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Update from a Living Systematic Review of the Prevalence of Mood and Anxiety Disorders and Factors Associated with Symptoms in People with Systemic Sclerosis.

Systemic sclerosis (SSc; scleroderma) is a rare chronic, autoimmune rheumatic disease characterized by abnormal fibrotic processes and excessive collagen production. Disease presentation is heterogeneous, and course is unpredictable. People with SSc experience substantially lower health-related quality of life compared to the general population and people with other rheumatic diseases. People with SSc may be at risk for depression and anxiety due to the unpredictable and progressive disease course and high levels of chronic pain, fatigue, body-image distress, and disability. We are conducting a regularly updated “living” systematic review to assess (1) prevalence of mood and anxiety disorders and (2) factors associated with symptoms in people with SSc. The objective was to build on our previous report, which presented findings up to March 1, 2023, and to present results up to March 1, 2025.

Eligible studies are primary studies in any language that assessed prevalence of mood or anxiety disorders in people with SSc or examined factors associated with disorders or symptoms. We searched MEDLINE, CINAHL, EMBASE, Cochrane CENTRAL, and PsycINFO databases for eligible studies, using a strategy designed by an experienced health sciences librarian.

We identified 7 eligible studies through March 1, 2025. Current or 30-day major depressive disorder prevalence was 4% (95% confidence interval [CI], 2% to 6%) for Canadian outpatients (N=345), 18% (95% CI, 12% to 27%) for Indian outpatients (N=93), 10% (95% CI, 4% to 21%) for French patient conference attendees (N=51), 29% (95% CI, 18% to 42%) for French inpatients (N=49), and 26% (95% CI, 20% to 33%) for Italian outpatients (N=200). Current or 30-day prevalence of any anxiety disorder was 49% (95% CI, 36% to 62%) for French conference attendees, 51% (95% CI, 38% to 64%) for French inpatients, and 20% (95% CI, 15% to 26%) for Italian outpatients. In 3 studies (N=114 to 376) that examined factors, higher education and being married or living as married were associated with lower depressive symptoms and pulmonary involvement, breathing problems, and tender joint counts with higher symptoms; age and disease severity markers were not associated. Only 1 study (N=114) assessed factors associated with anxiety symptoms and found no statistically significant associations. Limitations included heterogeneous populations and assessment methods, small samples, and substantial risk of bias concerns.

Mood and anxiety disorder prevalence appears high in SSc, but estimates vary, and existing studies have important limitations. Future research should assess mood and anxiety prevalence, and factors associated with symptoms using large representative samples and validated classification and assessment methods.