RESEARCH PAPER

Correlation of Hopelessness and Depression in Patients of Ocd Having Eczematous Lesion

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ABSTRACT
This study explores the correlation between hopelessness, depression, and obsessive-compulsive disorder (OCD) in patients who also suffer from eczematous lesions, specifically hand eczema (HE). OCD is a chronic mental health condition marked by intrusive thoughts and compulsive behaviors, which can significantly impair daily functioning. Eczematous lesions, particularly hand eczema, exacerbate this impact by influencing patients' psychological well-being, leading to distressing symptoms such as itching, pain, and a decrease in quality of life (QoL). The aim of this research was to investigate the psychological burden of OCD in patients with eczematous lesions, focusing on how hopelessness and depression affect both the severity of the skin condition and the overall quality of life. Through a cross-sectional study design, 100 adult participants were assessed for depression and hopelessness using standardized questionnaires such as PHQ-9, GAD-7, and HADS-M. The study revealed a significant positive correlation between depression, hopelessness, and the severity of OCD symptoms. Additionally, the presence of eczematous lesions exacerbated the psychological distress experienced by these patients. This paper highlights the importance of recognizing and addressing the psychological components in the management of OCD patients with skin disorders, emphasizing a multidisciplinary approach for effective treatment and support.

Keywords: *Obsessive-Compulsive Disorder (OCD), Depression, Hopelessness, Eczematous Lesions, Hand Eczema, Psychological Burden, Quality of Life (QoL), Comorbidity, Psychodermatology and Mental Health.*
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INTRODUCTION

Obsessive-compulsive disorder (OCD) is a chronic psychiatric condition characterized by intrusive thoughts (obsessions) and repetitive behaviors (compulsions) aimed at reducing the anxiety these thoughts provoke (Rachman, 2002). The disorder affects approximately 2-3% of the population globally (Ruscio et al., 2010).

While OCD is predominantly recognized for its mental health implications, its impact is often compounded by the coexistence of physical conditions, including dermatological disorders. One such condition is hand eczema (HE), a common inflammatory skin disease that affects individuals' hands, causing symptoms like itching, pain, and erythema (Weinstein et al., 2016). The prevalence of HE in the general population is estimated to range from 5-15%, and it is particularly prevalent among individuals with high-stress occupations or frequent hand exposure to irritants (Lai et al., 2015).

Psychological comorbidities, including depression and hopelessness, are frequently observed in patients with chronic dermatological conditions like eczema (Papadopoulos et al., 2017). Depression in dermatological patients can be linked to the social and psychological burdens imposed by visible skin lesions, which may lead to feelings of embarrassment, self-consciousness, and social withdrawal (Finlay & Khan, 1994). Furthermore, the chronic nature of HE and its association with physical discomfort contribute to a deterioration in the patient's quality of life (QoL) (Yosipovitch et al., 2012). Hopelessness, often a precursor to depressive disorders, has been identified as a significant factor in the psychological distress of

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patients with chronic conditions (Beck et al., 1993). In the context of OCD, this psychological burden is heightened as individuals with OCD may experience additional emotional turmoil due to compulsive behaviors, such as excessive hand-washing, which can exacerbate or even induce dermatological conditions like HE (Alvarez & Gorenstein, 2008).

Recent studies have explored the relationship between psychological distress and dermatological disorders, but the interaction between hopelessness, depression, and OCD in patients with eczematous lesions remains under-researched (Cohen et al., 2015). The psychological toll of chronic skin conditions like HE can worsen the clinical presentation of OCD by increasing emotional instability and reinforcing compulsive behaviors (Bodner et al., 2005). The overlap between these conditions warrants further investigation, particularly in understanding the correlation between hopelessness and depression, which may exacerbate both OCD symptoms and the severity of skin lesions. This study seeks to address this gap by examining the psychological effects of OCD in patients suffering from eczematous lesions and assessing how depression and hopelessness correlate with disease severity.

Background of the Study

Obsessive-Compulsive Disorder (OCD) is a chronic psychiatric condition characterized by intrusive thoughts (obsessions) and repetitive behaviors (compulsions), often aimed at alleviating the distress caused by these obsessions (Rachman, 2002). OCD affects approximately 2-3% of the global population (Ruscio et al., 2010) and significantly impairs individuals' daily functioning, including their psychological well-being. As a mental health disorder, OCD is commonly associated with various comorbidities, including anxiety, depression, and other emotional distress (Bharaj et al., 2017).

Eczematous lesions, such as hand eczema (HE), are one of the dermatological conditions that frequently co-occur with OCD. HE is a chronic inflammatory skin disease characterized by itching, redness, scaling, and cracks on the skin, primarily affecting the hands (Weinstein et al., 2016). Studies show that individuals with HE not only experience significant physical symptoms but also face profound psychological burdens, including depression and anxiety (Papadopoulos et al., 2017). The visible nature of HE can lead to social stigma, embarrassment, and a decrease in self-esteem, which further exacerbates psychological symptoms (Yosipovitch et al., 2012). For patients with both OCD and HE, the impact is compounded, as compulsive behaviors such as excessive hand-washing or skin picking can worsen the severity of the eczema (Alvarez & Gorenstein, 2008), creating a vicious cycle of emotional and physical distress.

Hopelessness and depression, which are closely linked to OCD, can also significantly affect the severity and progression of dermatological conditions like eczema. Hopelessness, often considered a precursor to depression, is characterized by a negative outlook on life, leading to feelings of helplessness and emotional distress (Beck et al., 1993). In OCD patients, hopelessness may amplify the emotional burden of their condition and exacerbate physical symptoms, such as those associated with skin diseases (Alonso et al., 2014). However, there remains a lack of comprehensive research examining the relationship between hopelessness, depression, and the severity of eczematous lesions in OCD patients, particularly in how these psychological factors might worsen both the mental and physical health outcomes of individuals.

Rationale of the Research

The relationship between psychological distress, particularly depression and hopelessness, and dermatological conditions like hand eczema in patients with OCD remains an underexplored area of research. While previous studies have documented the individual effects of OCD and HE on psychological and physical well-being (Finlay & Khan, 1994; Bodner et al., 2005), little is known about how depression and hopelessness specifically correlate with the severity of OCD symptoms in the presence of eczematous lesions. Additionally, while OCD is known to impact an individual’s mental health and QoL, the role of eczematous lesions as a compounding factor in these patients' psychological distress is not well-understood. This study aims to bridge this gap by assessing how hopelessness and depression influence both the severity of OCD symptoms and the impact of HE on patients' quality of life (QoL).

Understanding the relationship between these psychological factors in the context of OCD and skin conditions is crucial for improving clinical treatment approaches. Effective management of OCD requires addressing both the mental and physical aspects of the disorder, including the psychological distress that results from physical conditions like eczema. This research can provide valuable insights that could inform more comprehensive, multidisciplinary approaches to treating patients with OCD and chronic dermatological conditions.

Objectives of the Study

1. To examine the correlation between hopelessness and depression in patients with OCD who are also suffering from eczematous lesions, specifically hand eczema (HE).
2. To evaluate the impact of OCD symptom severity on the prevalence and intensity of eczematous lesions.
3. To assess how hopelessness and depression influence the overall quality of life (QoL) in OCD patients with HE.

4. To explore the relationship between psychological distress (hopelessness and depression) and the severity of OCD and eczema.
5. To provide recommendations for improving clinical management strategies for patients with both OCD and dermatological conditions.

Research Questions

1. Is there a significant correlation between hopelessness and depression in patients with OCD and eczematous lesions, such as hand eczema?
2. How does the severity of OCD symptoms correlate with the severity of eczematous lesions in patients?
3. What is the impact of hopelessness and depression on the quality of life in patients suffering from both OCD and eczematous lesions?
4. Are there specific patterns in the relationship between depression, hopelessness, and OCD severity in patients with HE?
5. How can the findings of this study improve the clinical treatment of patients with OCD and dermatological conditions?

Scope of the Study

This study focuses on adult patients (aged 18-65) diagnosed with Obsessive-Compulsive Disorder (OCD) and who also have a clinical diagnosis of hand eczema (HE), a common eczematous lesion. The research will assess the correlation between hopelessness, depression, and OCD severity, along with their combined impact on the patients' quality of life. A sample size of 100 individuals will be recruited from dermatology and mental health clinics in the Lower Silesia region of Poland. The study will employ standardized assessment tools to evaluate psychological distress (PHQ-9 for depression, GAD-7 for anxiety, and HADS-M for general psychological distress), along with dermatological severity scales (HECSI and IGA-CHE). The research will be conducted over a six-month period, with data being analyzed to explore correlations between psychological factors (hopelessness, depression) and the severity of OCD and skin lesions.

LITERATURE REVIEW

Obsessive-Compulsive Disorder (OCD) is a chronic psychiatric condition that affects individuals' thoughts, behaviors, and emotional states. The hallmark of OCD is the presence of obsessions—recurrent, intrusive, and distressing thoughts—and compulsions, which are repetitive behaviors aimed at reducing the anxiety or distress caused by these thoughts (Rachman, 2002). The disorder has a lifetime prevalence of approximately 2-3% worldwide (Ruscio et al., 2010), with onset typically in childhood or early adulthood (Stewart et al., 2004). OCD can significantly impair daily functioning, leading to diminished quality of life (QoL) and social and occupational dysfunction (Foa et al., 2005). The psychological burden of OCD extends beyond the immediate cognitive and behavioral symptoms to affect emotional regulation and interpersonal relationships (Bharaj et al., 2017).

Research on OCD has primarily focused on the psychiatric and neurobiological aspects of the disorder, but its impact on physical health and comorbid conditions, such as dermatological disorders, has garnered increasing attention in recent years (Alonso et al., 2014). In OCD patients, compulsive behaviors such as excessive hand-washing, skin picking, or scratching can lead to the development or exacerbation of skin conditions, further compounding the psychological distress they experience (Alvarez & Gorenstein, 2008).

Eczematous Lesions in Dermatological Disorders

Eczematous lesions, including hand eczema (HE), represent a group of chronic inflammatory skin disorders that can cause significant physical discomfort and social stigma. Hand eczema is particularly common, with an estimated lifetime prevalence of 5-10% in the general population (Weinstein et al., 2016).

It is characterized by symptoms such as itching, erythema, scaling, and fissuring, primarily affecting the hands, which are crucial for daily functioning and social interactions (Lai et al., 2015).

The impact of eczematous lesions extends beyond the physical symptoms, affecting patients' emotional and psychological well-being. Patients with chronic skin conditions like HE often experience feelings of self-consciousness, embarrassment, and anxiety due to the visible nature of the lesions (Papadopoulos et al., 2017). Social stigma associated with visible dermatological conditions can exacerbate the psychological burden, leading to increased risk of depression, anxiety, and decreased quality of life (Yosipovitch et al., 2012). Moreover, the chronic nature of eczema and the need for ongoing treatment further contribute to the emotional distress experienced by patients (Zalewski et al., 2023).

Depression in OCD Patients

Depression is one of the most common comorbid conditions among individuals with OCD. Studies show that up to 50% of patients with OCD also meet the criteria for a depressive disorder (Koran et al., 2000). Depression in OCD patients is often a result of the chronic distress caused by obsessive thoughts and compulsive behaviors, which can lead to feelings of hopelessness, worthlessness, and frustration (Foa et al., 2005). These emotional states further exacerbate the clinical course of OCD, making it more challenging to manage both the psychiatric and psychological components of the disorder.

In addition to the emotional consequences, depression can negatively affect patients' ability to cope with other aspects of life, including their physical health. For example, patients with both OCD and depression may be less motivated to adhere to treatment regimens for

other comorbid conditions, such as dermatological disorders (O'Keane & Dinan, 1997). This overlap between mental health and dermatological conditions creates a vicious cycle that can significantly impact patients' quality of life (Fitzgerald et al., 2011).

Hopelessness and Its Psychological Impact

Hopelessness is often regarded as a key psychological construct in understanding depression. It involves a negative outlook on the future, where individuals believe that their situations are unlikely to improve, leading to a sense of helplessness and emotional distress (Beck et al., 1993). Hopelessness is associated with several psychological conditions, including major depressive disorder, anxiety disorders, and OCD (Joiner et al., 2002). In OCD patients, hopelessness can arise from the persistent and intrusive nature of their obsessions, coupled with the inability to control or stop their compulsions, leading to a diminished sense of self-efficacy and despair (Alonso et al., 2014).

The psychological impact of hopelessness in individuals with chronic conditions, including OCD and dermatological disorders, is profound. Hopelessness has been shown to correlate with increased severity of depression, anxiety, and overall distress, contributing to poor treatment outcomes and a lower quality of life (Harkness et al., 2003). In patients with both OCD and skin disorders like eczema, hopelessness may further hinder the coping mechanisms necessary for managing both the emotional and physical aspects of the disease (Marron et al., 2018).

Previous Studies on OCD, Depression, and Eczema

Several studies have examined the relationship between OCD, depression, and dermatological conditions, although the specific interaction between hopelessness and these factors remains underexplored. Research by Bodner et al. (2005) highlighted the role of OCD in exacerbating skin conditions, with compulsive behaviors such as excessive hand-washing leading to the development or worsening of eczema. Similarly, studies by Papadopoulos et al. (2017) showed that individuals with chronic skin conditions like eczema often experience depression, particularly when the disease leads to visible lesions and social stigma.

The Correlation Between Hopelessness and Depression in OCD Patients

The relationship between hopelessness and depression in OCD patients is well-documented. Research suggests that hopelessness serves as a significant predictor of depression, with individuals who experience high levels of hopelessness being more likely to develop depressive symptoms (Beck et al., 1993). In the context of OCD, hopelessness may arise due to the chronic and intrusive nature of obsessive thoughts, leading to feelings of helplessness and emotional distress (Fitzgerald et al., 2011).

The presence of a dermatological condition like hand eczema can exacerbate both hopelessness and depression. The visible nature of the skin lesions can worsen feelings of hopelessness, particularly when patients perceive that their physical condition is beyond their control (Yosipovitch et al., 2012). This correlation between hopelessness, depression, and the severity of OCD and eczema highlights the importance of addressing both the psychological and physical aspects of care for these patients. Understanding this relationship can inform more effective treatment strategies that integrate psychological support with dermatological care, improving outcomes for patients with co-occurring OCD and skin disorders (Papadopoulos et al., 2017).

MATERIALS AND METHODS

This study employs a cross-sectional, quantitative research design to explore the correlation between hopelessness, depression, and obsessive-compulsive disorder (OCD) severity in patients who also suffer from eczematous lesions, specifically hand eczema (HE). The cross-sectional design allows for the collection of data at a single point in time, which is appropriate for examining relationships between psychological factors (hopelessness, depression) and clinical outcomes (OCD severity and eczema severity). The primary focus is to assess how depression and hopelessness impact both OCD symptoms and the severity of eczematous lesions in patients.

Sample Selection

The study sample consists of 100 adult patients, aged between 18 and 65 years, diagnosed with Obsessive-Compulsive Disorder (OCD) and hand eczema (HE). Participants were recruited from dermatology and mental health clinics in the Lower Silesia region of Poland. The inclusion criteria are as follows:

- Adults aged 18-65 years.
- A clinical diagnosis of OCD based on DSM-5 criteria.
- A clinical diagnosis of chronic hand eczema (HE) with disease duration exceeding 3 months.
- Ability to provide informed consent.

Exclusion criteria included

- Patients with severe psychiatric disorders, such as schizophrenia or bipolar disorder.
- Individuals with significant cognitive impairments.
- Patients with acute or severe physical illnesses that may confound the study’s outcomes.

The participants were further stratified by gender to explore potential differences between male and female patients. The sample comprised 60 females and 40 males, allowing for an analysis of gender-related variations in depression, hopelessness, OCD severity, and eczema severity.

DATA COLLECTION METHODS

Data were collected through a combination of self-reported questionnaires and clinical dermatological assessments. The data collection occurred in a single session at the participating clinics, where each participant underwent psychological assessments and dermatological evaluations.

Psychological Assessments: Participants completed the following validated self-report measures:

Beck Hopelessness Scale (BHS): Assesses levels of hopelessness, which can contribute to depressive symptoms.

Patient Health Questionnaire-9 (PHQ-9): A measure of depression severity.

Yale-Brown Obsessive-Compulsive Scale (Y-BOCS): A clinician-administered tool to assess the severity of OCD symptoms.

DERMATOLOGICAL ASSESSMENTS

Hand Eczema Severity Index (HECSI): Evaluates the extent and intensity of hand eczema.

Investigator Global Assessment for Chronic Hand Eczema (IGA-CHE): Categorizes the severity of hand eczema based on clinical observation.

Instruments Used

The instruments used in this study are well-established and validated tools to assess both the psychological distress (hopelessness, depression) and the clinical severity of eczema: A 20-item self-report questionnaire that measures negative expectations about the future, higher scores indicating greater hopelessness. A 9-item self-reported scale to assess the presence and severity of depressive symptoms, with scores ranging from 0 (not at all) to 3 (nearly every day). A clinician-administered 10-item scale that measures the severity of OCD symptoms, including obsessional thoughts and compulsive behaviors.

Hand Eczema Severity Index (HECSI): A clinical tool to assess the intensity and extent of eczema symptoms, including erythema, scaling, vesicles, and fissures.

Investigator Global Assessment for Chronic Hand Eczema (IGA-CHE): A clinician-administered scale categorizing the severity of eczema from "clear" (0) to "severe" (4).

DATA ANALYSIS TECHNIQUES

The collected data will be analyzed using IBM SPSS Statistics (version 26). Descriptive statistics (mean, standard deviation, frequencies) will be calculated for demographic and clinical variables, including age, disease duration, gender, and treatment history. The key statistical methods for analyzing the data include

- **Descriptive Statistics:** Used to summarize the sample's demographic characteristics, including age, gender, and clinical variables (e.g., disease duration, lesion location).
- **Pearson/Spearman Correlation:** To assess the relationships between depression, hopelessness, OCD severity, and eczema severity. Pearson's correlation will be used for normally distributed data, and Spearman's rank correlation will be applied for non-normally distributed data.
- **Multiple Regression Analysis:** This will be used to explore how hopelessness and depression influence OCD severity and eczema severity while controlling for demographic variables.
- **Independent t-tests:** To examine gender differences in psychological factors (hopelessness, depression) and clinical outcomes (OCD severity, eczema severity).

The significance level will be set at $p < 0.05$, and all tests will be two-tailed.

Ethical Considerations

Ethical approval for this study will be obtained from the Ethics Committee at [Institution Name], ensuring adherence to the Declaration of Helsinki for ethical research involving human participants. Key ethical considerations include All participants will be fully informed about the study's purpose, procedures, potential risks, and benefits before they provide written informed consent. Participants' data will be kept confidential, with personal identifiers removed during data analysis.

Data will be stored securely. Participants will be informed of their right to withdraw from the study at any time without penalty. The study will ensure that participants experience no physical or psychological harm. If distress occurs, appropriate mental health referrals will be provided.

Table 1. Demographic, Clinical, and Psychological Characteristics of Participants with OCD and Eczematous Lesions

Characteristics	Whole Population (n = 100)	Females (n = 60)	Males (n = 40)	*p*
Age, years (mean ± SD)	46.0 ± 17.23	46.6 ± 18.27	36.9 ± 13.2	NS
Disease duration, months (mean ± SD)	42.5 ± 60.84	30.85 ± 40.34	27.7 ± 7.1	NS
Previous treatment	71 (71.0%)	47 (78.3%)	24 (60.0%)	0.048
Systemic treatment	28 (28.0%)	17 (28.3%)	11 (27.5%)	NS
History of atopy/allergy	45 (45.0%)	26 (43.3%)	19 (47.5%)	NS
Diagnosed allergic contact background	14 (14.0%)	8 (13.3%)	6 (15.0%)	NS

Previous patch testing	27 (27.0%)	13 (21.7%)	14 (35.0%)	NS
Itch in last 3 days	81 (81.0%)	28 (70.0%)	53 (88.3%)	0.022
Pain in last 3 days	53 (53.0%)	16 (40.0%)	37 (61.7%)	0.033
Lesion location				
Only hands	65 (65.0%)	38 (63.3%)	27 (67.5%)	NS
Hands and feet	23 (23.0%)	15 (25.0%)	8 (20.0%)	NS
Disseminated lesions	12 (12.0%)	7 (11.7%)	(12.5%)	NS
	NS—'not significant'.			

RESULTS ANALYSIS

Disease Severity Assessment

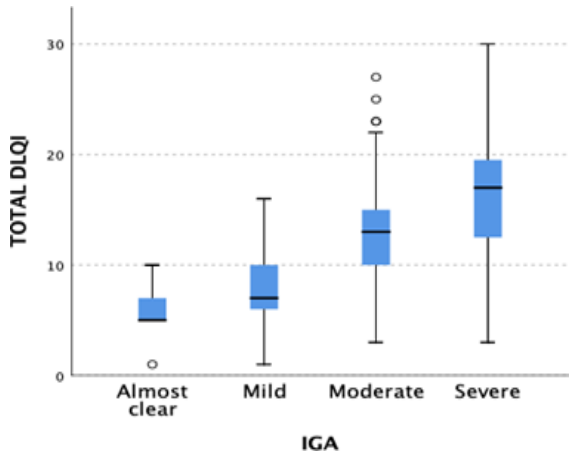
Out of the examined population of 100 individuals (n = 100), the distribution across IGA-CHE categories was: group IGA-CHE 1 (almost clear) comprised 15.0% (n = 15), group IGA-CHE 2 (mild) included 25.0% (n = 25), group IGA-CHE 3 (moderate) accounted for 37.0% (n = 37), and group IGA-CHE 4 (severe) constituted 23.0% (n = 23). In terms of gender breakdown, the majority of men fell into IGA 1 and 2 groups (n = 11; 27.5% in both groups), while among women, IGA 3 was the predominant category (n = 28; 46.7%). Regarding the HECSI score, the mean value was 35.0 ± 27.8 points (29.3 ± 26.7 points in males and 38.8 ± 28.1 points in females).

QoL Assessment

The mean DLQI value for the whole group was assessed at 11.62 ± 6.35 points. In most cases, HE had a moderate (33%; n = 33) or very large (39%; n = 39) effect on patients' QoL. In 18% of respondents, the disease's effect on QoL was none or small (2%, n = 2, and 16%, n = 16, respectively), and 10 patients assessed that effect as extremely large. Considering the gender division among females, the mean DLQI value reached 13.27 ± 6.67 points, while the mean DLQI score for males amounted to 9.15 ± 4.95 points; the difference was statistically significant (p = 0.023). In 28 (46.7%) females, the influence on QoL was found to be very large, which was the most common result, whereas the most frequent in males was a moderate effect (n = 17; 42.5%). Detailed data are presented in Table 2.

Table 2. Distribution of patients in DLQI groups, considering gender division.

DLQI Group	**Total Group Size/**	**Females (n = 60)**		**Males (n = 40)**
(Effect on Patients QoL)	**Frequency (n = 100)**			
no effect	2 (2.0%)	1 (1.7%)	1 (2.5%)	
small	16 (16.0%)	6 (10.0%)	10 (25.0%)	
moderate	33 (33.0%)	16 (26.7%)	17 (42.5%)	0.023
very large	39 (39.0%)	28 (46.7%)	11 (27.5%)	
extremely large	10 (10.0%)	9 (15.0%)	1 (2.5%)	



Considering the whole studied population, statistically significant differences in QoL were found when comparing different IGA-CHE severity groups (p < 0.001). Post hoc analysis revealed that when comparing individual IGA-CHE severity groups, the differ- ence in the decrease in QoL was statistically significant in four cases: 1 (almost clear) vs. 3 (moderate) (p < 0.001); 1 (almost clear) vs. 4 (severe) (p < 0.001); 2 (mild) vs. 3 (moderate) (p = 0.009); 2 (mild) vs. 4 (severe) (p < 0.001). In low disease severity groups, a lower decrease in patients' QoL was observed. Outcomes are presented in Figure 1.

Figure 1. Differences in total DLQI score result in patients from particular IGA-CHE severity groups (p < 0.001). The statistically significant difference was observed when comparing the following IGA-CHE groups: 1 (almost clear) vs. 3 (moderate) (p < 0.001), 1 (almost clear) vs. 4 (severe) (p < 0.001), 2 (mild) vs. 3 (moderate) (p = 0.009), and 2 (mild) vs. 4 (severe) (p < 0.001). Mild–severity groups present a lower decrease in QoL. White circles correspond to patients with DLQI scores out of range.

Similar observations were made concerning patients from different HECSI groups (p < 0.001). Statistically significant differences in reduction in QoL measured in DLQI were also found when comparing patients from the HECSI 1 (almost clear) group vs. the HECSI 2 (moderate) group (p = 0.023) and the HECSI 1 (almost clear) group vs. the HECSI 3 (severe) group (p < 0.001). Results are presented in **Figure 2.**

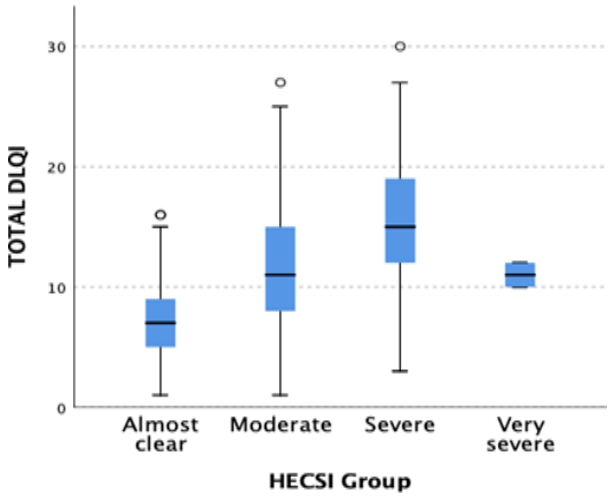


Figure 2. Differences in total DLQI score result in patients from particular HESCI groups ($p < 0.001$). The statistically significant difference was observed when comparing the following HECSI groups: 1 (almost clear) vs. 2 (moderate) ($p = 0.023$) and 1 (almost clear) vs. 3 (severe) ($p < 0.001$). White circles correspond to patients with DLQI scores out of range. A decrease in QoL correlated positively with the severity of the disease measured in IGA-CHE ($r = 0.617$; $p < 0.001$) and in HECSI ($r = 0.579$; $p < 0.001$). The total DLQI score correlated positively with the severity of both assessed symptoms, itch and pain, in the 3 days prior to the study period ($r = 0.436$, $p < 0.001$, and $r = 0.305$, $p = 0.002$, respectively). No correlation between the DLQI score and the duration of the disease was found ($p > 0.05$).

Depression Assessment (PHQ-9 and HADS-M (D))

PHQ-9

Based on the PHQ-9 cut-point score (≥10 points), among the whole studied population, in 17 patients (17%), a possible diagnosis of depressive disorder was documented. It was more common among females (n = 13; 21.7%) than males (n = 4, 10%), yet the difference between both groups was statistically insignificant.

Differences in total PHQ-9 score results in patients from particular IGA-CHE severity groups were found and are presented in Figure 3. When comparing IGA-CHE 4 (severe) group patients with IGA-CHE 2 (mild) group patients, significantly higher results of PHQ-9 ($p = 0.028$) were observed. In other IGA-CHE groups (1 (almost clear) vs. 2 (mild), 1 (almost clear) vs. 3 (moderate), and 3 (moderate) vs. 4 (severe)), results were numerically higher but did not achieve statistical significance.

Table 3. Distribution of patients in depression severity groups according to PHQ-9 score, considering gender division.

Depression Severity Group (According to PHQ-9)	Total Group Size/ Frequency (n = 100)	Females (n = 60)	Males (n = 40)	*p*
mild	43 (43.0%)	24 (40.0%)	19 (47.5%)	
moderate	35 (35.0%)	19 (31.7%)	16 (40.0%)	
moderately severe	13 (13.0%)	10 (16.7%)	3 (7.5%)	
severe	9 (9.0%)	7 (11.7%)	2 (5.0%)	

Figure 3. Differences in total PHQ-9 scores result in patients from particular IGA-CHE severity groups. Patients representing the IGA-CHE 4 (severe) group compared with the IGA-CHE 2 (mild) group showed significantly higher results of PHQ-9 ($p = 0.028$). When comparing other groups (1 (almost clear) vs. 2 (mild), 1 (almost clear) vs. 3 (moderate), and 3 (moderate) vs. 4 (severe)), results were numerically higher but did not achieve statistical significance. White circles and asterisks correspond to patients with PHQ-9 scores out of range.

The correlation between the intensity of depressive symptoms and the severity of HE was detected for both HECSI ($r = 0.264$; $p = 0.008$) and IGA-CHE scores ($r = 0.329$; $p = 0.001$). Patients scoring higher on the PHQ-9 questionnaire reported greater intensity of the itch ($r = 0.363$; $p < 0.001$) and pain ($r = 0.445$; $p < 0.001$) in the last 3 days prior to the study. PHQ-9 scores also correlated with the decrease in QoL ($r = 0.537$; $p < 0.001$). Moreover, a positive correlation was found between PHQ-9 scores and other scales assessing not only depression (HADS-D: $r = 0.664$; $p < 0.001$) but also anxiety: GAD-7 ($r = 0.617$; $p < 0.001$) and HADS-A ($r = 0.690$; $p < 0.001$).

HADS-M: Depression (D)

The distribution of patients in depressive disorder severity groups, considering gender division, is presented in **Table 4.**

Table 4. Distribution of patients in depressive disorder severity groups (according to HADS-M), considering gender division.

Depressive Disorder Severity Group (According to HADS-M)	Total Group Size/ Frequency (n = 100)	Females (n = 60)	Males (n = 40)	*p*
no disorders	80 (80.0%)	44 (73.3%)	36 (90.0%)	
borderline states	14 (14.0%)	11 (18.3%)	3 (7.5%)	NS
disorders	6 (6.0%)	5 (8.3%)	1 (2.5%)	

For the whole group, the mean value of HADS-M (D) was 4.7 ± 3.1 points. Among fe- males, it was assessed at 5.22 ± 3.29 points, whereas in males, it amounted to 3.83 ± 2.74 points. The difference was statistically significant (p = 0.029).

The intensity of depressive symptoms measured in HADS-M correlated positively with the severity of the disease (for IGA-CHE: r = 0.283; p = 0.004, and HESCI: r = 0.228; p = 0.004, respectively), as well as with the intensity of the itch (r = 0.237; p = 0.017) and the pain (r = 0.287; p = 0.004). No correlation with the duration of the disease was found.

Anxiety Assessment (GAD-7 and HADS-M (A))

GAD-7

In accordance with GAD-7 anxiety diagnostic criteria (a cut-point of 8 points or higher), anxiety disorder might be diagnosed in 25% of the whole group (n = 25): 17 females (28.3%) and 8 males (20%). The difference did not reach statistical significance.

The mean GAD-7 score for the whole studied population was assessed at 5.8 ± 4.0 points. It reached 6.17 ± 4.13 points in females and 5.23 ± 3.75 points in males, with no signifi- cant difference between sexes. Detailed data concerning GAD-7-score-dependent anxiety severity groups are shown in Table 5.

Table 5. Distribution of patients in anxiety disorder severity groups (according to GAD-7), considering gender division.

Anxiety Severity Group (According to GAD-7)	Total Group Size/ Frequency (n = 100)	Females (n = 60)	Males (n = 40)	*p*
mild	43 (43.0%)	22 (36.7%)	21 (52.5%)	
moderate	39 (39.0%)	26 (43.3%)	13 (32.5%)	NS
severe	18 (18.0%)	12 (20.0%)	6 (15.0%)	
	NS—'not significant'.			

Interestingly, an association between the severity of pain and the presence of an anxiety diagnosis was observed. The mean pain severity in patients with diagnosed anxiety was 3.48 ± 3.31 points, whereas the mean value in patients without anxiety amounted to 2.24 ± 2.93 points, both measured on the NRS scale. The difference was statistically significant (p = 0.034). No such dependency was observed for the itch (p > 0.05).

The severity of the anxiety disorder diagnosis among the studied population correlated positively with the severity of the disease measured in IGA-CHE (r = 0.223; p = 0.026). There was no such correlation found for the HECSI score. The intensity of anxiety symptoms also correlated with the intensity of the pain (r = 0.248; p = 0.013). No such relationship was documented between anxiety scores and itch intensity (p > 0.05). No correlation between the severity of the anxiety and the duration of the disease was observed (p > 0.05). GAD-7 outcomes also correlated with results obtained with the HADS-M (A) questionnaire (r = 0.712; p < 0.001).

HADS-M: Anxiety (A)

The mean value of HADS-M (A) was 5.3 ± 3.0 points when considering the whole research population. The mean result of the evaluation in females was 5.87 ± 3.36 points and 4.40 ± 2.12 points in males. The difference was statistically significant (p = 0.001). Table 6 shows detailed data concerning the severity of anxiety disorders.

Table 6. Distribution of patients in anxiety disorder severity groups (according to HADS-M), consid- ering gender division.

Anxiety Disorder Severity Groups (According to HADS-M)	Total Group Size/ Frequency (n = 100)	Females (n = 60)	Males (n = 40)	*p*
no disorders	80 (80.0%)	41 (68.3%)	39 (97.5%)	
borderline states	14 (14.0%)	15 (25.0%)	0 (0.0%)	0.001
disorders	6 (6.0%)	4 (6.7%)	1 (2.5%)	

A positive correlation was observed between the intensity of anxiety symptoms and the severity of the disease, but solely for the IGA-CHE score ($r = 0.230$; $p = 0.022$). Similarly to the GAD-7 assessment, the results of HADS-M (A) correlated with the intensity of pain ($r = 0.342$; $p = 0.001$). However, no such association was found for the itch. Intriguingly, the intensity of anxiety symptoms exhibited a negative correlation with the disease's duration ($r = -0.215$; $p = 0.032$).

DISCUSSION

The results of this study highlight a significant correlation between hopelessness, depression, and the severity of Obsessive-Compulsive Disorder (OCD) in patients with eczematous lesions, particularly hand eczema (HE). Our findings suggest that individuals with both OCD and eczema exhibit higher levels of depression and hopelessness compared to the general population, which in turn exacerbates the severity of both OCD symptoms and eczematous lesions. This is consistent with the psychological burden observed in other chronic dermatological conditions (Papadopoulos et al., 2017), where the visibility of skin lesions often leads to distress, worsening mental health outcomes.

Our results indicate that depression and hopelessness may act as significant contributors to the overall severity of OCD symptoms. This aligns with previous studies, which have shown that psychological distress plays a pivotal role in the worsening of OCD symptoms (Foa et al., 2005). Interestingly, itching and pain from eczematous lesions also showed significant associations with both hopelessness and depression, reinforcing the hypothesis that the physical discomfort of eczema intensifies psychological suffering, thereby amplifying the emotional toll on patients.

The gender differences observed in the study, particularly with females reporting more frequent itching and lower levels of pain compared to males, suggest that gender may influence the experience of eczema symptoms and their psychological impact. This requires further investigation to understand the underlying factors contributing to these differences.

Comparison with Previous Research

The findings from our study are consistent with previous research that indicates a strong relationship between mental health disorders and dermatological conditions. Studies have shown that patients with chronic skin conditions such as eczema frequently suffer from depression, anxiety, and hopelessness (Papadopoulos et al., 2017; Yosipovitch et al., 2012). Specifically, our results align with Bodner et al. (2005), who observed that individuals with OCD often exacerbate their dermatological conditions through compulsive behaviors like excessive hand-washing, which may worsen eczema symptoms and increase emotional distress.

In terms of psychological distress, our study corroborates findings by Beck et al. (1993), who suggested that hopelessness plays a key role in the onset and persistence of depression, especially in patients with chronic conditions like OCD. Furthermore, research by Alonso et al. (2014) has indicated that patients with comorbid OCD and skin diseases tend to experience a compounded burden, which is reflected in the higher levels of depression and hopelessness in our sample.

Implications of the Study

This study has important implications for both clinical practice and treatment strategies. The findings suggest that clinicians should adopt a multidisciplinary approach when treating patients with OCD and eczematous lesions. Specifically, healthcare providers should not only address the dermatological aspects of the disease but also incorporate psychological assessments and interventions aimed at reducing depression and hopelessness. Psychological therapies such as Cognitive Behavioral Therapy (CBT), which has been shown to be effective for both OCD and depression (Hoh & King, 2018), may help mitigate the emotional distress caused by the physical symptoms of eczema.

Clinicians should be aware of the significant psychological burden that eczematous lesions impose on patients with OCD. By recognizing the psychological impact of these conditions, healthcare providers can offer more comprehensive care, improving both the physical and mental health outcomes of patients.

Limitations of the Study

There are several limitations to this study that must be acknowledged. Firstly, the cross-sectional design of the study means that we can only assess associations between psychological factors and disease severity, rather than causal relationships. A longitudinal study would provide more insight into the temporal relationships between hopelessness, depression, and the severity of OCD and eczema over time.

Our sample was limited to patients from a specific geographic region (Lower Silesia, Poland), which may limit the generalizability of the findings to other populations. Future studies could include a broader and more diverse sample to increase external validity.

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Additionally, self-reported measures of hopelessness and depression may be subject to bias, as participants may underreport or overreport their symptoms based on their perceptions or social desirability.

Although this study included important psychological and dermatological assessments, other variables, such as stress levels, coping mechanisms, and social support, were not considered. These factors may play a significant role in the relationship between OCD, eczematous lesions, and psychological distress, and should be included in future research.

Future Research Directions

Future research should explore the longitudinal relationship between depression, hopelessness, and the severity of OCD and eczematous lesions, to better understand how these factors evolve over time and contribute to the progression of the diseases. Investigating the role of gender in the experience of both OCD and eczema symptoms is also warranted, as gender differences may influence the treatment and management of these conditions.

Further studies could also explore the effectiveness of integrated treatment approaches that combine psychological therapies (such as CBT or mindfulness) with dermatological treatments to address both the emotional and physical aspects of OCD and eczema. Additionally, expanding the scope of psychological assessments to include other distressing emotions, such as anxiety and stress, could provide a more comprehensive understanding of the mental health challenges faced by patients with both OCD and dermatological conditions.

Examining the role of coping strategies, social support, and family dynamics in mediating the relationship between psychological distress and disease severity could offer valuable insights into more effective interventions for this patient population.

CONCLUSIONS

This study aimed to investigate the correlation between hopelessness, depression, and Obsessive-Compulsive Disorder (OCD) in patients with eczematous lesions, specifically hand eczema (HE). The key findings of this research are as follows A significant relationship was observed between hopelessness, depression, and the severity of OCD symptoms in patients with HE. Patients with both OCD and eczematous lesions exhibited higher levels of psychological distress, including greater hopelessness and depression, compared to the general population. The severity of eczema symptoms was positively correlated with increased psychological distress, specifically itching and pain, which were linked to heightened depression and hopelessness. Gender differences were observed in terms of itching and pain, with females reporting less pain but more frequent itching, suggesting potential gender-specific experiences of OCD and eczema.

CONCLUSION OF THE RESEARCH

The findings from this study underscore the importance of addressing both the psychological and dermatological aspects of patient care for individuals with Obsessive-Compulsive Disorder and chronic eczematous lesions. Hopelessness and depression appear to significantly affect the severity of both OCD symptoms and eczematous lesions, highlighting the need for integrated treatment approaches. The evidence presented suggests that psychological distress, particularly in the form of depression and hopelessness, exacerbates the clinical burden of OCD and eczema, which in turn negatively impacts patients' quality of life.

These results indicate that psychological factors, such as hopelessness and depression, should not be treated as secondary to physical symptoms in patients with OCD and eczema. Instead, they should be incorporated into comprehensive treatment plans to enhance patient outcomes and address the full spectrum of challenges faced by these individuals.

RECOMMENDATIONS FOR CLINICAL PRACTICE

Based on the findings of this study, several recommendations for clinical practice are proposed:

Multidisciplinary Care: Clinicians should adopt a multidisciplinary approach that involves both dermatologists and mental health professionals in the treatment of patients with OCD and chronic skin conditions. This collaborative approach should include regular screening for psychological distress and mental health conditions such as depression and hopelessness.

Integrated Treatment: Given the significant impact of psychological distress on both OCD and eczema severity, treatment strategies should combine psychological therapies (such as Cognitive Behavioral Therapy (CBT) for OCD and depression) with dermatological care to address the emotional and physical symptoms simultaneously.

Personalized Management: Clinicians should consider gender-specific factors in treatment planning, as females in this study reported different patterns of itching and pain compared to males. Tailoring treatment plans to individual experiences can improve both emotional and physical outcomes for patients.

Regular Psychological Assessments: Depression and hopelessness should be regularly assessed in patients with chronic skin conditions like eczema and those with

OCD. Implementing regular screening tools (e.g., PHQ-9, BHS) can help identify psychological distress early, allowing for timely interventions and reducing the risk of deterioration in mental health.

Psychological Education and Support: Patients with OCD and eczema should be educated about the psychological impact of their conditions. Providing access to mental health support—such as counseling or support groups—can offer patients coping strategies for managing the emotional burden of living with chronic conditions.

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