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Original Research

Assessment of psychiatric illness and coping strategies among patients with aphthous ulcers

Malay Kant Singh

Department of Psychiatry, Career Institute of Medical Sciences & Hospital, Lucknow, U.P., India

ABSTRACT

Background: Recurrent aphthous stomatitis has the highest frequency among oral lesions and involves 5-25% of the general population. The present study was conducted to assess psychiatric illness and coping strategies among patients with aphthous ulcers. **Materials & Methods:** The present study was conducted on 54 patients with recurrent aphthous stomatitis (RAS) of both genders. All were provided with the SCL-90 questionnaire consisting of 90 multiple choice questions was completed by all subjects. Each question of this questionnaire evaluated one of the subscales of psychiatric disorders including somatization, obsessive-compulsive disorder, depression, anxiety and hostility. **Results:** There were 26 males and 28 females in group I and 27 males and 27 females in group II. Psychiatric disorders including somatization, obsessive-compulsive disorder, depression, anxiety and hostility were common in both groups. There was significant difference of all among both groups (P< 0.05). **Conclusion:** RAS had higher percentage of psychiatric illnesses as compared to healthy subjects. The role of stress cannot be ruled out.

Key words: psychiatric illnesses, RAS, Stress

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Corresponding author: Dr. Malay Kant Singh, Department of Psychiatry, Career Institute of Medical Sciences & Hospital, Lucknow, U.P., India

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INTRODUCTION

Chronic oral mucosal diseases (COMDs) are a diverse group of autoimmune, inflammatory, and infectious conditions that can affect the soft tissues of the mouth. Some of the most commonly encountered COMD in dental practice includes recurrent aphthous ulcers, oral submucous fibrosis, leukoplakia, oral lichen planus, and pemphigus.[1] Although the majority of oral diseases are not fatal, they can give rise to significant morbidity, resulting in physical, social, and psychological consequences, and influencing the "goodness" or "quality of life (QOL)."

Recurrent aphthous stomatitis has the highest frequency among oral lesions and involves 5-25% of the general population. However, its frequency among different ethnic and socioeconomic groups ranges from 5 to 50%.[2] Lesions may be secondary to local trauma, hormonal changes, and infectious agents like HIV, vitamin deficiency, drug intake or allergy. However, systemic conditions like genetic predisposing factors, immunity disorders, and family history also play a role in some patients. On the other hand, it has been demonstrated that cigarette smoking by increasing mucosal keratinization decreases the prevalence of RAS; also, RAS-free periods are observed during Pregnancy.[3]

In 1994, the World Health Organization, defined QOL as "the individual's perception of his or her position in life, within the cultural context and value system he or she lives in, and in relation to his or her goals, expectations, standards and concerns." QOL questionnaires can provide an important role in therapy because they can help patients communicate with their physicians in an objective fashion about the subjective conditions associated with their illness. Clinicians may be considered experts at observation of disease activity, and with effective QOL questionnaires, patients can help make decisions about their treatment.[4]The

present study was conducted to assess psychiatric illness and coping strategies among patients with aphthous ulcers.

MATERIALS & METHODS

The present study was conducted in the department of Psychiatry. It comprised of 54 patients with recurrent aphthous stomatitis (RAS) of both genders. Equal number of controls were also taken. The study protocol was approved from institutional ethical committee and written consent was obtained from all patients.

Patient data such as name, age, gender etc. was recorded. A through oral examination was done in all subjects. All were provided with the SCL-90 questionnaire consisting of 90 multiple choice questions was completed by all subjects. Each question of this questionnaire evaluated one of the subscales of psychiatric disorders including somatization, obsessive-compulsive disorder, depression, anxiety and hostility. All were asked to respond the questionnaire. Results thus obtained were subjected to statistical analysis. P value less than 0.05 was considered significant.

RESULTS

Table I, graph I shows that there were 26 males and 28 females in group I and 27 males and 27 females in group II. Table II, Graph II a, b shows psychiatric disorders including somatization, obsessive-compulsive disorder, depression, anxiety and hostility in both groups. There was significant difference of all among both groups (P< 0.05).

Table I Distribution of subjects

Gender	Group I (RAS)	Group II (Control)
Males	26	27
Females	28	27

Graph I: Distribution of subjects

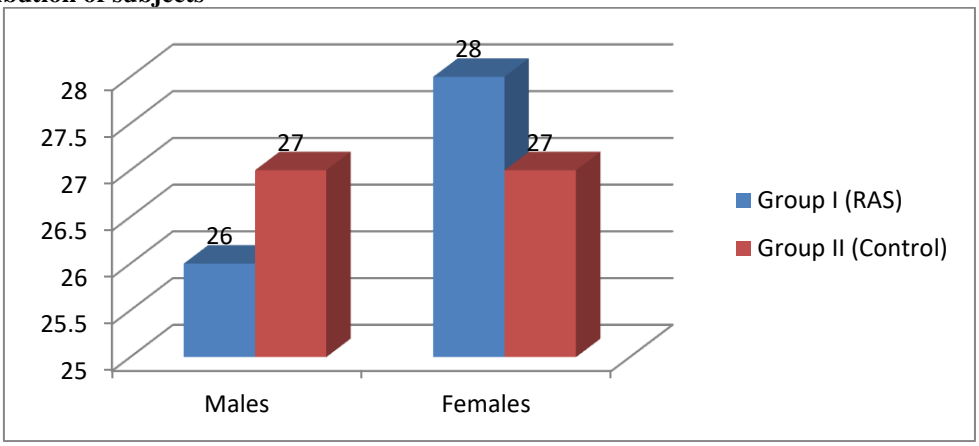
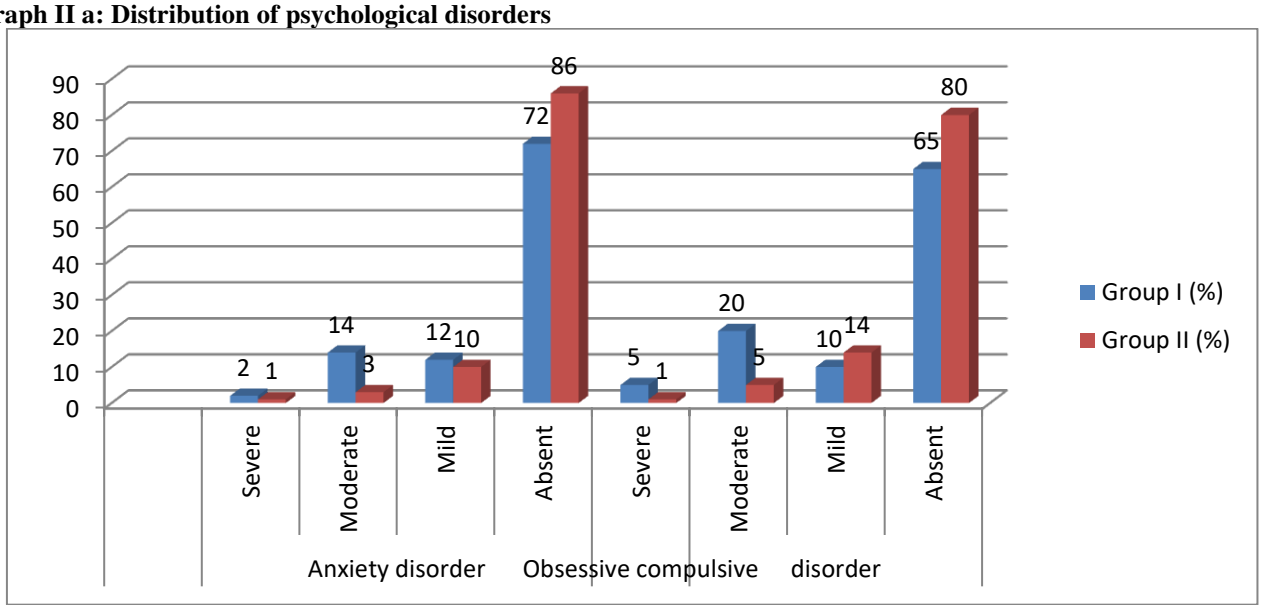


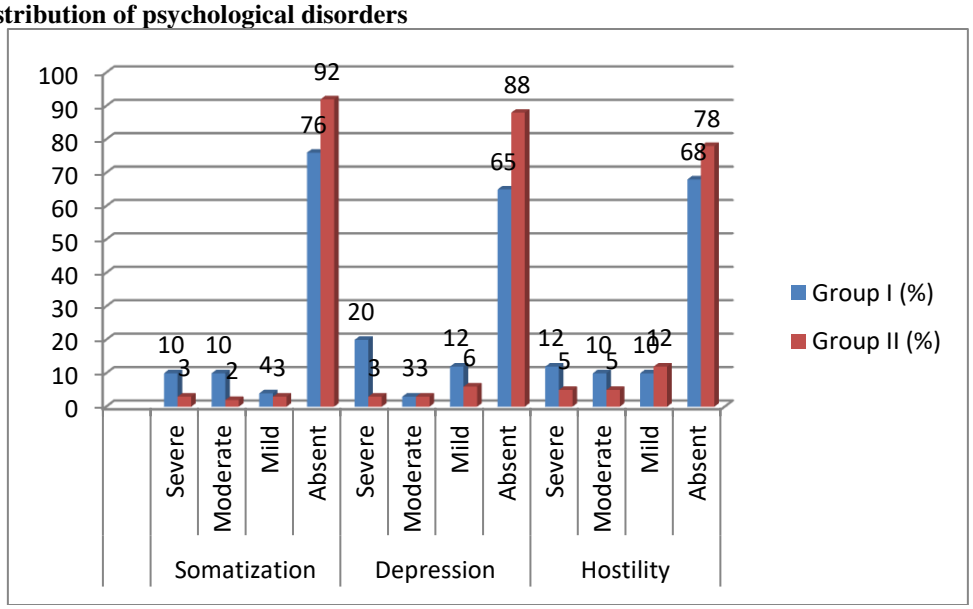
Table II Distribution of psychological disorders

Psychological disorders	Severity	Group I (%)	Group II (%)	P value
Anxiety disorder	Severe	2	1	0.01
	Moderate	14	3	
	Mild	12	10	
	Absent	72	86	
Obsessive compulsive disorder	Severe	5	1	0.02
	Moderate	20	5	
	Mild	10	14	
	Absent	65	80	
Somatization	Severe	10	3	0.01
	Moderate	10	2	
	Mild	4	3	
	Absent	76	92	
Depression	Severe	20	3	0.05
	Moderate	3	3	
	Mild	12	6	
	Absent	65	88	
Hostility	Severe	12	5	0.04
	Moderate	10	5	
	Mild	10	12	
	Absent	68	78	

Graph II a: Distribution of psychological disorders



Graph II b: Distribution of psychological disorders



DISCUSSION

Painful oral aphthous ulcers, commonly referred to as aphthae, or canker sores, have been routinely appreciated by medical and dental professionals in otherwise healthy patients for thousands of years.[5] They are the most common lesion of the oral mucosa in the general population. The term aphthae is derived from the Greek word *aphthi*, which means "to set on fire" or "to inflame," and is thought to have been first used by the philosopher Hippocrates to describe the pain associated with a common disorder of the mouth during his time (likely, aphthous stomatitis).[6] Local trauma, genetic factors, nutritional deficiencies, viral and bacterial infections, and immune or endocrine disturbances have all been implicated as etiological factors of frequent oral ulcerations. In a subset of patients, no etiology can be identified and a diagnosis of exclusion must be made; such cases are referred to as recurrent aphthous stomatitis (RAS). Three forms of RAS exist: minor (>70% of cases), major (10%), and herpetiform (10%). These subtypes differ in morphology, distribution, severity, and prognosis.[7]The present study was conducted to assess psychiatric illness and coping strategies among patients with aphthous ulcers.

In present study, there were 26 males and 28 females in group I and 27 males and 27 females in group II. Pakfetratet al[8] found the prevalence of RAS was reported to be 25.2% in subjects older that 15 years old in Iran. Aphthous ulcers are very painful especially during eating, deglutition and speaking and thus, they adversely affect the

quality of life of patients. The main etiology of this condition remains unknown and most treatments are symptomatic and supportive.Delavarianet al[9] included seventy-five patients with 35 patients with RAS (15 males and 20 females) constituted the study group and 40 healthy patients (15 males and 25 females) comprised the control group. The SCL-90 questionnaire consisting of 90 multiple choice questions was completed by all subjects and a psychologist scored and analyzed the results in order to evaluate the psychological status of patients. The overall frequency of psychological disorders was 44%; this rate was 68.6% in the RAS patients and 22.5% in the control group ($p<0.0001$). The frequency of anxiety disorder was 42.9% in RAS patients and 7.5% in the control group ($p<0.0001$). The frequency of somatization disorder was 17.1% in RAS patients and 0% in the control group ($p=0.008$). The frequency of depression was 28.6% in RAS patients and 15% in the control group ($p=0.004$). All these differences were statistically significant. There was no statistically significant difference between the two groups in other psychological disorders.

Tabolli et al[10] found that administration of specific and generic questionnaires provided a detailed picture of the impact of oral diseases on patients, which adds information that may be useful in clinical practice. The COMDQ, being a single discipline-specific questionnaire, could help in the analysis of both physical and psychological evaluation of QOL. The use of this questionnaire for the evaluation of QOL may help give a greater focus to the limited time available at follow-up appointments. These outpatient visits have often concentrated on the symptomatic exacerbation of COMD to the exclusion of other aspects of a patient's health.

CONCLUSION

From the above results, the authors concluded that RAS had higher percentage of psychiatric illnesses as compared to healthy subjects. The role of stress cannot be ruled out.

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