




GENERALIZED ANXIETY DISORDER AND ITS RELATIONSHIP WITH ATOPIC DERMATITIS: A NARRATIVE REVIEW OF THE LITERATURE

 <https://doi.org/10.56238/isevmjv3n6-004>

Receipt of originals: 10/14/2024

Acceptance for publication: 11/14/2024

Eveline Alana Seidel¹, Willy Erick Beckman², João Alberto Dalla Vechia³, Maria Noeme Cruz Landim Sampaio⁴, Samia Sampaio Gonçalves⁵, Gabriel Neves Guimarães⁶, Stephany Fernandes de Paiva⁷, Izadora dos Santos Albuquerque⁸, Larissa Santineli Lopes⁹ and Bruna Fernanda Tavares¹⁰

ABSTRACT

Objective: To analyze generalized anxiety disorder and its relationship with atopic dermatitis. **Literature Review:** Anxiety refers to the brain's response to danger, a stimulus that an organism will actively try to avoid. It is not typically pathological because it is a way of adapting to various scenarios, in order to avoid a possible danger. Atopic eczema, or atopic dermatitis, is an inflammatory disease that has different phenotypes and degrees of involvement. Signs and symptoms present with xeroderma, erythema, pruritus, even evolving to skin infections and lichenification of the affected skin. It is a chronic pathology, which has a great impact on the quality of sleep, socialization, well-being and mental health of the affected patient. **Final considerations:** The intensity and relationship between generalized anxiety disorder and atopic dermatitis is highlighted, since GAD is an extremely prevalent psychiatric disorder in today's society. It is characterized by symptoms of persistent, excessive, and unrealistic worry about basic daily activities, which results in a decrease in the individual's quality of life.

Keywords: TAG. Atopic dermatitis. Eczema.

¹ Medical

Catholic University of Pelotas

² Doctor

Universidad central del Paraguay

³ Doctor

Catholic University of Pelotas

⁴ Graduated in Medicine

UFCG-PB

⁵ Psychology Student

UNILION

⁶ Medical Student

Nove de Julho University

⁷ Medical Student

Euro-American University Center

⁸ Medical Student

UNIGRANRIO

⁹ Medical Student

Universidade Cidade de São Paulo - UNICID

¹⁰ Medical Student

City University of São Paulo – UNICID



INTRODUCTION

Anxiety refers to the brain's response to danger, a stimulus that an organism will actively try to avoid. It is not typically pathological because it is a way of adapting to various scenarios, in order to avoid a possible danger. Anxiety disorders (ED) occur when anxiety occurs in the absence of any threat, or disproportionately to a threat, and prevents the individual from leading a normal life.

Disproportionate fear, excessive worry, and a common feeling of being overwhelmed are some signs that may be present in Generalized Anxiety Disorder (GAD). In these patients, the concern is characterized as persistent, excessive and unrealistic in relation to daily activities, and can be multifocal, involving the future, family, finances and health. It is difficult to control and can be associated with many non-specific physical and psychological symptoms. This concern is considered a central characteristic of GAD (GOTTSCHALK MG, 2017).

The treatment for anxiety disorders encompasses psychological therapy and pharmacotherapy, and the combination of both is a therapeutic proposal with better results. The psychotherapy considered to have the highest level of evidence is Cognitive-Behavioral Therapy (CBT). Selective Serotonin Reuptake Inhibitors (SSRIs) and Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs) are considered the first-line drugs (NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE (NICE), 2019).

Atopic eczema, or atopic dermatitis, is an inflammatory disease that has different phenotypes and degrees of involvement. Signs and symptoms present with xeroderma, erythema, pruritus, even evolving to skin infections and lichenification of the affected skin. It is a chronic pathology, which has a great impact on the quality of sleep, socialization, well-being and mental health of the affected patient.

LITERATURE REVIEW

With the exception of obsessive-compulsive disorder (OCD), women are usually about twice as likely to have anxiety disorders during their lifetime as men. They can appear at any age and are generally more common in adolescence. There are some social conditions that increase the risks of these disorders, namely: single, widowed or divorced marital status, social isolation and lack of support from friends or family. Psychological trauma is also a factor that can trigger anxiety disorders, with post-

traumatic stress disorder being the most common in vulnerable people (ZUARDI AW, 2017).

There are some anxiety disorders that are considered more common in childhood, such as simple phobias, such as separation anxiety, fear of the dark, and obsessive-behavioral disorder. Affected children may end up developing depression, abuse of numerous substances in adulthood, such as alcohol or other anxiety disorders. Usually childhood anxiety occurs between the ages of 13 and 18 in about 1 in 4 children, with the average age of onset of signs and symptoms being from 11 years old. The lifetime prevalence of a major anxiety disorder in children between 13 and 18 years of age is approximately 6% and the overall prevalence in children under 18 years of age between 5.7% and 12.8% (NICE, 2019).

There are habitual emotions such as fear and anxiety that generate the main characteristics of GAD. Suffering and impairment related to basic daily activities should always be evaluated in these patients. Therefore, the diagnosis of anxiety disorder is made when there is suffering or impairment in social, professional or any other area of the individual's life. The abusive use of substances, such as alcohol or drugs, as well as some medical conditions can generate feelings of fear and anxiety and, therefore, it is important to rule out this possibility at the time of diagnosis, as these manifestations are explained by these factors and not by a neurotransmitter disorder (CROCQ MA, 2017).

It is also important to investigate the patient's past history to identify similar anxiety episodes in the past or other psychiatric illness events. Although it is not a point that appears in the diagnostic criteria, it is very useful from a clinical point of view. The diagnosis of anxiety gains more strength when the patient reports the existence of symptoms since childhood and also the presence of psychiatric disorders in family members (ONTARIO HQ, 2017).

Atopic dermatitis (AD) is a chronic and recurrent condition that mainly affects patients in the pediatric age group. Dermatitis is characterized by ill-defined erythema, edema, and vesicles in the acute stage, and in the chronic stage, by a well-defined, scaly erythematous plaque with a variable degree of lichenification. The term atopic eczema is generally accepted as a synonym for AD. The pathophysiology involves genetic factors, changes in the skin barrier, and immunological factors.



Severe pruritus and erythema can be debilitating. Until recently, the treatment was nonspecific, and, especially in the severe forms of the disease, sometimes ineffective and with many side effects. It is a complex disease, with several clinical presentations and a significant impact on the patient's quality of life. This fact occurs in a multifactorial way, affecting from young infants to patients already in puberty.

AD patients share the characteristics of xeroderma (dry skin) and decreased threshold for pruritus. Eczema occurs cyclically during childhood and can continue into adulthood. In some patients, pruritus is constant and uncontrollable, being one of the factors responsible for the decrease in the quality of life of patients and their families.

Itching is a complex sensory phenomenon that incorporates discriminative, cognitive, motivational, and affective components. Chronic pruritus is associated with higher rates of stress, anxiety, depression, and even suicidal ideation, leading to large deficits in quality of life. In addition, psychological and emotional factors can modulate the perception of itching and affect the outcome of treatment. Affected children commonly have behavioral problems, especially emotional dependence, anxiety, and sleep disturbances. The chronic course of the disease characterized by periods of exacerbation and long-lasting treatment negatively affects the family's quality of life, both economically and psychologically, producing anxieties and frustrations.

FINAL CONSIDERATIONS

The intensity and relationship between generalized anxiety disorder and atopic dermatitis is highlighted, since GAD is an extremely prevalent psychiatric disorder in today's society. It is characterized by symptoms of persistent, excessive, and unrealistic worry about basic daily activities, which results in a decrease in the individual's quality of life. Allied to this disorder and its various manifestations and systemic consequences, atopic dermatitis presents itself as a cause/consequence manifestation that can be present in most patients and has repercussions of intensity directly proportional to this pathology.



REFERENCES

1. Toledo, L. de O. S., et al. (2024). Relação entre dermatite atópica e transtorno de ansiedade na infância e adolescência: um protocolo de revisão de escopo.
2. Lima, L. de P. S. (2021). Avaliação do efeito do metotrexato nas manifestações clínicas e no perfil da expressão cutânea de citocinas e quimiocinas envolvidas na resposta inflamatória da dermatite atópica do adulto (Tese de Doutorado). Universidade de São Paulo.
3. Manzoni, A. P. D. da S. (2011). Avaliação de sintomas depressivos e de ansiedade em cuidadores de pacientes pediátricos com dermatite atópica, psoríase e vitiligo.
4. Ferreira, A. F. R. I. (2021). Dermatite Atópica: Impacto na Qualidade de Vida (Dissertação de Mestrado). Universidade do Porto.
5. Delgado, A. I. L., et al. (2017). Dermatite Atópica na criança-impacto na Qualidade de Vida e comportamento (Dissertação de Mestrado).
6. Zuardi, A. W. (2017). Características básicas do transtorno de ansiedade generalizada. Medicina (Ribeirão Preto. Online), 50, 51-55.
7. Lopes, A. B., et al. (2021). Transtorno de ansiedade generalizada: uma revisão narrativa. Revista Eletrônica Acervo Científico, 35, e8773-e8773.
8. Da Silva Menezes, A. K., de Moura, L. F., & Mafra, V. R. (2017). Transtorno de ansiedade generalizada: uma revisão da literatura e dados epidemiológicos. AMAZÔNIA: SCIENCE & HEALTH, 5(3), 42-49.
9. Moreira, C., et al. (2024). Análise descritiva de crianças e adolescentes com dermatite atópica em uso de Dupilumabe.
10. Moura, I. M., et al. (2018). A terapia cognitivo-comportamental no tratamento do transtorno de ansiedade generalizada. Revista científica da faculdade de educação e meio ambiente, 9(1), 423-441.