ABSTRACTS

10th International Congress on Dermatology and Psychiatry

May 8–10, 2003, Brussels, Belgium

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COGNITIVE BEHAVIOUR THERAPY FOR DERMATOLOGY PATIENTS
Beelaert, L.
Gent, Belgium

Objective/Significance: Cognitive behaviour therapy (CBT) is a relatively short term, focused approach to the treatment of many types of emotional, behavioural and psychiatric problems. It is a collaborative and individualised therapy that helps individuals to identify unhelpful thoughts and behaviours and learn or relearn adequate thoughts or skills. CBT is an evidence based psychotherapy. It is one of the most established and researched psychotherapies and has demonstrated effectiveness in vigorous clinical trials. The presentation will discuss some of the cognitive-behavioural techniques that can be used in psycho-dermatological patients. Materials and Methods: A Medline search was done on cognitive behaviour therapy and different dermatoses. Illustrations will be given out of own experience.

Summary and Results: A lot of cognitive behavioural techniques are described in literature on psycho-dermatology. They include exposure procedures like systematic desensitisation, relaxation techniques, stress management, habit reversal techniques and cognitive restructuring. Conclusion: Most of the techniques used in CBT can be used in psycho-dermatology. As they focus on the very problems dermatology patients are encountered with, even patients who are sceptic about psychotherapy are likely to cooperate.

PSYCHOTROPIC MEDICATION IN DERMATOLOGY
Bridgett, C.
London, UK

Introduction: Why, when and how should dermatologists use psychotropic medication? A practical guide will be offered, with brief review of the nature of the conditions being treated. General Principles: A successful pharmacological approach to any illness needs to take into account of non-pharmacological factors, including the quality of the doctor-patient relationship. Established Practice: Current use of selected anxiolytics, antidepressants, antipsychotics, drugs for obsessive compulsive disorder and psychotropics with direct dermatological effects will be summarised, with reference to indications, advantages and disadvantages. Recent Developments and Future Research: Liaison between specialties provides opportunities for cross- fertilisation of ideas. There is a need for multi-centre randomised double-blind trials, especially with long term follow-up.

COMING BACK TO THE SYMPTOM
Buisson-Touboul, G.
Paris, France

May one be sure that working on the eradication of the symptom is always the right way? The patient keeps consulting, mentioning his symptom and expecting his doctor to offer a cure of it. The practitioner, who is confident in his diagnosis, will prescribe each time a different treatment which will prove each time to be of no effect.

Successive consultations do help the doctor in getting acquainted with his patient and making him envisage that the resistance of the lesions could be due to psychosomatic intrusions. If this is the case, should the doctor keep on trying to erase the symptom? Should he tell his patient: ‘Sorry! I really tried but there is nothing I can do for you.’ Should he recommend a psychotherapy?

Actually, it is of benefit for both the patient and for the practitioner to establish a mutual confidence: Such a relationship may help breaking vicious cycles.

Concerning psychotherapies, we generally observe that the patient reaches a state of self control which will lead to the disappearance of the symptom. It may happen though that, either for unconscious reasons the patient needs a state of self control which will lead to the disappearance of the symptom.

Concerning psychotherapies, we generally observe that the patient reaches a state of self control which will lead to the disappearance of the symptom. But the fact of discovering that relationship could make him run the risk to endanger his family balance and relationship, which is essential for him.

The question was: Should we go on with the psychoanalysis or let him live with his symptom?

GESTALT THERAPY
Campanaro, S.
Brussels, Belgium

Gestalt therapy was founded in the socio-cultural context of humanistic psychotherapies, during the fifties. It was Friederich Perls, a German Jewish psychoanalyst, whose intuition gave rise to this form of therapy: together with his wife, Laura Polnsler. The birth of Gestalt therapy can be placed with the publication of the book ‘Gestalt Therapy. Excitement and Growth in the Human Personality’ by F. Perls, R. Hefferline and P. Goodman, in 1951.

It expresses the creative synthesis of various philosophical, psychological and cultural tendencies of the post-war period (Gestalt psychology, Psychoanalysis, Existentialism and Phenomenology, and Oriental philosophies), in a perspective on human nature.

Perls saw aggressiveness itself in the positive terms of the survival and physical and existential growth of the organism: The drive to self-fulfilment is thus spontaneously attained. Every experience comes about at the contact boundary between a human animal organism and her/his environment. It is precisely what happens at this boundary that is open to observation and to a possible therapeutic intervention. The contact boundary is the place where the Self unfolds – the Self-being that function of the human organism which expresses its ability to make contact with its environment and to withdraw from it. The process of contact between the human organism and its environment, explained in Gestalt therapy on the basis of the dynamic concept of function – instead of instances – allows the individual to orient her/himself in the world, and to act on it for the self-preserving purpose of assimilating what is new – what is different from the self – and growing.

Finally, the perspective of the contact boundary enables us to understand human behaviour in terms of intentionality for contact: Every experience finds its meaning in the relationship and in the time within which it is inserted. Gestalt therapy entrusts the regulation of need to the relationship itself, because it is in full recognition of the self and the other that the needs of the interacting partners find healthy expression and creative resolution.

Reference
Margherita Spagnuolo Lobb – European Association for Gestalt therapy – www.europysche.org/ead

DERMATITIS ARTEFACTA
Carey, J.D.; Romero, E.A.
Albuquerque, USA

History: A 55-year-old, right-hand-dominant male presented to our dermatology clinic with a complaint of a chronic skin problem on his left forearm. He gave a very vague history regarding the condition, but did relay that he suspected the condition may have some relation to a burn he received on his arm during childhood. In contradistinction to his imprecise history, the patient had meticulously cataloged numerous ‘specimens’ which he had removed from the afflicted extremity. He had placed each of these specimens in plastic bags and had then carefully documented from which part of his arm they had been extracted. He provided these specimens for analysis during his clinic visit. The patient did not believe that he was infested with insects or any other parasite. He speculated that perhaps the material that he removed from his skin may have been implanted when he was burned in a house fire 50 years ago. Examination: Numerous linear, punched-out-ap-
Abstracts

THE DERMATOLOGY PSYCHIATRY LIAISON SERVICE IN THE NETHERLANDS

Casteelen, G.
Amsterdam, The Netherlands

In this presentation we will discuss the system of Consultation-Liaison Psychiatry in the Netherlands in general and in the Academic Medical Centre in Amsterdam and the Dermatology Clinic in particular. Our own service has a special interest in Body Dysmorphic Disorder (BDD), a group programme with patients recruited from the Dermatology out-patient’s clinic. Some aspects of this programme will be discussed.

JOINT CONSULTATION OF PSYCHO-DERMATOLOGY

Chastaing, M.; Misery, L.;
Brest, France

Since one year, there is a joint consultation of psycho-dermatology. A dermatologist and a psychiatrist are associated to meet outpatients with both psychiatric or psychological disorders and skin disorders: dermatoses modulated by psychic factors, psychic disorders induced by skin disorders or psychiatric disorders with a cutaneous focalization. This is not only a multi-disciplinary consultation but it is really a joint consultation, with a constant complicity and exchange between the two therapists.

The aim of this study was the evaluation of the psychiatric and dermatological diagnoses that we have observed in these patients. 50 new patients were met for one year. Only 10% underwent two or more consultations. 58% of outpatients were women and 42% men, 50% were 30–50 years old and 25% were children or teenagers. Half of the patients had a dermatoses modulated by psychic factors: 8 psoriasis, 6 atopic dermatitis, 4 alopecia areata, 3 alopecia, 3 vitiligo, etc… Neurotic disorders were diagnosed in 50% of the patients. 4 psychoses were detected. Only 2 patients did not suffer from any psychiatric disorder. Chemotherapy was prescribed in 25% of the patients.

The number of patients is not enough to give epidemiological conclusions. Nonetheless, the aims of such a consultation seem to be reached. It allows diagnoses and treatments of psychiatric disorders in patients who were treated for their somatic disorders but suffered from psychic disorders without definition, treatment or psychotherapy. The concomitant presence of a dermatologist and a psychiatrist appears important to symbolize the association of soma and psyche and is comforting for outpatients.

MASTOCYTOSIS AND PSYCHOSOMATICS: OBSERVATION OF A FLUCTUATING SYMPTOMATOLOGY WITH PERMANENT CALLING-TO-BE-SEEN CHARACTERISTICS

Closet, M.-H.; Zdanowicz, N.; Reynaert, Ch.
Mont-Godinne, Belgium

Case report of a 41 year old patient presenting chronic hypercalcaemia when she was diagnosed with a cutaneous and medullary mastocytosis following the development of pigmented cutaneous macula 1/2 cm wide, over a period of several months.

She was treated with Interferon for two years. The constant pain, major from the start, which was the patient’s essential subjective complaint, followed its own path, at first improved by the Interferon, then disappearing only to reappear progressively during and after the treatment with α-Interferon. The latter had diminished the cutaneous symptomatology. Nine months after the end of this treatment, the pains in her bones became worse, inducing the patient to a more and more compulsive use of morphine painkillers (Depronal, Contramal). The polyalgia were described as permanent (nocturnal).

The investigation of the polyalgia brought forward a trabecular osteoporosis and a cortical osteopenia shown by osteodensitometry. Furthermore, the ablation of a parathyroidal adenoma was carried out because of the primary hyperparathyroidy from which this patient had been suffering for ten years (hypercalcaemia).

In addition to the patient’s specific psychological profile, other factors should be taken into account in favour of the psychosomatic nature of her afflictions: discrimination in body parts which are preferentially touched (endocrine glands and skin); biochemical modifications (hypercalcaemia, hypophosphoraeemia); observed anatomical lesions (cutaneous pigmentary and pruriginous macula); a chronic evolution, with progressive beginning and end, including repetitive painful episodes.

In this specific case report, the main symptom referred to as chronic polyalgia may be related not only to organic substrata (endocrinological, dermatological) but also to psychological substrata (hidden depression amplifying the way pain is felt, dependant personality allowing the shift to chronic morphinic analgesic abuse).

COSMETOLOGY IN THE CLINICAL ENVIRONMENT

Comas, M.; Ezzedine, K.
Brussels, Belgium

For the majority of people, the term cosmetology has strong aesthetic connotations and is linked above all to ‘beauty care’. For some ten years now, cosmetological consultations in the clinical environment have aimed to optimise certain medical treatments in psychological and galenic terms. This tendency is particularly marked in dermatology, plastic surgery, oncology and psychiatric departments. Cosmetology has come to function as an essential complement to the treatment of both major and minor pathologies, in which the sequels can be temporary or definitive. By renewing social confidence and self-esteem, the cosmetic aspect of a therapy would seem to facilitate a move away from superficial appearance (‘the surface’) to a patient’s inner depths. Through this impact, cosmetology becomes a key link in the overall therapeutic process. In decreasing order of importance, consultations are requested for the following:

- reconstructive tattoos,
- hirsutism,
- alopecia areata,
- post-scarring syndromes,
- dyschromia,
- acne,
- hair protheses.

A ‘Charte de mieux être’ (‘a Charter for Well-Being’), bringing together cosmetics and listening clinical practice should help patients to better deal with the changes facing them. As Fialon wrote, ‘By itself, the face alone seems to be the reflection of personality, with individuals trying by various means to personalise it by adjusting, as far as possible, to the image they have of themselves’. The important thing is to save face, that is to say; to recover one’s dignity and not feel oneself to denatured by one’s own gaze and that of others. This process of face-saving begins against a background
of loss. Following a certain number of reparatory measures, a certain restoration of self-image can begin. The re-establishment of the self can begin, the process of re-narcissisation. By the narcissic impact of these repairs, certain psychological adjustments are facilitated.

References


COMING BACK TO THE BODY

Consolli, S.G.
Paris, France

If the psychoanalyst is convinced of the movement which goes from the psyche to the skin, to the body, he must not forget the opposite movement, which goes from the skin, from the body to the psyche.

Several case-records will illustrate this statement. With patients suffering from a cutaneous disease, dermatologists and psychoanalysts need to become allies. The alliance is kept up by the pleasure of thinking and welcoming in oneself both these movements, whatever the practitioner is dermatologist or psychoanalyst.

This alliance reaches one of its first aims when the patient shares with his/her dermatologist and his/her psychoanalyst this pleasure of thinking.

SETTING UP A MOHS SERVICE: PSYCHOSOCIAL IMPLICATIONS

Coughlan, G.; Sandeep, C.
London, UK

Objective/Significance: An audit project explored psychosocial and informational needs of patients treated with Mohs’ microscopic surgery for basal cell carcinoma. Materials and Methods: Twenty-two new and follow-up patients were interviewed by a clinical psychologist employed by a large organisation. The mean age of the sample was 64 years (range 37–87; SD = 14). 10 (45%) were female. A semi-structured interview enquired about hospital experiences, lifestyle impact, coping strategies, and facial disfigurement. Standardised scales were used to measure anxiety and depression, social anxiety and avoidance, body image changes and quality of life. Summary of Results: Collectively, patients’ scores on quality of life, social anxiety and avoidance, anxiety and depression were within normal limits. 6 (24%) patients reported mild to moderate body image dissatisfaction before or after surgery. Large standard deviations revealed considerable individual variation that was not obviously related to physical factors (location, severity and visibility) or time of interview in relation to treatment. The most frequently reported problems were fears of recurrence, the practicalities of sun avoidance and social difficulties caused by facial disfigurement. Most patients reported positively on their treatment outcome and hospital experiences. Many patients presented with expectations based on the small size of their skin cancer and knowledge of minor dermatological surgery. Conclusion: Patients were experiencing problems that were both physical and psychological. Development of a structured approach to routine psychological and psychiatric care will facilitate individualised assessment of patient understanding and the emotional impact of their condition and its treatment.

SELF REPORTED SKIN MORBIDITY IN AN ADULT URBAN POPULATION. ASSOCIATIONS WITH PSYCHO-SOCIAL FACTORS

Dalgaard, F.; Holm, J.O.; Svensson, Å.; Sundby, J.; Dalgaard, O.S.
Oslo, Norway

Objective: The aim of this study was to quantify self reported skin morbidity in the community and explore the associations with psycho-social factors on a population level. Materials and Methods: The method used was a questionnaire on self reported skin complaints. It was previously developed and validated and a total skin morbidity score was calculated. The design of the study was cross sectional. 41,352 adults randomly selected in the city of Oslo, in age groups 30, 40, 45, 60 and 75 received a postal questionnaire. It included questions on self reported health, and psycho-social factors as mental distress, negative life events, social network, and social participation. 18,747 responded, thereby obtaining a response rate of 46%. A non-respondent study has been conducted. Summary of Results: The results show that itch is the dominating skin complaint in all age groups. The 30 year old man report 28.5% skin morbidity compared to 18.5% for the elderly and respectively 37% and 16% for the women. Among the mental distressed 44% are skin diseased against 20% of the non mental distressed for both genders. For both genders the skin morbidity is higher when the social network is small and when the community participation is low. Conclusion: Our study shows a strong association between dermatological disease and psycho-social factors on a population level. Giving quantitative evidence of these associations adds new knowledge and strength to future research in psycho-dermatology.

COLLAGES AND OTHER NON VERBAL TECHNIQUES IN TREATING MEDICAL AND DERMATOLOGICAL PATIENTS

de Bernart, R.
Florence, Italy

In psychotherapy we are used to work through the verbal channel, which is highly controlled by the patient. For this reason in the Institute of Family Therapy of Florence (ITFF) we have developed in the last 15 years a way of working with families, groups, couples and individuals, which uses more the non verbal (visual) channel. We have used different techniques as collages, family pictures, drawings, metaphorical objects, sculptures and others. All these techniques were previously used by other authors and were redesigned to be more dynamic and more focused on the production than on the product. The author, director of the ITFF and responsible for this new ‘design’, will show some of these techniques, focusing specially on collages. The material will include production of dermatological patients. The author will use, of course, images of this kind of work, showing tapes of sessions and pictures. The author will try to explain the way in which these techniques can be used to access in a quicker way the internal image of the family, of the group, of the couple and of the Self, and how to use them in diagnosis and in the following treatment. Results and possible future new utilization will be discussed at the end of the presentation with the audience.

QUALITY OF LIFE IN PATIENTS WITH PSORIASIS

de Korte, J.
Amsterdam, The Netherlands

Introduction: Data on physical, psychological and social functioning of patients with psoriasis have been presented in many studies. The introduction of quality-of-life questionnaires has made it possible to systematically compare these data across studies. Objective: To present an overview of quality-of-life data, and to describe the relationship between demographic, clinical, social, and quality of life, in patients with psoriasis. Materials and Methods: Computerized bibliographical databases were screened for publications of January 1966 to April 2000. Predefined selection criteria were used to identify quality-of-life studies in psoriasis. Two investigators independently assessed and, subsequently, agreed on inclusion. Data were extracted on the objectives, methods, sample characteristics, and results of the studies. Quality-of-life data were classified into overall quality of life, physical, psychological, and social functioning. Summary of Results: A total of 118 publications were found. 17 studies met the inclusion criteria. Patients with psoriasis reported physical discomfort, impaired emotional functioning, a negative body- and self-image, and limitations in daily activities, social contacts and (skin-exposing) activities, and work. More severe psoriasis was associated with lower levels of quality of life. There was a tendency that...
higher age was associated with slightly lower levels of physical functioning, and slightly higher levels of psychological functioning and overall quality of life. Gender and quality of life were found to be unrelated. **Conclusion:** Patients with psoriasis reported impairment of overall quality of life, physical, psychological, and social functioning. Demographic and clinical variables were only moderately related to quality of life. Further research with well-established quality-of-life measures is recommended to gain a more consistent and clearer understanding of the quality of life of patients with psoriasis.

**CURED BY MY BODY. THINK OUR ACTS**

Delreux-de Heinzelin, M.
Roubaix, France

Through Marie’s clinical case, I will show the development of my performance over the past 10 years. Concurrently with this patient’s various dermatological problems, I have passed on from dermatologist to dermatologist/psychotherapist trained to be a Gestalt psychotherapist, I will show the clinical case of this young adopted lady who on the physical side suffered from psoriasis of the scalp and on the psychological side from relational problems. While following this patient, I, at the same time, show the importance of touching linked with emotions and words but also the importance of the therapeutic link. I have used the various studies of Didier Anzieu (The ego-skin) and of Gilles Delisle (relational psychotherapy).

**VITILIGO: ITS PERSONALITY PROFILE**

Elgwewni, M.; Ramadan, I.; Molukia, T.
Alexandria, Egypt

Vitiligo is an acquired skin disorder characterized by sharply demarcated depigmented lesions that have the tendency to expand over time. It is particularly a problem in a person whose normal skin color is dark. Little attention has been paid to its psychological impact or to the effects of psychological state on the illness itself. Our aim was to assess the effect of vitiligo on the personality profile. Thirty vitiligo patients were subjected to thorough clinical evaluation and psychological assessment using Abdel-Khalak Arabic scale for obsessive compulsive, as well as Minnesota Multiphasic Personality Inventory (MMPI) subscales (Hypochondriasis, Depression, Hysteria). Compared to the normal control group, the mean score of obsession scale and hypochondriasis and depression subscales was higher in vitiligo patients and the difference was statistically significant. 60% of patients suffered from stress before the onset of vitiligo with a significant difference in obsession scale, depression and hysteria subscales. 83% of patients reported more than two years duration of illness with direct significant correlation between the duration of illness and the score of obsession scale. In 33% of patients the disease was progressive with a significant increase in the mean score of their hypochondriasis subscale. There was also a significant difference in the mean score of the different scales on the acral sites than that on the non-acral sites. In conclusion, vitiligo could affect the personality profile. Obsession, hypochondriasis and depression are the most common personalities to be influenced. Combined dermatological and psychiatric counselling may be needed in order to achieve optimal results.

**PATHOLOGY, ASSEMBLAGE AND CHANGE**

Elkaim, M.
Brussels, Belgium

Using a dermatological clinical case as an example, the author will show that the symptom can have a function for the patient and for the family. It is an attempt to maintain together the patient’s world model, created during childhood and related to life circumstances and his/her claiming which are antagonistic. This model seems to be the opposite of his/her claiming. If the patient is asking for A, he/she believes only in non A. The only way to get out of this double bind is the dermatological or medical symptom. The patient can than get what he/she is claiming for not for him/herself but through the symptom. The author will insist on the way the therapist can use himself inside the therapeutic system but also on the assemblages in this therapeutic system itself. The therapist’s intervention is not a research of a patient’s, family member’s or system’s ‘truth’ but an expanding of their possibilities. The therapy is created at the intersection of multiple different universes: the one of the patient, the one of the therapist, the one of the family and many others.

**A SHORT-TERM, GROUP COGNITIVE-BEHAVIORAL TRAINING FOR COPING WITH ITCH AND SCRATCHING IN PATIENTS WITH ATOPIC DERMATITIS**

Evers, A.W.M.; Duller, P.; van den Hoek, W.; Metsers, H.; Otero, M.; van de Kerkhof, P.C.M.; Kraaimaat, F.W.
Nijmegen, The Netherlands

**Objective:** Itch and habitual scratching is a problem frequently recognized in patients with atopic dermatitis, leading to worsening of skin problems and reduced quality of life. **Materials and Methods:** A short-term group training was developed aimed at coping with itch and scratching for patients with atopic dermatitis. The training consists of 4 group sessions and 1 booster session within a 3-month period and is given by a trained multidisciplinary team of a clinical psychologist and a nurse. The training includes topics that have been shown to be relevant for coping with itch and scratching in patients with atopic dermatitis: self-monitoring, skin care, habit reversal, identification and avoidance of triggering itch and scratch factors, modification of itch-related cognitions, stress management and relaxation. **Summary of Results:** Evaluation of participants indicated that patients are highly satisfied about the training, particularly the group character, and report relatively large reductions of itch and scratching after the treatment. In addition to the subjective evaluation of the training, clinical scores of severity and area of involved skin (Scorad) and self-report measures of itch, scratching and several quality of life measures were collected in participants at pre-treatment, post-treatment and at a 3-month follow-up as well as in a waiting list control group. First data of about 30 patients regarding the effects on clinical and self-report outcomes at these assessment points will be presented at the conference.

**DISEASE GENERIC AND SPECIFIC COMPONENTS OF CHRONIC SKIN DISEASES: THE DEVELOPMENT OF A COMPREHENSIVE HEALTH STATUS INSTRUMENT**

Evers, A.W.M.; Duller, P.; van der Valk, P.G.M.; van de Kerkhof, P.C.M.; Kraaimaat, F.W.
Nijmegen, The Netherlands

**Objective:** A health status instrument was developed to assess disease-generic and disease-specific factors relevant for chronic skin diseases. The disease generic part consists of already validated concepts in other chronic diseases, including psychological distress, impact of disease on daily life, illness cognitions and social support. The specific part for chronic skin disease assesses the clinical severity and area of involved skin, physical symptoms of itch, fatigue and pain, perceived stigmatization as well as several itch- and scratching-related factors (severity of scratching, generalization of scratch response, triggering factors for itch, quality of itch response, emotional response to scratching and coping strategies to reduce scratching). **Materials and Methods:** Reliability and concurrent validity of the questionnaire were assessed in a sample of 166 patients with psoriasis and 160 patients with atopic dermatitis. **Summary of Results:** Results indicated high reliability for all scales and satisfactory concurrent validity. As predicted, disease generic factors of illness cognitions, social support as well as stigmatization proved to be most important predictors for psychological distress, while itch- and scratch-related factors were most strongly related to physical symptoms and disease severity. **Conclusion:** Results demonstrate the usefulness to assess both, disease generic and specific factors in chronic skin disease. With the present health status questionnaire, a new comprehensive instrument is available for chronic skin diseases that can be used as a complementary tool in outcome measurement, therapy evaluation and long-term care.
PSYCHIATRIC CORRELATES OF DERMATOLGIC PSYCHOSOMATIC DISORDERS

Fischler, B.
Brussels, Belgium

This review presentation will be focused on the following topics:

– The association between life events, trauma, emotional distress and dermatological conditions supposed to be influenced by stress. This literature will be compared with what is known in other fields of psychosomatic medicine.
– Major findings of the last three decennia within the field of psychoneuroimmunology will be presented, in particular the association found between stress and depression on the one hand and inflammation on the other hand.
– Possible psychoimmunological mechanisms linking stress and specific dermatological conditions such as psoriasis will be presented.

ANNOUNCING BAD NEWS

Frenette, J.
Québec, Canada

One of the most difficult tasks for a clinician is to tell a patient news that may be difficult for them to hear. In a series of workshops on the doctor-patient relationship, organized by the Collège des Médecins du Québec and The College of Family Medicine of Canada, more than 1,000 family physicians and specialists attended workshops on telling bad news to patients. Follow-up of the participants revealed that the most significant elements retained from the workshop immediately and six months after the workshop are:

– Take into account the whole patient.
– Prepare more fully for the consultation.
– Improve communication skills.
– Take more time during the encounter.
This presentation will review Buckman’s Six-Step Protocol and will include some of the dermatological case material used in the workshop. Participants will be asked to reflect on their own responses and attitudes to these cases, and should be able to apply the six steps in the future.

– Start off well.
– Find out how much the patient knows.
– Find out how much the patient wants to know.
– Share the information.
– Respond to the patient’s feelings.
– Planning and follow-through.

Reference


IS IT OR IS IT NOT A DERMATITIS ARTEFACTA?

Tenerife, Spain

Objective: As years go by and more cases of factitious disorders are treated in clinical practice, suspicion comes into our minds and important mistakes could happen. We will describe two patients with chronic, painful ulcers in the legs, no systemic symptoms and depressive facts that were very difficult to diagnose. Only a dramatically good response to oral treatment in a case led us to an exact diagnosis in that patient.

Case I: A 34 years old woman followed from 1997 by Plastic Surgery Department at our Hospital because of the sudden outcome of a rapidly growing ulcer in the distal third of her left leg. The ulcer has been covered for four times with grafts with poor results. Her mother had similar ulcers that were diagnosed as venous ones. The patient had no varicose veins. Blood and urine analysis were performed and no abnormalities were found. Antinuclear and anticardiolipin antibodies could not be detected. Repeated skin biopsies revealed chronic ulcer features. Occlusive dressings, topical and systemic antibiotics were tried without good results. The patient refused any psychiatric or psychologic approach.

Case II: A 52 years old woman followed by General Surgery Department at our Hospital because of two chronic ulcers, one on each leg on 1999. The first one was grafted and appeared again during the postoperative period. The second one was observed two months later. The terrible pain made it very difficult to perform any kind of topical treatment. Dermatitis artefacta was suspected and psychiatric opinion was asked. They diagnosed an exogenous depression due to the cutaneous illness. Cutaneous biopsy was then performed and pyoderma gangrenosum was suspected. We started treating with systemic steroids but the lesions did not improve and depression worsened. Oral Cyclosporin A was then tried. Pain disappeared and ulcers healed in 6 months.

Conclusion: We don’t have to forget clinical and histological features although we suspect a factitious disorder.

MULTIMODAL TREATMENT OF TRICHOSTILLOMANIA

Ginsburg, I.
New York, USA

Trichotillomania in adults is characterized by an irresistible impulse to pull out one’s hair, usually causing noticeable hair loss and interference with daily functioning, as well as emotional distress. There may be increased tension prior to and pleasurable relief after hair is pulled. There is considerable controversy as to whether trichotillomania is in the obsessive-compulsive disorder spectrum or whether it is an impulse control disorder. In adults it is chronic, occurs mostly in women, and starts in adolescence.

The author has found that a multimodal approach to treatment will be more helpful than adhering to one modality. There is a large literature bearing on the use of various medications. In choosing which medication to prescribe, special attention should be paid to co-morbid conditions. Behavior therapy may be useful in certain highly motivated patients. Psychotherapy, focused on anger, self-esteem, and identity and separation issues, is, in my opinion, a very important intervention for many patients. A combination of psychotherapy, pharmacotherapy, and the use of appropriate behavioral techniques improves the outcome for many patients with this difficult condition. Case vignettes will be presented.

DERMATOLOGY-PSYCHIATRY LIAISON CLINICS IN THE U.S.

Gould, W.M.
Palo Alto, USA

Dermatology-Psychiatry Liaison Clinics are operating in a number of centers in the U.S. This presentation will discuss their operation and some of their problems, giving attention to their role in patient care and in teaching. Some important issues that will be covered include the physical setting of the clinic; the number of people on the team; the payment for such services; integration into the dermatology training program; the role of the department chairperson; and the attitudes of dermatologists toward psychological factors in medicine.

BODY DYSMORPHIC DISORDER: A PERSONAL AND PROFESSIONAL PERSPECTIVE

Granet, S.M.
Palo Alto, USA

Millions of people worldwide are believed to be suffering from body dysmorphic disorder, yet few medical and mental health professionals are familiar with it. Characterized by tormenting obsessive thoughts concerning appearance, BDD can lead to serious dysfunction and should not be dismissed as vanity. Those who suffer from it believe that a part or parts of their physical appearance are flawed in some way, yet such ‘flaws’ are barely, if at all, noticeable to others. BDD sufferers may engage in many behaviors to try and cope with the disorder, though typically these behaviors only worsen it. Examples include checking behaviors, such as with mirrors or

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10th International Congress on Dermatology and Psychiatry
other reflective surfaces, touching the body part, as well as frequent reassurance seeking. Additionally, excessive grooming, comparing the body part to that of others, and camouflage the ‘defect’ through such means as the excessive use of make-up, are also common associated behaviors. Seeking unnecessary medical appointments and procedures in an attempt to correct the ‘defect’, self-destructive activity such as skin picking, and the remarkably high rate of suicide attempts are all factors which can also further complicate the problem.

Unfortunately, many people with BDD first seek medical consultation to address their concerns, and often do not go to a therapist until significant life problems develop. Once in treatment, however, these individuals are often misdiagnosed, and as such are not given the proper care. The primary goal of this presentation is to offer those in attendance ways of helping BDD sufferers to identify the presence of the disorder, and to develop strategies for treatment. The speaker will highlight his own experiences both from the perspective of a psychotherapist who treats BDD, and as a patient who has lived with it for 30 years.

PSYCHOGENIC EXCORIATIONS AND OLANzapine

Grimalt, F.

Barcelona, Spain

Eight patients with long lasting psychogenic excoriations were treated with olanzapine, doses from 5 to mg/d. Previously they had consulted several different specialists. After one month of treatment all lesions in all cases healed with no new lesions. Two adult female patients with known previous cardiac failure had to stop olanzapine on account of hydric retention. The lesions recurred shortly after stopping the medication. Four patients achieved an improvement on the second or third day of treatment which they labelled as ‘spectacular’ or ‘definite’. Compared with their improvement in quality of life, somnolence was accepted as a minor side effect. One adult man complained about difficulties in ejaculation. The most striking side effect of olanzapine was the reluc-
tance, if not frank rejection, of psychiatrists to accept this drug for their patients. One of them phoned me to ask which criteria had lead me to diagnose a psychotic state.

PATIENT’S ANTICIPATION AS A POSSIBLE FACTOR IN CHRONIC IDIOPATHIC URTICARIA COURSE

Grivcheva-Panovska, V.

Skopje, Macedonia

The objective of the study is to analyze and evaluate the possible role of patient’s anticipation in evolution of chronic idiopathic urticaria. The assets of the study: University Hospital and Primary Health Care Centers in Macedonia. Study Design: Multicentric, non-random, prospective clinical study. Patients: 668 patients with diagnosed chronic idiopathic urticaria were enrolled in the study, 219 of them (32.78%) were male and 449 (67.21%) were female. The average age of the patients was 36.8 SD = 17.19 years. The clinical severity of chronic idiopathic urticaria was scored as follows: 0 for clinical absence of the disease or long-term stable phase requiring no treatment or special regimens; 1 for clinically active disease with mild and trans-
sient or without multisystemic symptoms, tolerated well by the patients and responsive to out-patient treatment, without affection of patient’s work ability; 2 for clinically active disease with more severe multisystemic symp-
toms non-responsive to standard therapeutic regimens, affecting patient’s work ability as well. All patients were told that a novel therapeutic regi-
men is to be used during the therapeutic course. Patients were categorized in an interview due to the anticipation of the dis-
ease outcome as 0 (negative expectations) and 1 (optimistic, positive ex-
ceptions).

The follow-up time was 24 months.

All possible other detectable etiological and/or modulating factors were tested by means of multidirectional analysis (ex age, gender, presence of infl-
amatory diseases...). All the data were statistically tested by means of testing the percentage sig-
nificance of the number of symptom-free patients after 24 months respec-
tive to the anticipation, and the level of significance is 0.73. The analysis of our data shows that there is no statistically significant influence of the pa-
tient’s anticipation on the disease severity and evolution in patients with chronic idiopathic urticaria.

SELF-MONITORING FOR SCRATCH BEHAVIOR IN PATIENTS WITH ATOPIC DERMATITIS

Hashiro, M.; Ishida, Y.; Sakano, Y.

Osaka, Japan

Object: Self-monitoring technique is one of behavior therapies. This tech-
nique was provided for patients with atopic dermatitis in this study. The ef-
efct of self-monitoring on scratch behavior and skin symptom was exam-
ined.

Materials and Methods: Subjects are out-patients who received only standard medical care. Self-monitoring booklets were used to record time,

strength, length and situations of scratch behavior in a self-monitoring group (n=12, mean age=24.4). In order to get used to recording them, sub-
jects were instructed that they did not have to write all items of the booklet for the former two weeks. At the latter six weeks, they were instructed to

write all the items. The effects of self-monitoring on skin symptom, strength and length of scratch behavior were evaluated before and after self-monitoring. In a control group (n=19, mean age=28.3), skin symptom and scratch behavior were also evaluated. Results: There was no significant difference in skin symptom and scratch behavior between self-monitoring group and control group after the intervention. There was also no difference in the number of improved patients between two groups. However, in a group with moderate skin symptom, there showed a significant tendency to improve skin symptom in self-monitoring group. Conclusion: Self-mon-
itoring did not reduce scratch behavior, but improved skin symptoms. This simple self-monitoring would be useful for some dermatological out-pa-
tients to improve skin symptoms.

FROM DERMATOLOGY TO PSYCHOTHERAPY: A TEN YEARS WORKING EXPERIENCE AT THE INTERFACE

Houmard, A.

Paris, France

The implication of psychological factors in dermatological disorders such as atopic dermatitis, psoriasis and urticaria is now generally admitted. Even in dermatoses, like acne, which are not recognised as psychosomatic, an emotional component that influences the way the disease as well as the treatment are experienced by the patient, is almost always involved. Moreover, a skin disease that often relapses and apparently resists to an appropriate treatment must lead the dermatologist to question himself about the psychologi-

cal state of his patient. This means that every physician should ideally be sensitised to the importance of this factor. However, being aware of it is not enough and only a first step when dealing with difficult cases such as patients with mental disorders. As the majority of dermatologists are not trained in psychotherapy, they should learn how to collaborate with psychi-
atrists and psychotherapists, and refer their patients whenever a psycholog-
ical support is needed. Using several clinical examples, I will discuss how a dermatologist can succeed in guiding difficult patients, adults or children, to psychotherapy.

VULVODYNIA AND FEMININE IDENTITY

Jamart, C.

Brussels, Belgium

From a previous study based on listening to 35 women presenting vulvody-
nia, we suggested that this organic symptom could be considered, from a psychoanalytical point of view, as representing a question about femininity. A question addressed to the medicine in a position of master. Simultane-
ously, it is a singular question for each woman: ‘Am I a man, am I a woman?’ being the question of hysteria, and a collective question: ‘What is femininity?’ Which is considered as a problematic question for both men and women and one of the main psychoanalysis’ theoretical problem.
From the psychoanalyst’s position, identity has nothing to do with genetics, anatomy, gender identity, social role or anything else, but with a very complex process called sexuality. Beyond the biological sexuality, sexuality is the way men and women, in the unconscious, refer to their own sex, as well as to the question of castration and sexual differences. Going back to the story of Baubo, the mythical vulva, and its interpretation by Freud, gives us some enlightenment about this representation. So, vulva and penis are both, representing the phallus. Therefore, reconsidering the 3 sessions we got with 126 women during their medical check up, we identify different clinical series characterised by different patterns: psychic conflicts between maternal and feminine positions, problematical imaginary identification to the father or to the mother, stop on the pulsion’s circuit, or the subjectivation’s process. Clinical examples will give us some illustrations and indicate us perspectives for therapeutically directions.

QUALITY OF LIFE AND ACNE. INFLUENCE OF TREATMENT

Jones-Caballero, M. Madrid, Spain

Objective: Most doctors consider acne a mild disease, but patients get a great suffering from it. It is difficult to evaluate acne only from clinical data. Quality of life instruments allow us to better acknowledge the severity of disease and the influence of treatments. Materials and Methods: This observational, prospective and multicenter study evaluates the impact of acne in the quality of life of patients and the effect of treatment. Patients were evaluated at baseline and at 12 weeks visit. Treatment included topical erythromycin-zinc associated or not to oral antibiotics. Quality of life was measured using Skindex-29. Subjective severity index and objective clinical severity index were evaluated, among other variables. Summary of Results: 2,324 patients were included. At baseline, Skindex-29 was 27.11, showing greater impact on the emotions scales (34.52) that in the symptoms (29.62) or functioning (19.52) scales (p<0.001). At 12 weeks, a statistical significant reduction (p<0.001) was found in the clinical lesions (objective clinical severity index), 96% of the patients improved clinically, 2.1% did not change and 1.9% got worse. Regarding the subjective severity index, after finishing the study, 88.7% of patients answered to feel ‘better’ or ‘much better’, 9.6% ‘the same’ and 1.7% ‘worse’ or ‘much worse’. At 12 week, all scales of Skindex-29 showed a statistical significant improvement. We observed a significant reduction (p<0.001) in Skindex scores in patients classified as improved both by the objective clinical severity index and the subjective index, with an effect size over 0.4. Conclusion: Patients with acne have alteration in their quality of life, being the emotional and symptomatic the most affected scales. Therapeutic interventions improve quality of life in acne patients, from both objective and subjective point of view. Skindex-29 is a good instrument to detect changes of quality of life after treatment.

MEASUREMENT OF QUALITY OF LIFE IN ATOPIC DERMATITIS: ESTABLISHMENT OF DISEASE SPECIFIC QUESTIONNAIRE IN JAPAN

Kataoka, Y.; Hitawa, T.; Endo, K.; Fukuzumi, T.; Sano, H. Osaka, Japan

Objective: Atopic dermatitis (AD) has influences not only to skin discomfort but also to psychological and social aspects. Particularly in Japan steroid phobia is a large problem which disturbs the patient-doctor relationship, appropriate treatment and patient’s quality of life (QOL). Measurement of AD specific QOL is now an important tool evaluating disease outcome, and also makes us to know what is the major problem of the patient and which support is beneficial for each patient management. Material and Method: 220 patients aged over 16 years were asked to write down all the ways that AD affected their life. After reviewing their answers first preliminary questionnaires were tried by 121 patients to reduce questions to 47 items. Re-reviewing by the author made questionnaires consisting of 50 items. That questionnaire was tested by patients aged over 18 years (male 108 / female 113, 26.6 mean age) and statistically validated. Reliability was checked by test-retest, internal consistency was calculated for Cronbach’s α. Correlation to DLQI which was tested simultaneously was examined for criterion validity. Factor analysis was done for factor validity. Sensitivity was checked up comparing the scores among each groups of clinical severity. Summary of Results: There was a good correlation between test and retest, DLQI and our index, clinical severity and total score. Cronbach’s α was 0.93. Seven factors abstracted were named ‘Itching and skin lesions’, ‘Disturbance of social behavior’, ‘Anxiety and dissatisfaction’, ‘Disturbance of course of life’, ‘Leisure’, ‘Existence of facial dermatitis’, ‘Acceptance of one’s disease’, ‘Visual disturbance’ . After factor analysis 10 items were discarded and a questionnaire which consists of 40 items was established. Conclusion: AD specific QOL measurement was established. This will be introduced in English although validation study for post translation from Japanese to English has not been done yet. We can see what is disturbed by AD among Japanese patients.

25 YEARS OF PSYCHODERMATOLOGY IN THE U.S.: ONE WOMAN’S EXPERIENCE

Koblenzer, C.S. Philadelphia, USA

This presentation will review the evolution of psychodermatology in the United States over the past 50 years, with special focus on the author’s personal experience in the last 25 years. The author’s background is psychoanalytic, and the focus will be primarily insight-oriented. We understand that psychocutaneous disorders serve as a defence against the experiencing of painful thoughts and feelings, as a means of communication, and as McDougall has said, as an ‘archaic’ form of mental functioning. With this in mind, attention will be given to effective techniques for interviewing and evaluating patients with psychocutaneous disorders, for explaining the diagnosis in terms that the patient can accept, and for helping the patient to accept medication. Psychophysiological mechanisms will be touched on briefly as a background to a discussion of the presenter’s experience in treating intractable atopic eczema, alopecia areata and other inflammatory dermatoses, trichotillomania, dermatitis artefacta, and the various manifestations of monosymptomatic hypochondriasis. Because of the defensive purpose served by the cutaneous symptoms, it is often very difficult for the dermatologist to effect a meaningful psychiatric referral, so dermatologists must be prepared at times to prescribe psychotropic drugs, if these unfortunate patients are not to fall between the cracks. It is helpful for the dermatologist to establish rapport with a local psychiatrist, for support in this venture. An approach to making a successful referral will also be discussed.
Acne vulgaris is a common inflammatory dermatosis capable of producing psychological and physical scarring. It is common for patients to develop psychological problems as a consequence of the condition, such as those related to low self-esteem, social phobias, depression, anxiety, suicidal thoughts, and lowered quality of life. Self-assessment of acne severity is often more severe than dermatological clinical evaluation what is important data in understanding the necessity of individual approach to the patient. Isotretinoin is the drug which is indicated in treatment of severe forms of the disease, but lately its application is suggested in moderate forms of acne with prominent cicatricial liability or when the disease has strong psychological impact on patients life. In the last 15 years some data of possible association with depression and suicidal tendency during treatment with isotretinoin appeared.

We have started a prospective clinical trial using standardised psychometric questionnaire (APSEA, DSQ1, BDI, STAI, MPS) and psychological interview which included patients with acne vulgaris who started with isotretinoin treatment in two Dermatological Clinics in Croatia (Zagreb and Osijek). The results will be helpful in the final definition of criteria for the use of isotretinoin in the treatment of acne vulgaris and the influence of isotretinoin therapy on the psychological status of patient.

THE SKIN SATISFACTION QUESTIONNAIRE (SSQ) – A NEW INSTRUMENT FOR RECORDING ATTITUDES TOWARD THE SKIN IN HEALTHY PERSONS AND PATIENTS

Kupfer, J.; Brosig, B.; Niemeier, V.; Gieler, U. Giessen, Germany

Introduction: The purpose of this study was to construct a questionnaire on skin satisfaction (SSQ=HautZuf), which can be used by dermatology patients, as well as by healthy subjects. In this sense, it was to expand the existing spectrum of dermatological-psychosomatic/psychological questionnaires.

Methods: The a priori scales contained 69 items and were construct-ed on the basis of theoretical considerations about shame, disgust, close-ness-distance, sexuality and the skin-self. An experts’ rating of the contents and a pilot phase in which laymen tested comprehensibility preceded development of the questionnaire. After this, two samples (sample1: 185; sample2: 156 subjects) were recruited. After exclusion of items with frequently missing data (>5%) and extremely skewed distribution, there were 50 items entered the factor analysis.

Results: The Scree Test suggested a 5-factor solution. Finally, 30 items were assigned to the following 5 areas: family touch- ing, partnership touching, self-touching, shame and disgust. All scales showed good internal consistency (Cronbach’s α: .69–.92). The scale inter-correlations were low (r<.30). Correlations with other tests (TAS-26-alex-thymia, AAS-attachment, HADS- anxiety/depression), were comprehensible but rather low indicating that the SSQ asks for a specific spectrum of psychological characteristics.

Discussion: The SSQ is a useful test instrument which assesses a broad range of parameters on specific psychosocial aspects of skin perception, skin satisfaction and attitudes toward the skin, suitable for healthy persons.
development of new potent cutaneous anti-inflammatory agents derived from NP, their agonists and their antagonists. Among these, α-Melanocyte stimulating Hormone (α-MSH) is a great model of mind-body and body-mind interaction. α-MSH seems to exert some control on the cutaneous inflammatory process, through a central action mediated by descending anti-inflammatory neural pathways, and via local direct influence on inflammatory cells dictating the dermis such as monocytes, macrophages and neutrophils. α-MSH down-regulates the production of pro-inflammatory cytokines, while the production of the anti-inflammatory cytokine IL-10 is stimulated by α-MSH. In addition, α-MSH seems to regulate the expression of surface molecules on immunocompetent cells. These findings indicate that α-MSH may be a crucial element for the regulation of cutaneous immune and inflammatory responses, raising the possibility that it may become an important anti-inflammatory agent for use in fields of medicine other than dermatology.

BORDERLINE PSYCHOSOMATIC DISORDERS IN ACNE PATIENTS
Lvov, A.N.; Dorojenok I.Y. Moscow, Russia

It is common knowledge that patients with acne often experience various psychiatric and emotional disorders creating a vicious cycle that needs to be addressed in terms of detailed study and remedial action. To assess the incidence and range of psychosomatic disorders in acne patients, the study included 63 cases (34 males and 29 females) aged 16 to 27 years (median age 23 ± 1.5). The 1st degree of severity of the condition was observed in 5 (7.9%) patients, 2nd in 27 (42.9%), 3rd in 17 (27%) and 4th in 14 (22.2%) patients. The clinical psychodiagnostic examination was complemented with MMPI-test and STAI. Psychological disorders of varying degree of manifestation were identified in 26 patients (15 males, 11 females) (41.3%) involved in the study. Among the basic psychopathologic syndromes the highest prevalence was recorded of disturbing-depressive syndrome in 12 (46.1%) patients, disturbing-hypochondriac in 8 (30.8%) patients, dismorphic in 3 (11.5%) patients. Fixed ideas were encountered in 4 (15.4%) cases and suicidal ideation was identified in 1 case (3.8%). The cosmetic defect associated with acne was found to have more relevance for women, especially in mild to moderately severe cases, resulting in profound psychological distress. Conversely, in severely affected patients, there was a lower prevalence of complicated psychopathologic syndromes, which is perhaps attributable to a higher degree of emotional adaptation to acne lesions, which they have developed over the long course of disease. The STAI has revealed a high level of anxiety overall for the group. Thus, psychosomatic disorders figure importantly in patients with acne. Based on the foregoing, it would seem appropriate to include adequate psychotherapeutic options into the combined therapy of acne.

RISPERIDON IN THE COMPLEX THERAPY OF SELF-INFlicted AND DELUSIONAL DERMATOSSES: THE FIRST EXPERIENCE
Lvov, A.N.; Dorojenok I.Y. Moscow, Russia

Although patients with self-inflicted and delusional dermatoses almost always apply to a dermatologist, this disease is based on primary psychopathologic disturbances. It is extremely difficult to treat these dermatoses with only dermatological methods. Thus it is very important to develop new therapeutic regimens of psychotropic drugs, including neuroleptics. We have studied the efficacy of a modern atypical neuroleptic Risperidon in the complex therapy of different types of self-inflicted and delusional dermatoses and evaluated the changes in clinical status.

The sample included 16 patients (10 female and 6 male, average age 23±1.6 years old), suffering the most severe forms of self-inflicted and delusional dermatoses (dermatitis artefacta, neurotic excoriations, acne excorie, delusional parasitosis, trichotillomania and onichotillomania). An average period of the disease was for 7±1.2 years. The disease had a recurrent course. The initial dose of Risperidon was 1 mg/day, followed by the dose increase up to 4-6 mg/day. The course lasted for 8 weeks. Simultaneously epithelisation improving remedies with zinc hyaluronate were used under the occlusal bandage.

In all patients dermatological symptoms included extensive erosive and ulcerous lesions, also in the face region, and scar lesions as a result of self-destruction. The reason of self-inflicted and delusional dermatoses were the following mental disorders: schizotypic disorders in 11 patients, obsessive-compulsive disorders in 5 patients (obsessions, compulsions, phobias). In most patients (12) after 4-6 weeks' treatment the psychopathologic symptoms reduced accompanied by the reduction of destructive rush elements. Relapses during and after treatment were in 5 patients. The Risperidon was well tolerated. Thus, Risperidon significantly increases the efficacy of self-inflicted and delusional dermatoses therapy, and causes further regress of the dermatological symptoms.

THE PSYCHOLOGICAL IMPACT OF RECURRENT GENITAL HERPES
Lvov, A.N.; Fedjakova, E.V.; Khaldin, A.A. Moscow, Russia

Background: A number of published studies have looked at the impact of genital herpes infection on psychological well-being and on sexual functioning in people with herpes infection. Aim: We aimed to assess the psychological impact of recurrent genital herpes. Subjects and Methods: The study group comprised 34 patients (15 male and 19 female) with genital herpes simplex virus (HSV). Subjects were divided in the three groups: those reporting up to three recurrences, those reporting four to seven recurrences, and those reporting eight recurrences or more. The study involved a clinical psychodiagnostic investigation augmented by computer testing with the use of the MMPI (adapt., Russian version) system. The level of anxiety was evaluated by using the Russian version of the Spilberger test (STAI). A battery of psychological tests included a measure of quality of life. Patients were also asked questions about their sexual behaviour.

Results: Psychological disorders of varying degree of manifestation were identified in 15 patients (6 males, 9 females) (44%) involved in the study. Among the basic psychopathologic syndromes the highest prevalence was recorded of disturbing-hypochondriac syndrome in 12 (35.3%) patients, disturbed-definite syndrome in 7 (20.6%) patients. The STAI has revealed a high level of anxiety overall for the group. Subject with a high number of reported episodes have a lower quality of life then those with fewer episodes. Conclusion: There is substantial psychological morbidity associated with frequently recurring genital herpes. The role of personality factors in relation to health belief needs to be further investigated.

STRESS AND ANXIETY INVOLVED IN ALOPECIA AREATA
Manolache, L.; Oprea, C.; Benea, V. Bucharest, Romania

It is well known that alopecia areata (AA) onset is associated with stressful events, becoming also a stress for the patient. Objective: The purpose of the study was to observe the relationship between stress and alopecia areata and also to try to find common psychological characteristics of the patients. Method: There was a case-control study and there were examined 58 patients with alopecia areata and the same number of patients with cutaneous disease with no special link with stress ( pityriasis versicolor, tinea corporis, cruris, pedis, stëptococcal impetigo). There were used Life Events and Difficulties Scale, Hamilton Anxiety Scale (HAS) and for AA children, projec- tive tests. As an adjuvant therapy there were used anxiolytics. Results and Conclusions: 25% of cases were between 15–20 years old. There is a female predominance between 11–14 and 21–30 years old and a male predominance after 30 years old. AA appears in more than 60% of cases in single child families and in 20% of cases with divorces or separations from parents. There were identified stressful events before the onset of alopecia areata in more than 75% of cases, comparing to 20% of cases for control cases. The most common findings for AA were family disputes, the death of
a relative and after a psychotrauma. For control cases, exams and social problems (unemployment, financial problems a.s.o.) were more frequently involved. For AA adults there were medium scores on HAS, mostly with sleep troubles (comparing to low scores for control cases). Projective tests for AA children revealed anxiety, depressive symptoms, inhibition, fear of confrontation, relational problems (conflicting relationships), need for supported security, adjustment troubles. Adjunctive therapy with anxiotylies was effective reducing the worries regarding the continuation of the hair loss and inducing a better sleep. AA is very much related to familial problems (divorces, single child, disputes) needing a global approach of the entire family.

**ANXIETY AND DEPRESSION IN DERMATOLOGICAL OUT-PATIENTS**

Marron, S.E.; Tomás, L.
Calatayud, Spain

**Objective:** Previous studies suggest that skin diseases can sometimes cause different psychological disorders. The aim of the present study is to observe how anxiety and depression correlate with dermatological disorders.

**Method:** We present a transversal study of 500 dermatology out-patients attended in our hospital. These patients completed the Hospital Anxiety and Depression Scale (HADS) as well as a sociodemographic form. Results: The co-morbidity between anxiety and depression and skin diseases in our patients is 25%. Our results are slightly lower than those found in other studies. Patients with skin cancer and other serious skin problems scored highest in depression. Patients with visible skin disorders, such as acne and hair loss, scored highest in anxiety as well as in the subjective measure of disability in social relationships produced by their skin condition. Conclusion: Our results show that one out of every four patients we attend scores high in depression and/or anxiety. This information should help us to attend to our patients' needs in a more holistic way and hopefully obtain better results.

**DERMATOLOGY AND PSYCHIATRY LIAISON CLINICS IN NOTTINGHAM, UK**

Millard, L.G.
Nottingham, UK

A liaison clinic for dermatology patients who have psychological and/or psychiatric disorder has been in existence in the Dermatology Department of the Queens Medical Centre, Nottingham since 1985. The need for the service, and from it treatment and research strategies, grew from a small group of interested professionals, rather than as a planned programme of development initiated by Hospital Managers or National Health Service planners.

During the existence of the clinic a Dermatologist and a Psychiatrist have been available to see patients within the skin clinic for a combined input into patient care. However the availability of this and other expertise e.g. clinical psychologist, has depended solely on the voluntary contribution of the involved professionals – unfortunately not upon regular funded sessions by the Hospital.

Nevertheless, whilst the service has been at times sporadic because of the difficulty recruiting new staff when others leave, during the last 7 years 380 patients have been treated, most commonly those with anxiety disorders, body dysmorphic disorder and dermatitis artefacta. The most difficult obstacle to promoting the liaison service has been a managerial insistence on attempts to 'sanitise' the service. Firstly they wished to avoid those patients who might have a 'difficult personality', and therefore may complain; secondly, these patients have longer consultations and more return visits than the average dermatology patient, and may harm the performance figures managers hold so compulsively as important.

The service continues and survives on an ad hoc basis, but still depends on the good will of voluntary effort.

**EVALUATION AND TREATMENT OF PERINEAL NEUROPATHIC PAIN**

Mathieu, N.
Brussels, Belgium

Neuropathic pain represents a series of relatively uncommon chronic pain conditions, caused by lesions or dysfunctions of peripheral or central afferent pathways in the nervous system. All chronic pains interfere with some or all aspects of the quality of life. Therapies are considered successful by patients if OQL is improved [1]. Pain syndromes of urogenital and rectal area are well described but poorly understood and recognized. A first important step for these patients is to find a physician who actually knows that these pain syndromes exist: vulvodynia, orchialgia, urethral syndrome, penile pain, prostatodynia, perineal pain, coccygodynia, proctodynia, proctalgia fugax. Their aetiology is not known. In a subgroup of patients with chronic pelvic pain (vulvar vestibulitis, prostatodynia) inflammatory changes are observed and might be due to neurogenic inflammation [5]. The term vulvodynia, defined as chronic vulvar discomfort, burning and sometimes stinging sensation in the vulvar area, includes several disorders all of wich result in chronic vulvar pain: vulvar dermatosis, cyclic vulvovaginitis, vulvar vestibulitis, vulvar papillomatosis, and essential vulvodynia [2,3,4]. In vulvar vestibulitis, pain is very localized and exacerbated by a simple ‘swab test’ resulting in sharp, burning pain. In women with essential vulvodynia, hypersensitivity to mechanical stimuli (rubbing from tight clothes, bicycling, ...) extends over the whole vulvar area. This hyperalgesia is similar to sensory findings in patients with painful neuropathies of the extremities [3].

Many patients with vulvodynia respond to medications recommended for neuropathic pain management, including antidepressants, anticonvulsants, membrane-stabilizing agents, and opioids. Since chronic perineal pain syndromes are multifactorial clinical syndromes, a multidisciplinary approach involving collaboration among gynecologists, dermatologists, neurologists, pain specialists, psychologists, and psychiatrists is often necessary. Although cures are uncommon, some pain relief can be provided to almost all patients using pain medications, local treatment regimens, nerve blocks, physical therapy and psychological support, while exercising caution toward invasive and irreversible therapeutic procedure.

**ALEXITHMYA, EMOTIONAL AWARENESS, PSYCHIATRIC DISORDERS AND RESPONSE TO PSORIASIS TREATMENTS**

Misyri, L.; Rollhion, S.; Consoli, S.M.; Martin, C.; Ruel, K.; Cambazard, F.; Pellet, J.
Saint Etienne, France

Alexithymia can be defined as a difficulty to express feelings and a deficit in the ability to differentiate emotional from physical states. Associations between alexithymia, psychiatric disorders and psoriasis have been reported. Alexithymia is known to influence illness behavior in numerous chronic organic diseases. We have wondered if response to treatments of psoriasis was linked to alexithymia and/or psychiatric disorders.

To explore the relationship between multiple psychological variables (alexithymia, depression, anxiety, obsessive compulsive disorders and other psychiatric diseases) and healing after treatment of psoriasis.

Three consultations were provided for 93 patients. Numerous data were collected. Psoriasis was evaluated through PASI and response to treatment by ∆PASI. Psychiatric diseases were detected using the Mini International Neuropsychiatric Interview (MINI), The Hospital Anxiety and Depression Scale (HADS) was used to have a rapid measurement of depression and anxiety. Alexithymia was evaluated through two scales : Toronto Alexithymia Scale (TAS-20) and Levels of Emotional Awareness Scale (LEAS). 40/93 patients had at least one psychiatric diagnosis. 28 patients could be considered as not alexithymic (TAS≤63), 32 as border-line (63<TAS≤73) and 33 as alexithymic (TAS>73). Alexithymia, as assessed by LEAS and...
TAS at M0, was not correlated with PASI. LEAs was associated with late age of onset of psoriasis. TAS scores were strongly correlated to scores of depression and anxiety. Bad responders had difficulty identifying feelings and distinguishing from physical sensations.

This study is the first study searching a systematic detection of psychiatric disorders by using MINI-CIDI scale. The high number of psychiatric disorders associated with psoriasis suggests to better detect and treat them. Psycholog-ical interventions are effective on both psychological distress and psoriasis. Objectively bad respondents did not appear to be significantly more alexithymic than healthy subjects but TAS scores of bad responders were higher than those of good responders and bad responders had difficulty identifying feelings and distinguishing from physical sensations. Alexi-thymia is strongly associated with depression and anxiety in people with psoriasis. Further studies on alexithymia, depression, anxiety and psoriasis are needed.

ADULT ATTACHMENT STYLES AMONG MELANOMA PATIENTS

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Vienna, Austria

In the past two decades we have been observing the development of psycho-oncology on a worldwide basis. Patients need psycho-oncological support and any kind of professional psychosocial intervention for better coping with the disease and cancer therapy side effects. Our primary purpose is to enhance the patients’ quality of life. Our hypothesis is that attachment theory and attachment research could be of further interest regarding therapeutic relationships, cancer coping strategies, reduction of fear and crisis management.

Attachment theory reaches back to John Bowlby (1907-1990) postulating that the quality of attachment has a fundamental role in the development of personality, psychosocial functioning, socialization, psychological well-being and health. As a newborn each individual starts to collect information from its social environment. It learns from the mother-infant interaction and stranger-infant interaction in order to acquire certain behaviours as a ‘generalized representation of interaction’.

John Bowlby and Mary Ainsworth described four different attachment styles

1. Secure/ autonomous attachment
2. Insecure/ ambivalent attachment
3. Insecure/ avoiding attachment
4. Disoriented/ disorganized attachment

The validated CA-MIR questionnaires, (card modele individuels de relation Pierrehumbert, 1996; German version by R. Richter und R. Mosheim, 1997) a four-category model test using 72 questions by the Likert-scale (1-5) were handed to 20 metastasized malignant melanoma patients. Evaluating attachment style, temperament and memories of parental behaviour.

Data and a detailed review of cases will be presented. Methodological problems will be discussed.

CAN AN ACUTE PSYCHOSOCIAL STRESSOR ALTER IMMUNOLOGICAL PARAMETERS IN ATOPIC DERMATITIS?

Niemeier, V.; Gieler, U.; Kupfer, J.
Giessen, Germany

Objective: ‘Stress’ can influence the course of atopic dermatitis (AD). Nonetheless, there are as yet only few experimental studies which have clearly demonstrated the relationship. Especially psychosocial stress is considered a negative influence factor in many diseases. Patients and Methods: The study examines the relationship between stress, immunological and psychological parameters in patients with AD. For this both AD-patients (n=40; SCORAD: 41.23 ± 15.98; Erlanger-Atopie-Score (EAS): 18.49 ± 5.49) and a healthy control group (CG; n=40, EAS: 5.89 ±5.33) were subjected to a standardized psychosocial stressor and blood and saliva samples taken at various times. In addition to salivary cortisol, eosinophils, ICAM-3, ECP and sIL-2R were determined. Summary of Results: For the SCORAD the most marked relationships were found with IgE and sIL-2R, whereas the correlation to ECP was not significant. Both AD-patients and the CG reacted as expected to the stressor with an increase in salivary cortisol. However, no interaction effect could be demonstrated. The ECP-values increased slightly in both groups immediately post-stress and then decreased markedly. The decrease was greater in the AD than in the CG. The stress reactivity of the sIL-2 values could be reproduced. However, contrary to expectations, there was no group difference between AD and CG. Although the skin affection only tended toward increase on Day 1 after the stress experiment, there was a highly-significant increase in itching in the AD-patients. Patients (n=13) with increased itching on Day 1 show only a slight cortisol response to the stressor. No significant group differences or interaction effects occurred in the other immunoparameters measured which could serve as an explanation for the increased itching in the subgroup with increased itching. Conclusion: The applied stressor can be considered effective. The correlations of the severity parameter with the immunological parameters is rather low. Looking at the course of the other immunoparameters, it is conspicuous that both the values of ECP, and also ICAM-3 and sIL-2R decrease significantly over time. No explanation for the exacerbation of AD after a stress situation can be drawn from these data. Possibly, the influence of stress on AD is overestimated. Reduced salivary cortisol production after stress could, however, indicate a subgroup in which stress may have a negative effect on the course of AD.

IMPACT OF VITILIGO ON THE QUALITY OF LIFE AND PHYSICIAN’S ATTITUDE TOWARDS VITILIGO IN BELGIUM

Ongenae, K.; van Geel, N.; Naeyaert, J.-M.
Ghent, Belgium

Objective and Significance: Vitiligo is a pigmentary disorder causing a cosmetic disfigurement of the patients. Patients suffer from low self-esteem, poor body-image and a poor quality of life [Kent 1996]. The importance of the patient-physician interaction in the management of vitiligo has also been demonstrated [Porter 1978]. We evaluated the impact of vitiligo on quality of life in the Dutch speaking Belgian population. The present study also assesses the physician’s attitude from the point of view of both physicians and vitiligo patients. Materials and Methods: 152 vitiligo patients (aged >18y) and 269 Dutch-speaking Belgian dermatologists were contacted in a postal setting. The vitiligo patients answered questionnaires concerning demographic data, disease characteristics, physician’s attitude and DLQI [Finlay 1994]. The physician’s questionnaire assessed their management of the patient (e.g. information, therapy) and their attitude towards the disease.

Summary of Results: The response rate among vitiligo patients is 72.4% and among dermatologists 87%. The mean DLQI score was 4.85 (median=3). 53% of the patients feel to have received enough information (median=3) whereas 97.8% of the dermatologists feel to give enough information. 62% of the dermatologists think there is nothing to do about vitiligo and 59% of the patients were told so. Similar percentages of patients are told to learn to accept the disease and cope with it. 48.2% of the patients are informed that vitiligo can be treated satisfactorily. 61% of the dermatologists believe it is not worth treating the disease. Additional data generated form further analysis will be presented. Conclusion: Our results indicate that vitiligo has a considerable impact on the quality of life. Evaluation of the psychosocial impact of the disease, adequate information, treatment proposal and supportive patient-physician relationship should be part of the patient management in order to diminish the psychosocial burden and improve the quality of life.

BODY LANGUAGE IN THERAPY FOR PSYCHOSOMATIC CONDITIONS: SCULPTING FAMILY TIME

Onnis, L.
Rome, Italy

The author first will propose some theoretical considerations about the relationships among family influences, patient’s emotions and dermatological manifestations. Then he will present a therapeutic intervention model, used during the work with the patients and his/her family. This method is based on the use of family sculptures of the ‘present’ and ‘future’: each family member is requested to represent the family as it now ‘is’, and how it ‘will
Szepietowski, J.C.

Neuroleptics were introduced at the initiative, especially neuroleptic therapy. Recently, new atypical neuroleptics were introduced. Objective: The aim of this presentation is to describe the difficulties in selecting the appropriate antipsychotic drug (with or without neuroleptics). After psychiatric consultation she was given risperidone 3 mg/day. Within 2 months she was free of symptoms, however risperidone was still continued. After another 3 months we observed symptoms of depression. Sertraline 50 mg/day was added, which resulted in remission of depressive symptoms. 8 months after the beginning of risperidone therapy she has still no signs of psychosis. Conclusion: Risperidone appeared to be effective in the treatment of delusional parasitosis.

DEPRESSION IN PATIENTS WITH PSORIASIS

Pacan, P.; Szepietowski, J.C.; Kiejna, A. Wroclaw, Poland

Background: Visible psoriatic lesions and chronic course of psoriasis may have considerable impact on psychic and social well-being of the patients. Objective: To evaluate 1) frequency and type of depression in patients suffering from psoriasis vulgaris and 2) relationship between stress preceding exacerbation of psoriasis and depression. Material and Methods: 77 psoriatic patients aged 18–78 years were included into the study. All patients underwent psychiatric examination for the presence of depression (according to ICD-10), whose intensity was evaluated by Hamilton and Beck (BDI) scales. Stress was assessed according to The Social Readjustment Rating Scale by Holmes and Rahe. Summary of Results: Depression was diagnosed in 13 psoriatic patients (16.9%) on the base of psychiatric examination, as well as using BDI. In two patients no depression was found using BDI, nevertheless the psychiatric examination revealed symptoms of depression. Similarly, other two patients recognized as depressed according to BDI did not fill ICD-10 criteria for depression during the psychiatric examination. Among 13 patients diagnosed by psychiatrist as depressed ones in 10 subjects (76.9%) moderate and in the remaining two patients (15.4%) mild depression episodes were recognized. Psoriatic individuals suffering from depression were significantly (p<0.05) younger compared to those without symptoms of depression. The severity of psoriasis in patients with depression was not significantly different (p=0.8) from that observed in subjects without depression. The intensity of stressful life events in patients who suffered from depression (73.2±50.34 points) was higher compared to individuals without depression (64.97±29.88 points), however the above differences did not reach statistical significance (p>0.05). Moreover, there was no significant correlation between intensity of stress and severity of depression. Conclusions: Less than 20% of psoriatic patients suffer from depression, the majority of them have reactive disorders.

THE PSYCHIATRY LIAISON CLINICS IN BELGIUM. IS THERE A PLACE FOR PSYCHODERMATOLOGY?

Pardoen, D. Brussels, Belgium

In spite of the known relationship between dermatological affections and psychological or psychiatric problems, there is no specific psychodermatological clinics in our academic, public or private hospitals in Belgium. There are however some initiatives coming from dermatological units which have created a position, in their consultation unit, for a psychiatrist or a psychologist who then work with their dermatologist colleagues. These initiatives are rare mainly because of the specificities of the Belgian health system, and financial difficulties in setting up liaison psychiatry.

In our health system, it is impossible for the patient to be reimbursed for a simultaneous consultation by 2 specialists like a psychiatrist and a dermatologist. At the hospital level, the reimbursement for a liaison consultation by a psychiatrist in a hospital unit is too low to bring the hospital managers along to set up a full liaison psychiatric unit.

Since these financial problems seem not to be resolved rapidly, at least in European countries, solutions may be found by maximizing the information and training of the specialists in every medical branch, and particularly in dermatology; by creating, on a voluntary (?) basis, groups of discussion around specific clinical cases, eventually with the sponsoring of the pharmaceutical industry; by inducing, at the university level, specific training for medical students.

Confrontations with experiences in other countries will be discussed during the symposium, at the initiative of the chairman.

VULVAR PAIN: WHAT CAN A DERMATOLOGIST DO?

Parent, D. Brussels, Belgium

Vulvar pain is a symptom which presents two characteristics: women have trouble talking about it and physicians have difficulties to apprehend it in all its implications. It turns into a syndrome (vulvodynia) when it appears in the absence of clinical lesions. The pathophysiology of vulvodynia is not known and the few treatments currently used are of little efficacy. In addition, the absence of a consensus on the definition of vulvodynia as well as on its classification has even more complicated studies on it.

We investigated 80 patients presenting with vulvar pain and with only erythema, swelling or fissures as clinical lesions. Itching was distinguished from pain. Patient’s history was carefully taken down, allowing the patient to express herself completely, both on the physical as well as on the emotional aspects of her case. At the first consultation, precise adequate advice on their intimate bathing was given, topical treatments were stopped. The diagnostic tests were carried out in the following order: cultures for research of an infection, skin biopsy, cutaneous patch tests and IgE specific dosage.

Patients suffering from specific diseases of dermatological, gynaecological, neurological, urological, gastroenterological or traumatic origin, that were susceptible to be implicated in the process of pain, were investigated. They were taken out of the group if this disease was demonstrated responsible for the pain.

Three sessions with a psychotherapist completed the examination permitting an insight of the psychological context of the symptoms.

We were able to define a few sub-groups in the rest of the patients. Some patients presented the characteristics of two described vulvar pain disorders: vestibulitis and essential vulvodynia. Others were suffering from vaginitis. Others were combining atopy with recurrent mycotic vulvovaginitis and positive patch tests(2).

In concordance with the results of our thorough research, various therapeutic approaches are proposed.
BODY DYSMORPHIC DISORDER

Phillips, K.A.
Providence, USA

Patients with body dysmorphic disorder (BDD) are often present to dermatologists. BDD is a relatively common yet underrecognized disorder that consists of a distressing and impairing preoccupation with an imagined or slight defect in appearance. Although any body area can be the focus of concern, preoccupation with the appearance of the skin (e.g., ‘scared’ skin) and hair (e.g., ‘thinning’ hair) are most common. Typical associated behaviors include skin picking, mirror checking, reassurance seeking, and camouflage (e.g., with a hat or makeup). BDD is associated with marked impairment in functioning, notably poor quality of life, and a high suicide attempt rate. The disorder appears relatively common in dermatology settings: in the only study of BDD’s prevalence in a dermatology setting (n=268), 12% of patients screened positive for BDD. Although the outcome of dermatologic and other nonpsychiatric treatment (e.g., surgery) has received only limited investigation, the treatment outcome appears generally poor. In contrast, psychiatric treatment—in particular, serotonin-reuptake inhibitors and cognitive-behavioral therapy—is often effective. This presentation will describe the clinical features and prevalence of BDD, its response to treatment, and how to recognize and diagnose BDD. It will also offer practical suggestions for dermatologists who encounter these often-difficult-to-treat, high-risk patients.

COPING WITH SKIN CANCER: SUGGESTIONS FOR FUTURE RESEARCH AND CLINICAL CARE

Reynaert, Ch.; Libert, Y.
Mont-Godinne, Belgium.

Research on coping with cancer is mostly based on the Lazarus and Folkman transactional model of coping with stress. To use this model in studies focusing on the process of coping one has to address the complex and multifaceted characteristics of stress demands as well as to assess the whole coping process. A review of coping studies focusing on skin cancer patients shows that these characteristics are rarely taken into account. To overcome these shortcomings, the complexity and the diversity of demands which arise from the diagnosis and treatment of skin cancer and the most recent advances in the Lazarus and Folkman transactional model will be presented and suggestions will be made for future applications of the Lazarus and Folkman model in the study and the clinical care of patients with skin cancer and of their relatives.

MAPPING UK PSYCHODERMATOLOGY: A KEY INFORMANT STUDY

Riaz, S.; Stoughton, R.; Bridgett, C.
London, UK.

Objective/Significance: To present a recent survey of dermatology departments in the United Kingdom in mapping out current psychodermatology services, and to make recommendations. Materials and Methods: Survey by questionnaire of all members of the British Association of Dermatologists, followed by key informant study to maximise data capture. The content will include disciplines and professions involved in dermatology and psychiatry liaison including primary care. Those with established services will provide user-satisfaction information and specialist interest. Summary of Results: There exists throughout the United Kingdom a variety of psychodermatology clinics/services, involving doctors, nurses, psychologists and psychiatrists. These have apparently developed on an adhoc basis. Those with well-established services will provide user-satisfaction information and specialist interest. Conclusion: These results suggest that while clearances of psoriasis result in statistically significant changes in factors specific to psoriasis (disability and stress), it may not impact upon psychological distress, on patients’ beliefs nor on coping. This finding highlights the complex features of patients’ psychological experience of psoriasis and provides further impetus for the integration of psychological interventions into standard care protocols. As such, and in line with our previous work suggesting that psychological distress in the form of excessive worrying may slow the time taken for patients to clear from PUVA, preliminary work investigating the impact of brief psychological interventions for patients undergoing PUVA treatment will also be presented.

PREVALENCE OF PSYCHIATRIC MORBIDITY IN PATIENTS WITH PSORIASIS

Sampogna, F.; Picardi, A.; Melchi, C.F.; Pasquini, P.; Abeni, D.; and the Improve Investigators
Rome, Italy

Objective: To estimate the prevalence of psychiatric morbidity and to investigate factors associated with it, in adult patients hospitalized with psoriasis. Materials and Methods: All adults hospitalized at IDI-IRCCS from Feb. 2000 to Feb. 2002 with psoriasis who gave their informed consent were included. A self-administered instrument designed to detect minor, non-psychotic psychiatric disorders. GHQ-12 scores were computed collapsing adjacent psychiatric disorders. GHQ-12 scores were computed collapsing adjacent responses to obtain a dichotomous score (0=0-1, 1). The cut-off threshold (24) we used for psychiatric case identification has been shown to maximize sensitivity and specificity of GHQ-12 in a dermatological setting. A logistic regression analysis was performed to assess the independent effect of sex, age, marital status, duration of disease, clinical type, and severity, while simultaneously adjusting for all these variables. Summary of Results: A total of 923 patients completed the GHQ-12. Of them, 48.3% were identified as cases. The prevalence of psychiatric morbidity was highest in women (61.6%) than in men (39.2%, p<0.00), in patients aged 40-60 of age (55.0%) than in younger patients (46.2%, p=0.023). Arthropathic, palmoplantar and pustular psoriasis had above-average prevalence (59.4%, 58.8%, and 53.6%, respectively). As for clinical severity assessment, prevalence ranged from 34.4% in patients judged as ‘very mild’ to 58.9% in ‘severe’ patients. Also, higher prevalence of morbidity was observed in subjects with shorter (≤1y, 51.6%) or longer (≥2y, 51.2%) duration of disease. In logistic regression modeling for service development will be made, including the need for measures of clinical impact.

THE PSYCHOLOGICAL IMPACT OF PSORIASIS: DOES SUCCESSFUL TREATMENT RESULT IN MEANINGFUL IMPROVEMENTS IN PATIENTS’ WELL-BEING?

Richards, H.L.; Fortune, D.G.; Macelhone, K.; Kirby, B.; Main, C.J.; Griffiths, C.E.M.
Manchester, UK

Objectives/Significance: While there is unequivocal evidence that a condition such as psoriasis may have a significant effect on individuals and their families, relatively little information is available as to how such an impact may influence the disease process as well as whether successful treatment of psoriasis results in meaningful changes in patients’ well-being. Thus the objective of this study was to investigate whether and to what extent Photothermochemotherapy (PUVA) induced changes in the clinical severity of patients’ psoriasis translate into meaningful changes in beliefs about coping, stress, distress and disability. Materials and Methods: Prospective study. Seventy-two patients with chronic plaque psoriasis undergoing PUVA treatment were assessed on a number of psychological parameters prior to the start of their treatment regimen and when they achieved clearing of plaque. Summary of Results: Patients demonstrated significant reductions in psoriasis-related disability (p=0.001), psoriasis-related stress or daily hassles (p=0.001) and in the frequency of psoriasis-related symptoms (p=0.001). However, there were no significant differences in patients’ scores on levels of anxiety, depression or worrying. Similarly, patients’ perceptions about cure, potential chronicity, causes, consequences and coping were also unchanged. Conclusion: These results suggest that while clearance of psoriasis results in statistically significant changes in factors specific to psoriasis (disability and stress), it may not impact upon psychological distress, on patients’ beliefs nor on coping. This finding highlights the complex features of patients’ psychological experience of psoriasis and provides further impetus for the integration of psychological interventions into standard care protocols. As such, and in line with our previous work suggesting that psychological distress in the form of excessive worrying may slow the time taken for patients to clear from PUVA, preliminary work investigating the impact of brief psychological interventions for patients undergoing PUVA treatment will also be presented.
analysis variables significantly associated with psychiatric morbidity were: sex (OR 2.7, women vs men), severity of disease (OR 2.4, severe vs very mild), and age (OR 2.0, 26-60 vs <30y). Conclusion: Minor psychiatric disorders are very frequent in patients with psoriasis. Particular attention should be devoted to older women, and dermatologists should be aware that severity of disease is associated with psychiatric morbidity.

**DIAGNOSTICS AND DIRECTIONS OF CORRECTION OF PSYCHOLOGICAL AND AUTONOMIC FRUSTRATION AT CHRONIC DERMATOSES**

Samstov, A.V.; Soukharev, A.V.; Nazarov, R.N. Saint-Petersburg, Russia

Many dermatologists mark often psychological and autonomic frustration at chronic dermatoses. This frustration demands comprehensive investigation and correction.

Objective: Perfection of treatment chronic dermatoses with the help of diagnostics and correction of psychological and autonomic frustration.

Tasks:
- To estimate expressiveness of psychological and autonomic frustration at chronic dermatoses.
- To prove methods and means of its correction.
- To develop recommendations on diagnostics and corrections of this frustration at chronic dermatoses.
- To assess efficiency of application of tranquilizers grandaxinum (tofizopanum), pyrroxanum (proroxan hydrochloride), techniques of mental self-control 'Mobilization - 1' [Salamatov V.E., 1996] at treatment chronic dermatoses at persons of young age.

Materials and Methods:
1. Psychological techniques.
- The automated system of an estimation of a level of development of adaptable abilities of the person.
- The automated monitoring system behind a psychological and physiological condition.
- Index of vital styles.
2. Clinical and tool methods of research.
- Research of the dermatological status with definition PASI and SCA-RAD an index.
- The caused skin autonomic potentials.
- The spectral analysis of a rhythm of heart.

Summary of Results.
1. It is surveyed 130 person of young men (17–23 years). From them 53 patients with psoriasis, 42 - with atopic dermatitis, 24 - with eczema, 11 - with hyperhidrosis.
2. 73% of patients have psychological and autonomic frustration (p <0.05).
3. The alarm makes 75%, depression - 37%, asthenia - 56%, autonomic infringements - 84%.

The following stage of our research is the estimation of efficiency of correction at treatment chronic dermatoses at persons of young age. For this purpose patients are divided into equivalent groups. The first group - patients without psychological and autonomic frustration. The second group - patients with frustration. These groups of patients receive therapy standard for their dermatoses. The third group is made by patients with more expressed alarm and sympathicotonia. This group except for standard therapy accepts grandaxinum in a daily dose of 100 mg and pyrroxanum in a daily dose of 90 mg (10 days) in a combination to a technique (1-2 part) mental self-control 'Mobilization - 1' (5 days).

The fourth group is made by patients with more expressed depression, asthenia. This group except for standard therapy accepts grandaxinum in a daily dose of 100 mg (10 days) in a combination to a technique (1-4 part) mental self-control 'Mobilization - 1' (10 days).

Conclusion:
1. 73% of patients of young age with chronic dermatoses have psychological and autonomic frustration which demands duly diagnostics and correction.
2. This frustration is expressed as alarm, depression, asthenia, autonomic infringements.
3. For its correction it is possible to use tranquilizers grandaxinum, pyrroxanum in a combination mental self-control 'Mobilization - 1'.

**STRESS-INDUCED CHANGES OF INTRACELLULAR CYTOKINE PROFILES OF CD4+ AND CD8+ T LYMPHOCYTES IN ATOPIC DERMATITIS PATIENTS COMPARED TO HEALTHY CONTROLS: A REANALYSIS CONSIDERING IMMUNOGLOBULINE E LEVELS**


Hanover, Germany

Objective/Significance: Multiple exogenous and endogenous provocation factors such as psychological stress can induce exacerbation of atopic dermatitis (AD). In addition to CD4+ T helper cells and CD8+ T lymphocytes, IgE is suggested to be important for the pathophysiology of AD. Thus, the focus of this study is compare the effects of acute psychological stress on illness-specific immunological parameters in AD patients with low and high IgE levels and healthy controls (HC).

Materials and Methods: Patients with AD (n=15) and HC (n=15) were exposed to a brief laboratory stressor (public speaking and mental arithmetic). In vitro analyses were done 1 hour before, immediately after and 1 hour after stress exposure. Lymphocytes and intracellular cytokines in blood derived lymphocytes were analyzed by flow cytometry. The data comparing the whole groups of AD patients and HC (n=15 each) published previously were reanalysed by dividing the AD sample into two subgroups, discriminating patients with a high level (n=6) versus a low level (n=9) of IgE (cutoff=1000 kU/l). Summary of Results: A significant interaction effect for stimulated IL-5 positive CD4+ T and CD8+ cytotoxic T cells could be shown (p<0.05), indicating a significant elevated number and a pronounced stress-induced increase of these cell types in AD patients with high IgE levels compared to HC. In addition, a trend (p<0.1) was observed for IL-4 in the supernatant with more marked stress-induced changes in AD patients. Conclusion: The results of this reanalysis suggest different immunological influences of psychological stress in AD patients with a high level of IgE (and thus probably with a clear Th2 polarisation) vs. patients with a low level of IgE compared to healthy controls.

**PSYCHODERMATOSES IN CLINICAL DERMATOLOGICAL PRACTICE**

Szepietowski, J.C.; Melon, M.; Zalewska, A.; Pacan, P.

Wroclaw, Poland

Background: Psychodermatoses are regarded as uncommon diseases, however there is no strict evidence of their frequency (up till now no epidemiological studies have been performed in our country). Objective: The aim of the present study was to analyse frequency of selected psychodermatoses (delusional parasitosis - DP, trichotillomania - T and body dysmorphic disorder - BDD) treated by Polish dermatologists, and to evaluate treatment modalities applied by them. Material and Methods: 118 dermatologists (68.8% of respondents) were included into the study. All included medical doctors answered specially designed questionnaire containing their demographic data (among others: age, length of dermatological practice) and questions on the frequency of observed psychodermatoses. Results: 85% of dermatologists were contacted with DP, 66% with T and 64% with BDD within their whole dermatological work. During the last 5 years the following percentages of dermatologists observed psychodermatoses: DP – 67%, T – 52%, 46% - BDD. Currently, 19% of evaluated doctors treat DP, 11% T and 18% BDD. 41% of dermatologists always asked for psychiatric consultation, however 13% never did it. It appeared that more experienced dermatologists statistically more frequently (p<0.05) obtained psychiatric opinion about their patients. 38% of dermatologists treated their patients according to psychiatric advice, 15% introduced their own pharmacological treatment. In the majority of cases this treatment was not correct. Only 11.1% of prescribed drugs for DP were neuroleptics, 5% of drugs for T were antidepressants and 27.8% of applied drugs were neuroleptics or anti-depressants. Conclusion: Psychodermatoses are quite frequently observed by dermatologists, however the knowledge on the therapy is not sufficient.
PSYCHODERMATOSES IN HAEMODIALYSIS PATIENTS

Szepietowski, J.C.; Pacan, P.
Wrocław, Poland

Background: Patients with end-stage renal failure have significantly decreased their quality of life. These patients are also predisposed to depression and delusional psychosis. This is probably due to bothersome chronic course of the disease and maintenance haemodialysis procedures. Objective: The aim of this presentation is to describe two patients with psychodermatoses (acne exocerice and delusional parasitosis) on maintenance haemodialysis. Results: A 32-year-old female patient with typical acne exocerice is presented. 13 years ago she developed chronic renal failure due to amyloidosis and was put on haemodialysis. After 2 years the renal transplantation was performed, however she returned to dialysis procedures within next 6 years. She was not taking acne-inducing substances. Two years ago she presented with first acne lesions (no previous history of acne). On dermatological examination her acne was profuse mainly on the face; multiple excoriated lesions, as well as hyper pigmented plaques were observed. No pruritus was present. Next patient was a 60-year-old male who developed end-stage renal failure 4 years ago due to diabetes. After 2 years he required haemodialysis therapy. Three weeks ago first signs of delusional parasitosis appeared. The skin was slightly excoriated as a result of tough hallucinations. He believed he was bitten by spider with subsequent reproduction. Psychiatric examination confirmed the diagnosis. Conclusion: We do propose that haemodialysis patients should be considered as a risk group for the development of various psychodermatoses.

PSYCHOLOGICAL DISTRESS IN HOSPITAL STAFF WITH SELF-REPORTED HAND DERMATITIS

Wrocław, Poland

Background: Hospital staff is regarded as a risk group for hand dermatitis – the condition which may influence social and psychic well-being. Objective: This study was undertaken to evaluate prevalence of psychological distress in hospital staff with self-reported hand dermatitis and to analyse factors which may influence psychological status of these subjects. Material and Methods: 181 hospital employees with self-reported hand dermatitis were included into the study. They answered a specially designed questionnaire containing demographic data of the subjects, working conditions, skin symptoms and life-impact of dermatosis. Each respondent answered one general question concerning psychological distress: ‘Does your hand dermatitis influence your psychological status causing embarrassment and/or distress?’. Summary of Results: 48.1% of respondents declared psychological distress caused by their hand dermatitis. Patients with psychological distress worked statistically longer (p=0.01) and their skin symptoms were more severe (p=0.0016). Moreover, they more frequently (p=0.00043) looked for medical advice and also more frequently (p=0.0037) tried to treat their hand lesions. Conclusions: Psychological distress is common among hospital staff suffering from hand dermatitis. Its frequency depends mainly on the severity of skin lesions and duration of the employee’s work.

RELATIONSHIP BETWEEN STRESS AND PRURITUS IN PSORIATIC PATIENTS

Szepietowski, J.C.; Reich, A.; Wiśniewka, B.; Pacan, P.
Wrocław, Poland

Background: It is known that stress could exacerbate psoriasis. Pruritus is one of the most bothersome symptoms in psoriasis. Objective: The aim of this study was to evaluate if stress could provoke itching in psoriatic subjects. Material and Methods: 77 patients (44 males and 35 females) in active stage of psoriasis were included into the study. The severity of psoriasis was assessed according to PASI. The psychosocial stress was measured according to Social Readjustment Rating Holmes and Rahe Scale and according to patient’s self assessment method. For evaluation of itching two scales were used: Visual Analogue Scale and the questionnaire method. Summary of Results: There were significant correlations between two scales used for pruritus evaluation (p<0.0001) as well as between methods employed for stress assessment (p<0.0001) Stressful life events within one month prior to psoriasis exacerbation were recorded by 50 patients (63.3%). Pruritus was present in 71 individuals (89.9%). Patients who experienced heavy or extremely heavy stress suffered statistically more frequently (p=0.05) from pruritus. Significant correlation between severity of stress and intensity of itching was observed among examined patients (p=0.015). Conclusions: It is proposed that stress could provoke and intensify itching perception in psoriatic patients. Further investigations on the mechanism of stress influence on itching in psoriasis are required.

TRICHOTILLOMANIA: RARE CLINICAL MANIFESTATION

Szepietowski, J.C.; Pacan, P.
Wrocław, Poland

Background: Trichotillomania is a rare disease. In the majority of cases it is localized on the scalp. Objective: This study is to present atypical clinical manifestation of trichotillomania. Results: In a 10-year-old girl first symptoms of trichotillomania appeared one and a half year ago when the patient was left alone at home. On examination marked thinning of the eyebrows was observed, only in distal parts single short broken hairs were present. There were almost no eyelashes left; on the right side 1/3 of eyelashes were lost. Hairly skin of the scalp was not affected. Contact with dermatologist and psychiatrist resulted in clinical improvement. Conclusion: Dermatologists should be aware of atypical trichotillomania presentation.

ALLERGY AND ANXIETY

Taube, K.-M.
Halle, Germany

Introduction: We know that a higher prevalence of type I allergies is found in patients with anxiety and panic. On the other hand in patients with allergies in correlation to healthy a significant higher number was observed in panic and anxiety diseases.

Patients and Methods: In the study was included three groups: 1. patients with allergy to wasps (n = 20), 2. patients with pseudoallergy to local anesthetics (n = 6) and 3. a healthy control group (n = 20)

We tested these patients with a prick test of the supposed substances. Before, during and after the prick test was proofed some parameters: with questionnaires the psychological situation, with laboratory factors (level of cortison) the influence of stress.

Result and Conclusion: It was found that patients with pseudoallergy to local anesthetics show the highest level of cortison and stress parameters in questionnaires – as a result of stress and anxiety feeling. In most of this cases it was impossible to find a real background of a positively allergy in the tests. This means that in this patients with pseudoallergy (e.g. to local anesthetics) exist a high level of anxiety. This feeling of anxiety influences often not only to anesthetics but also to a lot of environmental substances. This group of patients get in practice mostly allergy test, but they need a treatment in the field of psychosomatic.

INFLUENCE OF TOPICAL IMMUNOSUPPRESSIVE DRUGS ON LIFE QUALITY IN ATOPIC DERMATITIS

Taube, K.-M.
Halle, Germany

Introduction: Stress, the pruritus-scratch-circle and the disfiguring image in patients with atopic dermatitis lead to the decrease of life quality. With a successful treatment the life quality and psychological depression will be better. Patients and Methods: We investigate in this study the effect of pimecrolimus on pruritus, anxiety and life quality in patients with atopic dermatitis. The clinical effect was measured by a simple three- and four-point score. Two women and two men with a middle-degree atopic dermati-
Objective: Patients with various forms of alopecia often report high levels of personal distress and disability as a result of their hair loss. Losing hair can be a very stressful situation. On the other hand, alopecia is often related to the presence of stressful situations. The aim of the present study is to measure and observe the existing relationship between alopecia and anxiety. Method: We present a transversal study of 60 patients with alopecia: 7 with alopecia areata, 10 with diffuse alopecia and 43 with androgenetic alopecia. These patients were asked to complete the Inventory of Situations and Response to Anxiety (ISRA), as well as a socio-demographic form. Results: There were 32 females and 28 males aged between 15 and 51. The incidence of severe anxiety was 53% in women and 36% in men. The incidence of moderate anxiety was 31% in women and 50% in men. In both men and women, there were 15% with normal levels of anxiety. Conclusion: High levels of anxiety were found in both men and women with alopecia in our study. We will present details of the types of anxiety measured (cognitive, motor and physiological), as well as the situations which cause the stress (being evaluated, interpersonal relationships, phobias, everyday hassles).

DEPRESSIVE SYMPTOMATOLOGY AND DERMIC SENSITIVITY BY THE WOMEN: A STUDY COMPARING DEPRESSIVE, ALCOHOLIC AND ‘HEALTHY’ SUBJECTS

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The relations between the major depression and the dermatological disorders increase in scientific literature. The objective of this research is to study the relation between the subjective intensity of the depressive symptoms and the frequency of the physical feelings concerning the skin.

243 women were randomised in three different groups (‘depressive’ women (N=127), ‘alcoholic’ women (N=63) and ‘healthy’ women (N=53)) according to the medical diagnosis - in reference to the DSM-IV - and confirmed by the answers to the CAGE (questionnaire of evaluation of the alcoholic dependence) and the depression’s scale of Beck. Moreover, 2 instruments were administered: Zung’s scale and Pennebaker Inventory of Limbic Languidness.

Our results indicate a correlation between the presence of depressive symptoms and the frequency of dermic feelings in our 3 groups. They also show that this frequency is not specific to the major depression diagnosis.

In conclusion, the skin, first contact with the external world, reflects a psychic discomfort related to depressive feelings and this, even out of the field of pathology.

RESEARCH STUDY TO THE EFFECTIVENESS OF THE GUIDELINE COPING WITH ITCH

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Iitch is a serious problem in many patients with skin diseases, and causes considerable distress and affects quality of life. As a result of itching, scratching often occurs. A research study has been started to evaluate the effectiveness of the guideline ‘Coping with itch’. The nursing guideline ‘Coping with itch’ was developed to increase patients’ self management in dealing with itch and the consequences of itch in patients’ daily life. Evidence based interventions in the guideline are patient education (e.g. skin care, medical treatment and compliance, avoiding triggering factors) and psychosocial support, awareness training, habit reversal, relaxation training.

In this research study, a longitudinal framework is used with experimental design. Patients with dermatological diseases and itch of four participating hospitals are included and randomly assigned to control and experimental
condition. Patients in the control group receive the usual dermatological care. Patients in the experimental group receive besides the usual medical care nursing care based on the guideline ‘Coping with itch’ in individual nursing consultation. Data collection takes place using a diary, questionnaires and interviews at three moments: pre-treatment, after three months and nine months after starting.

The hypotheses are that in the experimental condition there will be reduced quantity and intensity of itching and scratching, improved coping with itching and with the dermatological diseases, improved compliance, improved skin condition, improved quality of life and reduced medical consumption. The hypotheses will be tested by comparing the outcomes of the experimental group with those of the control group, at three points in time of data collection. For this purpose, multivariate analysis of variance (MANOVA) for repeated measurements will be used. Preliminary results will be presented and discussed.

VideO COMMUNICATION TRAINING ON THE JOB FOR PROSPECTIVE DERMATOLOGISTS
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In our Department for Dermatology of the University Medical Centre in Utrecht, the Netherlands, in 2002 we started a pilot project for four prospective dermatologists on video communication training. After having asked permission of the patient, we had a video camera installed in the room of a participating physician. During one morning all consulted were registered and after that the videotape was reviewed by the communication trainer and the prospective dermatologist. All aspects of the interactions in the video were given a close look.

The next step was to enquire after themes for sessions with all prospective dermatologists. Examples of themes were the function of non-verbal communication, the right construction of the interview with the patient, summarizing, listening actively and asking questions and cutting short.

After four months we had made another video registration of the participants in order to detect a possible progress. In our view it is very important to be aware of the psychological and social possibilities of the patient and the ability to cope.

Although we do have communication training in the basic education for physicians in the Netherlands, we are convinced about the need of an intensive communication training for prospective dermatologists in order to improve the quality of care for a better compliance and quality of life of the patient. The results of our training were very surprising for our first participants. Their awakening of the many important communication aspects in relation with the patient was remarkable. These results were reason for us to have the video communication training made a mandatory part of our education program for all prospective dermatologists.

COPING WITH MELANOMA
Verraes-Derancourt, S.; Poot, F.; Derancourt, C.; Bernard, P.; Heenen, M.
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Many efforts have been made these last twenty years to improve research, diagnostic procedures, surgical and medical treatments in dermato-oncology. However, prognosis and evolution of patients may remain uncertain, requiring adaptation for the patients and communication skills for the medical team.

Half of all cancer patients have psychiatric/psychological reactions which may range from adjustment disorder with depression right up to psychosis. Melanoma patients, like other cancer patients, need careful attention in addition to the ‘organic’ staging and follow-up investigations. Communication practices play here an important role: preparing the patients for a possible diagnosis of cancer, giving them as much information as desired including a written summary and discussing questions and patient’s feelings at the same time. By calling a spade a spade, the word ‘cancer’ may be used and explained. Side effects of medical treatments like alpha-interferon have to be detailed to the patients allowing them to anticipate toxicities.

For all AJCC stages melanoma patients, ‘coping with melanoma’ doesn’t mean giving up: knowledge of the emerging therapies such as immunotherapy, oral chemotherapy, radiosurgery, and involving the patients in treatment decisions will help them to project their lives into the future.

References

DERMATITIS ARTEFACTA: RETROSPECTIVE STUDY OF 30 PATIENTS
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Objective/Significance: The aim of this monocentric retrospective study was to describe initial clinical aspects and to estimate prognosis of dermatitis artefacta. Secondary objectives were to describe the principles of therapeutic management and follow-up of the patients.

Patients and Methods: Selection of patients: 45 files of patients suspected of dermatitis artefacta followed in the dermatology department within the 15 last past years were reviewed by 2 independent dermatologists. Diagnosis criteria consisted in suggestive clinical aspects (described in files and observed on photographs), and exclusion of other dermatoses. Data collection: files analysis, viewing of photographs, questionnaire sent to general practitioner (follow-up data).

Summary of Results: 30 files of patients were selected: 22 women and 8 men, aged 30 (SD = 14.8); women were slightly older than men (32.4 vs 23.7; ns). Clinical aspects were: erythema (50%), ulceration (36.7%), crust (23.3%), blisters (16.7%). Main locations were: face (66.7%) and arms (43.3%); legs were more frequently involved in women (8/22) than men (0/22). A topical treatment was prescribed in all the cases and a general one in 23% of the cases. Psychological support was proposed to 65.5% of the patients and accepted by 90% of them. A follow-up study was possible for 11 patients: we noticed four serious evolutions consisting in psychosis for two patients and severe automatism for three, 5, and 12 years after diagnosis. Conclusion: Results confirm general clinical aspects of dermatitis artefacta: women are more frequently affected, patients are young. No case with suicide attempt was documented in our study, in contrast to literature. Severity of dermatitis artefacta is also confirmed with poor course for four patients (among eleven with follow-up study). However, prospective multicenter studies are necessary for a precise evaluation of long term prognosis of dermatitis artefacta.

HYPNOTHERAPEUTIC MANAGEMENT OF ALOPECIA AREATA
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Objective/Significance: Alopecia areata (AA) is an auto-immune disease mediated by T-lymphocytes directed to hair follicles leading to hair loss. The disease can be triggered by psychotrauma or stressful events. We present the results of a combined psychotherapeutic and somatic approach in nineteen patients presenting AA resistant to conventional treatments. Method: 11 patients presented extensive AA while eight others presented a total loss of scalp hair. We used hypnosis in all patients (n = 19), conventional treatment (n = 13), psychopharmacare (n = 5) and referral to a psychiatrist (n = 4). Different hypnotic techniques were used: In some patients we used a relaxing and symptom-oriented approach, while others received suggestions for ego-strengthening or for reducing the impact of their traumatic experiences. Hair growth and global psychological functioning (assessed
with the SCL 90 checklist) were evaluated at the beginning and at the end of the treatment. Summary of Results: New hair growth was observed in 9 out of 11 patients with extensive partial AA and the majority of the patients showed a favourable long-term outcome characterised by less important outbreaks. Our approach was not helpful for two young patients with important family stress. The outcome of patients with longstanding and total hair loss was less obvious. Three out of eight patients presented a complete hair growth after a limited number of hypnotic sessions but all patients dropped back once the therapy had stopped. Adding hypnosis again to the treatment, resulted in a new hair growth in one patient. Besides the symptomatic improvement (hair growth), our approach resulted in a significant decrease of psychological complaints, namely anxiety, depression and total psychoneuroticism scores in the majority of our patients. Conclusion: These preliminary results show the importance of additional psychotherapy to the somatic approach in patients presenting extensive AA.

SELECTED COPING STRATEGIES AND QUALITY OF LIFE IN PSORIASIS PATIENTS – A PILOT STUDY
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It seems accepted that psoriasis has a significant adverse influence on the health-related quality of life. In order to overcome this stressful event like psoriasis patients develop different coping strategies. So, the aim of our study was to examine whether gender, disease duration or disease severity and 3 selected coping strategies influence quality of life of psoriasis patients.

The following strategies were employed: focusing on emotions, positive approach towards the disease and active combat with the disease itself.

The study comprised 50 psoriasis vulgaris patients (35 men and 15 women, aged 19–60 years), who were in-patients at the dermatology ward. Disease severity was evaluated on the basis of Psoriasis Area and Severity Index (PASI) and ranged from 1.8 to 43.0 (mean 12.1). The following techniques were employed: Polish version of SKINDEX questionnaire (Chren elaborated by Janowski), Mental Adjustment to Disease (Miniszewska – pilot version).

We observed decreased patients quality of life in all studied dimensions i.e. physical functioning, social functioning, emotional well-being and general health. Gender did not differentiate patients as regards their quality of life. There are no statistically significant differences but there is a tendency that men estimated their social functioning as worse whereas women evaluated their general quality of life as worse. Severity of the disease also did not differentiate patients as for their quality of life. We noticed that the most frequently employed coping strategy was active combat with the disease. What is more women tended to express positive approach towards the disease.

We also observed that patients with higher score in strategy focusing on emotions tended to evaluate as worse their general quality of life, emotional well-being and social functioning.

The obtained results point out at immediate need of coping strategies teaching. Such methods would also increase treatment compliance.

SELF-INFICTED INJURIES IN A FEMALE TEENAGER
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A 13-year-old female presented with recurrent excoriations over her arms and forearms. The lesions were parallel to each other, regular in shape, of similar length of about 10–12 mm. They have never developed on weekends but they have been noticed by the patient on weekdays after coming back from school. The patient has always attended the dermatology out-patient department together with her 11-year-old sister and her father or mother. The patient’s sister suffered from a few viral warts situated on her hands. She has been irregularly applying different topical medications on her warts.

Topical treatment including emollients and antibiotics has brought some relief to our patient but there was a tendency for new lesions development. Basic laboratory tests and skin biopsy of the active lesions did not reveal any abnormalities. After discussing the nature of the condition with the parents the patient was admitted to the dermatology ward for a few-day-observation. All the personal things of our patient were carefully examined by the patient’s mother and a hairbrush looked suspicious because it lacked plastic endings supposed to protect the skin from being damaged on brushing. Subsequently the old hairbrush was exchanged for a brand new one.

At hospital the same treatment was re-introduced however under bandages dressings, which were regularly changed only by the nurse. A considerable improvement was observed and after a week all the lesions completely healed.

Psychological analysis of our patient’s drawings revealed that she was hiding her emotions, feeling lonely and deprived of love at home. She also did neither feel her body properly nor accept it.

The parents were informed about the diagnosis and some psychological help was suggested. However for the moment, they decided to cope with the problem themselves. The patient is under regular dermatological follow-up.