Concerning Augustin M, Maier K: Psychosomatic aspects and quality of life in patients with chronic wounds. *Dermatol Psychosom* 2003;4:5–13.

In the last issue of DERMATOLOGY + PSYCHOSOMATICS, M. Augustin and K. Maier discussed psychosomatic aspects of chronic wounds [Augustin and Maier, 2003]. Based upon epidemiological considerations, the pain and impairment and the impact of chronic wounds on different domains such as social, financial and physical, the authors suggested that patients with chronic wounds show a psychosomatic background that is important both to understand the disease and to improve treatment. It is good to know, that the times when psychosomatic factors and quality of life assessment were underestimated in wound care seem to be history [Wollina, 1998]. We completely agree with the authors' statement.

We would like to point out another important aspect in leg ulcer patients basing on our daily experience and supported by a recent study on 81 patients with leg ulcers of venous or mixed venous-arterial aetiology done in collaboration with the Institute of Medical Psychology, University of Jena [Schmidt et al., 2000]: Leg ulcer patients show a marked impairment of quality of life (QoL) as measured by different tools not only caused by the wounds but comorbidity. QoL is better in patients who are able to cope better with their disease. Training of coping strategies also should be taken into account when discussing patients education and empowerment. The two major messages coming from this study are as follows:

- (1) Inpatient treatment has a major positive effect on most domains of QoL. We hope that this will not be lost during implementation of diagnosis related groups in German health care.
- (2) Accepting the illness is a major coping strategy that improves QoL, in particular less distress and non-compliance.

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Author's Reply

We are very grateful to Prof. Wollina and his colleagues for their comment to our article. The articles cited [Wollina, 1998; Schmidt et al., 2000] profoundly emphasize not only the importance of quality of life but also of coping with leg ulcer. We fully agree with Professor Wollina in this regard, and particularly share his concern that implementation of diagnosis-related groups (DRGs) in German health care will increase economic pressure and could further impair quality of life in patients with chronic wounds.

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