SYNOPSIS

• Prurigo nodularis (PN) is a chronic skin disease characterized by severely itchy nodules typically on the trunk and extremities.
• The intense itch, often accompanied by skin pain, stinging, and burning, experienced by patients with PN along with the associated comorbidities affects their quality of life and mental health.
• Patients with PN may have comorbid anxiety and depression that could be exacerbated by their disease; however, there have been limited data regarding the impact of patients' mental health.

OBJECTIVE

• To assess depression and anxiety symptoms in patients with PN stratified according to different categories of itch.

METHODS

Study design and population

• In this cross-sectional online survey, adult patients with a self-reported diagnosis of PN for ≥3 months with active disease (≥26 nodules, itch of any level, and history/signs of repeated scratching or rubbing) were recruited from the United States.

Data collection and assessments

• Data were collected on patient demographics, clinical characteristics, itch severity, and mental health.
• Itch severity during the past week was measured using Worst Itch Numeric Rating Scale (WI-NRS; 0–10, a higher score indicating more severe itch).
• Patients were stratified into WI-NRS itch score categories of 0–2, 3–6, and ≥7.

• Patients were asked to self-report diagnosis of anxiety and depression as part of the survey; quantitative assessments of anxiety and depression were done based on the Hospital Anxiety and Depression Scale for anxiety (HADS-A) and depression (HADS-D), respectively.
• A HADS cut-off of ≥8 on either domain was considered suggestive of the presence of anxiety/depression.

Statistical analysis

• Comparisons across different WI-NRS score categories were performed using T-tests, Chi-square tests, and Fisher’s exact tests, using “WI-NRS 0–2” subgroup as the reference group.

• Results were also represented as odds ratio (OR) and 95% confidence interval (CI) using the Fisher’s exact test.

• Continuous variables were summarized with mean and standard deviation (SD), whereas categorical variables were summarized with frequency and percent count.

RESULTS

• Overall, 132 patients with PN participated in the survey.
• The mean age (SD) of patients was 51.0 (9.6) years; 59.1% were female. Mean (SD) time since diagnosis was 4.1 (5.1) years.

• The mean (SD) WI-NRS score was 6.0 (3.1); 46.2% (n = 61) had WI-NRS scores ≥7, 34.1% (n = 45) had WI-NRS scores 3–6, and 19.7% (n = 26) had WI-NRS scores 0–2.

• The demographic and clinical characteristics of patients are shown in Table 1.

Mental health

• Approximately, 25.8% (n = 34) and 17.4% (n = 23) of patients self-reported having a diagnosis of comorbid anxiety and depression, respectively (Table 1). 36.6% (n = 51) and 42.4% (n = 56) of patients had HADS-A and HADS-D scores ≥8, respectively, suggesting the presence of anxiety and depression (Figure 1).

• A higher proportion of patients with WI-NRS ≥7 (vs. WI-NRS 0–2) had anxiety (50.8% vs. 15.4%; P = 0.002) and depression (67.2% vs. 7.7%; P < 0.0001) as suggested by the HADS score ≥8 (Figure 1).

CONCLUSION

• The disparity between comorbid anxiety and depression self-reported by patients and those evaluated by patient-reported outcomes, HADS-A and HADS-D, may suggest that mental health burden in PN is higher than suspected.

• Moreover, the results suggest that much higher itch severity may be likely to suffer from anxiety and depression. It is therefore important to consider both anxiety and depression when treating patients with PN.

REFERENCE