impact of dermatoses in hospitalized patients with mental illness

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### Abstract

**Background:** Psychodermatology highlights the bidirectional interactions between psychiatric disorders and cutaneous diseases. Patients with severe mental illness are at increased risk of dermatological conditions due to neuro-immunological dysregulation, behavioral disturbances, inadequate hygiene, and psychotropic-related skin reactions.

**Objectives:** To assess the prevalence, types, and clinical correlates of dermatoses in patients followed in a hospital-based psychiatric service, and to identify determinants associated with these conditions.

**Methods:** A six-month prospective descriptive study was conducted in 2018 at the Psychiatry Department of the Military Hospital Moulay El Hassan, Guelmim. Fifty-six male patients with a confirmed DSM-5 psychiatric diagnosis and a dermatologist-validated dermatosis were included. Sociodemographic data, psychiatric diagnoses, dermatological characteristics, and medication profiles were recorded. Descriptive analyses and psychiatric–dermatological cross-tabulations were performed.

**Results:** All 56 participants were male, with a mean age of 35 years. In 83.4% of cases, the dermatological condition appeared after the onset of the psychiatric disorder. The most frequent psychiatric diagnoses were schizophrenia (38.9%), bipolar disorder (22.2%), anxiety disorders (22.3%), and major depression (16.6%). Infectious dermatoses predominated (47.2%), followed by inflammatory/immuno-allergic dermatoses (44.4%). One case of carbamazepine-induced drug eruption and one pressure ulcer were documented. Infectious dermatoses were markedly more frequent among psychotic patients, particularly those exhibiting poor hygiene, disorganized behavior, and low insight.

**Conclusion:** Dermatological comorbidities are highly prevalent in psychiatric patients, especially infectious and inflammatory conditions. An integrated dermatology–psychiatry model is essential for early detection, prevention, treatment optimization, and reduction of avoidable complications.

**Keywords:** Psychodermatology; Comorbidity; Dermatology; Psychiatry; Hygiene; Immunology

### 1. Introduction

Psychodermatology explores the intricate interplay between psychiatric disorders and cutaneous manifestations. The skin an immunologically active and highly innervated organ serves as both a target and mediator of psychological distress (1,2). Neuro-immunological dysregulation, alterations in emotional regulation, self-induced behaviors, reduced

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hygiene, and adverse reactions to psychotropic medications all contribute to the dermatological vulnerability of psychiatric patients (3–5).

Despite increasing recognition of these interactions, data from low- and middle-income countries, and particularly from military hospital settings, remain limited. This study aims to characterize the prevalence, nature, and clinical determinants of dermatoses in patients followed in a psychiatric department.

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## 2. Methods

### 2.1. Study Design and Setting

A prospective descriptive study was conducted over six months (January–June 2018) in the Psychiatry Department of the Military Hospital Moulay El Hassan, Guelmim, Morocco.

### 2.2. Participants

#### 2.2.1. Inclusion criteria:

- Adult patients with an established DSM-5 psychiatric diagnosis
- Presence of a dermatologist-confirmed dermatosis

#### 2.2.2. Exclusion criteria:

- Absence of a definitive dermatological diagnosis
- A total of 56 patients met the inclusion criteria.

#### 2.2.3. Data Collection

- Collected variables included:
- Sociodemographic characteristics
- Psychiatric diagnosis
- Type, location, chronicity, and probable mechanisms of dermatoses
- Ongoing psychotropic treatment and cutaneous adverse effects

### 2.3. Data Analysis

A descriptive statistical approach was used to compute frequencies and proportions. Clinical correlations between specific psychiatric disorders and dermatoses were explored qualitatively.

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## 3. Results

### 3.1. Participant Characteristics

All 56 patients were male, with a mean age of 35 years. In 83.4% of cases, dermatoses emerged after the diagnosis of the psychiatric condition.

#### 3.1.1. Psychiatric Diagnoses

- Schizophrenia: **38.9%**
- Bipolar disorder: **22.2%**
- Anxiety disorders: **22.3%**
- Major depressive episode: **16.6%**
- **Dermatological Findings**
- **Infectious dermatoses:** 47.2%
- **Inflammatory/immuno-allergic dermatoses:** 44.4%
- **Drug-induced eruption:** 1 case (carbamazepine)
- **Pressure ulcer:** 1 case

### 3.2. Clinical Observations

Infectious dermatoses were significantly more frequent among patients with psychotic disorders, especially among those presenting with

- Marked self-neglect
- Disorganized or erratic behaviors
- Poor illness insight
- Such profiles predisposed patients to bacterial, fungal, and parasitic infections.

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## 4. Discussion

This study confirms that psychiatric patients are highly vulnerable to dermatological diseases, consistent with international literature.

### 4.1. Psychiatric Disorders as Determinants of Dermatoses

Psychotic disorders, particularly schizophrenia, are strongly associated with self-neglect and disorganized behavior. These factors markedly increase infectious risk, echoing the findings of Gupta and Gupta (4).

### 4.2. Stress and Inflammatory Dermatoses

Anxiety and mood disorders contribute to chronic activation of the hypothalamic–pituitary–adrenal axis, elevating pro-inflammatory cytokines and exacerbating psoriasis, eczema, and urticaria. These pathways align with models proposed by Misery (1) and Basavaraj (2).

### 4.3. Psychotropic-Induced Dermatoses

The carbamazepine-induced toxidermia underscores the importance of dermatological surveillance in psychiatric pharmacotherapy, consistent with recommendations by Koo and Do (3).

### 4.4. Value of Integrated Psychodermatology

Implementing a collaborative dermatology–psychiatry model may enable:

- Early recognition of dermatoses
- Improvement of hygiene and self-care
- Stress management interventions
- Adverse reaction monitoring

Such multidisciplinary frameworks, advocated by Jacobson (5) and Szepietowski (7), could significantly improve outcomes in hospital-based psychiatric populations.

### *Limitations*

- Small sample size
- Exclusively male population
- Lack of standardized severity scales for dermatological assessment

### 4.5. Clinical Implications

Routine psychodermatological collaboration may reduce preventable complications, enhance patient quality of life, and mitigate psychiatric destabilization triggered by dermatological distress.

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## 5. Conclusion

Dermato-psychiatric comorbidity constitutes a major clinical challenge in psychiatric settings. The high prevalence of infectious and inflammatory dermatoses underscores the need for integrated, multidisciplinary care. Establishing systematic screening, preventive strategies, and joint dermatology–psychiatry consultations could substantially improve clinical outcomes and reduce morbidity.

## Compliance with ethical standards

### *Disclosure of conflict of interest*

The authors declare that they have no conflicts of interest.

### *Statement of informed consent*

The Institutional Review Board approved the study. Written informed consent was obtained from all participants before their inclusion in the study, in accordance with the Declaration of Helsinki.

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