DERMATOLOGY + PSYCHOSOMATICS: The First Two Years

This issue concludes another year of our journal DERMATOLOGY + PSYCHOSOMATICS – a good time for a brief review. The editors founded the journal with the aim of providing an international organ for psychosomatic dermatology. The intention was to include disciplines overlapping with dermatology, such as psychology, psychotherapy, outcome research, public health, or psychobiology. With respect to contents, the editors placed high value on a broad spectrum of topics in dermatology. These aims have been met also in the second volume of the journal: subjects of manuscripts ranged from wound healing to infectious diseases, from congenital skin diseases to vascular disorders, and from the ‘classical’ chronic-inflammatory skin diseases to skin tumors. Within psycho-dermatological research, experimental papers (e.g., on psycho-immunology) as well as articles on research methods (e.g., quality of life), on the prevalence of emotional disorders, and on psychosocial interventions (e.g., training, psychotherapy) were published. The origins of the authors of DERMATOLOGY + PSYCHOSOMATICS include 17 countries and thus a considerable segment of the world. We are especially pleased that contributions have been submitted from countries which have thus far had little or no part in international scientific exchange. Among these are the Far East, several former Soviet states and states in the Near East. A glance at the list of editors and consultants also underlines the international and interdisciplinary character of the journal.

Several national and international societies have selected DERMATOLOGY + PSYCHOSOMATICS as their official publication organ; this is very important to the journal. These include the European Society for Dermatology and Psychiatry (ES-DaP), the Société Francophone de Dermatologie Psychosomatique (SFDP) and the Workgroup for Psychosomatic Dermatology in the German Dermatological Society (Arbeitskreis Psychosomatische Dermatologie, APD). The editors hope for further intensification of scientific exchange and abundant submission of manuscripts in future. This will improve quality in research, teaching, and patient care and will ensue an even better position for psychosomatic dermatology in medicine.

The numerous facets of psychosomatic dermatology are once again well represented in this issue of DERMATOLOGY + PSYCHOSOMATICS: Palao Tarreo et al. demonstrate the relationship between the Burning Mouth Syndrome and depression in a small group of patients with glossodynia. In another group, they describe an elevated level of anxiety and social problems in patients with hyperhidrosis, which is also confirmed by our clinical experience.

Srebrnik and Brenner find no significant association of pemphigus vulgaris with preceding emotional stress. The method applied is scientifically interesting and the hypothesis should be further tested in a larger group of patients.

In their case report, Pascual and colleagues describe on the impressive improvement of a female patient with periocular and perioral artefacts. The benefit of a close cooperation between dermatologists and psychiatrists is made clear once again by this example.

The application of psychotropic medications is an extremely important topic for psycho-dermatological therapy. Professor Koblenzer’s review article presents valuable information on effects, side effects, and clinical applications of psychopharmaceuticals. These can be valuable supplements in psycho-dermatological treatment, but should only be prescribed by dermatologists who are experienced with such drugs. Colleagues unfamiliar with this topic obtain an overview on these drugs, however, they should seek support of a psychiatrist when treating their patients with psychotropic drugs.

In his article Misery reviews the fascinating relationship between emotional influences and psycho-immunological processes in the skin. Although research into cutaneous immune processes and their interactions with the nervous system and endocrine system are still ongoing, interesting interactions have already been identified, which may find therapeutic applications in the future.

In a letter to the editors, Benea and colleagues report on psychological maladjustments in patients with atopic dermatitis and consequently a possible exacerbation of the disease. Although stress factors are cited by the patients themselves in a surprisingly low percentage as eliciting factors, psychological

tests indicate psychological maladjustments in the majority. The latter finding has been noted in numerous studies and probably points to the high secondary stress of the disease rather than to a primary personality maladjustment.

In another letter to the editors, Manasievska and colleagues report that children with trichotillomania, which occurred in about 1% of preschool children, presented at least in part with problems of socialization in a new social environment. Trichotillomania is certainly one of the diseases which is easily diagnosed, but nevertheless often overlooked by the pediatrician or dermatologist. Due to the wide-ranging consequences of underlying family problems, in children the symptoms should be given special attention.

The 'Continued Education' section discusses the frequent diseases herpes labialis and herpes genitalis. Despite their usually harmless course, they are frequently very stressful for the patient, especially if they recur frequently. Since psychological factors and stress are regularly the elicitors in some patients, appropriate psychotherapeutic treatment possibilities should be taken into account in herpes therapy.

The editors are convinced that the present issue contains a worthwhile selection of psychodermatological publications, and invite the readers to participate in the scientific discussion.

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