Rheumatoid Arthritis, Depressive Symptoms and Inflammation

Romatoid Artrit, Depresif Bulgular ve İnflamasyon

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Dear Editor,

I would like to make a few interpretations and supplementations related with the study titled "Body Image and Self-Esteem in Patients with Rheumatoid Arthritis" (Archives of Neuropsychiatry 2013;50:202-208) conducted by Kurt et al. published in your journal.

First of all, this study set light to the subjects of "body image and self-esteem" which are not very frequently considered in clinical evaluation of Rheumatoid Arthritis (RA), but are important in terms of the psychological quality of life of the patients. On the other hand, depression which is a considerably loaded psychiatric disease in terms of public health is observed considerably more frequently in RA patients compared to the general population and is a negative factor in terms of prognosis of the disease (1). The reasons of this high frequency of this comorbidity include chronic course of these two morbidities, severe disruption of the quality of life, difficulties in treatment as well as presence of evidence that proinflammatory cytokines like TNF alpha and some inflammatory processes are involved in the physiopathology of depression as in RA. In addition, some mutual somatic symptoms are observed frequently in RA patients and depression patients (1). Reduced self-esteem is included in the diagnostic criteria of depression based on DSM-IV diagnostic criteria. As stated in the article, body image is a factor which shows correlation with self-esteem and with depressive symptom severity and quality of life in patients with physical morbidity (3). In this context, questioning presence of depression in detail in addition to chronic physical diseases is important in assessment of these two factors. The literature information that antiinflammatory agents including TNF blockers decrease depressive complaints is accumulating each day (4). Although depression was also examined among the clinical variables of the patients in the present study, addition of this clinical status to the method in a more measurable

way and examination of the relation of the severity of depression which will be obtained in this way with the duration of physical morbidity, the clinical severity of the disease based on the other clinical variables and use of TNF-blocker may be useful in terms of addressing depression which is a significant variable for both body image and self-esteem and the general clinical state and the treatment process in terms of quality of life. I think that this study increases awareness of clinicians by emphasizing the importance of integrative approach and psychosocial intervention in evaluation of RA which leads to significant disability in terms of general health. I think that more frequent inclusion of antiinflammatory treatment in antidepressant treatment in parallel to elucidation of the neurobiological background of depression in the future will create a significant advantage in treatment of both RA and depression in depressive patients who frequently have comorbid inflammatory diseases including RA.

References

1. Matcham F, Rayner L, Steer S, Hotopf M. The prevalence of depression in rheumatoid arthritis: A systematic review and meta-analysis. *Rheumatology (Oxford)* 2013; 52:2136-2148.
2. Lichtblau N, Schmidt FM, Schumann R, Kirkby KC, Himmerich H. Cytokines as biomarkers in depressive disorder: Current standing and prospects. *Int Rev Psychiatry* 2013; 25:592-603.
3. Begovic-Juhant A, Chmielewski A, Iwuagwu S, Chapman LA. Impact of body image on depression and quality of life among women with breast cancer. *J Psychosoc Oncol* 2012; 30:446-460.
4. Karson A, Demirtaş T, Bayramgürler D, Balci F, Utkan T. Chronic administration of infliximab (TNF- α inhibitor) decreases depression and anxiety-like behaviour in rat model of chronic mild stress. *Basic Clin Pharmacol Toxicol* 2013; 112:335-340.

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