

PSYCHOEMOTIONAL STATUS IN PATIENTS WITH ATOPIC DERMATITIS

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Annotation. Atopic dermatitis in children is a chronic inflammatory skin disease accompanied by severe itching, rashes and redness. According to WHO ATd suffers from 15 to 32% of children. It develops in the first year of a child's life, can persist in adults. The risk factor is genetic predisposition and food allergy. Atopic dermatitis is accompanied by both physical and psychological symptoms, which are aggravated by stress and contact with allergens. The dust factor can also provoke the development of relapses.

Keywords: blazing mouth syndrome , neurologist, orthophacial pain.

Introduction. Atopic dermatitis (AtD) is a chronic recurrent inflammatory multifactorial skin disease with a complex etiopathogenesis, manifested by dry and inflamed skin, intense itching, which can be aggravated by many triggering factors such as allergens, infections, seasonal and climatic changes or psychological stress. AtD, which has a significant impact on patients' quality of life, has attracted the attention of many scientists, whose research aims to investigate the complex cellular and molecular mechanisms and to identify new ways to treat the disease. AtD is currently one of the most common skin diseases worldwide. Its prevalence is increasing especially rapidly in developed countries, where AtD affects up to 20% of the pediatric population and is found in 2.1-4.9% of the adult population. Nearly half of cases are diagnosed before the age of 1 year, and more than one-third of patients continue to have the disease into adulthood. AtD is often clinically exacerbated by stress and anxiety; it is postulated by many that patients have personality traits and are more prone to anxiety. To date, a number of neuropeptides and neurotransmitters have been identified as "chemical" substrates that provide the interaction between the skin, neuroendocrine and immune systems. The identification of biochemical biomarkers makes it possible to determine the risk of disease development, as well as to predict the progression of AtD, monitor its activity and clinical response to therapy. The system of monoaminergic neurotransmitters, which are involved in the formation and

functioning of all mental processes (emotions, thinking, perception, etc.), has been noted to play an important role in the pathogenesis of ATD. Serotonin is considered to be one of the most important mediators responsible for the interaction between the skin, neuroendocrine and immune systems. Stress and anxiety can worsen the course of AtD through the serotonin system. In response to stress, activation of neuropeptide mediators in the brain, endocrine organs and peripheral nervous system directly affects immune and resident skin cells. These assumptions are proved by a number of studies. Thus, in the publication of N. Lind et al. showed an increase in stress, exhaustion and anxiety levels in allergic asthma and ATD compared to those in patients with non-allergic asthma, allergic rhinitis and controls, with a pronounced trend of group differences in the level of depression and health anxiety. Thus, it is possible to assume a direct influence of the reduced serotonin level both on the exacerbation of the main disease and on the psychosomatic status of patients with ATD.

According to the results of a study by Y.A. Popovich and V.P. Fedotov, suppression of serotonin branch of metabolism in serum was observed in stable skin condition, whereas in dermatosis exacerbation the suppression of serotonin branch of metabolism and increase of serotonin content in platelets were more pronounced. A.K. Jaworek et al. draw attention to cognitive and affective problems in patients with AtD, which may worsen the course of the skin disease. Serotonin content was significantly lower in patients with severe AtD, and there was a relationship between serotonin content and depression scores, which was not observed in the control group. The authors concluded that the severe form of AtD, manifested by increased skin lesions, is associated with depression and decreased serum serotonin content. The opposite data were obtained in the study of A. Rasul et al. who reported that patients with AtD have high levels of serotonin. Moreover, the levels of this neurotransmitter were found to be positively correlated with the severity of the disease. Positive and negative correlations were found between serotonergic markers and SCORAD, inflammation, pruritus intensity, trait anxiety and depression scores.

Conclusions: Evaluation of psychoemotional status in AtD patients depending on serum serotonin concentration showed a decrease in dermatologic quality of life index with increasing anxiety and depression, with the presence of dependence of deterioration of psychoemotional status indicators on decreasing serotonin levels. At the same time, a milder course of the disease was caused by the presence of a higher concentration of serotonin and took place against the background of good psychoemotional well-being of patients, while the severe course, on the contrary, was revealed at a low concentration of serotonin and caused the development of anxiety-depressive state in patients with AtD. The obtained data may serve as a basis for further use of serotonin as a biomarker of changes in the psychoemotional state of patients and the severity of the course of ATD.

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