



E-ISSN: 2616-3470

P-ISSN: 2616-3462

© Surgery Science

www.surgeryscience.com

2018; 2(1): 46-47

Received: 13-11-2017

Accepted: 21-12-2017

Dr. Niti Gaur

Assistant Professor, Department of
Dermatology Chintpurni Medical
College and Hospital, Pathankot,
Punjab, India

Dr. MA Reshamwala

Associate Professor, Department of
General Surgery Grant government
Medical College, Mumbai,
Maharashtra, India

An observation into the correlation of traumatic events and alopecia areata

Dr. Niti Gaur and Dr. MA Reshamwala

Abstract

Background: The exact cause for the disease is yet to be understood. But it was thought that the underlying causes are genetic factors, environmental factors and stress factors [2]. The relationship between the stress factors and alopecia areata was not very clear. As there were difference in the opinion exists. Some researchers found that the stress events are prime in causing the disease where as other researchers explained that there was no relation between the stress events and the disease.

Objective: As this much difference exists in the relation between the traumatic events and occurrence of disease, the present study was undertaken to observe the correlation of traumatic events and alopecia areata.

Materials and methods: A total of 50 patients aged more than 18 years including both male and females were part of the study after obtaining the written, voluntary informed consent. Unwilling participants were excluded from the study. Patients with any severe complications were also excluded from the study.

Results; Out of fifty participants, 24 participants were males and 26 participants were females. Majority of the participants were exposed to at least one traumatic event. In age group less than 30 years major problem is child issues. In age group more than 30 years major issue is family problems. In males, the major issue is child issue where as in females, there is child, family and financial issues are of major concern.

Conclusion: The study results explained that, there is a strong relation between the Alopecia areata and the traumatic events. The study results cannot be generalized as the study was conducted at one centre only. Hence, the study recommends to undertake multi center studies to confirm the relation between the alopecia areata and traumatic events which helps to plan better management methods for the well being of the general population.

Keywords: Traumatic events, Alopecia areata, Stress, Treatment

Introduction

Alopecia areata is one of the commonly occurring auto immune diseases. It was reported that the prevalence of the disease is about 1-2 percentage in general population ^[1]. The exact cause for the disease is yet to be understood. But it was thought that the underlying causes are genetic factors, environmental factors and stress factors ^[2]. The relationship between the stress factors and alopecia areata was not very clear. As there were difference in the opinion exists. Some researchers found that the stress events are prime in causing the disease where as other researchers explained that there was no relation between the stress events and the disease. However latest concepts explained that there exist a network between brain, immunity and skin that operates the immune responses ^[3]. This network is called as neuro-immuno-cutaneous network ^[4]. As this much difference exists in the relation between the traumatic events and occurrence of disease, the present study was undertaken to observe the correlation of traumatic events and alopecia areata.

Materials and methods:

Study design: Cross-sectional study

Study participants: A total of 50 patients aged more than 18 years including both male and females were part of the study after obtaining the written, voluntary informed consent. Unwilling participants were excluded from the study. Patients with any severe complications were also excluded from the study.

Methods: After the recruitment, patients underwent thorough physical examination.

Then the dermatographic data was obtained followed by detailed data collection using the standard questionnaire.

Corresponding Author:

Dr. Niti Gaur

Assistant Professor, Department of
Dermatology Chintpurni Medical
College and Hospital, Pathankot,
Punjab, India

Ethical considerations: The study was approved by the institutional human ethical committee. Voluntary informed consent was obtained from all the participants.

Statistical analysis: Data was analyzed using SPSS 20.0. Data was represented in frequency and percentages.

Results

Out of fifty participants, 24 participants were males and 26 participants were females. Table no 1 presents the distribution of the participants according to number of traumatic events. Majority of the participants were exposed to at least one traumatic event. Table no 2 presents the correlation of age of the participants with traumatic events. In age group less than 30 years major problem is child issues. In age group more than 30 years major issue is family problems. Table no 3 presents the correlation of gender of the participants with traumatic events. In males, the major issue is child issue where as in females, there is child, family and financial issues are of major concern.

Table 1: Distribution of the participants according to number of traumatic events

	Number of participants	
Number of traumatic events	0	12 (24%)
	1	18 (36%)
	2	12 (24%)
	3	8 (16%)

Data was presented as frequency and percentage

Table 2: Correlation of age of the participants with traumatic events

Traumatic events	Age less than 30 years	Age more than 30 years
Education problems	4 (8%)	2 (4%)
Child issues	10(20%)	2 (4%)
Family issues	2 (4%)	8 (16%)
Financial issues	2 (4%)	6 (12%)
Life style changes	4 (8%)	6 (12%)
Surgical issues	2 (4%)	2 (4%)

Data presented was frequency and percentage

Table 3: Correlation of gender of the participants with traumatic events

Traumatic events	Females (n=26)	Males (n=24)
Education problems	2 (7.69%)	6 (25%)
Child issues	6 (23%)	8 (33.3%)
Family issues	6 (23%)	2 (8.33%)
Financial issues	6 (23%)	2 (8.33%)
Life style changes	2 (7.69%)	4 (16.66%)
Surgical issues	2 (7.69%)	2 (8.33%)

Data presented was frequency and percentage

Discussion

As this much difference exists in the relation between the traumatic events and occurrence of disease, the present study was undertaken to observe the correlation of traumatic events and alopecia areata. Out of fifty participants, 24 participants were males and 26 participants were females. Table no 1 presents the distribution of the participants according to number of traumatic events. Majority of the participants were exposed to at least one traumatic event. Table no 2 presents the correlation of age of the participants with traumatic events. In age group less than 30 years major problem is child issues. In age group more than 30 years major issue is family problems. Table no 3 presents the correlation of gender of the participants with traumatic events. In males, the major issue is child issue where as in females, there is child, family and financial issues are of major concern. Alopecia causes loss of hair from the scalp and other body parts. Majority of the patients affected are young adults ^[5, 6]. The

disease may occur acute or it may be chronic also. From longer time, there was a discussion about the traumatic events in life with the occurrence of disease ^[7]. As it was thought that the traumatic events trigger stress response. Stress response alters the immunity and triggers the disease ^[8-10]. Many researchers agreed to this concept but there are few researchers who opposed the concept. Hence, there is difference in the opinion. Hence, the current study was undertaken. The study results explained that, there is a strong relation between the Alopecia areata and the traumatic events. The study results cannot be generalized as the study was conducted at one centre only. Hence, the study recommends to undertake multi center studies to confirm the relation between the alopecia areata and traumatic events which helps to plan better management methods for the well being of the general population.

Conclusion

The study results explained that, there is a strong relation between the Alopecia areata and the traumatic events. The study results cannot be generalized as the study was conducted at one centre only. Hence, the study recommends to undertake multi center studies to confirm the relation between the alopecia areata and traumatic events which helps to plan better management methods for the well being of the general population.

Conflicts of interest: None declared

Source of funding: Self-funding

References:

1. Fricke AC, Miteva M. Epidemiology and burden of alopecia areata: a systematic review. Clin Cosmet Investig Dermatol. 2015;8:397-403.
2. Picardi A, Abeni D. Stressful life events and skin diseases: disentangling evidence from myth. Psychother Psychosom. 2001;70(3):118-36.
3. Arck PC, Slominski A, Theoharides TC, Peters EM, Paus R. Neuroimmunology of stress: skin takes center stage. J Invest Dermatol. 2006;126(8):1697-704.
4. Messenger AG, Mckillop J, Farrant P, Mcdonagh AJ, Sladden M. British Association of Dermatologists' guidelines for the management of Alopecia areata 2012. Br J Dermatol. 2012;166(5):916-26.
5. Taheri R, Behnam B, Tousi JA, Azizzade M, Sheikhvatan MRM. Triggering role of stressful life events in patients with alopecia areata. Acta Dermatovenerol Croat. 2012;20(4):246-50.
6. Güleç AT, Tanrıverdi N, Dürü Ç, Saray Y, Akçalı C. The role of psychological factors in alopecia areata and the impact of the disease on the quality of life. Int J Dermatol. 2004;43(5):352-6.
7. Willemsen R, Vanderlinden J, Roseeuw D, Haentjens P. Increased history of childhood and lifetime traumatic events among adults with alopecia areata. J Am Acad Dermatol. 2009;60(3):388-93.
8. Manolache L, Benea V. Stress in patients with alopecia areata and vitiligo. J Eur Acad Dermatol Venereol. 2007;21(7):921-8.
9. Colon EA, Popkin MK, Callies AL, Dessert NJ, Hordinsky MK. Lifetime prevalence of psychiatric disorders in patients with alopecia areata. Compr Psychiatry. 1991;32(3):245-51.
10. Singh G, Kaur D, Kaur H. Presumptive stressful life events scale (PSLES) a new stressful life events scale for use in India. Indian J Psychiatry. 1984;26(2):107.