

Editorial

The Skin: A Mirror Reflecting Neuro-Psychiatric Disorders

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Editorial

Many papers were published from mid 60s till date with the key word “skin” and “mirror” in its title^[1-16].

Actually doctors of all clinical specialties understand that the skin is a mirror of many diseases as celiac diseases, polyposis syndromes, and intestinal malignancies. And, as GI diseases can have a dermatological manifestation, GI tract can be involved in many dermatological disorders as vesicobullous disorders^[1,7,8,12]. Skin also mirrors bone marrow^[6,16] and reflect some malignancies^[14]. Immunological and rheumatic diseases could also show signs on our skin^[10-11]. Diabetes mellitus is a major health problem in Gulf countries. Muco-cutaneous lesions are associated with diabetes. Skin manifestation of diabetes should be common to be missed by practioners. They can take credit for both detecting DM and facilitating early diagnosis of its complications^[2].

Moreover, researchers studied the role of certain neuro-transmitters on skin which is also the mirror of souls^[5-9]. The mammalian skin is both a site for the production of and a target for bioregulation by serotonin (5-HT). General practitioners, dermatologists, and psychiatrists should be alert to a some skin lesions common with patients on antidepressants with the indication of their clinical monitoring and management^[17-18].

Parkinson’s disease is a chronic neurodegenerative disorder that is expected to increase in coming decades as the Arab population survival becomes longer. Dermatological disorders were also being recognized with Parkinson’s disease, yet are often overlooked. Parkinson’s disease patients could have, sensory denervation, hyperhidrosis or sialorrhea^[19]. Clinicians caring for Parkinson’s disease patients should monitor for melanoma^[20-22]. Skin moisture, cold limbs, and delayed healing of wounds^[23-24].

In late 60s, the German started to investigate the association between ADHD and atopic diseases^[25]. Then in late 80s and early 90, they started to ask whether it is just a coincidence or there is a hypothetical background behind^[26-28]. After circa 20yrs, researchers started to dig behind such controversial issue to prove the robust association^[29-41]. They proved the association between ADHD and atopic diseases among adults^[29] and children^[30,34-35]. Articles published were of different designs as cross

sectional design^[30], case control^[34-35], cohort studies^[39] or review articles^[32,37].

Atopic dermatitis (AD) is a common chronic inflammatory disease that is associated with significant psychosocial morbidity and a decrease in quality of life^[29]. The most robust and recently published cohort study by Genuneit and colleagues^[39] proved the association of early atopic eczema(AE) with early ADHD. But, the association of early AE among children with late ADHD was not statistically significant. Also, the association of late AE with late ADHD was not proved. Cicek and colleagues^[29] investigated the co-presence of ADHD in AD patients in the adult age group but in only a case control study design. Therefore, there is still a need to replicate cohort studies to (dis) prove such association.

Other primary psychiatric disorders as depressive and anxiety disorders have its repercussion on the psycho-dermatologic Disorders^[42]. Depression may lead to acts of self-harm to the skin or nails, and up to 30% of patients at a dermatology clinic could be depressed especially those with acne or alopecia^[43-45].

Conclusion

To conclude, the link between the skin and the nervous system is uncontested. Psychotropic drugs for psycho-dermatologic lesions are often effective by themselves, or by adding other treatments. Other non-pharmacological interventions adopted in psychiatry as cognitive-behavioral therapy improves the treatment outcomes of skin lesions. A multidisciplinary approach to these complex problems often optimizes treatment response^[42].

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