ABSTRACTS

10th International Congress on Dermatology and Psychiatry

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COGNITIVE BEHAVIOUR THERAPY FOR DERMATOLOGY

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 specialities provides opportunities for cross-feralisation 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 circles. Concerning psychotherapies, we generally observe that the patient reaches the right way?

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 the arm during his 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-
pearing, discrete ulcerations were present on the dorsal left forearm. The right forearm was normal. Closer inspection revealed small fragments of a foreign-appearing material in the bases of the ulcerations. Under local anesth- esia, small wooden fragments were extracted from one of the larger ul- cerations. The fragments bore a striking resemblance to toothpicks. Micro- scopic examination of the specimens revealed that they were indeed wood- en toothpicks. **Diagnosis:** Dermatitis artefacta. **Discussion:** Dermatitis Arte- facta represents a cutaneous manifestation of a primary psychiatric disease. The psychiatric conditions most commonly associated with dermatitis arte- facta include major depressive disorder, generalized anxiety disorder, and obsessive-compulsive disorder. Treatment of dermatitis artefacta first in- volves identification and treatment of the underlying psychiatric disorder. No skin-directed therapy other than routine wound care is necessary as the skin will heal spontaneously as the psychiatric condition improves. **Clinical Course:** Upon removal of the largest and most intact piece of wooden de- bris the patient expressed surprise at its resemblance to a toothpick. He then abruptly left the clinic and despite repeated attempts to contact him, he has unfortunately been lost to follow-up.

**THE DERMATOLOGY PSYCHIATRY LIAISON SERVICE IN THE NETHERLANDS**

Casteelen, G.
Amsterdam, The Netherlands

In this presentation we will discuss the system of Consultation-Liaison Psy- chiatry 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 pro- gramme with patients recruited from the Dermatology out-patient’s clinic. Some aspects of this programme will be discussed.

**JOINT CONSULTATION OF PSYCHO-DERMATOLOGY**

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

Since one year, there is a joint consultation of psycho-dermatology. A der- matologist and a psychiatrist are associated to meet outpatients with both psychiatric or psychological disorders and skin disorders: dermatoses mod- ulated by psychic factors, psychic disorders induced by skin disorders or cutaneous 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 der- matitis, 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 psychiatric disorders with- out definition, treatment or psychotherapy. The concomitant presence of a dermatologist and a psychiatrist appears important to symbolize the associ- ation 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 hypercalcemia when she was diagnosed with a cutaneous and medullary mastocytosis follow- ing 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, follow- ed its own path, at first improved by the Interferon, then disappearing only to reappear progressively during and after the treatment with α Inter- feron. 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 mor- phinic painkillers (Depronil, Contramal). The polyalgia were described as permanent (nocturnal). The investigation of the polyalgia brought forward a trabecular osteoporosis and a cortical osteosclerosis shown by osteodensitometry. Furthermore, the ablation of a parathyroïdal adenoma was carried out because of the primary hyperparathyroidism from which this patient had been suffering for ten years (hyperparathyroidism).

In addition to the patient’s specific psychological profile, other factors should be taken into account in favour of the psychosomatic nature of her affictions: discrimination in body parts which are preferentially touched (endocrine glands and skin); biochemical modifications (hypercalcaemia, hypophosphorademia); 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 polyal- gia may be related not only to organic substrata (endocrino-llogical, dermal- logical) but also to psychological substrata (hidden depression amplifying the way pain is felt, dependant personality allowing the shift to chronic morphine analgesic abuse).

**COSMETOLOGY IN THE CLINICAL ENVIRONMENT**

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

For the majority of people, the term cosmetology has strong aesthetic con- notations and is linked above all to ‘beauty care’. For some ten years now, cosmetological consultations in the clinical environment have aimed to op- timise 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 es- sential complement to the treatment of both major and minor pathologies, in which the sequels can be temporary or definitive. By renewing social con- fidence and self-esteem, the cosmetic aspect of a therapy would seem to fa- cilitate a move away from superficial appearance (the surface) to a pa- tient’s inner depths. Through this impact, cosmetology becomes a key link in the overall therapeutic process. In decreasing order of importance, con- sultations 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 re- cover 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
COMING BACK TO THE BODY

Consoli, S.G.

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' micrographic surgery for basal cell carcinoma. Materials and Methods: Twenty-two new and follow-up patients were interviewed by a clinical psychologist employed by a lay- led 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, body image changes and quality of life 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 psychosocial care will facilitate individualised assessment of patient understanding and the emotional impact of their condition and its treatment.

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 variables, 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 itch is the dominating skin complaint in all age groups. The 30 year old men 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.
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
Elgwueini, M.; Ramadan, I.; Molukia, T.
Alexandria, Egypt

Vitiligo is an acquired skin disorder characterized by sharply demarcated depigmented areas 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 commonest 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 antagonist. 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 members 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.; 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 (Sco-cal) 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 part specific for chronic skin diseases 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.
PSYCHOBIOLOGIC CORRELATES OF DERMATOLOGIC 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 psychoinmunological 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 diagnose in that patient.

Case I: A 34 years old woman followed from 1997 by Plastic Surgery Department at our Hospital because of two chronic ulcers, one on each leg. 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 TRICHOTILLOMANIA

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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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 camouflaging 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 and 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 diag-
nose a psychotic state.

PATIENT’S ANTICIPATION AS A POSSIBLE FACTOR IN CHRONIC IDIOPATHIC URTICARIA COURSE
Grivecha-Panovska, V.
Skopje, Macedonia

The objective of the study is to analyze and evaluate the possible role of pa-
tient’s anticipation in evolution of chronic idiopathic urticaria. The assets of the study: University Hospital and Primary Health Care Centers in Mac-
donia. Study Design: Multicentric, non-random, prospective clinical study. Patients: 668 patients with diagnosed chronic idiopathic urticaria were en-
rolled in the study. 219 of them (32.784%) were male and 449 (67.216%) 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-terms stable phase requiring no treat-
ment or special regimens; 1 for clinically active disease with mild and tran-
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 therapeutical regimens, affecting patient’s work ability as well. All patients were told that a novel therapeutical 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-
pectations).
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 in-
flammatory 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

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-
effect 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 note 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 differ-
ence 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 emo-
tional component that influences the way the disease as well as the treat-
ment 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 psy-
cho logical state of his patient. This means that every physician should ideal-
ly 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 sexuation. Beyond the biological sexuality, sexuation 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 pubis’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.

**THE TIME AFTER BIRTH: A CROSSING-TIME BETWEEN A MOTHER AND A WOMAN**

**Joos de ter Beest, A.**
**Charleroi, Belgium**

If we hold to the anatomical structure, to the real body, we can say that the vulva is a passageway, an orifice through which passes the flow of life, the flow of Eros. Like all orifices, it opens and closes in a dynamic pulsation.

The first loss of blood, and the emotions that this arouses, signals to the young pubescent the accession of femininity. At the other end the question of femininity is raised again at the onset of menopause, when a woman is confronted via the reality of her body to hold to the signifier of the loss symbolically and no longer physically.

Maternity, on the other hand, consists of a partial and temporary closing of the body, a time of enclosing. The end of this period is announced by the breaking of the waters which leads to other losses, some imaginary and others symbolic. How can we listen and deal with the pain which accompanies each loss, whatever its status and whatever its origin, in the present context where pain is often anaesthetized?

We will support this questioning, as well as the question of the differences between maternity and femininity, between enclosing and losing, differences which sometimes enlace and, sometimes, clash with the risk of vanishing.

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

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

**Objective:** Atopic dermatitis (AD) influences not only to skin discomfort but also to psychological and social aspects. Particularly in Japan sterosis 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**

**Koblinzer, 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 hypochondrias.

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.
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DR. DO-RIGHT AND THE JUNKMAN, OR WHEN IGNORANCE IS BLISS

Koblenzer, P.J.
Philadelphia, USA

Objective: To demonstrate the unexpected outcome, when a patient with severe but undiagnosed hypothyroidism received unsolicited treatment. Materials and Methods: The patient, encountered in a social situation, was offered evaluation and treatment for his condition. Summary and Results: An unexpected and unfortunate life-change ensued. Conclusion: The best of intentions may go awry.

CORRELATION BETWEEN QUALITY OF LIFE AND PSYCHOLOGICAL IMPACT OF ACNE VULGARIS

Zagreb, Croatia

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, DSQI, 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-physiological-psychological questionnaires. Methods: The a priori scales contained 69 items and were constructanted on the basis of theoretical considerations about shame, disgust, closeness-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, partnership touching, self-touching, shame and disgust. All scales showed good internal consistency (Cronbach’s α: .69–.92). The scale intercorrelations were low (r<.30). Correlations with other tests (TAS-26-alexithymia, 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.

COMBINED DERMATOLOGY/PSYCHOLOGICAL MEDICINE CLINIC PATIENT SATISFACTION SURVEY

Logsdail, S.; Wilkinson, J.
London, UK

Objective: To audit patient satisfaction within a new combined dermatology/psychological medicine clinic. Method: Independent data collection, anonymised, using a newly developed questionnaire. 31 consecutive patients were contacted: 23 usable returns were analysed. Results: Skin condition improved in 50%, and had worsened in 10%. Overall, 30% noted a reduction in stress, anxiety, depression, anxious avoidance or distressing thoughts. A similar proportion had an improved quality of life. 85% appreciated the service, and 70% would positively recommend it to a friend. All but one patient felt their condition, and the links between the psychological and dermatological state had been explained: 75% found this helpful. Overall, 66% found seeing the psychiatrist of benefit. Conclusion: Early results indicate the combined service is of use to a majority of patients. A third noted a reduction in psychiatric symptoms, and improvement in quality of life.

PAINFUL SEX: NEUROANATOMICAL PATHWAYS

Lotstra, F.
Brussels, Belgium

Pain is a complex experience that involves not only the transduction of noxious environmental stimuli but also cognitive and emotional processing by the brain. Progress has been made in determining the molecular mechanisms whereby primary sensory neurons detect pain-producing stimuli and in identifying the complex neural circuitry that process pain messages. Nociceptors dispersed over the body not only give signals of acute pain, but also contribute to persistent and pathological pain conditions (alldynia) that occurs in the setting of the injury, wherein pain is produced by innocuous stimuli. All primary sensory nociceptors make synaptic connections with neurons in grey matter (dorsal horn) of the spinal cord. Nociceptors axons from the viscera enter the spinal cord by the same route as the cutaneous nociceptors. Within the spinal cord there is substantial mixing of information from these two sources of input. This cross-talk gives rise to the phenomenon of referred pain, wherein visceral nociceptor activation is perceived as a cutaneous sensation. The current consensus is that there exists a lateral sensory-discriminative pathway and a medial affective pathway in relation to pain. The lateral pathway arises in the posterior grey horn of the spinal cord and projects as the lateral spinothalamic tract to a contralateral nucleus of the thalamus. The onward projection is mainly to the somatic sensory cortex (S1) partly to the upper bank of the lateral sulcus (S2). S1 has a somatotopic arrangement and is the ideal candidate for encoding the ‘where and how much’ aspects of pain. Nociceptive neurons in S2 are less numerous and many receive visual inputs as well. They may be concerned with facilitating visual attention to the source of stimulus. The medi al path way is polysynaptic via spinoreticular tract to a contralateral thalamo cortical nucleus with onward projection to the anterior cingulated cortex concerned with the affective component of pain experience. Vulvodynia (vulvar burning syndrome) illustrates how under certain circumstances, the body expresses what the mind and words are unable to formulate. One challenge is to understand how a psychic distress may be translated by the brain in a wide variety of somatic pains.

THE LAB OF CUTANEOUS-, PSYCHO-, NEURO- AND ENDOCRINO-IMMUNOLOGY

Lotti, T.M.
Florence, Italy

A view of integrated mind, brain, and body connections in health and disease has been appreciated for centuries. Recently, new emerging concepts in the field ofdermoneuro-sciences, based on the discovery of neuroendocrine/psychological activities of neuropeptides (NPs), are leading to insights in the field of cutaneous-immuno-neuro-endocrine communication, in parallel with the

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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 inlating 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.; Monakhov, S.A.; Samgin, M.A.

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 psychopathological syndromes the highest prevalence was recorded of disturbing-depressive syndrome in 12 (46.1%) patients, disturbing-hypochondriac in 8 (30.8%) patients, and dysmorphic 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 psychopathological 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-INFLECTED AND DELUSIONAL DERMATOSES: 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 psychopathological 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 excoriee, 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 occlusion 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: schizophrenic 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 Spielberger 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 psychopathological syndromes the highest prevalence was recorded of disturbing-hypochondriac syndrome in 12 (35.3%) patients, disturbing-depressive 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 herpetic. 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, streptococcal impetigo). There were used Life Events and Difficulties Scale, Hamilton Anxiety Scale (HAS) and for AA children, projective 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 support, and adjustment troubles. Adjuvant therapy with anxiolytics 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.; Thomas, 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 dermatological out-patients attended in our hospital. These patients completed the Hospital Anxiety and Depression Scale (HADS) as well as a socio-demographic 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 treatment 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 obstruction 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.

ALEXITHYMIA, EMOTIONAL AWARENESS, PSYCHIATRIC DISORDERS AND RESPONSE TO PSORIASIS TREATMENTS

Misery, L.; Rolhion, S.; Consoli, S.M.; Martin, C.; Ruel, K.; Cambazard, F.; Pellet, J.
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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 or-ganic 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, obessional 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 psychological therapy and psychological support, while exercising caution toward invasive and irreversible therapeutic procedure.

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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 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, socialisation, 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 ‘generalised 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 relations Perrrehumbert, 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. Methodical problems will be discussed.

IMMUNOLOGICAL PARAMETERS IN ATOPIC DERMATITIS

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 ± 3.33) 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 changes 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

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 1976]. 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 87.8%. The mean DLQI score was 4.85 (median=3), 53% of the patients feel to have received enough information (97.8% of the dermatologists feel to have given 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...
be’ in the future. The speaker will discuss the theoretical reasons for the choice of this methods: a) the opportunity to use a therapeutic language that is similar to the non verbal language of the psychosomatic symptom and b) the usefulness of reinserting temporal dimensions into family sys-
tems that seem to have lost their evolutionary potential and to be in a sort of ‘time lock’. A clinical case will be presented trough video-tapes se-
quences.

DELUSIONAL PARASITOSIS SUCCESSFULLY CONTROLLED WITH RISPERIDONE

Pacan, P.; Szpieciowski, J.C.
Wroclaw, Poland

Background: Delusional parasitosis is a psychosis which requires psychi-
atriotic intervention, especially neuroleptic therapy. Recently, new atypical
neuroleptics were introduced. Objective: The aim of this presentation is to
describe two patients with typical delusional parasitosis who responded well
to risperidone therapy. Moreover, a literature data on the treatment of
delusional parasitosis is discussed. Results: A 57-year-old male patient de-
veloped symptoms of delusional parasitosis one year ago. His scalp was ex-
coriated on the large areas, even superficial ulcerated lesions were present.
He was treated with haloperidole for a month with partial remission, how-
ever during 8 months of treatment he was sun sensitive. After 9 months, his sensory symptoms of delusional parasitosis were still present. Afterwards, he was put on risperi-
done 6 mg/day. Within 6 weeks his delusions were significantly reduced, and it caused the patient stopped scratching. More than one year after be-
inning of the treatment he is still on risperidone with clinical marked im-
provement. A 54-year-old female one year ago developed delusional para-
sitosis. She was unsuccessfully treated by dermatologist (without neurole-
ptics). 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 depression symp-
toms. 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.; Szpieciowski, 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 suffer-
ing from psoriasis vulgaris and 2) relationship between stress preceding excac-
teration of psoriasis and depression. Material and Methods: 77 psoriatrics, aged 18–78 years, were included into the study. All patients underwent psy-
chiatric 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 psychi-
atric examination revealed symptoms of depression. Similarly, other two pa-
tients recognized as depressed according to BDI did not fill ICD-10 criteria for
depression during the psychiatric examination. Among 13 patients diag-
nosed by psychiatrist as depressed ones in 10 subjects (76.9%) reactive disor-
derers were found, in one (7.7%) moderate and in the remaining two patients
(15.4%) mild depression episodes were recognized. Psoriatic individuals suf-
ferring 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 (73.22±50.34 points) was higher compared to
individuals without depression (64.97±29.88 points), however the above dif-
ference did not reach statistical significance (p<0.6). Moreover, there was no
significant correlation between intensity of stress and severity of depression.
Conclusion: 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 psychodermato-
logical 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 psychol-
ogist who then work with their dermatologist colleagues. These initiatives
are rarely 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 derma-
ologist. 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 pharma-
aceutical 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 addi-
tion, 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 ery-
chema, swelling or fissures as clinical lesions. Itching was distinguished from
pain. Patient’s history was carefully taken down, allowing the patient to ex-
press herself completely, both on the physical as well as the emotional as-
pects of her case. At the first consultation, precise adequate advice on their
intimate bathing was given, topical treatments were stopped. The diagnostic
examination revealed symptoms of depression. At the second consulta-
tion, the absence of a consensus on the definition of vulvodynia as well as
on its classification has even more complicated studies on it.

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

Three sessions with a psychotherapist completed the examination permit-
ing 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 disor-
ders: vestibulitis and essential vulvodynia. Others were suffering from vagi-
initis and positive patch test(s). In concordance with the results of our thorough research, various thera-
peutic approaches are proposed.
BODY DYSMORPHIC DISORDER

Phillips, K.A.
Providence, USA

Patients with body dysmorphic disorder (BDD) also known as dysmorphophobia, is a relative 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., ‘scarred’ skin) and hair (e.g., ‘thinning’ hair) are the 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 outcomes appear 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.

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

Reynaud, 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 those characteristics are rarely taken into account. To overcome those 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

Riazi, S.; Staughton, R.; Bridgitt, 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 psychotherapists. These have apparently developed on an adhoc basis. There is interest and enthusiasm amongst clinicians and service users to develop further similar services. Conclusions: Many patients with skin disease have a significant psychological component—whether primary, secondary or coincidental. We think that liaison psychodermatology clinics can provide a significant additional benefit over ‘traditional’ dermatological treatments. This study will illustrate the number of psychodermatology clinics that exist in the United Kingdom and will demonstrate which professionals are involved. Recommendations 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 Photodermotherapy (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 clearance of psoriasis. 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.

PREVALENCE OF PSYCHIATRIC MORBIDITY IN PATIENTS WITH PSORIASIS

Sampogna, F; Picardi, A.; Melchi, C.F.; Pasquinii, 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 in the study (n=1210). GHQ-12 is a self-administered instrument designed to detect minor, non-psychotic psychiatric disorders. GHQ-12 scores were computed collapsing adjacent responses to obtain a dichotomous scoring (0-0-1-1). The cut-off threshold 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<0.001), in patients ≥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 (≥20y, 51.2%) duration of disease. In logistic regression...
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 (tofizopam), 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 SCORAD an index.
   - The caused skin autonomic potentials.
   - The spectral analysis of a rhythm of heart.
   - Daily doze of 100 mg (10 days) in a combination to a technique (1–4 part) adaptable abilities of the person.
3. For its correction it is possible to use tranquilizers grandaxinum in a daily doze of 100 mg and pyrroxanum in a daily doze of 100 mg (10 days) in a combination to a technique (1–4 part) mental self-control ‘Mobilization - 1’.

Conclusion:
1. 73% of 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.
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’.
PSYCHODERMATOSES IN HAEMODIALYSIS PATIENTS

Szepeitowski, J.; Pacan, P.
Wroclaw, 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 excorior and delusional parasitosis) on maintenance haemodialysis. Results: A 32-year-old female patient with typical acne excorior 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

Wroclaw, 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 prevalance 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 irritability?’.

Summary of Results: 48.1% of respondents declared psychological distress caused by their hand dermatitis. Patients with psychological distress worked statistically longer (p=0.0016) and their skin symptoms were more severe (p=0.00043) looked for medical advice and also more frequently (p=0.0037) tried to treat their hand lesions. Conclusion: 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

Szepeitowski, J.C.; Reich, A.; Wiśnicka, B.; Pacan, P.
Wroclaw, 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). Conclusion: 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.

TRICHOTILOMANIA: RARE CLINICAL MANIFESTATION

Szepeitowski, J.C.; Pacan, P.
Wroclaw, 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 1 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 cortisol) the influence of stress. Result and Conclusion: It was found that patients with pseudoallergy to local anesthetics show the highest level of cortisol 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 IMMUNSUPPRESSIVE 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-
tions caused by disfiguring image.

HOSPITAL COSMETIC CARE WITH ONCOLOGY PATIENTS

Titeca, G.; Pirard, D.; Comas, M.; Poot, F.; Heenen, M.

Brussels, Belgium

Introduction: Books state that the quality of life of patients suffering from cancer deteriorates, namely due to surgery, radiotherapy and chemotherapy side effects. Nowadays, several means are implemented to try and counter these effects and improve patients’ body image. Cosmetic care seems to play a positive action on body and psychic image of the patients. Unfortunately, at present, there is no scientific study to demonstrate the benefit of this ‘paramedical’ care service. In order to do this, our team drew up a study aiming to analyse the impact of a cosmetic care service on the quality of life of the female patients suffering from breast cancer.

Female Patients and Methods: The study is being carried out in the dermatology services of Félix de Lussaux and Notre-Dame de Grâce in Gosselies (hospitals where the main investigator works). This study is randomised and controlled. Female patients suffering from stage II breast cancer and having undergone tumorectomy with axillary curage benefit from cosmetic care to counter the skin and hair side effects of their adjuvant chemotherapy. Their quality of life will be analysed three times during the follow-up thanks to a specific questionnaire called ‘Neo-Pir’. Results: The study is still going on.

Conclusion: Cosmetic cares allow a privileged contact with patients, making up a link of the overall therapeutic process and are used to valorise the personality of the patient. Their objective is also the social reinsertion of the patient.

IMPACT OF PSORIASIS ON QUALITY OF LIFE: DEVELOPMENT AND VALIDATION OF A QUALITY OF LIFE SCALE

Titeca, G.; Debuyscher, C.; Pirard, D.; Willaert, F.; Nootens, C.; Poot, F.; Heenen, M.

Brussels, Belgium

Objective: Quality of life (QoL) is a concept in full evolution. Measuring the impact of psoriasis on QoL is important for the patients because it brings an additional aspect to the understanding of the disease thus making it easier to accompany. This measurement is carried out using several scales, which are difficult to compare due to their great disparity. The lack of tools in French leads us to develop validated scales. The aim of this study is to develop and validate a specific French scale, the ‘Psoriasis Qualité de Vie’ (PQV). Material and Method: Patients: The patients suffering from psoriasis seen in consultation by specialists or in PUVA-therapy center were invited to participate in this study. Item Development: First, using an exhaustive review of literature of QoL and specialist’s interviews, we generated a initial questionnaire which was compared to a validated specific questionnaire in English, the ‘Psoriasis Disability Index’ (PDI) translated in French. After statistical analysis and experts comments, this phase permitted to elaborate a 14 questions final questionnaire which explores 5 domains. Validation: A second sample of patients was used to test the psychometric properties of the scale. Statistical analyses were conducted for the assessment of validity in terms of content and construct, the assessment of reliability in terms of reproducibility and internal consistency and the assessment of responsiveness (sensitivity) and acceptability of the final questionnaire. Summary of Results: Qualitative analysis of the PQV and PDI questionnaires: The ROC curve analyses the sensitivity and the specificity of both questionnaires. The new PQV has sensitivity and a specificity of 76% and 79.2% respectively for an optimal threshold of 20. The PDI has a sensitivity of 88% and a specificity of 83.3% for an optimal threshold of 18. Moreover, there is no statistically significant difference between the questionnaires (p=0.112). The study is still underway and the following results will be developed later.

ANXIETY AND HAIR LOSS

Tomás, L.; Marrón, S.E.

Calatayud, Spain

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 (ISRQ), 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 consults 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 reasons for us to have the video communication training made a mandatory part of our education program for all prospective dermatologists.

COPIING WITH MELANOMA

Verraes-Derancourt, S.; Poot, F.; Derancourt, C.; Bernard, P.; Heenen, M.
Brussel, Belgium

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 anticipated allowing them to anticipate toxicities.

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) then 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 autumilitation 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 psychotraumata or stressful events. We present the results of a combined psychotherapeutic and somatic approach in nineteen patients presenting AA resistant to conventional treatments. Methods: 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), psychopharmacae (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**

Zalewska, A.; Miniszewska, J.; Chodkiewicz, J.; Wozniacka, A.; Juczynski, Z.; Sysa-Jedrzejowska, A. Lodz, Poland

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 women 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-INFLICTED INJURIES IN A FEMALE TEENAGER**

Zalewska, A.; Borowinski, M.; Kondras, K.; Sysa-Jedrzejowska, A. Lodz, Poland

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.
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