8th International Congress of the ESDaP (European Society for Dermatology and Psychiatry)

Traces in Psychosomatic Dermatology

The 8th ESDaP Congress was held in Paris from June 23rd to 25th. The entire spectrum of psychosomatic dermatology and its interrelatedness with psychiatry was excellently reflected in the 112 contributions. Simultaneous translation of the main presentations and three parallel meetings in English (in one case, the participants' knowledge of French was challenged) focused on consiliary and liaison services, quality of life, coping processes in chronic diseases, body perception and distorted body perception, pediatric dermatology, coping with disease in tumors, pain syndromes and dysesthesias, management of itching, psychiatric disease with self-inflicted injury or compulsion impairments, psychoneuroimmunology, special psychoanalytical/psychotherapeutic techniques and, finally, future-oriented research results.

Of such a multiplicity, only a few presentations can be highlighted. C. Koblenzer (USA) addressed a current and continually important theme: What psychological factors support the trend to self-destructive sunbathing in spite of all warnings? Tradition plays a role here, in which many diseases were treated with UV in times past, we need only think of Tbc; the subconscious coupling of tanned skin with good health, status and a body perception promoted by the industry, the experience of emotional well-being by the release of β -endorphins under UVA, the psychosocial learning factor of experiencing more attention as an attractive person, and many other such things. It appears difficult to overcome such ego-supporting learning experiences and internalized attitudes in favor of self-preserving reticence in UV exposition.

F. Poot (Belgium) emphasized the importance of a family-oriented mode of thinking for dermatological patients: A review of the family genogram over several generations clarifies the history and breaks in the family, tradition, unconscious blaming and expectations, myths of togetherness and separation

and attempts to show new possibilities for development. The necessity for this arises when the 'symptomatic member of the family' is assigned a central place and is permitted hardly any space for autonomous development or relief from this role.

The importance of basic psychiatric knowledge for dermatologists, especially with respect to the prescription of psychoactive substances, was the subject addressed by Grimalt (Spain). He is of the opinion that psychiatrists and dermatologists do not treat the same patients. The difference lies in the extent of stigmatization and also in the extent of disruption. Low-dosed psychopharmaceuticals help many of the dermatological patients with psychopathological symptoms and should also be discriminately prescribed by the dermatologist. Referral to the psychiatrist becomes appropriate when the sufferer perceives himself as a psychiatric patient due to the weight of his suffering.

It would overstep the framework of this presentation to report on the exciting and instructive psychoanalytical case reports or test psychological and behavior-analytical results. On the subject of psoriasis, Polenghi (Italy) reported that the stigmatization and subjective stress of the patients depend on the ideal picture they have of their skin, what perceptions they expect of others, and their own self-image. A perception test of the patient's own skin was presented which filters different patient groups and can thus serve as a cornerstone in the indication for psychotherapy. Hillert (Germany) presented the results of an inpatient integrative behavior therapy for chronic dermatological patients. The success of the offered therapy does not depend on the duration, the patient's age or any previous therapy, but rather from the patient's educational status, the capability for social contacts, therapy motivation and a personal illness concept.

Several presentations addressed the vulvodynia. Salisbury (England) pointed out the importance of differentiating between dysesthesias in the sense of vulvodynia from vestibuli-

tis. The vestibulum has a different nerve supply as the other vulva structures (Nervus pudendus). A simple examination of the painful pressure point next to the hymen in vestibulitis by applying light pressure with a Q-Tip permits rapid differentiation. Vestibulitis affects especially younger women, presents intermittent painfulness, heals spontaneously in 50% of cases, is very localized and can be surgically corrected, if needed. Typical vulvodynia occurs primarily in older women, is chronic, diffuse in extent, often coupled with glossodynia or bladder and gastrointestinal-canal symptoms. Treatment with antidepressives can be attempted. There is a self-help organization (Vulval Pain Society) in England demonstrating the extent of stress and the importance for the sufferers. A model was recommended in which a gynecologist and a dermatologist with psychosomatic interests should deal with such patients together, which would save time and money in the long run.

Roche (France), speaking of glossodynia, showed how a depressive mood or anxiety measured on the day prior to the symptom (20 patients) has a negative effect on the severity, but not vice versa. Similar clear results have not been found for other pain syndromes. This result raises the question 'what came first'?

De Korte (Netherlands) assessed 200 publications on the subject of 'quality of life'. He emphasized the relationship between 'quality of life' and 'quality of care' and thus the importance of professional knowledge on this subject in order to be able to help patients efficiently. Three essential components of 'quality of care' are the treatment structures (psoriasis day-clinic units, money, educational level of the team), the working alliance between the patient and the therapists, which includes training programs and help to effective self-help, and measuring methods with respect to the results obtained for evaluation. Quality of life is attained by means of support of flexible coping strategies in chronic diseases. Ginsburg (USA) refers to the necessity of differentiating carefully between problems which are elicited by the skin disease, those attributable to the disease, and those which are independent of the disease. Adequate psychotherapeutic help can only be offered when such differentiation is made. Attention must be paid especially to the narcissistic offense which is elicited by chronic

disease. Interaction is needed between protection and preservation of the intimacy to quickly promote well-being and opening to the surroundings to prevent isolation, to increase self-esteem and to engage in some publicity work.

Various reports addressed the important theme of psychopharmacology, especially in patients with para-artefacts. Recommended therapies include olanzapine (Lilly) in dermatitis artefacta in a dose between 1.25 and 5 mg/day, sertraline (Boehringer Ingelheim, Pfizer) or paroxetine (Smith Kline Beecham) in neurotic excoriations (25–400 mg/day). Selection of the topics presented here is small and subjective. Contributions from Germany included dermatological symptoms in sexual abuse (Harth, Erfurt), psychotherapy and catathymic image perception in a patient with cutaneous sarcoidosis of the face (Höring, Stuttgart), integrative inpatient behavior therapeutic concept (Hillert, Hoegl; Prien), parent training for neurodermitic children (Niebel, Kiel), brief inpatient psychoanalytic therapy (Brosig, Giessen), psychoneuroimmunological aspects of atopic eczema (Niemeier, Giessen), relationships between metastasis-free survival time in high-risk melanomas and improvement in coping style (Drunkenmolle, Giessen) and essential recent research results (Gieler, Giessen). All contributions were published as abstracts in the introductory issue of this journal.

The international congress came to a fitting conclusion with the awarding of the Herman Musaph Memorial Prize to Prof. Dr. Uwe Gieler (Giessen) by the Executive Committee. The Prize will be awarded each year in recognition of outstanding scientific activity in psychosomatic dermatology.

Our thanks are extended to Sylvie and Silla Consoli, who not only organized the entirely friction-free congress with their team, but who also contributed to a cordial and successful atmosphere with their personal engagement and selection of the evening program. That the charm of Paris in sunny weather enticed one to stay goes without saying.

The next ESDaP congress will be held in March 2001 in Barcelona – reason enough to inform ourselves of and exchange the latest developments in psychosomatic dermatology and its tangent points in related areas.

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