

Analysis on the psychological characteristics of patients with acute iridocyclitis

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Dear Sir,

I am Dr. Wei Sun, from the Department of Ophthalmology, the Fourth Affiliated Hospital of China Medical University, Eye Hospital of China Medical University, shenyang, Liaoning Province, China. I write to present our study on the psychological characteristics of patients with acute iridocyclitis.

Studies showed stimulation from patient's external environment could influence their psychological state, persisting neural endocrine disorders that might lead to a series of physiological and psychological changes in the human body [1-6]. It was confirmed many ocular diseases were related to psychological disorders, including cataracts, glaucoma, age-related macular degeneration, amblyopia, myopia, diabetic retinopathy, malignant tumors [7-14]. The appearance of these diseases could further aggravate mental states of patients that eventually formed a vicious cycle [15,16].

Acute iridocyclitis was a common clinical disease. Patients in large numbers, with different variations, complicated etiology, and often recurrent flares would present [17]. It was unclear if a patient's psychological condition could maintain a normal state during the protracted course of treatment in the

Table 1 The initial parameters of subjects

Parameters	Group 1	Group 2
<i>n</i>	105	100
Sex (M:F)	37:68	30:70
Mean age (a)	35.64±11.32	38.25±9.44
Visual acuity	0.11±0.09	0.95±0.24
Mean duration	6.32±5.75d	None
Former medication	None	None
Big life events recently	None	None
Former psychological treatment	None	None

Group 1: Patients; Group 2: Normal subjects.

Table 2 Main complaint of the subjects

	<i>n</i> (%)	
Mean complaints	Group 1	Group 2
Mood low	38 (36.2)	6 (6)
Uncomfortability	19 (18.1)	9 (9)
Poor appetite	13 (12.4)	11 (11)
Fear	12 (11.4)	4 (4)
Insomnia	9 (8.6)	10 (10)
Others	14 (13.3)	60 (60)

past [18]. This study was designed to investigate the psychological characteristics of patients with acute iridocyclitis.

A total of 105 patients and 100 normal individuals were involved in this study. The initial parameters were summarized in Tables 1, 2. Symptom checklist 90 (SCL-90), Self-Rating Depression Scale (SDS), Self-Rating Anxiety Scale (SAS), and related psychological health questionnaires were utilized to evaluate all subjects. Differences between the two groups were compared with SPSS 17.0 statistics software using the *t*-test. *P*<0.05 was selected as the significance standard.

Results showed that the following characteristics are present in patients with acute iridocyclitis (Tables 3, 4). 1) Depression: the patients showed fragile psychology with waned interest, gloomy mood, and sullen expressions; 2) Compulsion: these patients were characterized by doing something repeatedly or thinking about something again and again; 3) Somatization: the patients frequently felt headaches, stomach-aches, or any other physical discomfort, sometimes noting a racing heartbeat while no actual disease exists; 4) Paranoia: the patients had auditory hallucinations. They often had self-accusatory tendencies or blame and had a sense of loneliness.

Table 3 Contrast of psychological state between patients with acute iridocyclitis (experimental group) and subjects without acute iridocyclitis (control group), using SCL90

Projection	Group 1	Group 2	P
Somatization	2.15±0.36	1.67±0.43	<0.05
Compulsion	2.44±0.79	1.72±0.46	<0.05
Hypersensitivity	1.69±0.58	1.64±0.55	>0.05
Depression	2.02±0.64	1.51±0.55	<0.05
Anxiety	1.39±0.48	1.37±0.44	>0.05
Hostility	1.36±0.56	1.37±0.54	>0.05
Fear	1.33±0.56	1.26±0.33	>0.05
Paranoia	1.36±0.49	1.41±0.58	>0.05
Psychopathy	1.85±0.47	1.34±0.51	<0.05

Group 1: Experimental group; Group 2: Control group.

Table 4 Contrast of psychological status between patients with and without acute iridocyclitis, using SDS and SAS

Project	Group 1	Group 2	P
Self-rating anxiety scale	45.33±14.75	43.67±11.38	>0.05
Self-rating depression scale	53.55±15.68	43.15±14.95	<0.05

Results told us that we must pay attention to the following aspects during the therapy. 1) Improving communication skills of physicians. Patients came from different classes of society with varied values, age, occupation, cultural diversity, and comprehension levels [19]. Therefore, excellent communication skills were valued to facilitate exchange the ideas and building rapport [20]. 2) Providing guidance and excavating the root of disease [21]. Doctors needed to listen to the story of the patients patiently, waiting for the opportunity to allow patients in understanding intensive changes of emotion can affect the source of disease. Emotional adjustment was an important method to treatment [22-24]. 3) Paying attention to the family of the patient. Keeping in touch with family members might not only be useful for the physiological and physiological health of the patient, but also direct influence on their family members, neighborhood, and even the entire society [25].

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REFERENCES

1 Williams C, Ridgway N. Psychological interventions for difficult-to-treat depression. *Br J Psychiatry* 2012;201(4):260-261

2 Maca SM, Schiesser AW, Sobala A, Gruber K, Pakesch G, Prause C, Barisani-Asenbauer T. Distress, depression and coping in HLA-B27-associated anterior uveitis with focus on gender differences. *Br J Ophthalmol* 2011;95(5):699-704

3 Su CX, Yan SC, Li YX. Changes of depressed patients' psychophysiological indexes resulting from stress-coping. *Zhongguo Zuzhi Gongcheng Yanjiu Yu Linchuang Kangfu* 2007;11(52):10658-10661

4 Ma LX, Qiu YF. Survey on psychological status of outpatients in a general hospital. *Zhongguo Jiankang Xinli Zazhi* 2008;16(5):593-594

5 Wen FL, Sang WX, Lin XY. Study on the psychological status of families of emergency patients. *Shanghai Huli* 2003;3(1):1-3

6 Liu PR, Yan CX. Influence of early psychological treatment on rehabilitation of stroke patients. *Zhongguo Shangcan Yixue* 2009;5 (4):

36-37

7 Emmerich GM. Psychosomatic symptoms in somatic diseases—open-angle glaucoma for example. *Klin Monbl Augenheilkd* 2010;227 (8): 638-645

8 Owsley C, McGwin G Jr, Scilley K, Meek GC, Seker D, Dyer A. Impact of cataract surgery on health-related quality of life in nursing home residents. *Br J Ophthalmol* 2007;91(10):1359-1363

9 Hrisos S, Clarke MP, Wright CM. The emotional impact of amblyopia treatment in preschool children: randomized controlled trial. *Ophthalmology* 2004;111(8):1550-1556

10 Chabert S, Velikay-Parel M, Zehetmayer M. Influence of uveal melanoma therapy on patients' quality of life: a psychological study. *Acta Ophthalmol Scand* 2004;82(1):25-31

11 McGhee CN, Craig JP, Sachdev N, Weed KH, Brown AD. Functional, psychological, and satisfaction outcomes of laser in situ keratomileusis for high myopia. *J Cataract Refract Surg* 2000;26(4):497-509

12 Finger RP, Fleckenstein M, Holz FG, Scholl HP. Quality of life in age-related macular degeneration: a review of available vision-specific psychometric tools. *Qual Life Res* 2008;17(4):559-574

13 Amaro TA, Yazigi L, Erwenne C. Depression and quality of life during treatment of ocular bulb removal in individuals with uveal melanoma. *Eur J Cancer Care (Engl)* 2010;19(4):476-481

14 Walker JG, Anstey KJ, Lord SR. Psychological distress and visual functioning in relation to vision-related disability in older individuals with cataracts. *Br J Health Psychol* 2006(2);11:303-317

15 Middleton EM, Sinason MD, Davids Z. Blurred vision due to psychosocial difficulties: a case series. *Eye (Lond)* 2008;22(2): 316-317

16 Orji F. The influence of psychological factors in Meniere's disease. *Ann Med Health Sci Res* 2014;4(1):3-7

17 Dreer LE, Elliott TR, Berry J, Fletcher DC, Swanson M, Christopher McNeal J. Cognitive appraisals, distress and disability among persons in low vision rehabilitation. *Br J Health Psychol* 2008;13(3):449-461

18 Vu J, Kushnir V, Cassell B, Gyawali CP, Sayuk GS. The impact of psychiatric and extraintestinal comorbidity on quality of life and bowel symptom burden in functional GI disorders. *Neurogastroenterol Motil* 2014;29(10):12396-12406

19 Leitner A, Pieh C, Matzer F, Fazekas C. Is there adequate care for patients with psychosomatic disorders in Austria? Analysis of the need and a proposal for a model of quality assurance in Austrian psychosomatic medicine. *Z Psychosom Med Psychother* 2013;59(4):408-421

20 Braich PS, Lal V, Hollands S, Almeida DR. Burden and depression in the caregivers of blind patients in India. *Ophthalmology* 2012;119 (2): 221-226

21 Lazuk VA, Baiandin DL, Griaznova II, Malakhova LA, Kholmiski AA, Enikolopov SN, Khlomov KD. Analysis of personality psychological features and life quality in patients treated at an eye hospital. *Vestn Oftalmol* 2006;122(4): 54-56

22 Spahn C, Wiek J, Burger T, Hansen L. Psychosomatic aspects in patients with central serous chorioretinopathy. *Br J Ophthalmol* 2003;87: 704-708

23 Pappa C, Hyphantis T, Pappa S, Aspiotis M, Stefanidou M, Kitsos G, Psilas K, Mavreas V. Psychiatric manifestations and personality traits associated with compliance with glaucoma treatment. *J Psychosom Res* 2006; 1(5):609-617

24 Bastawrous A, Southward S, Horner M, Noonan C. Losing sight under pressure. *Age Ageing* 2012;41 (3):422-423

25 Erb C, Batra A, Lietz A, Bayer AU, Flammer J, Thiel HJ. Psychological characteristics of patients with normal-tension glaucoma. *Graefes Arch Clin Exp Ophthalmol* 1999;237(9):753-757