Would You Have Realized?

Learning is a game. In this sense, Dermatology + Psychosomatics regularly presents the Psychodermatology Quiz. Other colleagues are welcome to submit their own contributions.

C.-M. Höring^a G. Nist^b

^aDermatological Practice

^bDepartment of Dermatology, City Hospital Bad Cannstadt, Stuttgart

Case Description

Ms. K., 58 years old, a patient with dyshidrotic eczema was admitted to the daycare clinic of the Department of Dermatology of the City Hospital Bad Cannstadt, Germany. The patient had been suffering from her disease for 15 years with a progredient increase of her complaints. At the time of admission the findings showed dense dyshidrotic vesicles at both palms as well as single exkoriations. The dorsal surface of the hand as well as the sides of the fingers were not affected. Anamnestic data revealed a contact allergy against formaldehyde without acute clinical relevance whereas a clue for an atopic diathesis could not be confirmed.

Under systemic, low-dosed retinoid therapy, topical PUVA of the hands, and topical treatment with external agents containing dithranol and tar a slow improvement of the skin condition could be observed. The ward physician made an appointment with the visiting psychosomatic doctor, as he suspected that the patient was washing her hands strikingly often but was not sure about the diagnosis.

In the first interview Ms. K. seemed resigned and quiet sincere. 'It is like it is', she said. Still, there were many things she just could not do anymore. The skin alterations were painful and moreover they were visible. She supposed that the disease was caused by the 'aggressive water' at the place she and her husband had moved to. The ward physician had already told her that she washing her hands too frequently but – she thought – as she was aware of that, it could not be pathological.

She then described the extent of her handwashing in more detail: after activities in the household, e.g., watering the plants or dusting, as well as after touching door handles and contact with other persons ('... you never know...') and especially when she wanted to eat something, she felt compelled to wash

her hands extensively 5–6 times. In the car she always took refreshing tissues with her. When asked what would happen if someone would prevent her from washing, she said she would feel restless and disgusted, 'if you think about the germs everywhere'.

The patient described her daily routine. She did not have children, her marriage was harmonic. For her husbands sake she has been a housewife for the past 25 years. Both, the patient and her husband, are very active and do not have any financial problems. The patient's description seemed friendly, distanced, and almost too harmonic.

When speaking of her family of origin Ms. K. became more restless. One sister has a pronounced obsessive-compulsive disorder (with compulsive cleaning and controlling); 'she does not even notice it, therefore, it is a disorder'. Another sister had a gynecological carcinoma. Ms. K. had had a very close relationship to her mother, who had died from abdominal cancer at the age of 63 – when she was only 5 years older than Ms. K. is today; 'she was totally full of cancer.' At that point of her narration Ms. K. started to cry, after so many years still very affected. Yet, she does not go to preventive examinations; she cannot see the point – with her mother and sister being so full of cancer anyhow!

When she is offered the explanation that compulsive behavior often reflects unbearable anxiety or anger, Ms. K. reacts with withdrawal: as she is very conscious about her condition, it cannot be that bad. However, she will think it over, maybe her condition is already a compulsive disorder; her sister is so terribly affected.

When the consultation was already over, Ms. K. began again: her only concern was that something could happen to her 65-year-old husband. When leaving the door, she asked for the address of the psychotherapist 'in case her condition gets worse'.

Questions

- 1) How can the relation between the intensity of the skin affection and the described patterns of behavior be understood?
- 2) Which complex diagnosis would you suggest?
- 3) What kind of defenses in terms of a psychopathological diagnosis can you recognize?
- 4) What kind of therapy beyond dermatological treatment is indicated?

Answers

- 1) Without any doubt the frequent washing of the hands will exacerbate the dyshidrotic eczema via an additional damage of the barrier function of the skin and will prevent the skin from healing. The 'aggressive water' the patient is talking about refers to an external attribution. She can hardly perceive that she is involved in the events. In the same way she perceives the sister's behavior 'externally' as compulsive, whereas her own behavior seems to be ego-syntonic. Her anxiety also seems to be remote – cancer is transferred to the other women in the family, the fear that something could happen is restricted to her husband.
- 2) Dyshidrotic eczema of the hands (L30.1), tentative diagnosis of compulsive behavior (F42.9). Skin disease with exacerbation caused by compulsive behavior (F54).
- 3) In the first consultation, hypotheses concerning the meaning of a distinctively beginning compulsive behavior are generated, while hypotheses with respect to psychodynamic aspects of the dyshidrosis in the sense of a psychosomatic disease are less important. This way, the attention is directed to the 'superficial' symptom whereas the concealed problematic nature of unconscious fears is repressed and denied. The patient tries to ward off the threat of a compulsive disorder by intellectualizing it: 'I know about my situation, therefore, and as I see the disorder of my sister, it is not a disease'. The attribution is externalized and therefore the hope of healing is pinned on external forces, the patient does not develop any ideas about own contributions for amelioration. Likewise, she refuses to take part in early cancer detection programs. This opens a vicious circle: with the thoughts ('you never know what kind of stuff is sticking to door-handles' etc.) that accompany her compulsive behavior, Ms. K. unconsciously diverts fantasies about malignant diseases threatening herself in the same way as her mother and sister. In the same way she diverts the fear about something happening to her husband. Gaining control of poisons and germs, she hopes to also to gain control of malignant diseases. The interaction shows clearly that Ms. K. minimizes the problem. Thereby she prevents to be involved in the consultation more intensively, keeping her from feeling concerned – like she felt when she talked about her mother's death. The fear of loss of her hus-

band must be very extensive as the relationship to him is as close as the one to her mother.

- 4) There is no general indication for psychotherapy in case of dyshidrotic eczema. Biofeedback can be helpful in individual cases, psychodynamic treatment can be chosen on the basis of general indication criteria that have to be specified by psychopathological diagnosis. Behavioral therapy makes sense if an exacerbation of dyshidrotic eczema is caused by a washing compulsion. Preventing compulsive actions, the behavioral treatment intends to confront the patient with his latent fears and thereby facilitating a better coping with conflicts. A treatment with fluvoxamine, which is licensed for compulsive disorders, could be tried.

For these patients the prognosis will depend on the extent to which they can be sensitized for the described relations by conversations in the sense of a basic psychosomatic medical care. As in this case the compulsive behavior only is moderately pronounced, a psychodynamically oriented psychotherapy can be recommended, with focus on fears of disease and threats.

Key Learning Points

Compulsive Disorders

Compulsive disorders can only be diagnosed on the basis of the description of compulsive thoughts or activities over at least two weeks. Those thoughts or activities have to be excruciating and to disturb the normal daily routine. The patient has to identify them as own thoughts and impulses, they must be disturbing and must repeat themselves uncomfortably.

The age of onset of the disease is for women usually between 20 and 29 years. In most cases the onset is insidious and the course is chronic. In behavioral therapy patients are mostly treated by exposition combined with cognitive strategies and individually indicated interventions.

Defense Mechanisms

Defense mechanisms in a psychodynamic sense intend to prevent the consciousness of unpleasant emotions and perceptions.

Repression

Repression includes a set of defense mechanisms like 'rationalizing' and 'reacting'. In a more concrete way it can be understood as a 'lack of remembrance' or the 'translation' of certain meanings.

Additional Literature

- Menzies S: Neurotische Konfliktverarbeitung. Frankfurt/M., Fischer, 1984.
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