Recent Research in Psychosomatic Dermatology

The ESDaP-congress was held in Barcelona in March and pointed the way for psychosomatic dermatology; now we are looking in the indicated direction: into the future. But in order to look into the future we have to regard the research from the recent past that will point the way to the topics of the next International Congress on Dermatology and Psychiatry in London 2003. This is best achieved by studying some papers which, I think, offer essential summaries of the most interesting aspects of ongoing research:

John Koo et al. [9] published an overview of all important publications in the area of psychosomatic dermatology. Picardi et al. [12] specifically addressed the question how frequently emotional alterations occur in dermatological patients. They showed that the prevalence of emotional disorders was 25.2% in about 2,500 outpatients of a dermatological hospital. A higher prevalence (more than 30%) was found especially in patients with skin diseases such as acne, pruritus, urticaria, alopecia, and herpes-virus infections and in subjects without objective signs of dermatological disease. In our own study [5] in which we sent questionnaires to 69 dermatology clinics, the directors reported a subpopulation of dermatology patients with psychosomatic disorders of about 23%, which corresponds well with Picardi’s results. In nearly all dermatoses except hyperhidrosis and seborrhoic eczema, we found that the extent of emotional influences is assumed to be higher than in a similar study performed 10 years before. Awareness of the influence of emotional disorders in skin patients appears to have made its way even into dermatological practice. In this issue of DERMATOLOGY + PSYCHOSOMATICS, additional facets of this subject are presented by Matthew Silvan, who describes the integration of psychosomatic aspects in dermatological therapy (see page 86) and by François Poot (who has recently joined the Editors-in-chief) with a contribution on systemic approaches in the therapy of skin patients (page 77).

Numerous case reports, in which both, dermatology and psychosomatics, play a role have been published in recent years; in this issue Brosg obtained a very rare case of broomidrosis, in which psychodynamically, via cultural isolation, the patient developed a hypochondriacal, almost paranoid perception of his body odor. One area of recent research concerns the relation between stress and dermatological diseases: Chrousos [3] showed the general relationship between stress, chronic skin inflammation and emotional reactions and thus provides an introduction to an area which Angelika Buske-Kirschbaum et al. [2] have examined more closely, especially for atopic eczema. Thanks to this group, the exciting topic of relationships between stress, endocrine and immunological reactions, and postulated hypotheses of changes in the brain have now been collated. In the first issue of DERMATOLOGY + PSYCHOSOMATICS this year, Sayar et al. [13] illuminated the relationship of anxiety, stress, and alopecia areata, while Freni et al. [4] compared relationship patterns of alopecia patients and patients with psychiatric disorders. In this issue, Ronald Hens presents an overview of the socio-psychological aspects of hair loss (page 63).

Highly interesting is the neurological basis of skin reactions: Undem et al. [15] have written an overview of neural integration in allergic diseases and thus pointed out the multiplicity of relationships between allergic diseases and neural processes. In a study by Andrew and Craig [1], an age-old battle took on new life as the authors demonstrated selective neuronal transmission pathways for itching and thus questioned the theory that itching is transmitted via pain fibers! But also discrimination of skin reactions by hydration in elderly people can be demonstrated using modern techniques of brain research [10]. And if that’s not enough, a curious human reaction, the mnestic block syndrome, in which a person suddenly and with no apparent trauma or illness, forgets who he is and what he has done, illustrates that even asthma and allergy may completely disappear in the presence of such rare brain changes: Markovitch et al. [11] describe the case of a man who could no longer find his way home after he went to the bakery. After a vagabond life for a few days, he had forgotten his family, his house, his occupation – and also his allergic reactions. This case, which is a clear illustration of an exceptional reaction, gives us cause to remember that it is, in principle, possible to influence an allergy by means of changes demonstrable in PET (positron emission tomography).

One relationship which is drawing increasing attention in clinical practice is that of comorbidity of allergy and phobia: Some patients develop massive phobias due to underlying or comorbid anxiety disorders, although allergies have been ruled out or potentially allergizing substances have been elim-
nated. In such cases well-intentioned allergological advice is actually counterproductive or even contraindicated. Although no longer completely up-to-date, a study by Schmidt-Traub and Bamler [14] clearly demonstrates that anxiety disorders are significantly more often found in Type-1 allergic patients than in a healthy control group. Helmbold et al. [8], in an excellent presentation of a time-series analysis, showed that this method is suitable to combine emotional, subjective processes of individual patients with immunological reactions and to disclose potential relationships.

Another aspect of dermatological illness that recently has been given more attention is the quality of life (QoL) of the patients: An overview was published by Halioua et al. [6], who presented the available QoL measurements in dermatology in the light of methodical criteria of test validity. In examining QoL in dermatological patients, it is found that in both hospitalized and out-patients, QoL is most limited in patients with atopic eczema, psoriasis, and pruritus, and least in acne patients [16]. Harlow et al. [7] found the same limitations, to a somewhat lesser extent, in patients with dermatological com-

plaints in general primary care practices. In this issue of Der-
matology + Psychosomatics, QoL is the topic of the original article by Augustin et al. (page 73), who have demonstrated that wound healing and QoL can be improved, even in ‘hopeless’ cases of ulcus cruris, using keratinocyte cultures produced by genetic technology.

As a further step into the future of psychodermatology, we started two new sections in the journal: the Psychosomatic Dermatology Quiz, in which you can test your skills in spotting psychosomatic components in dermatological cases (page 96), and the section ‘Letters to the Editors’, which is intended to be a platform for comments on recently published articles and also will provide you with an opportunity to publish interesting observations without the stringent formalisms of an original article. You will find this section on page 93. The editors-in-chief hope you will enjoy reading this new issue of Dermatology + Psychosomatics and we would be happy to hear from you, whether in criticism or praise!

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