Editorial

Morgellons Disease may be Psychiatric Disorder

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Morgellons symptoms are as creepy as the name implies. Patients report slow-to-heal sores that often feel like bugs are crawling under their skin. They often scratch themselves raw. And they also report that mysterious colored fibers, granules, worms, eggs, fuzzballs, or other stuff comes out of their skin. The CDC study was launched in 2008 at the request of California Sen. Dianne Feinstein because of a rash of Morgellons reports in that state.

The findings do not rule out the possibility that Morgellons is a newly recognized disease, note CDC researcher Michele L. Pearson, MD, and colleagues in the online journal PLoS One. But after performing detailed examinations of patients, running blood and urine tests, analyzing skin biopsies and "fiber" particles, conducting psychological examinations, and looking for disease clusters, the researchers could not find any common cause of illness among Morgellons patients.

They suggest that the patients' symptoms and histories are similar to those of patients with a psychiatric condition called delusional infestation — the delusional belief that one is infested with parasites. More broadly, the findings suggest that Morgellons disease may result from the downward mind/body spiral known as somatization or somatoform disorder. In these conditions, physical symptoms worsen underlying anxiety or mood disorders, which then worsens the physical symptoms.

Morgellons disease is not an official medical diagnosis. The term was coined in 2002 by Mary Leitao, who in 2008 told WebMD she'd noticed "balls of fiber" coming out of her 2-year-old's skin, just before sores developed. Leitao got the word "Morgellons" from a 17th century text describing an illness in which black hairs were said to appear on the backs of children in France.

The name stuck, even though there's no evidence the disease is linked to the modern condition. The CDC study looked for patients treated from 2006 to 2008 for any Morgellons symptoms by Kaiser Permanente

Northern California. Out of the 3.2 million people enrolled in the program, they identified 115 patients. Another 11 patients who heard of the study offered to participate. In the end, 41 patients had full physical examinations.

As in previous studies of Morgellons, the patients tended to be female (77%) and white (77%).

Three-fourths of the examined patients had sores on their skin. Half of the lesions were merely sun damage, but 40% showed signs of scratching or irritation, and 16% looked like bug bites or allergic reactions to drugs. Sixteen of the lesions had materials stuck in them. Most turned out to be cotton fibers, probably from clothing; some were skin fragments likely caused by scratching. Importantly, normal areas of the patients' skin had nothing wrong with them, suggesting that there was no systemic skin disease. Psychiatric evaluations showed that the patients' average intelligence was somewhat higher than normal. But 60% of the patients showed signs of cognitive impairment, and 63% had "somatic complaints," often "incapacitating fatigue."

The patients' level of "functional impairment and disability" was "comparable to that detected among persons who have serious medical illnesses and concurrent psychiatric disorders," Pearson and colleagues note. People with somatic disorders tend to by hyper-aware of normal body sensations — and they tend to interpret these sensations as medical illness.

This stress has real physical effects on the body and leads to a spiral of worsening physical symptoms and psychological health. Psychotherapy is far more likely to be successful than medication in breaking this cycle. Pearson and colleagues suggest that since they cannot find a common cause of Morgellons disease, patients should get "standard therapies for co-existing medical conditions and/or those recommended for similar conditions such as delusional infestation." Patients who are convinced they are infested with parasites often respond to treatment with antidepressant or antipsychotic medication.