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Anxiety and depression in patients with nasal septal deviation: What is the clinical impact?

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Dear Editor,

We read the study by Alessandri-Bonetti et al. entitled "Anxiety and depression mood disorder in patients with nasal septal deviation: a systematic review and meta-analysis [1]". The authors investigated the association between anxiety, mood disorders, and nasal septal deviation (NSD). According to this meta-analysis including four studies representing 625 patients, the authors concluded that anxiety and depression disorders were more prevalent in patients with NSD. A clear state-of-the-art presentation is drawn by the authors that recalled the studies that tend to prove a consecutive link between NSD and neuropsychological effects. However, this study raised several practical and conceptual questions.

First, the authors underline that NSD affects more than two-thirds of the population. Anxiety and mood disorders are highly prevalent in general population and are a global health burden [2]. Numerous must be the bias related to organic and psychiatric comorbidities [3]. Many limitations exist, as acknowledged by the authors. Many factors could be on the path between NSD and depression and anxiety. Organic and psychiatric comorbidities are insufficiently reported, as anxiety and depression are insufficiently described in subgroups.

Second, the relationship between both NSD, depression and anxiety is still difficult to demonstrate. It can be supposed that patients with NSD may present a particular vulnerability to anxiety and depressive disorders by the daily alteration of their nasal breathing and by the sleep disorders associated with NSD [4]. A link with QoL alteration has already been described [5]. On the other hand, it can be assumed that, in the context of anxiety disorders, patients with NSD may pay more attention to nasal breathing disorders. This attention would then be constitutive in some of their anxiety disorder or an anxious personality trait [6].

Finally, anxiety or depressive disorders are usually a criterion for exclusion from major surgeries [7] or surgeries that modify the body's schema and perception [8]. On the one hand, modifying the perception of nasal ventilation is at risk of deregulating this scheme and aggravating anxiety or depressive disorder [9]. On the other hand, if this

anxiety or depressive disorders were secondary or compounded to the alteration of the QoL due to a disorder of nasal ventilation, it would be a risk to deprive the patients who could benefit the most from corrective surgery.

While this meta-analysis is well-conducted and investigates an interesting association, we note that this study raises many questions that deserve further analysis and discussion because they engage the success of diagnostic and therapeutic approaches in rhinology with millions of patients.

Declaration of competing interest

None.

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None.

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Robin Baudouin^{a,*}, Jérôme R. Lechien^{a,b,c,d}, Antonino Maniaci^e,
Quentin Lisan^a, Stéphane Hans^a
Department of Otolaryngology-Head & Neck Surgery, Foch Hospital,

"Department of Otolaryngology-Head & Neck Surgery, Foch Hospital, School of Medicine, UFR Simone Veil, Université Versailles Saint-Quentinen-Yvelines (Paris Saclay University), Paris, France

^b Department of Otolaryngology, Elsan polyclinic of Poitiers, Poitiers, France
^c Department of Human Anatomy and Experimental Oncology, Faculty of Medicine, UMONS Research Institute for Health Sciences and Technology, University of Mons (UMons), Mons, Belgium

^d Division of Laryngology & Broncho-Esophagology, EpiCURA Hospital, Baudour, Belgium

^e Department of Medical, Surgical Sciences and Advanced Technologies G.F.
Ingrassia, University of Catania, Catania 95123, Italy

* Corresponding author at: Department of Otolaryngology - Head & Neck Surgery, Foch Hospital, School of Medicine, UFR Simone Veil, Université Versailles Saint-Quentin-en-Yvelines (Université Paris Saclay), France.

E-mail address: r.baudouin@hopital-foch.com (R. Baudouin).