

## Atopic Eczema Management Programs

One year Dermatology + Psychosomatics. A very new experience for the editors and a new feeling of having a scientific journal for all topics we could not publish before, or only with much difficulty. Many thanks to all contributors and to all readers who gave us feedback when the system was not running smoothly. One of the benefits of having an international journal is the insight it gives into the variations between special facilities in different countries. This is the main topic of the present issue dealing with atopic eczema and its psychosomatic and psychosocial aspects.

Eczema was described by the ancient Greeks, but how many of us can now, two millennia later, adequately assess the clinical symptoms and the management of atopic eczema? I myself have been trying for nearly twenty years now – but in most cases I am not sure that I am successful and I guess not many dermatologists are. How can we adequately treat our atopic eczema patients and prevent relapses? What are the main factors influencing the health of our patients?

A prospective study on the influence of chronic stress on children suffering from asthma, published this year in *The Lancet* [3], shows that high levels of stress significantly increase the risk of new asthma attacks. The authors conclude that severely negative life events increase the children's risk of asthma attacks over the next few weeks. The same seems to correlate in the relationship between dermatological diseases and stress: Another recent study [2] looking for the influence of stress on atopic eczema shows that severe stress leads to significantly more exacerbation. The authors investigated 1,457 patients with atopic eczema using a self-developed questionnaire given to patients who experienced the Great Hanshin Earthquake in Japan. Patients were divided into 3 groups according to the severity of damage to their buildings. Exacerbation was found in 38% of patients whose houses were severely damaged, whereas similar exacerbation was seen only in 7% of control patients. Therefore, we can presume that atopic eczema is really exacerbated by stress and the management of stress is an important approach in prevention programs.

The review article in this issue gives a survey of these programs. We tried to provide an overview on the increasing number of publications on atopic eczema prevention programs and on the development in this field over the last 20 years. The articles by Bridgett et al. and van Sandwijk et al. in this issue describe the current state of treatment of patients in Great Britain and the Netherlands. Jaspers et al. report on the educational program for young adults suffering from atopic eczema and the implications for occupational aspects of the disease. Zschocke et al. as well as Lemke et al. and Staab et al. demonstrate the possibilities for therapy of young patients with atopic eczema and for increasing the quality of life of their parents. Schmid-Ott et al. give an account of the ongoing German national multicenter program for children and adolescents suffering from atopic eczema and their parents.

In editorials we sometimes forget to give a résumé of case reports. On reflecting the case reports in the present issue of the journal, the feature by Hockmann et al. of two cases of prurigo nodularis and their psychodynamic aspects serves to remind the reader of what usually happens in transference and countertransference when dealing with such patients. The authors present a good discussion on the psychodynamic causes of prurigo nodularis and show that in their patients this condition is mostly non-responsive to dermatological therapy. A recent overview of the disease was given by Accioly-Filho et al. [1].

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### References

- 1 Accioly-Filho JW, Nogueira A, Ramos-e-Silva M: Prurigo nodularis of Hyde: An update. *J Eur Acad Dermatol Venerol* 2000;14:75–82.
- 2 Kodama A, Horikawa T, Suzuki T, Ajiki W, Takashima T, Harad S, Ichihashi M: Effect of stress on atopic dermatitis: Investigation in patients after the Great Hanshin Earthquake. *J Allergy Clin Immunol* 1999;104:173–176.
- 3 Sandberg S, Paton JY, Ahola S, McCann DC, McGuinness D, Hillary CR, Oja H: The role of acute and chronic stress in asthma attacks in children. *Lancet* 2000;356:982–987.