- self-inflicted
- willingness
- bond[illegible] / separation [illegible]

- secret in [illegible]

Le Moi Peau Anzieu

[illegible]

BENJAMIN RUSH, M.D.

LOUIS A. DURHING, M.D.

FOURTH INTERNATIONAL CONGRESS ON DERMATOLOGY AND PSYCHIATRY

"PSYCHOCUTANEOUS MEDICINE COMES OF AGE"

JUNE 19-21, 1992
PENN TOWER HOTEL
PHILADELPHIA, PENNSYLVANIA

Presented by:
The Association for Psychocutaneous Medicine of North America

Organizing & Scientific Secretariat
Association for Psychocutaneous Medicine
1812 Delancey Place, Philadelphia, PA (USA)
Caroline S. Koblenzer, M.D., President

Cover Photographs
Courtesy: College of Physicians of Philadelphia

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FOURTH INTERNATIONAL CONGRESS ON DERMATOLOGY & PSYCHIATRY

PROGRAM AND ABSTRACT BOOK

JUNE 19-21, 1992

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It is only through the continuous support of our associates in the pharmaceutical industry and colleagues in the professions that educational programs such as this congress can be presented.

INTRODUCTION & PROGRAM OBJECTIVES

The Fourth International Congress on Dermatology and Psychiatry follows those held in Vienna, Leeds and Florence and has as its objective the continued recognition of the need for increased study, debate and dialogue on the interrelationships of cutaneous diseases with psychological conditions either responding to the dermatological situation or identified as a cause of it.

The structured program will address the Psychoneurophysiological aspects with some emphasis on the tactile responses and the psychopharmacological considerations of psychocutaneous medicine. Following on this theme, the Common Syndromes will be examined in addressing those conditions presenting mutual characteristics and suggested therapies.

Supplementing these presentations by well qualified physicians and medical scientists will be a spectrum of individually submitted papers on topics, experiences and studies reporting on the interrelationships of dermatology and psychiatry.

The Association for Psychocutaneous Medicine of North America (APMNA) was founded to provide a continuing forum for the exchange of experiences and information among those whose medical and pharmacological skills are devoted to these areas of medicine.

It is believed that international symposia such as represented by this program will meet these objectives and expand the contribution of knowledge to a wider audience of practitioners, investigators and scholars.

The number in parentheses following each presenter's name identifies the abstract as listed in the appropriate section of this program.

PROGRAM

Thursday, June 18, 1992

7:00- 9:00 pm — *Registration* — *Foyer*

Friday, June 19, 1992

8:00-10:00 am — *Registration* — *Foyer*

8:00- 9:00 am — *Continental Breakfast* — *Wharton*

9:00 am — *Welcome*—Caroline S. Koblenzer, M.D., *President, APMNA* — *Wharton*

DIDACTIC SESSION I — *Wharton*
Chairmen: John Cotterill, M.D. & Michael Musalek, M.D.

9:15 am — *History of Psychodermatology*
Herman Musaph, M.D. **(24)**
Amsterdam, The Netherlands

★9:30 am — *Touch and Its Part in Normal Psychologic Development*
Herman Musaph, M.D. **(25)**

9:50 am — *Dermatologic Sequelae of Impaired Tactile Stimulation in Early Infancy*
Caroline S. Koblenzer, M.D.
Philadelphia, PA

10:10 am — *Psychopharmacology for the Dermatologist*
Alistair Munro, M.D.
Halifax, Nova Scotia

10:30 am — *Coffe Break*

DIDACTIC SESSION II — *Wharton*
Chairmen: Alistair Munro, M.D. & Emiliano Pancanesi, M.D.

10:45 am — *Classification of Psychocutaneous Diseases*
Caroline S. Koblenzer, M.D.

11:00 am — *Delusions of Parisitosis: Film & Discussion of Incidence in the United States*
Donald Kushon, M.D.
Hahnemann University
Philadelphia, PA

11:20 am — *Delusions of Parisitosis: The Syndrome*
Michael Musalek, M.D.
Vienna, Austria

11:40 am — *Dermatologic Non-Disease: The Dysmorphic Syndrome*
John Cotterill, M.D.
Leeds, United Kingdom

12:00 Noon — *Discussion and Questions*

12:30 pm — *Luncheon* — *Gates*

★*Simultaneous sessions presenting submitted papers are scheduled as follows:*
9:45-12:30 pm — *Free Communications Presentations—Session I* — *Penniman*
(See next page)

This afternoon offers two alternatives at the option of the attendees.

You are invited to attend the program of the Dermatology Section of the College of Physicians of Philadelphia being held at the College at 19 South 22nd Street, Philadelphia from 2:00 to 6:00 pm. The program to be presented follows.

During the same time period, an alternate tour has been arranged to visit the Philadelphia Museum of Art to view the outstanding collection of the works of Marcel Duchamps. This will be followed by a visit to some of the collections and the Library of the Rosenbach Museum and an opportunity to see one of the finest works of medical art, The Gross Clinic at the Jefferson Medical School.

Transportation to both of these events will leave the front of the hotel at 1:45 pm and return to the hotel by 6:00 pm.

Schedule of Submitted Papers Presentations

Free Communications Presentations — Session I

Friday, June 19, 1992—9:45 am-12:30 pm — *Penniman Room*
Chairmen:
Uwe Gieler, M.D.; Iona Ginsburg, M.D.; J. deKorte, M.D.

9:30 am — *Psychosomatic Dermatology: The Milan Experience*
Aldo Finzi, M.D. **(8)**

9:45 am — *Psychodermatology Clinic*
Sylvia Garnis-Jones, M.D. **(10)**

10:00 am — *Physical Contact in the First Mother-Child Relationship: An Observational Contribution*
Roberto Bassi, M.D. **(1)**

10:15 am — *The Role of Maternal Physical and Psychic Violence in the Genesis of an Artefacta Dermatitis*
Sylvie G. Consoli, M.D. **(4)**

10:30 am — *Coffee Break*

Chairmen:
Aldo Finzi, M.D.; Sylvia Consoli, M.D.; Klause Taube, M.D.

10:45 am — *Psychosocial Distress in Parents of Children with Hemangiomas*
Elizabeth J. Shakin, M.D. **(28)**

11:00 am — *Body Image: Comparison Among Different Kinds of Common Dermatoses*
Roberto Bassi, M.D. **(2)**

11:15 am — *Psychosocial Disability and Clinical Severity of Atopic Dermatosis: Is There a Link?*
G. K. Hahn, M.D. **(17)**

11:30 am — *Psychoneuroimmunology of Atopic Dermatitis: The Possible Role of Neuropeptides.*
Guiseppe Hautmann, M.D. **(15)**

11:45 am — *Evaluation of Psoriasis Treatment Programs on the Basis of Interviews with Patients*
J. deKorte, M.D. **(18)**

12:00 Noon — *Psoriasis and Stress*
Dimitar Godpodinov, M.D. **(14)**

Program of the Section on Dermatology

Time	Session	Room
2:00-2:20 pm	*Epithelial Stem Cells, Hair Follicles and Skin Cancer* Dr. Robert Lavker	
2:20-2:30 pm	*Discussion*	
2:30-2:50 pm	*Beyond Retin A: The Use of Alpha-hydroxy Acids* Cherie M. Ditre, M.D.	
2:50-3:00 pm	*Discussion*	
3:00-3:20 pm	*The Disappearing T-cell Clone: Use of Biological Response Modifiers and Photophoresis for Advanced CTCL* Alain H. Rook, M.D.	
3:20-3:30 pm	*Discussion*	
3:30-3:50 pm	*Behavior Problems with Dermatologic Manifestations in Companionate Animals* Dr. Karen Overall	
3:50-4:20 pm	*Discussion and Coffee Break*	
4:20-4:40 pm	*Allergic Reactions to Cosmetics* Bruce A. Brod, M.D.	
4:40-4:50 pm	*Discussion*	
4:50-5:10 pm	*Pediatric Vascular Malformations* Bill H. Halmi, M.D.	
5:10-5:20 pm	*Discussion*	
5:20-5:40 pm	*Clinical Similarities of Melanoma In Situ* Richard Jacoby, M.D.	
5:40-5:50 pm	*Discussion and Conclusion*	
6:30 pm	*Cocktail Reception (Penn Tower Hotel)*	*Gates*
7:30 pm	*Dinner*	*Ivy*

Saturday, June 20, 1992

Time	Session	Room
8:00-8:30 am	*Continental Breakfast*	*Wharton*
	DIDACTIC SESSION III *Chairmen:* Caroline S. Koblenzer, M.D. & Herman Musaph, M.D.	*Wharton*
8:30 am	*Dermatologic Expressions of Obsessive Compulsive Pathology* John Koo, M.D. San Francisco, CA	*Wharton*
★ 8:50 am	*Factitious Disorders (Pathominia)* Kjeld Fruensgaard, M.D. Odense, Denmark	
9:20 am	*Psychologic Components of Common Dermatoses* *The Triggers:* Uwe Gieler, M.D. Marburg, Germany *The Sequelae:* Iona Ginsburg, M.D. Columbia University, NY	
10:00 am	*Discussion and Questions*	
10:15 am	*Coffee Break*	
	DIDACTIC SESSION IV *Chairman: John Koo, M.D.*	*Wharton*
10:30 am	*Special Lecture:* *Stress and Psoriasis-Psychoneuroimmunologic Mechanisms and Innovative Therapeutic Approaches* Eugene M. Farber, M.D. **(7)** Stanford University, Palo Alto, CA	
★ 11:00 am	*Discussion and Free Communications*	
12:45 pm	*Luncheon*	*Gates*
2:00 pm	*Depart for Tour of Historic Philadelphia*	
7:00 pm	*Cocktail Reception & Dinner* at the College of Physicians of Philadelphia. Bus will depart from front of hotel at 6:30 pm and will return about 10:00 pm.	

★ Simultaneous sessions presenting submitted papers are scheduled as follows:

Time	Session	Room
8:45 am-12:00 Noon	*Free Communications Presentations—Session II* *(See below)*	*Penniman*
11:00 am-12:30 pm	*Free Communications Presentations—Session III* *(See next page)*	*Wharton*

Schedule of Submitted Papers Presentations

Free Communications Presentations—Session II

Saturday, June 20, 1992:8:45 am-12:30 pm — *Penniman*

Chairmen:
Dennis Engels, M.D.; Sylvia Garnis-Jones, M.D.

Time	Presentation
8:45 am	*Psychogenic Pruritus: Always a Diagnosis of Exclusion?* Jamie A. Mullen, M.D. **(23)**
9:00 am	*How To Treat a Psychological Prurit?* Danielle Pomey Rey, M.D. **(26)**
9:15 am	*Itching and Scratching in Dermatoses Leading to a Chronical State* Aira Laihinen, M.D. **(20)**
9:30 am	*Psychopharmacological Treatment of Patients with Self-Destructive Syndromes* Kjeld Fruensgaard, M.D. **(9)**
9:45 am	*Differential Indication for Behavior Therapy in Dermatology* U. Stangier, M.D. **(29)**
10:00 am	*Pharmacologic Treatment of Severe Skin Picking Behavior in Prader-Willi Syndrome: Two Case Reports* Julia K. Warnock, M.D. Ph.D. **(31)**
10:15 am	*Compliance in the Dermatological Practice* Klaus-Michael Taube, M.D. **(30)**
10:30 am	*Coffee Break*
10:45 am	*Increase and Decrease of Delayed Cutaneous Reactions Obtained by Hypnotic Suggestions During Sensitization.* Robert Zachariae, M.D. **(32)**

11:00 am — *The Skin and Schizophrenia: Hypertrichosis Associated With Severe Forms of the Illness in Females.*
Barry Jones, M.D. **(16)**

11:15 am — *Unusual Presentation of Basal Cell Carcinoma*
M. Robern, M.D. **(27)**

11:30 am — *Psychogenic Purpura: From Autocrythrocyte Sensitization (Coversion Reaction) to Self-Induced Disease (Dermatitis Artefacta)*
M. F. Mihout, M.D. **(21)**

11:45 am — *Psychological Impact of Skin Disease*
Iona Ginsburg, M.D. **(13)**

12:00 Noon — *Pseudo-parisitobia*
James Krivo, M.D.

12:15 pm — *Alopecia Univesalis*
Francoise Poot, M.D.

Free Communication Presentations—Session III

Saturday, June 20, 1992—11:00 am-12:30 pm — *Wharton*

Chairmen:
U. Stangier, M.D. & Guiseppe Hautmann, M.D.

11:00 am — *Chronic Tactile Hallucinoses: A Psychotic Phenomenon or a Depressive Equivalent?*
Paul Bostrom, M.D. **(3)**

11:15 am — *Psychohistorical Observation on Touch*
John A. Cotterill, M.D. **(6)**

11:30 am — *Atopic Dermatitis: Evaluation of Different Treatment Approaches in Relapse Prevention*
Uwe Gieler, M.D. **(12)**

11:45 am — *Parental Education in the Treatment of Childhood Atopic Dermatitis*
Uwe Gieler, M.D. **(11)**

12:00 Noon — *Stressful Life Events and Alopecia Areata*
Donald Kushon, M.D. **(19)**

12:15 pm — *Alopecia Areata in a Girl Treated by Psychoanalysis*
Caroline S. Koblenzer, M.D.

Sunday, June 21, 1992

8:00-8:30 am — *Continental Breakfast* — *Wharton, South*

DIDACTIC SESSION V — *Wharton, South*
Chairman: Peter J. Koblenzer, M.D.

8:30 am — *Skin, Psyche, the Humanities & the Arts*

Surface Inscriptions: The Body as a Site of Representations
Katharyn Young, Ph.D.
A brief clinical presentation-interviews with a heavily tatooed man who wishes removal of his tattoos.
Caroline S. Koblenzer, M.D.

Photography and the Skin: The Work of Robert Maplethorp
Peggy Phelan, Ph.D.
This presentation consists of an introduction, a video about tattooing and a philosophic discussion about the meaning of tattoos.

11:30 am — *Congress Summary and Adjournment*
Caroline S. Koblenzer, M.D.

FOURTH INTERNATIONAL CONGRESS ON DERMATOLOGY & PSYCHIATRY

SUBMITTED PAPERS

(In Alphabetical Order by Author)

JUNE 19-21, 1992

Physical contact in the first mother-child relationship: an observational contribution.

R.BASSI, S.CARRARO, A.LIS, P.VENUTI

Physical contact in the first years of life as part of mother-child relationship is considered very important for the following development of the child both from the emotional and cognitive point of view,by authors with different theoretical frames (e.g. psychoanalitic-cognitive-interactive). On the other hand we know how physical contact can play an important role in the development of psychosomatic dermatoses. The aim of this paper is to study physical contact in normal mother-child relationship. Starting from 3 minutes videorecorded mother-child interactions,we studied physical contact in 20 normal children,as compared with other kinds of behaviors in the mother and the child (e.g. verbalization,play,...etc.).
The same children will be videorecorded at 13, 20 months,and four years of age. In such a way we will assess how this physical contact will be maintained and/or substituted by other way of interaction, and what kind of role it would play in the child's following psychical development.

Body image:comparison among different kinds of common dermatoses.

R.BASSI, S. CARRARO, A.LIS, A.ZENNARO

The aim of our paper is to present the first results of a wide range research aimed at studying psychological components in common dermatoses. In particular we are interested in deepening the study of body image as detected by means of Rorschach test. Fisher and Cleveland Barrier and Penetration scores as well as other variables identified by Chabert (1983) have been used to assess the firmness or fragility of unconscious body image and body image boundary in patients suffering,respectively, of four kinds of common dermatoses: acne, alopecia, psoriasis, urticaria. Our sample is made up of 24 patients for each of the different kinds of dermatoses.
Our general hypothesis is that we will find,in the scores along the variables, profiles differentiated according to the four groups considered. Discriminant analysis have been used to assess the possible significant differences among the groups. The result confirm our general hypothesis, but also show a puzzle-picture we will deepen during the presentation.

CHRONIC TACTILE HALLUCINOSES: A PSYCHOTIC PHENOMENON OR A DEPRESSIVE EQUIVALENT?--C.S. Koblenzer, P. Bostrom--Dept. of Dermatology, University of Pennsylvania, Phila. PA.

The term "chronic tactile hallucinoses", originally put forth by Bers and Conrad in 1954, describes abnormal cutaneous sensations, usually unpleasant and of long duration, without apparent organic etiology. The most common presentations include vulvodynia, glossodynia, and cutaneous dysesthesias. These may be either depressive or psychotic in nature and are typically found in patients with underlying psychiatric conditions. Patients with depression, who comprise the vast majority of our series, respond well to antidepressant treatment. Those with other psychiatric disorders have symptoms which are primarily psychotic in nature and respond favorably to pimozide, a neuroleptic. As these patients deny the psychiatric nature of their symptomatology, they most often present to the dermatologist, who should be able to recognize and treat this frequent and chronic condition.

THE ROLE OF MATERNAL PHYSICAL AND PSYCHIC VIOLENCE IN THE GENESIS OF AN ARTEFACTA DERMATITIS.

Sylvie G. CONSOLI

Maternal physical and psychic violence is frequent in the childhood of patients who suffer from an artefacta dermatitis. We think that maternal violence can disturb the psychic development of the child and plays a role in the advent of an artefacta dermatitis at the adult stage.

The maternal violence neither respects the psychic nor the corporal boundaries of the child. Under these conditions, the child will consider his body and his psychic space as unbounded and passive in relation to his mother. Later on, the secret creation of cutaneous lesions on his own body could be a strategy used by the adult subject to avoid the other's ascendancy and protect his wholeness.

It is easy to understand that the psychotherapy of these patients can be very difficult. Three stages of the psychotherapy of a young woman with an artefacta dermatitis illustrate these points.

DYSMORPHOPHOBIA - A DERMATOLOGIST'S VIEW

J A COTTERILL
LEEDS GENERAL INFIRMARY
ENGLAND

Dermatologists are used to seeing patients, predominantly female, rich in symptomatology, in important body image areas such as the face, scalp and perineum, in whom there is no organic skin disease present (Dermatological Non-Disease).

These patients are ill and the commonest psychiatric problem is depression. Emotional and marital problems, personality disorders, schizophrenia and dementia may all present in this way. Females with facial symptomatology are often very depressed and there is a high risk of suicide.

Management is difficult and response to antidepressant therapy and to Pimozide is often poor. The patients are very poor communicators and may come to use their symptoms to avoid the threat of personal relationships.

PSYCHOHISTORICAL OBSERVATIONS ON TOUCH

J A COTTERILL
LEEDS GENERAL INFIRMARY

Touch is utilised by both primates and Man to comfort other members of their race and themselves. Anointing has been ascribed symbolic significance from earliest biblical times. In more recent times the mediaeval monarch was anointed by God's representatives on Earth. This gave the monarch the power, not only to divine rule, but also to heal disease by touching. Thus, touching for King's Evil (tuberculosis) was relatively commonplace until the 17th Century in both France and England. It was used by Charles II, who touched more individuals for "Evil" than any other English monarch - to help strengthen his claims to the throne. Mesmer may have mesmerised his clients by touching. Victorian medicine devised operations to preclude excessive self-touching. Presently, dermatologists are allowed, and even encouraged, to touch their patients, whereas psychiatrists and clinical psychologists may not have this freedom.
Most people enjoy being touched as long as social space is not invaded. A small minority of people are non-touchers and difficulties in communication and disease can arise in this group of individuals. Pathology involving touch arises when individuals are unable to desexualise touch, i.e. in child sex abuse. There are those who believe group therapy is effective largely because it facilitates touching amongst the members of the group.

STRESS AND PSORIASIS - PSYCHONEUROIMMUNOLOGIC MECHANISMS AND INNOVATIVE THERAPEUTIC APPROACHES.

Eugene M. Farber, M.D.
President, Psoriasis Research Institute

There is a complex interaction between the nervous system and the immune system. I proposed a hypothesis that defines a major role for the nervous system in the pathogenesis of psoriasis.

Psoriasis does not occur in areas of anesthesia. Unmyelinated sensory nerve fibres terminating in the skin release, in periods of stress, increased quantities of neuropeptides which triggers psoriasis as a consequence of neurogenic inflammation in the skin.

Substance P receptor mediated chemotaxis of human monocytes, upon release from sensory nerve fibre endings, stimulate an inflammatory response. There is a molecular link between the nervous and immune systems, influenced by emotional states. Mobile cells, such as macrophages, under neuropeptidergic control, facilitates communication between nervous and immune elements.

We have evaluated neuropeptide inhibitors, such as Capsaicin and Peptide T, which, from preliminary studies, demonstrate efficacy.

PSYCHOSOMATIC DERMATOLOGY: THE MILAN EXPERIENCE -

A. Finzi, M.M. Polenghi, R. Guzzi.

Since 1987 we have had in our Institute a Psychosomatic Dermatology Service, in which dermatologists, psychiatrists and psychologists collaborate. So far we have seen 509 patients with different dermatological diseases, most of them sent to us from the General Dermatology Outpatient Clinic. Thorough dermatological and psychological histories have been obtained for all the patients. Scores on the Paykel Scale of Stressful Events were obtained to collect how many and what kind of stressful events they had had recently or quite some time before the appearance of the pathology. The MMPI test was used to study Personality, the Zung test to study Anxiety and Depression. After that, the psychoneurophysiological profiles were determined (muscle tension, heart rate, skin resistance and temperature), using biofeedback methods. Patients who were found to have the right indications were given biofeedback behavioural relaxation treatment. The clinical results have been favorable, after a one-year follow up period, for 178 patients with psoriasis, 120 with Alopecia Areata, 39 with pruritis without skin lesions, 30 with constitutional eczema, 24 with urticaria, 15 with hyperhydrosis, 13 with erythrosis and 12 with excoriated acne.

PSYCHOPHARMACOLOGICAL TREATMENT IN PATIENTS WITH SELF-DESTRUCTIVE SYNDROMES

K. Fruensgaard, Psychosomatic Clinic, Odense, Denmark

Based on investigations of more than 100 patients with the primary forms of neurotic excoriations, I have structured and evaluated a psychotherapy program for these patients. - In the actual context, indications for additional relevant treatment with psychopharmaca are discussed. - Further, a short survey is given of psychopharmacological treatment possibilities in related, self-destructive syndromes, such as trichotillomania, factitious disorder (pathomimia), "severe self-inflicted injury to the skin", and delusions of parasitosis.

Significant factors for successful treatment with psychopharmaca are, among others, a differentiated evaluation of the patient's basic psychopathology; the patient's ability to and willingness for compliance; and the doctor's verbal and non-verbal attitude, relevant explanation of the treatment plan, and frequent and careful follow-up.

Psychodermatology Clinic: Structure and Patient Population

Authors: Drs. Garnis-Jones, Ravindran, Bazinet, and Jones

The Psychodermatology Clinic at the Royal Ottawa Hospital was initiated in March of 1991. The clinic follows patients referred for a variety of problems where an interplay of dermatological and psychiatric factors have been identified by the referring source. Two general categories of patients have been seen. One category includes patients with primary psychiatric disorders who have developed skin problems. Within this category, two subtypes have been identified: 1) patients with skin disorders secondary to side-effects from psychiatric medication and 2) patients with skin disorders secondary to manifestations of their psychiatric illness. A second general category is that of patients presenting with dermatological complaints who have underlying psychiatric illness. They can also be subtyped into two groups: 1) patients whose underlying disorder is psychotic in nature and 2) patients whose disorder relates to mood disturbance. It is important to differentiate subtypes within these two categories since differential diagnosis can be difficult and management in turn will differ. Examples of patients from each of the categories will be presented.

Parental Education in the Treatment of childhood atopic dermatitis

Gieler U, B Köhnlein, Freiling G, Schauer U and U Stangier

Parents who have a child suffering from atopic dermatitis usually have to deal with a lot of problems. They seldom find support to cope with them. If families are left alone with these difficulties for a long period of time, chronical problems have to be expected, that might disturb the relationship between the parents and their child.
A counsiling program for parents of children suffering from atopic dermatitis is presented which was developed to prevent distress and helplessness of the parents. The program involved the following topics: 1. Medical information; 2. Coping with scratching and itching, 3. Care of the skin and 4. relaxation training. Preliminary results with 23 parents indicate the usefulness of the counsiling program as an important adjunct to the dermatological therapy of atopic dermatitis in childhood.

Atopic Dermatitis: Evaluation of different treatment approaches in relapse prevention

Gieler U, Stangier U, Kirn U, Freiling G, Bräuer J and A Ehlers

In clinical reports and case studies, different preventive interventions have been reported to be useful to control the complex variety of factors which influence the course of the disease. Controlled studies, however, are largely lacking.
In our project four group treament approaches have been developed and evaluated, consisting of 12 sessions over 3 months:
1. autogenic training; 2. a dermatological education programme to provide informations; 3. a psychological programme to improve coping; 4. a combined dermatological and psychological programme (2.+3.). Dermatological and psychological treament effects were assessed before and after treatment and at 1-yr. follow-up.
Preliminary results for 82 patients who have passed the follow-up indicate that the extent and the severity of skin lesions as rated by an independent dermatologist improved in all treatment groups. No significant differences between the groups were found. However, combined psychological and dermatological training as well as autogenic training tended to be superior to the other treatment conditions. The final results of the whole sample participating in our study will be presented and discussed with regard to its implications for preventive measures in AD.

PSYCHOLOGICAL IMPACT OF SKIN DISEASE by Iona H. Ginsburg, M.D.
People with skin disease may be profoundly affected by their disorder. Patients often speak of feelings of shame, rage, ugliness, and dirtiness. The intensity of the psychological impact depends on: the natural history and implications of the particular disease; the characteristics of the afflicted individual, as age and sex; the presence of psychiatric disorder; self-esteem and body image; the nature of the patient's life situation, such as social support network or whether the person is employed. A selective review of the literature on the psychological impact of skin disease and on the presence of actual psychiatric disorder in dermatologic patients will be presented. In a study of stigmatization feelings in 100 psoriasis patients, there were six clusters on factor analysis of our 33 item questionnaire: anticipation of rejection, sensitivity to others' attitudes, feelings of being flawed, guilt and shame, secretiveness, and positive attitudes, as well as the separate category of psoriasis-related despair. We also found that when patients experienced clear, gross rejection due to skin disease, they tended to experience interference with their work, to seek professional help, and to consume more alcohol. There are several unconscious fantasies and assumptions, shared by the patients themselves, that are in general abroad in society, relating to anxiety about maintaining control, to narcissistic issues, and to guilt. Psychotherapy, support groups, behavioral and stress management techniques, and/or psychotropic medication may be helpful.

PSORIASIS AND STRESS
D.Gospodinov, M.Trashlieva-Koicheva, S.Grigorova

The role and significance of stress as one of the trigg ering factors with psoriasis have been discussed by a great number of scientists. Not only clinical methods butalso psychological ones have generally been applied so that diagnostic and personal susceptibility to stress could eventually be straigatened out. In the present research work we'll try to familiarise you with 40 cases of psoriasis. The diagnosis has been confirmed histologically. All cases have passed psychological investigation, which proved that every patient was influenced individually by stress situations but in 90 % of the cases those situations have played the role of a triggering mechanism.

PSYCHONEUROIMMUNOLOGY OF ATOPIC DERMATITIS: THE POSSIBLE ROLE OF NEUROPEPTIDES - G. Hautmann, E. Panconesi - Dept. of Dermatology, University of Florence, Italy

In the hypothetical outline of the pathogenesis of atopic dermatitis with particular focus on immunological factors, stress and deep psychic conflicts have been prospected as being involved.[1] The biological ways in which the psychological factors (i.e., the difficulties between the child and the "not good enough mother" (Winnicott) act on the immunological mechanism remain to be individuated. Preliminary experimental evidence seems to indicate that various neuropeptides (NP, like substance P, VIP, CGRP, NY, etc) could be involved. The "emotions" of the "eternal child", the genetically predisposed cutaneous atopic, could influence a complex and integrated release of NP, contributing to the development of the peculiar pattern (itching included) of AD. New advances in psychoneuroimmunology[2] may begin to clarify the complex network of interactions between hormones, peptides, and their receptors on one hand and tissue targets on the other.

1. Panconesi E., Stress and Skin Diseases..., 1984
2. Ader R. et al., Psychoneuroimmunology, 1990

The Skin and Schizophrenia: Hypertrichosis Associated with Severe Forms of the Illness in Females
B. Jones, C. Ripley, and S. Garnis-Jones

Females with schizophrenia tend to 1) have a later age of onset, 2) respond better to antipsychotic drugs and 3) show less negative symptoms. Estrogens have some antagonistic effect at dopamine receptors as do antipsychotics. Estrogens may then protect females from severe forms of illness. A subgroup of female schizophrenic patients have hypertrichosis postulated to be due to drug side-effect. We present the case of one patient with both severe hypertrichosis and schizophrenia who was drug-naive. Ten similar cases will be presented and compared to ten female schizophrenic patients without hypertrichosis. It is hypothesized that hypertrichosis in females with schizophrenia may represent a relative estrogen deficiency that in turn impacts on the course and drug responsiveness of their disease.

Quality of life

PSYCHOSOCIAL DISABILITY AND CLINICAL SEVERITY OF ATOPIC DERMATITIS — IS THERE A LINK?

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Psychosocial aspects of health-related quality of life are severely impaired in patients with skin disorders such as atopic dermatitis (eczema). This continues to generate interest and controversy both in respect of its relevance as a therapeutic outcome measure and the methodology used for its measurement. The present study investigates the relationship between clinical severity and psychosocial disability in a group of adult patients with atopic dermatitis.

Thirty-three patients (21 male, 12 female; median age 30 years, range 16–58 years) entered a double-blind, controlled, crossover study in which cyclosporin (5mg/kg/day) was taken for eight weeks either in the first or second half of the crossover study. Each patient completed the United Kingdom Sickness Impact Profile (i.e. a general health-related quality of life instrument, measuring both physical and psychosocial aspects of daily living) at 0, 8 and 16 weeks. In addition, objective measurement of clinical severity was carried out by standard methods for each patient.

The results from both placebo/cyclosporin and cyclosporin/placebo sequences showed no significant correlations ($P>0.1$) between psychosocial dimension scores and clinical severity (i.e. disease activity and extent of disease). Interestingly, communication component of the psychosocial activity correlated ($P<0.05$) with disease activity during cyclosporin/placebo sequence. These findings indicate that objective assessment of clinical severity may not adequately represent a patient's state of well-being or the outcome of medical intervention. This may have important implications for the future management of patients with atopic dermatitis.

The evaluation of psoriasis treatment programs on the basis of interviews with patients

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The improvement of psoriasis treatment programs is an ongoing challenge. Especially with regard to extensive and disabling psoriasis, when interrelated dermatological, psychological and psychiatric factors should be taken into account.

A comparative study was organized among psoriasis patients in three different dermatological centers. In these centers different modes of outpatient treatment are given, all having in common the use of ultraviolet irradiation. One of the centers is specialized in day care treatment of psoriasis.

By means of a questionnaire patients were asked to give their opinion on their current treatment. Detailed information was asked about the management, the course and the outcome of their treatment.

In this presentation a summary will be given on the basic and most interesting results of this study. Dermatological as well as psychological implications for the treatment of psoriasis will be discussed.

"Stressful Life Events and Alopecia Areata"

Donald Kushon, M.D., William McCown, Ph.D., Cherie Ditre, M.D.

Several studies have demonstrated that the onset of alopecia areata (AA) is preceded by stressful life events which may act as a trigger for disease onset. Few studies, however, have examined what, if any factors, predicts the impact of stressful life events in previously diagnosed patients with AA. A postal survey of 118 potential subjects on the mailing list of an AA support group yielded 81 completed questionnaires, for a response rate of 69%. As predicted, AA is associated with higher current stress than normal controls or male pattern baldness. Contrary to our hypotheses, however, there was no relation between gender, age of onset, present age, or race and life stress. The duration of AA had a small, but statistically significant, correlation with stress. Inconsistent with our predictions, there was no correlation between severity of AA and current stress, and the number of hair fallout/regrowth cycles was associated with additional life stress. Less current stress was associated with active dermatological treatment and support group participation. However, current stress was not related to psychopharmacologic treatment and was correlated positively with psychotherapy. The results support previous findings that AA is associated with higher levels of stress. The relation between hair regrowth and stress was unexpected and deserves further attention. The possibility of an induced state of learned helplessness should be explored.

ITCHING AND SCRATCHING IN DERMATOSES LEADING TO A CHRONICAL STATE

A 20-year follow-up study

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A 20-year follow-up study of 99 pruritus patients was performed 20 years after their first psychiatric, psychological and dermatological evaluation. The patients were approached by letter with three questionnaires. Special emphasis was laid on collecting data about coping strategies, stress events and the course of the disease. The other patients (27 in Group A) were compared with 19 dermatitis herpetiformis patients (group B). This paper describes how the first 46 patients can adapt to their illness. The majority of patients had an active and positive approach to future and felt that they had got good social support. In Group A patients, the course of the disease was episodic and one-third of them suffered from depression. Only one-fifth of group B patients were depressive. In conclusion, the pilot study suggests that depression is overestimated and associated with an episodic disease, which confirms that in those skin diseases, psychosomatics is of greater significance.

PSYCHOGENIC PURPURA : FROM AUTOERYTHROCYTE SENSITIZATION (CONVERSION REACTION) TO SELF-INDUCED DISEASE (DERMATITIS ARTEFACTA)

M.F. MIHOUT M.D.

Two cases of psychogenic purpura are reported : they had recurrent bruising, largely confined to the extremities : ecchymoses were said to occur spontaneously and were accompained by local pain and swelling.

First case was a self induces bruising (dermatitis artefacta) whereas second was hysterical conversion. Haemostasis was studied. Appropriate psychiatric cares were managed, with fast improvment : this result is persistent for more than one year.

The following diagnostic areas are the ones in which psychiatric and dermatological problems are likely to overlap: -

1. Generalized anxiety disorder
2. Depression
3. Somatoform disorder
4. Delusional disorder, somatic type
5. Obsessive-compulsive disorder
6. Severe personality disorder
7. Factitious disorder
8. Organic brain disorder
9. Substance abuse
10. "Environmental disorders"

Each of these requires careful diagnostic consideration and a relatively specific psychiatric treatment approach. With experience, and adequate consultation help from psychiatric colleagues, the dermatologist can become comfortable with the use of psychotropic drugs in several of these disorders.

The dermatologist also has to be aware of the possibility of relevant side-effects in some of the drugs used in psychiatry and in dermatology. Alistair Munro, M.D.

lue → fulvy prurtoin

Psychogenic Pruritus : Always a Diagnosis of Exclusion?

Jamie A. Mullen, M.D., Mark P. Seraly, M.D.

Pruritus in the absence of clear dermatologic or medical causation is generally assumed to be psychogenic in origin. This process of diagnosis by exclusion is unsatisfactory for a number of reasons: (1) it does not allow for the possibility of pruritus due to undetermined but nonpsychological causes of pruritus, (2) it leads to premature diagnostic closure when the clinician is more interested in the observable (the secondary lesions or epiphenomena) than the nonobservable, (3) it reinforces the dualistic notion that the pruritus is either organic (and "legitimate") or psychological (and therefore "illegitimate"), and (4) it does not provide guidance in the dermatologic, behavioral, or psychiatric management of the problem.

Clearly, an alternative approach is needed in the assessment of patients with pruritus of unknown etiology (PUE). This approach takes into account the psychodynamic, ethological, biochemical, behavioral, and psychosomatic models of psychogenic pruritus. In this approach the clinician also considers the treatable psychiatric disorders (major depression, generalized anxiety disorder, obsessive-compulsive disorder, conversion disorder, and their variants) that may present with pruritus and scratching behaviors.

We describe the cutaneous and psychometric measures that our group is using in assessing patients with PUE and we present preliminary data from a study comparing patients with pruritus of unknown etiology, pruritus of cutaneous etiology, and pruritus of medical etiology.

History of psychodermatology in Europe

H. Musaph, psychiatrist, Amsterdam, Holland

Modern psychodermatology started in the thirties. In the beginning it is characterized by very detailed patient-centered case histories.
The anecdotal period lasted grosso modo from 1953 till 1960. The rising of modern psychology caused a strong opposition to the anecdotal or casuistical approach. Researchers tried to purify from biased ideology and unjustified conclusions. The ecological observations of the relation of physical illness and the social environment is also found in the sixties.
The methodological approach takes clearly into account variables from different disciplines for scientific evaluations and goes therefore beyond the too simplistic views of causality for the anecdotal phase.
In the eighties and nineties there is a protest against the over-generalization when there is no individualization of the results and description of the different individual backgrounds of the subject. The discovery of new psychofarmaca and the development of new strategies in group therapy (self help groups; management in patient organisations) enriched psychodermatology in the last decade. The phases in research conceptualisation are not clearly distinguishable.

Prof.Dr. Herman Musaph
Touch and its part in normal psychological development

The skin is a communication organ. In the human child skin contact in the first year of life is of immense importance in the formation of attachment behavior between the child and his parents. This is the basis of attachment behavior in later life with friends and with husband or wife, in tenderness and sexuality. Ritualisation of tenderness as communicate behavior is the result of a social learning process, of which skin contact in early life is the starting point.
The mother will demonstrate without realizing it, how she has been treated by her mother.
Care for your children as you want them to care for your grandchildren.

How to treat a psychological prurit ?
Doctor Danièle Pomey-Rey

We know that a psychological prurit is really a challenge to cure. We can make this diagnose when no biologic cause is found.
In each case :

- localized (scalp, nape of the neck, anterior face of the legs or mucous membranes, tongue, anus, vulva).
- generalized on the whole body.

my own experience about 16 patients is that each time I could have a success with them, the prurit was disappearing between two months and one year. They were treated from September 1989 until January 1992 thanks to :

1) Butyrophenone (neuroleptic) = mesencephale action (1 mg to 10 mg) associated with
2) Psychoanalysis face to face once a week.

In their dreams, they progressively can gain self-control of their former persecutors (mother, paranoiac father, a cousin as I experienced it). Therefore their present persecutor in their life (husband, wife, hierarchic superior) is all the more bridled and finally prurit disappears. (During the cure I can stop one day butyrophenone).

Unusual Presentation of Basal Cell Carcinoma

Authors: Drs. M. Robern, C. Ruddy, E. Duke, and S. Garnis-Jones

Basal cell carcinomas are the most common skin cancer. They most commonly arise on sun-exposed skin of the back, head and neck. Development of basal cell carcinomas on the lower extremities is considered rare. Chronic ulcers may lead to carcinomas, usually of the squamous type. Basal cell carcinomas are atypical in presentation on the lower extremities and high clinical suspicion is needed.

We present a 77 year old female with a non-healing leg ulcer of greater than 10 years duration. She freely admitted to traumatizing, manipulating, and self-treating the ulcer. A biopsy of the edge and base revealed a basal cell carcinoma.

<u>Psychosocial Distress in Parents of Children with Hemangiomas</u>, <u>E.J. Shakin</u>, M.D., R.P. Zager, M.D., C.L. Hausman, M.D., L.G. Rabinowitz, M.D.

Hemangiomas are the commonest benign tumors of childhood, presenting at birth or shortly thereafter, rapidly enlarging, then slowly involuting. Parents are shocked by the hemangioma's unexpected appearance and growth, but their psychosocial needs are largely ignored. This study delineates and addresses some of these psychosocial needs.

An educational/self-help pilot group, including 6 couples and 4 therapists was formed. The general well-being scale of the mental health inventory (MHI) and a 44-item questionnaire were used to gather pertinent psychosocial and medical information. Results showed no significant correlation ($r = 0.1$) between parental perception of hemangional surface area and parental psychological distress. Medical complications were significantly associated with couple's distress ($p = 0.05$). Therapists clinically assessed the level of parental distress, helped parents understand normal childhood development and hemangioma concerns.

Differential Indication for Behavior Therapy in Dermatology

Stangier U, Gieler U

Standardized diagnosis in psychosomatic dermatology is uncommon but nevertheless important. Therefore, a scheme for differential diagnosis of common psychological problems in dermatology is presented. This classification focuses on the functional link between dermatological problem and dysfunctional behavior. The problems might be classified according to DSM-III R as follows:

1. psychosomatic skin reactions and somatoform disorders: maladaptive coping behavior contributing to the exacerbation/ aggravation/maintenance of dermatological disorders;
2. skin-related anxiety disorders: maladjustment to disfiguring skin disorders and dysmorphic disorder;
3. induction of artificial skin lesions: scratching, neurotic excoriations, facticious skin disorders;
4. skin-related psychoses.

Based on our experiences with patients referred to psychosomatic consultation in the dermatological department during the last eight years, the presentation will highlight criteria of differential diagnosis and the indication and practical application of behavioral treatment approaches.

COMPLIANCE IN THE DERMATOLOGICAL PRACTICE

Taube, K.-M., C. Baumgärtner and T. Erbsmehl
(Halle University, Department of Dermatology, Germany)

Compliance problems between attending physican and patients are to be found in all fields of medicine. We think that compliance in dermatology is determined by characteristic features, especially if a topical therapy is necessary. Dermatological patients in contrast to other patients are able to assess faster how severe their illness is (because the illness is visible) and also how effective the treatment is.

In our dermatological outpatient's department we investigated the compliance behaviour of 2000 patients suffering from psoriasis vulgaris, atopic dermatitis and impetigo contagiosa.

As a result we found:

- Only 50 % of the patients applied the prescribed topical therapy as directed.
- Some written information for the patients helped the treatment to become more effective.
- In addition, the compliance behaviour dependends on the duration and intensity of the disease, on the acceptance of the topical therapy and treatment regime.

The conclusion of our investigations is that paying attention to the specific compliance problems will have an impact on the successful dermatological therapy.

Pharmacologic Treatment of Severe Skin Picking Behavior in Prader-Willi Syndrome: Two Case Reports

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Background: Prader-Willi Syndrome (PWS) is characterized by hypotonia at birth, hypogonadism, early childhood obesity and mental deficiency. Other behavioral symptoms which become prominent during adolescence and adulthood include temper outbursts, stealing and hoarding food and skin picking. The self-excoriating skin picking behavior observed in individuals with PWS is quite common and can lead to persistent sores and infections, even requiring hospitalization.
Observation: Two patients with PWS who displayed repetitive, self-mutilatory behavior of skin picking were presented. They were both treated successfully with different doses of fluoxetine, a specific serotonin reuptake inhibitor.
Conclusion: The skin picking behavior in patients with PWS may be a variant of the spectrum of obsessive-compulsive disorders. Obsessive-compulsive disorders have been successfully treated with serotonin reuptake inhibitors such as fluoxetine. Thus, fluoxetine may be considered an option in the management of skin picking behavior in patients with PWS.

INCREASE AND DECREASE OF DELAYED CUTANEOUS REACTIONS OBTAINED BY HYPNOTIC SUGGESTIONS DURING SENSITIZATION.

Robert Zachariae, Peter Bjerring. Dept. Psychiatry, Beth Israel Hospital, Boston, MA and Dept of Dermatology, Marselisborg Hospital, Aarhus, Denmark.

Cutaneous reactivity to the challenge with dinitrochlorobenzene (DNCB) and diphencypron (DCP) was studied in 16 volunteers following hypnotic suggestions to in- and decrease response during sensitization. The immunoreactivity to DNCB and DCP was modulated by direct suggestions and guided imagery under hypnosis. The volunteers were highly hypnotizable subjects selected by means of the Harvard Group Scale of Hypnotic Susceptibility, Form A. Measurement of skin reactions to the challenge one month after sensitization was performed double blindly. Results showed a significant ($p<0.01$) mean difference of 133.3% in scores of visually observed reactions to challenge, and a non-significant mean difference of 80.9% in skin thickness measured by ultrasound between suggested in- and decreased response. The study supports previous reports of experimental modulation of immunoreactivity and indicates that the specific immunological processes involved in the development of allergic reactions may be susceptible to psychological factors.