

THE PRESENCE OF ALEXITHYMIA INVESTIGATED BY THE TAS-20 IN CHRONIC URTICARIA PATIENTS: A PRELIMINARY REPORT

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SUMMARY:

Objective: Chronic Idiopathic Urticaria (CIU), conventionally defined as the occurrence of widespread itchy weals lasting for at least six weeks, has a significant place among the dermatoses related to psychological factors. Emotions that cannot be expressed or elaborated, may be important in the etiology. The objective of this study was to evaluate the characteristics of patients with CIU and compare them in terms of alexithymia.

Methods: Forty consecutive subjects with chronic urticaria were recruited from an outpatient allergologic clinic. All of the subjects completed Toronto Alexithymia Scale, Rorschach Inkblot Test according with Comprehensive System modified by Maurizio Cuffaro administration rules and the Family Drawing Test by Corman.

Results: CIU patients had higher alexithymia levels ($p < .05$) on comparison to the normal population. There was also a positive correlation between CIU patients and the presence of depressant characteristics as evaluated by Rorschach Inkblot Test and Family Drawing Test.

Discussion: CIU, a severe and chronic dermatological problem, may be related to affect-regulation, particularly alexithymia. Individuals with CIU might benefit from learning how to regulate their emotions other than by medical treatments.

Key-words: Alexithymia, Chronic Idiopathic Urticaria (CIU) - Rorschach Inkblot Test - TAS-20 - Affect regulation.

INTRODUCTION

The term "urticaria" refers to a disease characterised by weals surrounded by normal skin, which may not be accompanied by itching. If there is subcutaneous edema the syndrome is known as urticaria-angioedema. Approximately 50% of patients affected by urticaria report episodes of both urticaria and angioedema; 10% report episodes of angioedema only and 40% urticaria only. Urticaria is a common disorder affecting between one sixth and one fourth of people sometime throughout their lives (1).

Chronic urticaria is conventionally defined as the occurrence of daily or almost daily widespread itchy weals lasting for at least six weeks. Chronic urticaria persists for at least 1 year in more than 50% of those affected and for more than 20 years in 20% (2).

In recent decades, an increased understanding of the mechanisms involved in its pathogenesis has shown a high heterogeneity of different urticaria subtypes: spontaneous urticarias, which includes acute urticaria and chronic urticaria; physical urticarias, which are special types of urticarias including, contact urticaria and diseases related to urticaria for historical reasons,

e.g. urticaria pigmentosa.

Chronic Idiopathic Urticaria (CIU) occurs in at least 0.6% of the population (3) and is much more troublesome than acute urticaria.

Some research has reported that patients with chronic urticaria have more anxiety, depressive and psychosomatics symptoms than normal controls (4). It is also suggested that chronic urticaria patients should be treated both allergologically and psychologically. We tried to identify the presence of alexithymia characteristics in patients with chronic urticaria. Alexithymia is conceptualized either as a deficit in person's ability to employ cognitive processes to identify, differentiate, and communicate one's affective states (5), or as a global impairment in conscious recognition of emotion (6). Alexithymia is thought to impede successful regulation of emotions, particularly negative affects, resulting in chronic sympathetic hyperarousal, physiological sensations, somatosensory amplification (7) and complaints of physical symptoms (8). The presence of alexithymia is increased in numerous psychosomatic, psychiatric and medical conditions (5,8). In particular, studies have found elevated alexithymia among patients with chronic pain (9,10), with inflammatory bowel disease (11), women with anorexia nervosa (12), patients with essential hypertensive and psychiatric outpatients (13).

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Goals of the study

This study had three primary goals. First, we have tried to evaluate the presence of alexithymia in patients with Chronic Urticaria by the TAS-20. Secondary, we have examined the mean of the TAS-20 scores and the increase of the three factors of the TAS-20 (F1= difficulty identifying feelings; F2= difficulty describing feelings; F3= externally oriented thinking) to understand in detail the specific emotions difficulty of urticarioid patients. Third we have tried to point out the presence of depressant characteristics in patients with chronic urticaria through the Rorschach Inkblot Test and Family Drawing Test.

Subjects

The sample was composed of 40 outpatients. The subjects had history of chronic idiopathic urticaria and were recruited consecutively from the Allergology and Clinical Immunology Unit, ARNAS Civico, Palermo, Italy. The sample consisted of: 11 males, 29 females; aged 30-55 years (mean 41, S.D. ± 8.4), 29 married, 10 single, 1 divorced. 23 subjects were clerks, 11 housewives and 6 had other job. The results of diagnostic-instrumental analyses for allergy and pseudoallergies were negative.

Instruments

The patients were administered the Italian translation of the TAS-20, the Rorschach according to CS administration rules modified by Cuffaro M., and the Family Drawing Test according with Corman.

The 20-item Toronto Alexithymia Scale (TAS-20) was developed in the early 1990s because of some shortcomings in the previous 26-item TAS (14, 15), Bagby et al. demonstrated in their original validation study that the TAS-20 has a three factors structure congruent with the alexithymia construct: difficulty to identifying feelings (DIF) (e.g. *'Often I do not know my feelings'*; *'When I lose my composure I often do not know whether I am sad, angry or anxious'*), difficulty describing feelings (DDF) (e.g. *'It is difficult for me to find words for my feelings'*; *'It is difficult for me to communicate my feelings even to close friends'*) and externally oriented thinking (EOT) (e.g. *'I do not like to talk with others about their feelings, I prefer talking about their daily activities'*). The Italian version of the TAS-20 has been cross-validated in a large sample of normal and clinical subjects recruited for a multicenter study in Italy (16) The scale showed good internal consistency (Cronbach's of 0.75 and 0.82 for normal

subjects and clinical subjects, respectively) and high test-retest reliability over 2 weeks ($r_{0.86}$). A confirmatory factor analysis revealed the same three-factor structure found for the English version of the scale. The TAS-20 score ranges from 20 to 100, and subjects scoring 61 or more have been suggested to be alexithymic, while those scoring 51 or less are nonalexithymic. Who obtain a score between 51 and 60 have been suggested to be indeterminate alexithymia (17) The Rorschach Inkblot Test is a psychological perceptive test of personality in which a subject's interpretations of ten standard abstract designs are analyzed as a measure of emotional and cognitive functioning and integration. The test is named after Hermann Rorschach (1884-1922) who developed the inkblots, and it is one of the most studied and used psychological tests (18,19). The Family Drawing Test (20) is based on the undertaking that the subject project in the drawing many characteristics about his personality and his interpersonal relationship.

Before testing, written informed consent was obtained from all patients, and none refused to participate. The TAS-20 and the Family Drawing Test were given in the first visit; the Rorschach was given in the second visit, one week later.

Statistical analysis

The data from the TAS-20 scores of the CIU patients and Italian standardization sample was analysed using student t-tests. Measurements were expressed as means and standard deviation. The level of significance was accepted as $p < 0.05$.

Results

In the sample of 40 subjects, 20 (50%) obtained scores superior to 60 in the TAS-20, which depicts the cut-off line for alexithymia, 11 subjects (27.5%) was put inside a level of indeterminate alexithymia (51-60 score), while the rest 9 subjects (22.5%) was obtained a score of nonalexithymia (Figure 1).

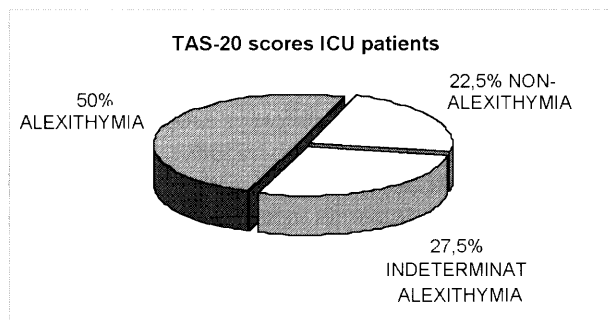


Fig.1: TAS 20 scores in CIU patients.

In the patients with chronic urticaria, the mean of the TAS-20 scores was 56.23 (SD = 11.80); the mean of the scores for the first factor (DIF) was 21.92 (SD = 7.34); the mean of the scores of the second factor (DDF) was 15.35 (SD = 4.18) and the mean of the scores of the third factor (EOT) was 19.00 (SD = 4.37)

Comparatively, in the second hypothesis of our research, the difference of the means of Tas-20 scores of patients with chronic urticaria and those of the Italian standardization, is statistical meaningful ($p < .05$).

Furthermore we have found that the means of the scores of the TAS-20 three factors in patients with chronic urticaria is superior to the Italian standardization sample is superior statistically meaningful, and the greatest difference regards the first factor, which values difficulty in identifying feelings (tab.2)

In comparison to the third goal of our research, we have found that a good percentage of patients with chronic urticaria have depressant characteristics. Using the Rorschach test, 48% of the subjects with chronic urticaria obtained a score that shown the pre-

sence of depressant characteristics, according to the guidelines by Cuffaro (18) (Score ≥ 6). The remaining people (52%) obtained a score of no depressant characteristics (Score < 6). Also through the qualitative analysis of the Family Drawing Test we have found the presence of numerous depressant characteristics in patients with chronic urticaria according to Corman L. (20). In particular, at the same graphic level a lot of the drawings of the patients with chronic urticaria were non very wide, had weak strokes, they were quite stereotypical drawings, figures often were drawn in the sinister part of the sheet that according to Corman is the zone of the past. At the same level of the formal structures, the physical sketches of the figures were lean in the drawing or in the story narrated during the inquiry; there was a certain static nature, often lacking the movement. At the same level of content, we can point out some affective characteristics such as affective detachment and the present in a large percentage of both regressive reactions and depressant reactions (figure 2-3).

Sex	
Male	11
Female	29
Civil Status	
Married/cohabiting	28
Divorced	3
Single	9
School Level	
Primary school	0
Lower secondary education	9
Middle secondary education	24
Higher secondary education	7
Occupation	
Clerk	23
Housewife	11
Other	6

Table 1. Sociodemographic characteristics ICU patients.

	Chronic Urticaria	Standardization sample	T di Student
Alexithymia Score	$x=56,23 - d.s.=11,80$	$x=44,70 - d.s.=11,30$	$t=6,36^*$
I Factor (DIF)	$x=21,92 - d.s.=7,34$	$x=14,60 - d.s.=6,00$	$t=6,31^*$
II Factor (DDS)	$x=15,35 - d.s.=4,18$	$x=13,10 - d.s.=4,80$	$t=3,40^*$
III Factor (POE)	$x=19,00 - d.s.=4,37$	$x=17,10 - d.s.=4,90$	$t=2,75^*$

Table 2. Alexithymia in CIU patients.

* $p < .05$.

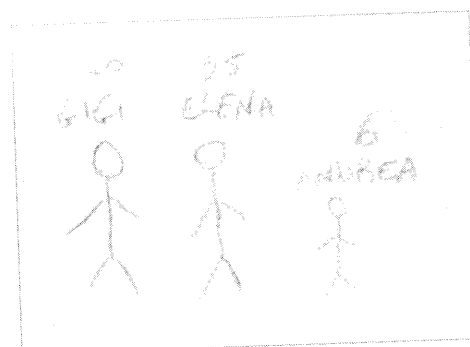


Fig.2: Family Drawing of an alexithymic and urticarioid patient. F.P. 35 years old.

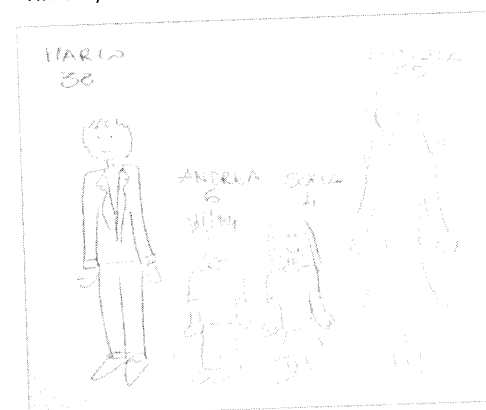


Fig.3: Family Drawing of a non-alexithymic and urticarioid patient. F.P. 35 years old.

DISCUSSION

Most chronic urticaria are not well defined by diagnostic assessment tools, since they are predominantly connected to psychological factors. Psychosomatic factors appear to give rise to chronic urticaria; this observation has been backed up by the demonstration of an interrelationship between immune, psychoneuroendocrine and vegetative nervous systems (21). In our study, the increased TAS-20 scores evaluated in chronic urticaria patients have given empirical testimony to the centrality of alexithymia. Compared to the Italian standardization sample, CIU patients had more difficulty in identifying feelings (higher DIF scores), ability to describe feelings (higher DDF scores), externally oriented thinking (higher EOT scores), and the total alexithymia score.

Then, according to the more prominent data in the present day literature (5), we can confirm that alexithymia is an important risk maker that influences the development and the prognosis of some illnesses, which chronic urticaria can be included.

In alexithymic subjects emotions are not regulated from cognitive process, which would make possible the elaboration of and the verbal expression of emotions; this weakness determines a high somatic activation, that is harmful for the organism. (22). Alexithymia could influence the onset of the CIU; furthermore alexithymia could be a reliable and stable predictor of treatment outcome in CIU patients (23,24). A comparative study of the impact of chronic urticaria on the quality of life showed that patients were almost as affected and stressed by their disease as those suffering from ischaemic heart disease (25). Urticaria had a negative effect on emotions and self-esteem; patients felt anxious and fearful. Furthermore Hashiro M. previously reported that about 70% of patients with chronic urticaria tend to be anxious, depressive (26). According to this results the patients included in the present study have depressive symptoms evaluated by Rorschach inkblot test and the Family Drawing Test.

In another study Hashiro M suggested that a long-term combination therapy with psychotropic drugs and antihistaminics or antiallergics is effective in suppressing urticaria for patients who are anxious, depressive and psychosomatic symptom prone (27).

CONCLUSION

In the CIU individuals the clinical diagnosis is fairly straightforward, while the etiological diagnosis is often very difficult and unprofitable.

Our research suggests that problem related to affect-regulation, particularly alexithymia, are related to the

chronic urticaria; alexithymia could be a possible psychic factor involved in the etiopathogenesis of the CIU. Although further studies are needed, physicians might improve diagnosis and treatment outcome of CIU patients by combining therapy with clinical psychologists; the psychosomatic approach can isolate a quota of patients who show a strong participation of psychological factors in the manifestation of urticaria and identify patients with high alexithymia levels.

In future research of in clinical trials, the synergetic approach of physicians and clinical psychologists could provide important information on benefits from learning how to regulate affects and changes in their health status.

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SINUSITIS - ONE OF THE MOST DIAGNOSED DISEASES

MILWAUKEE — Each year 35 million Americans are affected by chronic sinusitis, making it one of the most diagnosed diseases in the United States, according to the American Academy of Allergy, Asthma & Immunology (AAAAI).

If you have ongoing headaches or facial pain during cold weather, you don't have to live with the pain. You may have sinusitis and you can be treated for it.

Sinusitis occurs when there is an inflammation of one or more of the paranasal sinuses, the hollow cavities within the cheek bones found around the eyes and behind the nose. Symptoms include some or all of the following:

- Thick yellow-green nasal discharge.
- Cough.
- Head congestion with a headache and a feeling of facial swelling.
- Toothache.
- Constant tiredness.
- Occasional fever.

"Sinusitis is very common in the winter and can last for months or years if inadequately treated," said Brian A. Smart, MD, FAAAAI, and Chair of the AAAAI's Rhinosinusitis Committee. "It is more likely that people with other allergic diseases such as allergies or asthma will develop sinusitis."

According to the AAAAI's Consultation and Referral Guidelines, patients should see an allergist/immunologist if they:

- Have symptoms of sinusitis.
- Have chronic or recurrent infectious rhinosinusitis.
- Have other types of chronic rhinosinusitis.
- Have allergic fungal rhinosinusitis.
- Have other allergic diseases and are interested in learning sinusitis prevention methods.

An allergist/immunologist will also determine what triggers the symptoms, as well as other triggers that may be causing a sinus obstruction, recommendations on how to treat an infection, and if a visit with an ENT/Otolaryngologist is needed for consideration for surgery of the sinusitis.

Sinusitis generally requires a combination of therapies. According to the practice parameter The Diagnosis and

Management of Sinusitis: A Practice Parameter Update, antibiotics should not be prescribed for 10 to 14 days, unless severe symptoms develop such as fever, facial pain or tenderness, or swelling around the eye. An allergist/immunologist may also prescribe a medication to reduce blockage or to control allergies to help keep the sinus passages open. This medicine may be a decongestant, a mucus-thinning medicine or a cortisone nasal spray. Antihistamines, cromolyn and topical steroid nasal sprays help control allergic inflammation. Other treatments that can be helpful to control and reduce symptoms of sinusitis include breathing in hot moist air, applying hot packs and washing the nasal cavities with salt water.

If you have predisposing conditions that lead to excess mucus and inflammation of the nose, such as allergies or structural nasal problems, you are more likely to develop sinusitis.

Any predisposing factors make it important to have a long-term management plan to help control allergic diseases and to keep the nasal inflammation well controlled with medications between sinusitis episodes, and for consideration of surgical repair of structural abnormalities, if present and all other medical treatments have failed.

To find an allergist/immunologist in your area or to learn more about sinusitis, call the AAAAI Physician Referral and Information Line at (800) 822-2762 or visit the AAAAI Web site at www.aaaai.org.

The AAAAI is the largest professional medical specialty organization in the United States representing allergists, asthma specialists, clinical immunologists, allied health professionals and others with a special interest in the research and treatment of allergic disease. Allergy/immunology specialists are pediatric or internal medicine physicians who have elected an additional two years of training to become specialized in the treatment of asthma, allergy and immunologic disease. Established in 1943, the AAAAI has more than 6,500 members in the United States, Canada and 60 other countries. The AAAAI serves as an advocate to the public by providing educational information through its Web site at www.aaaai.org.