

14th Congress of the European Society for Dermatology and Psychiatry



Skin disease over... time

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ARAGON PSYCHODERMATOLOGY
RESEARCH GROUP

Partnered by the Aragon Health Sciences Institute

14th Congress of the European Society for Dermatology and Psychiatry 17–19 March 2011, Zaragoza, Spain

Thursday March 17, 2011 PM

Patient and Context: Causes and Consequences (OP1–OP4)

Chairpersons: Andrew Finlay (UK), Sam Salek (UK), Marta García-Bustinduy (Spain)

- 14.00 How skin disease affects the Greater Patient. *Andrew Finlay* (UK)
- 14.20 Measuring skin disease in adolescence: bridging the gap in quality of life assessment. *Mohammed Basra* (UK)
- 14.40 The impact of disease on the lives of family members. *Catherine Golics* (UK)
- 15.00 Potential long term benefits from early assessment of disease impact on QoL in routine practice. *Sam Salek* (UK)

Getting Started: Basic Concepts (OP5–OP8)

Chairpersons: John de Korte (The Netherlands), Christopher Bridgett (UK) Manuel Grau (Spain)

- 16.15 Behavioural Dermatology. *Christopher Bridgett* (UK)
- 16.35 The Concept of psychosomatic diseases – to bridge the gap between brain research and psychotherapy. *Otto Lesch* (Austria)
- 16.55 Adult Attachment: Relevance in psychodermatology. *Florence Dalgard* (Norway)
- 17.15 Obsessive Compulsive Disorder in Dermatology. *Thelda Kestenbaum* (USA)

18.00 Opening Ceremony (OP9)

Welcome from President of Local Organizing Committee. *Lucía Tomás* (Spain)

Welcome from Honorary President of Local Organizing Committee. *Francisco J. Carapeto* (Spain)

Welcome from Professor and Chairman of the Department of Psychiatry. University of Zaragoza. *Antonio Lobo* (Spain)

Welcome from President of the European Society for Dermatology and Psychiatry. *Françoise Poot* (Belgium)

Welcome from President Elect of the European Society for Dermatology and Psychiatry. *John de Korte* (The Netherlands)

Official Inauguration of the 14th ESDaP Congress. *Luisa María Noeno Ceamanos*, Minister of Health of Aragon

Opening Lecture: Psychological well-being as a protective resource in the face of chronic disease. *Carol Ryff* (USA)

The Herman Musaph Award Ceremony. *Gerty Casteelen* (The Netherlands)

19.30 Music and Welcome Cocktail

Friday March 18, 2011

Impact of Chronic Disease on Life Development (OP10–OP13)

Chairpersons: Antonio Lobo (Spain), Silla Consoli (France), Igor Dorozhenok (Russia)

- 08.30 The Influence of skin disease on major life changing decisions. *Zaheer Bhatti* (UK)
- 08.50 Stigmatization in dermatology. *Lukasz Matusiak* (Poland)
- 09.10 Psychosomatic disorders in dermatology: an epidemiologic relationship. *Igor Dorozhenok and Andrey Lvov* (Russia)
- 09.30 Severe impairment of health-related quality of life: Patients at risk. *Cecilia Prinsen* (The Netherlands)

Long Term Issues (OP14–OP17)

Chairpersons: Klaus Taube (Germany), Cecilia Prinsen (The Netherlands), Liana Manolache (Romania)

- 10.45 The impact of biologics on long-term QoL in psoriasis. *John de Korte* (The Netherlands)
- 11.05 Compliance in dermatology. *Klaus-Michael Taube* (Germany)
- 11.25 Life course research in Psychodermatology. Skin disease over time. *Dennis Linder* (Italy)
- 11.45 Quality of life and depression in chronic skin diseases – an outpatient survey. *Elizabeth Ogden* (UK)

Parallel Symposium 1 (OP43–OP46)

Chairpersons: Ladan Mostaghimi (USA), Przymysław Pacan (Poland), María José Tribó (Spain)

- 10.45 Prevalence and clinical correlates of Body Dysmorphic Disorder in adolescent inpatient psychiatric patients. *Mohammad Jafferany* (USA)
- 11.05 Psychocosmetology. *Wolfgang Harth* (Germany)
- 11.25 Aesthetics Dermatology. *Javier Pedraz and Elena Gonzalez-Guerra* (Spain)
- 11.45 What to do and what to avoid in patients with a psychiatric background. *Anna Tuneu* (Spain)

10.45 Free Communications (OP75–OP80)

Chairpersons: Anna Zalewska (Poland), Elise Kleyn (UK), Sandra Ros (Spain)

- 10.45 Obsessive-compulsive disorder and dermatillomania. According to a case. *S. Gallego Villalta, P. Elias Villanueva, V. Pérez Camo, M. Fernández Guardiola, E. Del Amo Cardeñosa, L. Duran Salvador, A. Zorrilla Blasco* (Spain)
- 11.00 Self-induced purpuric lesions versus Gardner-Diamond syndrome. *M. Sagrista* (Spain)
- 11.15 Somatoform itch: Heterogeneity of the phenomenon. *D. Romanov, S. Bobko, A. Lvov* (Russia)
- 11.30 Beauty spot or ugly blemish? A case series of naevus dysmorphia. *A. Affleck* (UK)
- 11.45 Psychological aspects of lichen planus. *A. Reich, K. Welz* (Poland)
- 12.00 Body dysmorphic disorder: Psychopathology in dermatological patients. *E. Matyushenko* (Russia)

Impact of Intervention on long term outcome (OP18–OP21)

Gregor Jemec (Denmark), *Otto Lesch* (Austria), *Javier Pedraz* (Spain)

- 14.00 Non-clinical influences in the dermatology consultation: The doctor's perspective and the challenge to evidence based practice. *Andrew Finlay* (UK)
- 14.20 Evidence based psychodermatology. *Francesca Sampogna* (Italy)
- 14.40 Experience from research into addiction. *Otto Lesch* (Austria)
- 15.00 Patient education in Hidradenitis Suppurativa. What is needed? *Solveig Esmann* (Denmark)

Parallel Symposium 2 (OP47–OP50)

Chairpersons: Mohammad Jafferany (USA), John Koo (USA), Ricardo Campos (Spain)

- 14.00 Optimal Management of Delusional Patients: Interpersonal Approach and Psychopharmacology. *Misha M. Heller and John Koo* (USA)
- 14.20 Spectrum of obsessive-compulsive disorders in dermatology. *Przymysław Pacan* (Poland)
- 14.40 Disorders of impulse control: A marked clinical improvement after oral anticonvulsants. *María José Tribó* (Spain)
- 15.00 Bipolar disorder and Skin. *Estela María Malatesta* (Argentina)

14.00 Free Communications (OP81–OP86)

Chairpersons: Elizabeth Ogden (UK), Edith Orion (Israel), Manuel Grau (Spain)

- 14.00 Development of psoriasis in a patient with chronic alcoholic liver disease and rosacea acne. *L. Duran, M. Fernandez* (Spain)
- 14.15 Coexistence of attention deficit hyperactivity disorder and alopecia areata. *M.D.M. Pestana Eliche, N. Merino de Paz, P. Contreras Ferrer, M. Rodriguez-Martin, A. Noda Cabrera, M. Garcia-Bustinduy* (Spain)
- 14.30 Randomized controlled trial: Effects of a stress management-programme on atopic dermatitis. *C. Schut, U. Weik, N. Tews, U. Gieler, R. Deinzer, J. Kupfer* (Germany)
- 14.45 Does a short educational class improve the photoprotection knowledge and habits of adolescents? *C. Fita, J.M. Verdeguer, A.M. Fita, A. Rodriguez-Burruazo, J. Prohens* (Spain)
- 15.00 Severe impairment of health-related quality of life: Patients at risk. *C.A. Prinsen, R. Lindeboom, M.A. Sprangers, C. Legierse, J. de Korte* (The Netherlands)
- 15.15 Design and validation of a cognitive behavioral therapy intervention protocol for the management and reduction of anxiety and depression in children and adolescents suffering from atopic dermatitis. *A. Salamanca Sanabria* (Colombia)

Life Long Management Techniques (OP22–OP25)

Chairpersons: Uwe Gieler (Germany), Florence Dalgard (Norway), Javier García-Campayo (Spain)

- 16.15 Psychodynamic psychotherapy with skin patients – how to change life development. *Uwe Gieler* (Germany)
- 16.35 Psychoanalytical psychotherapy in Dermatology. *Sylvie Consoli* (France)
- 16.55 Patient organizations as a management technique. *Gregor Jemec* (Denmark)
- 17.15 Third generation psychotherapy in chronic disorders in dermatology. *Marta Alda Diez and Javier Garcia-Campayo* (Spain)

Parallel Symposium 3 (OP51–OP54)

Chairpersons: Thelda Kestenbaum (USA), Aurora Guerra (Spain), Lucia Tomas (Spain)

- 16.15 Stress reactivity and cortisol in psoriasis: When stress gets under the skin. *Andrea W.M. Evers* (The Netherlands)
- 16.35 Sleep in psoriasis, the current state of knowledge. *Ladan Mostaghimi* (USA)
- 16.55 Anxiety and mood disorders in psoriasis. *Lluís Puig* (Spain)
- 17.15 Psychotherapy in psoriasis. *Sandra Ros* (Spain)

16.15 Free Communications (OP87–OP92)

Chairpersons: Sylvie Consoli (France), Yuriy Boronikov (Russia), Marta García-Bustinduy (Spain)

- 16.15 Surveillance study of the possibility of the psychosomatic treatment as primary care in atopic dermatitis. *M. Hashiro, T. Ando, R. Hosoya, G. Komaki* (Japan)
- 16.30 Skin-Ego as the emotional and cognitive representation of skin among patients with dermatoses. *M. Kossakowska, C. Ciescinska, L. Gorska, W. Placek* (Poland)
- 16.45 Illness perceptions in patients with melanoma. *M. Vurnek Živković, I. Dediol, M. Šitum* (Croatia)
- 17.00 Personality and disease-related appraisals in patients with vitiligo. *S. Studen, K. Janowski, K. Szymona-Palkowska, A. Cecot* (Poland)
- 17.15 Trauma, dissociation and affect regulation in patients with chronic dermatological conditions. *L. Giovannelli, A. Burroni, M. Fassino, A. Parodi, C. Barbasio, A. Granieri* (Italy)
- 17.30 Disease-related appraisals scale: Application in dermatological patients. *K. Janowski, S. Studen* (Poland)

20.30 Congress Dinner (Congress Venue)**Saturday March 19, 2011****Chronic Diseases (OP26–OP29)**

Chairpersons: Jacek Szepietowski (Poland), Anna Michenko (Russia), Norberto López-Navarro (Spain)

- 08.30 Leg ulcers: Psychodermatological problem. *Jacek Szepietowski* (Poland)
- 08.50 Emotional processing in cutaneous lupus. *Silla Consoli* (France)
- 09.10 Psychological aspects of lichen planus. *Adam Reich* (Poland)
- 09.30 Atopic dermatitis and rhythms of depression. *Anna Michenko* (Russia)

Parallel Symposium 4 (OP55–OP58)

Chairpersons: Elizabeth Ogden (UK), Anna Zalewska (Poland), Estela Maria Malatesta (Argentina)

- 08.30 Interpreting physical symptoms- In Symbolisation "acted out" on the Skin? *Jorge Ulnik* (Argentina) and *Dennis Linder* (Italy)
- 08.50 Hypnosis in Psychodermatology. *Edith Orion* (Israel)
- 09.10 Mindfulness in Psychodermatology. *Manuel Grau* (Spain)
- 09.30 Causes of dermatological illnesses- patient's perspective. *Maja Vurnek* (Croatia)

Self-inflicted skin lesions (OP30–OP33)

Chairpersons: Silla Consoli (France), Laurent Misery (France), Mikhail Gomberg (Russia)

- 10.45 Self-inflicted skin lesions: Classification. Position Paper. *Silla Consoli* (France) and *Uwe Gieler* (Germany)
- 11.05 Psychopathological bodily sensations in dermatology (to the background of auto destructive behaviour). *Andrey Lvov* (Russia)
- 11.25 The skin-picking syndrome. *Laurent Misery* (France)
- 11.45 Acne vulgaris and excoriations. *Nathalie Féton* (France)

Parallel Symposium 5 (OP59–OP62)

Chairpersons: Wolfgang Harth (Germany), Carol Ryff (USA), Oda van Cranenburgh (The Netherlands)

- 10.45 New developments in the field of questionnaires for research and practice in psychosomatic dermatology. *Jörg Kupfer* (Germany)
- 11.05 Assessment of Quality of life of patients under phototherapy for dermatological diseases. *N. López-Navarro, B. Moyano Almagro, J. Aguilera-Arjona, E. Herrera* (Spain)
- 11.25 Atopic eczema in children: Another harmful sequel of divorce. *Torsten Schäfer* (Germany)
- 11.45 Preliminary data regarding quality of life in acne patients using CDLQI. *Liana Manolache* (Romania)

Satellite Symposium 1 – The Biopsychosocial Model in Medicine (OP72–OP75)

Chairpersons: Dennis Linder (Italy), Johannes Baulmann (Germany), Lluís Puig (Spain)

- 12.30 The evolution of the biopsychosocial model, from the 70's to the revised model of today. *Josef Egger* and *Eva-Maria Trapp* (Austria)
- 12.45 Psychosomatics, system theory and the biopsychosocial model. *Dennis Linder* (Italy)
- 13.00 The bio-psycho-social model- its significance for research. *Michael Trapp* and *Peter Michael Rohrer* (Austria)
- 13.15 The bio-psycho-social model- its significance for clinical practice. *Johannes Baulmann* (Germany)

Guidelines and educational programmes (OP34–OP37)

Chairpersons: Françoise Poot (Belgium), Andrea Evers (The Netherlands), Francesca Sampogna (Italy)

- 14.00 Psychosocial aspects of atopy: How deep is the psyche involved? *Uwe Gieler* (Germany)
- 14.20 Improvements of Quality of Life: An E-learning program for

patients with a chronic disease. *Oda van Cranenburgh* and *John de Korte* (The Netherlands)

- 14.40 Psychodermatology in the system of postgraduate medical education. *Igor Dorozhenok* (Russia)
- 15.00 ESDaP training in psychodermatology EADV courses. *Françoise Poot* (Belgium)

Parallel Symposium 6 (OP63–OP66)

Chairpersons: Jacek Szepietowski (Poland), Gregor Jemec (Denmark), Joan Escalas (Spain)

- 14.00 Publishing a paper in a scientific journal. *Agneta Andersson* (Sweden)
- 14.20 Importance of public relation issues in psychodermatology. *Anna Zalewska* (Poland)
- 14.40 Psoriasis and the Russian social networking websites. *Yuriy Borovikov* (Russia)
- 15.00 Art can help to gain respect for (psycho) dermatological patients in society. *Marianne B. Crijns* (The Netherlands)

Psychological Aspects of Sexually Transmitted Diseases (STD) (OP38–OP41)

Chairpersons: Andrey Lvov (Russia), Uwe Gieler (Germany), Carmen Rodriguez-Cerdeira (Spain)

- 16.15 Psycho-venereology. *Mikhail Gomberg* (Russia)
- 16.35 Psychosomatic aspects of herpes recidivus genitalis. *Andrey Lvov* (Russia)
- 16.55 Syphilis incidence: Psychosocial causes and effects. *Anna Michenko* (Russia)
- 17.15 Quality of life assessment in condylomata acuminata patients. *Ramón García, Juan José Vilata Corell, Anna Agustí Mejías, Blanca de Unamuno Bustos, A. Esteve Martínez* (Spain)

Parallel Symposium 7 (OP67–OP70)

Chairpersons: Edith Orion (Israel), Solveig Esmann (Denmark), Anna Tuneu (Spain)

- 16.15 Stress and skin disease: the psychoneuroimmunology approach. *Eva Peters* (Germany)
- 16.35 Neural Responses to facial expressions of disgust in patients with psoriasis. *Elise Kleyn* (UK)
- 16.55 Mental stress, a consequence of communal attitudes and stigma to specific skin conditions. *Melanie Miyajji* (Kenya)
- 17.15 Vulvodynia. *Mariola Pawlacyk* (Poland)

Main Lecture (OP42)

18.15 The State of the Art in Psychodermatology. *Françoise Poot* (Belgium)

List of Posters

PP1: Effectiveness of coping strategies in psoriasis and vitiligo. *M. Kossakowska, C. Ciescinska, W. Placek*

PP2: Depression and Quality of life in psoriasis. *P. Noguera Morillas, J.M. Martínez Ortega, P.J. González Domenech, C. Martínez Peinado, M. Gurpegui Fernández de Legaria, V. García Mellado*

PP3: Trichotillomania and bipolar disorder in a 6-year-old girl. *S. Jimenez Fernandez, I. Olza Fernández, I. Palanca Manresa*

PP4: Further investigating mental itch induction: what kind of stimuli increases scratching in patients with atopic dermatitis and healthy controls? *C. Schut, K. Reinisch, U. Gieler, J. Kupfer*

PP5: Patient-education-programmes for atopic dermatitis - who is interested? *C. Schut, V. Mahmutovic, U. Gieler, J. Kupfer*

PP6: Objective measurement of skin colour as a tool for assessing the effectiveness of photoprotection programmes: lessons from a preliminary study. *C. Fita, J.M. Verdeguer, A. Rodríguez-Burruezo, A.M. Fita, J. Prohens*

PP7: Quality of life and psychological comorbidity in patients with psoriasis. *I. Dediol, M. Vurnek Živković, M. Šitum*

PP8: stressful events and vitiligo onset: only coincidence? *M. Rodríguez Martín*

PP9: Correlation between alexithymia and anxiety-depression in alopecia outpatients. *N. Merino de Paz, M. Rodríguez-Martín, P. Contreras Ferrer, M.D.M. Pestana Eliche, A. Noda Cabrera, M. García Bustinduy*

PP10: Psychodermatology in the dermatological clinical practice in the netherlands. *M. Luteijn*

PP11: Monosymptomatic hypocondriacal syndrome: a case report. *N. Morales Alcaide, M.C. Díaz Fernández, J. Aviñó Isern,*

S.J. Mancebo Nolasco, L. Nuevo Fernández, M.D. Sánchez García

PP12: Delusions of parasitosis: differential diagnosis in a patient. *P. Contreras Ferrer, N. Merino de Paz, C. Rodríguez García, F. Guimera Martín-Neda, M.D.M. Pestana Eliche, M. Rodríguez Martín, M. García Bustinduy*

PP13: Selected Biochemical Parameters of Cardiovascular Abnormalities Correlate with Health-Related Quality of Life in Patients with Psoriasis. *A. Pietrzak, K. Janowski, S. Steuden, G. Chodorowska*

PP14: Bromosis or trimethylaminuria: a case report. *N. Morales Alcaide, M.C. Díaz Fernández, L. Nuevo Fernández, M.D. Sánchez García, S.J. Mancebo Nolasco, J. Aviñó Isern*

PP15: Chronic eczema, a problem whose effects slip out from hands. *E. Del Amo Cardeñosa, P. Elías Villanueva, S. Gallego Villalta, E. Viñuelas Luis, M. Fernández Guardiola, Ortiz Martín, L. Duran Salvador*

PP16: Role of antidepressants in psychiatric disorders secondary to skin processes in a Mental Health Center. *M. A. Ortiz Martitt, S. Gallego Villalta, A. Fernández Guardiola, A. Elias, E. Visuales*

PP17: Relationship between personality traits, intelligence and dermatological disorders in a sample of gifted children. *A. Jiménez-Perianes, A.M. Cima, M. Fernandez, F. Miralles*

PP18: Skin colour in the British Indian community: Only Skin deep? *S. Krishna, A. Bardhan*

PP19: Self-mutilating behaviour in a woman with infantile cerebral paralysis. *J.J. Vilata, R. Ballester, B. de Unamuno, B. Garcia, A. Agustí, A. Esteve, A. Garcia-Rabasco*

PP20: Ekbohm's syndrome: etiopathology and treatment approach. *J.T. Rodríguez, B. Cabrera, F. Rodríguez, M. Acosta*

Oral Presentation: Invited Lectures

OP1 HOW SKIN DISEASE AFFECTS THE GREATER PATIENT

Andrew Y. Finlay, Muhammed K.A. Basra

Department of Dermatology and Wound Healing, Cardiff University School of Medicine, Cardiff, UK

All dermatology clinicians who have cared for children with atopic dermatitis are aware of the impact of this disease on the lives of the parents. Several studies from the 1990's concurred that parents experienced anxiety, sleep disturbance, interpersonal problems, psychological pressures and financial problems, and a recent large study from Saudi Arabia confirmed the usefulness of the Dermatitis Family Impact questionnaire in measuring this impact. However this secondary impact on the life of the patient's partner and family ("The Greater Patient") is not confined to atopic dermatitis. Large series of interviews with general dermatology patients and with a cohort of patients with psoriasis in Cardiff have demonstrated that the family impact of skin disease is widespread across all inflammatory skin diseases and is largely unrecognised. Virtually all aspects of partners' and family members' lives can be affected. For example recent studies from Coventry and Rome have outlined the sexual difficulties experienced by patients with psoriasis and the obvious impact on partners. It is possible to measure this secondary impact using the generic Family Dermatology Life Quality Index (FDLQI) or, in psoriasis, the Psoriasis Family Index. The initial validation of the FDLQI has demonstrated high internal consistency, test-retest reliabilities and responsiveness to change. The measure has been shown to correlate well with a generic family QoL measure as well as some utilities measures for family members. Its use has demonstrated that in congenital erythropoietic porphyria, the quality of life impact on the family members may be even greater than that experienced by the patients themselves and it may be that this occurs in other skin diseases. The psychometric evaluation of the Psoriasis Family Index has shown encouraging results. The challenge to clinicians that results from this greater understanding of the wider impact of skin disease is to develop practical strategies to address the problems experienced by partners and family members. The involvement of those closest to the patients is probably of great importance to effective compliance with therapy. The use of counselling and education are likely to be helpful but this needs to be tested. Once the secondary impact of skin disease is understood, it is clear that the overall burden of skin disease on a community is greater than previously recognised.

OP2 MEASURING SKIN DISEASE IN ADOLESCENCE: BRIDGING THE GAP IN QUALITY OF LIFE ASSESSMENT

Muhammed K.A. Basra², M.S. Salek¹, D. Fenech, A. Howe, T. Mahbouba, C.J Golics^{2,1}, A.Y. Finlay¹

¹Department of Dermatology and Wound Healing, School of Medicine and ²Centre for Socioeconomic Research, School of Pharmacy, Cardiff University, Cardiff, UK

Adolescence is a unique period of life and teenagers have specific quality of life (QoL) issues that may be different in a number of ways from adults or children. There is a paucity of literature focusing on the impact of skin disease on this particular age group. The aim of this study was to develop and validate a dermatology-

specific quality of life instrument for adolescents with skin diseases. Semi-structured interviews were conducted with a cohort of 50 adolescents aged 12–19 years recruited from the dermatology out-patient clinic. Interviews were then transcribed verbatim using a standardised technique which resulted in the first version of T-QoL. Content validity was carried out using a pilot study of 20 adolescents and led to a revised second version of T-QoL. This was followed by psychometric evaluation conducted on 153 adolescents including the application of Rasch analysis using RUMM 2030 software to assess the overall fit of the model, the item responses, individual item fit and differential item functioning (DIF). The final validation of the Rasch refined (3rd) version was carried out on a new cohort of adolescents using Classical Test Theory. A total of 33 aspects of adolescents' QoL were identified from qualitative interviews, leading to a 32-item first version of the T-QoL. 20 adolescents completed the T-QoL and provided feedback on its clarity, focus, relevance, practicality and applicability. Changes were made accordingly resulting in 30-item T-QoL which was then completed by 153 adolescents (M=70, F=83; mean age 16.5, range 13–19). Rasch analysis of the whole scale did not support the validity of the T-QoL as a unidimensional measure of QoL impairment. A factor analysis confirmed the presence of three domains within the scale. Each of the domains was then subjected to Rasch analysis individually. Separately all domains showed adequate fit to the model, good person separation, good internal consistency and no significant differential item bias for gender or age. The final psychometric evaluation of the final (3rd) 18-item version showed promising results. Although there are QoL measures for adults (e.g. DLQI) and children (e.g. CDLQI) with skin conditions it is necessary that a suitable age-specific measure was also available for adolescents, as there are evident differences in the QoL issues faced by adolescents compared to those of adults and children. The results of our study have demonstrated that T-QoL could provide a simple, relevant and valid tool to quantify the impact of skin disease on adolescents' QoL and it can be used as an outcome measure in both clinical practice and in clinical research.

OP3 THE IMPACT OF DISEASE ON THE LIVES OF FAMILY MEMBERS

Catherine J. Golics^{1,2}, M.K.A Basra¹, M.S. Salek², A.Y. Finlay¹
¹Department of Dermatology and Wound Healing, School of Medicine, Cardiff University and ²Centre for Socioeconomic Research, Welsh School of Pharmacy, Cardiff University, Cardiff, UK

There is evidence that family members of patients with chronic conditions experience impaired Quality of Life (QoL) themselves and there is a link between the QoL of patients and that of their family members. Family Quality of Life is an area which has been largely overlooked and the majority of previous research has been focused on dermatology, oncology and patients with physical and mental disabilities. To date, no study has been carried out to investigate the impact of disease on family members of patients across a wide range of medical specialties. The aim of the study was to explore the impact of disease on family members of patients across a wide range of specialties. Semi-structured interviews were carried out with family members of patients from 25 different specialties, including dermatology. After obtaining informed consent, family

members were invited to talk in detail about different ways that their own lives had been affected by having an unwell relative. Interviews were audio-recorded and transcribed. 117 relatives of patients suffering from over 80 chronic medical and surgical conditions were interviewed. Many of the themes mentioned by relatives were common throughout the study, but the extent of the impact was often much greater than reported previously. This was especially evident in the area of emotional impact, where family members talked about the difficulties of hiding their emotions in order to provide support for the patient. Important themes mentioned were problems with time planning and organisation, financial impact, family relationships, effect on sleep and the health of the family member, and the great impact on the social life, hobbies and daily activities of the family. Many of the relatives also said that they had never been given the chance to talk about these topics before. The impact of disease on family members of patients is widespread and profound. Consideration of this aspect of QoL will potentially allow for more appropriate care of patients and their families.

OP4 POTENTIAL LONG TERM BENEFITS FROM EARLY ASSESSMENT OF DISEASE IMPACT ON QOL IN ROUTINE PRACTICE

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Today, quality of life (QoL) is as important a concern for clinicians as it is for psychologists, social workers and healthcare policy makers. However, while recognising the strong interest of healthcare professionals in quality of life, it is important to recognise that QoL is a perception of the patient, not that of the clinician. Thus, it is the quantification of those perceptions that underpin meaningful evaluations of the effect of medical interventions. The World Health Organisation defines health not only as the absence of disease, but also as the presence of physical, mental and social well-being. It is therefore hypothesised that early systematic assessment of disease impact on QoL in routine practice could improve our understanding of the long term physical and psychosocial morbidity of patients with skin disease. Thus, this would allow us, through timely and appropriate interpretation of QoL information, to initiate interventions that would either prevent or substantially reduce the intensity of such physical and psychosocial morbidities leading to long term benefits to patients and their families. There is not much known about factors predicting a poor QoL in patients with skin diseases. Certain factors such as age, gender and presence of co-morbidities are considered as fixed variables. Similarly, no action can be taken by dermatologists or psycho-dermatologists to improve patients' educational or economical circumstances. However, there are other equally important variables such as renal function (in the case of treatment with ciclosporin) and physical/psychosocial morbidity that are amenable to interventions. This, therefore, supports the notion of early assessment of disease impact on QoL and its importance in identifying the predictors of poor as well as good quality of life in patients with skin diseases. Adding to the already existing QoL armaments is the "DLQI Banding Score System (DLQI – BSS)" which enables the dermatology clinicians to meaningfully interpret the QoL information in routine clinical practice. This system is also a valuable tool for early assessment of factors predicting poor QoL in patients with skin disease. It also has proven high applicability and acceptability in routine

practice scenarios. For example, in primary care early assessment by general practitioners of the impact of disease on QoL may initiate earlier referral and that in itself will lead to subsequent long term benefits to patients. Clearly, early assessment of the impact of diseases on patients' QoL has a lot to offer in terms of providing long term benefits underpinned by greater understanding of factors predicting poor QoL. It is therefore proposed that routine assessment of patients' QoL becomes a 'standard of care' in the same manner as vital signs and other laboratory measures.

BEHAVIOURAL DERMATOLOGY

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Introduction. The term "behavioural dermatology" is rarely used outside veterinary circles: does this matter? **Objective.** To review the usefulness of the concept. **Material and Methods.** A review of the literature. **Results.** Although Richard Eiser wrote in 1983 "The association between medicine and the behavioural sciences has been a long and fruitful one", it was not until 1990 that The International Society of Behavioural Medicine was formed, with its first international congress in Uppsala, Sweden. Its 12th congress will be held in Budapest, Hungary in 2012. The Society now has 26 national constituent societies, including The Spanish Society of Behavioural Medicine and Health Psychology, and the UK Society of Behavioural Medicine. In 1986 the medical psychologist Kaptein provided a review of the application of behavioural medicine to common skin disorders, with particular reference to behavioural interventions. Thus there could be a narrow use of the term behavioural dermatology, restricting it to the use in dermatology of behaviour modification techniques, including cognitive behaviour therapy – in contrast to the application of other psychological and psychiatric perspectives, such as psychoanalysis, and psychopharmacology. There is however also a wider, more integrative meaning for the term, where understanding and changing health related behaviour needs to encompass all active belief systems in a given cultural setting. While this is especially recommended for health care in non-Western cultures, it has a general usefulness for all of us. **Conclusions.** Thus, from both of these perspectives, the term behavioural dermatology may have value, for the promotion of psychodermatology internationally.

THE CONCEPT OF PSYCHOSOMATIC DISEASES – TO BRIDGE THE GAP BETWEEN BRAIN RESEARCH AND PSYCHOTHERAPY

Otto Lesch

President of the Austrian Society of Addiction Medicine

Today it is clearly known, that every disease has biosocial psychological roots. People who grow up in a healthy family and in a healthy surrounding only get psychosomatic diseases if severe biological vulnerabilities exist. The most important factors leading to disturbances in later age will be presented (BA Johnson et al., 2003). Brain research and psychological research (frontal lobe functions vs. alexithymic-concept) have developed extraordinarily. Coming from this research, a 4-level model useful in new psychotherapeutic research and therapy will be presented. This model bridges the gap between brain research and psychotherapeutic work. All functions necessary for survival are present in the deep brain areas. In the same region the structures of drive (sexuality) as well as of the temperaments (according to Akiskal and Wundt) are also found. In the next level, the nuclei amyg-

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dales and the mesolimbic system are responsible for emotional conditioning. These two levels together are called the “ES” by S. Freud. The next level is a connection between the mesolimbic system and the frontal and temporal lobes and represents the socially mediated “EGO” (so called “belly feeling”). The highest level, which is represented in the dominant hemisphere, represents the cognitive level of communication. These different levels are not organized hierarchically but heterarchically. The networks function either between conscious and unconscious, between individual and social or between cognitive - rational and emotional. From our addiction research we will present data according to temperaments, frontal lobe and alexithymic.

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OP7 ADULT ATTACHMENT: RELEVANCE IN PSYCHODERMATOLOGY

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Attachment theory relates to the patterns of attachment behavior of an individual. This concept was introduced by John Bowlby in the 70’s and research among adults has been increasing since the 80’s thanks to the development and use of measurement instruments with strong psychometric properties. Attachment behavior is intended to increase an individual’s sense of security especially in times of stress. Adult attachment research has become increasingly relevant in psychosomatic research because attachment patterns influence biopsychological phenomena such as social functioning, coping, stress response, psychological wellbeing, illness behavior and morbidity. This presentation introduces the literature on adult attachment, describing some relevant scales, presenting the categories of attachments known as secure, preoccupied, dismissing and fearful. An overview of psychosomatic research related to attachment theory will be presented. An understanding of attachment theory is important to psychodermatologists in a clinical context but also future research in that field is relevant in psychodermatology.

OP8 OBSESSIVE COMPULSIVE DISORDER IN DERMATOLOGY

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OCD has a prevalence of 2% to 3% in the general population but its prevalence in general dermatology patients (excluding skin cancer patients) is 14% to 25% so recognition of cutaneous signs and treatment of it is most important for dermatologists. Only 18% of dermatologists have a clear understanding when surveyed of psychodermatology but it is encouraging that 39% of dermatologists surveyed are interested in education in psychodermatology. Considering that there is a 17-year gap between the onset of symptoms of OCD and appropriate diagnosis and treatment let us hope that quicker, more accurate diagnosis and treatment will be forthcoming in our specialty. Among the more common dermatologic manifestations of OCD include neurotic excoriations, acne excoriee, trichotillomania, onychotillomania, some

eczemas, and excessive concern with appearance. Mainstays of treatment include behavioral therapy, high dose of SSRIs (selective serotonin re-uptake inhibitors), and the tricyclic antidepressant, clomipramine. Adjuncts include the addition of one of the newer anti-psychotics. Among the more novel drugs being examined for possible benefit include naltrexone, ondansetron, memantine, riluzole, d-cycloserine, minocycline, and even glycine. Aerobic exercise may also be helpful. In some children with OCD a recent streptococcal infection may be a precipitating event (Pediatric Autoimmune Neuropsychiatric Disorder; PANDA). Interestingly, serotonin pathways may not be the only ones associated with OCD. It seems that dopamine and perhaps glutamatergic pathways may also be involved. OCD is the 4th most common mental disease. At least 80% of patients never receive treatment. It is the 10th most common cause of disability in the world. Hopefully early recognition and treatment by dermatologists of this disorder which they are seeing daily in their practices will improve these figures.

PSYCHOLOGICAL WELL-BEING AS A PROTECTIVE RESOURCE IN THE FACE OF CHRONIC DISEASE

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As someone new to the field of psychodermatology, I will offer two observations as a naive outsider. The first is that emotions are more frequently studied as the consequent rather than the antecedent of skin disorders. The second is that psychological disorders receive far more attention than psychological strengths. I will then summarize my program of research on psychological well-being, beginning with definitions of what well-being is and descriptions of how it is measured, followed by an overview of studies linking well-being to various aspects of biological regulation (stress hormones, inflammatory processes, cardiovascular risk factors) as well as brain processes. Recent studies documenting that well-being is protective against various disease outcomes and promoting of longer length of life will be noted. I will conclude with observations about the role of positive psychosocial factors in skin repair and recovery processes, which constitute future agendas for scientific research and clinical practice.

THE INFLUENCE OF SKIN DISEASE ON MAJOR LIFE CHANGING DECISIONS

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We became aware that the chronic skin condition of some patients influenced their Major Life Changing Decisions (MLCD). Patients reported for example that they had decided not to have children, or to retire early. This alerted us to consider that diseases in other specialities might have a similar impact on MLCDs. Up to now, QoL research has focused on current impact but we wished to understand the long-term impact of disease on patients resulting from disease influence on MLCDs. The aim of this study was to define and describe the concept of MLCDs and develop and validate a method to measure this impact. Chronic skin disease patients were invited to take part in a semi-structured interview or focus group discussion. Postal survey packs were sent to patients from six other medical specialities. Interviews were recorded and transcribed verbatim

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along with survey responses. Nvivo 8 qualitative software was used for content analysis and emerging themes were grouped into core MLCDs. Information was gathered from over 300 patients. MLCDs reported mainly fell under the domains of education, job/work, relationships, social and physical. For example, two thirds of dermatology patients reported influence on their decision related to career choice. Over half reported influence related to relationships (marriage, divorce, separation) and a fifth on whether or not to have children. Over 80% of patients who returned their surveys reported influence on at least one MLCD (range 1–9). This information was used for the development of the Major Life Changing Decisions Profile (MLCDP). Fortyeight statements were generated but reduced to 45 statements. A panel of judges rated each item for language clarity, relevance, completeness and scaling as part of content validation. There was good agreement among the panel members. Changes suggested by the panel were implemented, resulting in a new 41-item version of the MLCDP, covering five MLCD domains (education, job/career, family/relationships, social and physical) for further validation. This study establishes that chronic skin diseases influence MLCDs. Influence on MLCDs may contribute to the concept of Cumulative Life Course Impairment described in psoriasis by Kimball et al. (2010). Better understanding of this area is vital to long-term patient management. If considered alongside the “traditional” quality of life domains of current “physical”, “psychological” and “social”, the novel “MLCD” domain could broaden the way we understand and measure the burden of chronic skin disease over time.

OP11 STIGMATIZATION IN DERMATOLOGY

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Stigmatization is defined as a discrediting mark that sets a person off from others and disrupts relationships with others. As the skin is the largest and the most visible human organ, the stigmatisation is especially expressed in patients with dermatological disorders. For assessment of stigmatization level in broad spectrum of dermatoses we employed a validated Polish version of a stigmatisation questionnaire (“6-Item Scale”) proposed by Evers group. Our studies encompassed the patients suffering from psoriasis (102 patients), onychomycosis (1,684 patients) and hidradenitis suppurativa (54 patients) – the mean stigmatisation level among estimated patients was assessed as 5.0 ± 3.7 ; 5.3 ± 3.6 and 3.87 ± 3.65 points, respectively. The higher scores were reported, the greater stigmatization level was observed. The location of the lesions was an important factor responsible for reducing patients’ self-esteem, with visible locations being the major contributors. Moreover, the stigmatization level among dermatological patients was proportionately dependent on depression level assessed with Beck Depression Inventory (BDI). Although, the stigmatization level among hidradenitis suppurativa sufferers was proportionately dependent on disease clinical stage (except for visual sensations there are some additives growing with disease advancement, including soreness, flows and odour), the stigmatization in psoriasis and onychomycosis did not reveal such correlations. Surprisingly, for all of the studied dermatoses, no significant relationships were found between the stigmatisation level and the number of involved skin areas (nails) or the duration of evaluated diseases. Moreover, no correlations were found for the gender of the patients, their place of residence and education status. Summarizing, it should be highlighted that stigmatization is an important problem in dermatology, but the literature data

regarding this topic, especially in comparison with quality of life studies, are still very limited.

PSYCHOSOMATIC DISORDERS IN DERMATOLOGY: AN EPIDEMIOLOGICAL RELATIONSHIP

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According to the results of the present clinical and epidemiological study performed in dermatological, oncological and cardiological inpatient settings, psychodermatology dramatically differs from other psychosomatic branches in a spectrum of psychiatric disorders with functional somatic complains and in prevalence of other comorbid mental disorders. Dermatological sample of the study included 534 inpatients of the Dermatological department of the I.M. Sechenov First Moscow State Medical University. Patients with psoriasis: 28.2% ($n=150$), atopic eczema: 19.9% ($n=106$), acne vulgaris: 12% ($n=64$) and eczema: 11.6% ($n=62$). In 51 patients (9.6%) skin diseases were excluded and psychiatric disorders with functional dermatological complains were diagnosed. The last in dermatology included a wide range of disturbances (somatoform/idiopathic pruritus, neurotic excoriations, trichotillomania, dysmorphic disorder, delusional parasitosis) that differed greatly from cardiology (cardioneurosis only) and oncology (no functional disorders were diagnosed as malignant tumors were verified). Prevalence of comorbid affective (4.5%) and anxiety (3.2%) disorders in the dermatological sample was lower than in the oncological sample (7.2 and 3.6%, respectively), in which somatogenic (8.7%) and organic (7.1%) disorders predominated; and lower than in the cardiological sample, in which depressions (15.4%) and disorders of organic (11%) and anxious (6.7%) spectrum predominated. Conversely in the dermatological setting obsessive-compulsive disorders tended to be more prevalent than in oncology and cardiology. **Key words:** psychodermatology, epidemiology, psychiatric disorders with functional dermatological complains, affective disorders. **Summary.** Psychodermatology differs from other psychosomatic branches in a spectrum of psychiatric disorders with functional dermatological complains and in prevalence of other comorbid mental disorders.

SEVERE IMPAIRMENT OF HEALTH-RELATED QUALITY OF LIFE: PATIENTS AT RISK

OP13

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Introduction. Health-related quality of life (HRQL) is important in the assessment of disease burden and treatment outcome. However, the clinical use of HRQL scores is impeded by lack of empirically- and clinically-based interpretation of these scores. An important challenge is to interpret HRQL scores correctly. What does a given score really mean and more importantly, what is its clinical meaning? **Objective.** We aimed to facilitate the interpretation of Skindex-29 domain and overall scores by identifying clinically meaningful cut-off scores, using patient-based anchors. **Material**

and Methods. Consecutively included dermatology outpatients completed the Skindex-29 and four sets of anchor-based questions, such as questions on the impact of skin disease on HRQL, on global disease severity, and on psychiatric morbidity. Pearson's correlations and receiver operating characteristic analysis were used to identify the optimal Skindex-29 cut-off scores corresponding to severely impaired HRQL. **Results.** A total of 339/434 patients completed the questionnaires (response rate 78%) of which 322 could be used for data analysis. Cut-off scores associated with the patient-based anchors on the impact of skin disease on HRQL showed the highest accuracy (area under the curve ranged from .83 to .91). The corresponding Skindex-29 cut-off scores for severely impaired HRQL were: ≥ 52 points for symptoms, ≥ 39 for emotions, ≥ 37 for functioning, and ≥ 44 for the overall score. **Conclusions.** The estimated cut-off scores can be used in clinical practice to identify patients with severe impairment of HRQL. Patients with scores equal to or above the presented cut-offs in at least one of the three domains are significantly affected by their skin disease. These scores may signal a need for (adjustment of current) treatment and/or for additional care or support. However, they do not automatically indicate what kind of treatment, care or support is appropriate: the specific needs of an individual patient should be explored in direct contact with the patient. These scores may also facilitate doctor-patient communication.

OP14 THE IMPACT OF BIOLOGICS ON LONG-TERM QOL IN PSORIASIS

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Due to various reasons, this abstract was not available at the time of printing this issue.

OP15 COMPLIANCE IN DERMATOLOGY

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Background. Skin diseases can do harm in different ways. The problems created by skin disease do not necessarily tally with the extent and severity of the eruption as judged by an outside observer. Quality-of-life studies give a different, patient-based, view of skin conditions. The reason of non-compliance can be by the patient, by the doctor, by the kind of treatment and of the disease. It is assumed that about 50% of all patients are inadequately compliant or not compliant at all. **Material and methods.** We reported about results of questionnaires and own experiences. Questionnaires have been designed to compare the impact of skin diseases with those of other conditions. In the background lurk problems due to the costs of treatment and time lost from work. We speak about disfigurement, discomfort, disability and depression ("four Ds"). **Conclusion.** Compliance improvement thus comprises not only taking medications as directed, but also communicating through the structured interview. Communication with the patient must reflect his or her subjective needs and concepts. It is mandatory that the patient understand the diagnosis and therapy concept and it is very helpful to have patients repeat all instructions in their own words and let them ask questions. The doctor should promote nonverbal contact and use the patient's own language. Improvement in compliance plays a central role in the successful therapy of numerous dermatoses.

LIFE COURSE RESEARCH IN PSYCHO- DERMATOLOGY. SKIN DISEASE OVER TIME

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Life Course Research, which could be defined as the study of biopsychosocial interactions and events over a lifetime or even over generations, has previously predominantly been a branch of sociology. Only recently, more precisely during the last twenty years, it has been increasingly applied in health research, mainly as Life Course Epidemiology. Although undoubtedly a promising field of medical research, Life Course Epidemiology, as well as the more general field of Life Course Research focussed on lives of diseased people, so far appears to have had only very few applications in dermatology. The presentation aims to show why concepts from Life Course Research and Life Course Epidemiology could be applied in dermatology yielding promising results. In dermatology, and particularly when dealing with chronic disease, the life course approach appears to be promising when applied in two different ways. It may be used in the more "traditional" manner, whereby the disease and its patterns over time are examined as the outcome variable whereas all other factors (socioeconomic state, life events, a.s.o.) are seen as the input variables. Conversely, the life course approach could also consider life course itself as the observed outcome variable, which is assumed to be dependent on input variables such as the disease course, the treatments administered, and other physical or psychosocial environmental exposures. Both approaches are promising and relevant, the second one having so far been neglected and deserving more attention, for instance because of the notably important impact of skin diseases on the patients' quality of life. Existing publications in the said domains are reviewed and commented and issues for future research are discussed.

QUALITY OF LIFE AND DEPRESSION IN CHRONIC SKIN DISEASES – AN OUTPATIENT SURVEY

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There have been many studies showing that skin disease affects the quality of life of sufferers and that there is significant psychiatric and psychological morbidity amongst patients attending dermatology outpatient clinics. The purpose of this survey, conducted in a UK district general hospital, was to quantify the extent to which chronic skin disease impacted on patients, and to ascertain whether this correlated with clinical depression. To do this The Dermatology Life Quality Index (DLQI) questionnaire and Patient Health Questionnaire (PHQ – 9) were issued to patients with long term skin problems when they attended dermatology outpatients. A spectrum of chronic dermatoses, including both the common skin diseases – psoriasis and eczema, and some rarer ones, such as nodular prurigo, dermatitis artefacta and body dysmorphic disorder were captured in this study. This is an ongoing study where the results, to date, clearly demonstrate that a significant number of the participating patients recorded high scores on quality of life impairment. The PHQ-9 results revealed that 41% of patients scored 'moderate', 'moderate-severe' or 'severe' for depression, in almost equal numbers. Amongst psoriasis sufferers the levels of impairment were found to be higher both on the DLQI and for the

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PHQ-9. A small sub group of patients with vulval problems also returned higher impairment scores than the sampled population overall on both DLQI and PHQ-9. Further data is being collected which may help identify other long term dermatological conditions where poor quality of life and depression co exist. The longer term objective of this enquiry is to enlist the services of a psychiatrist to work alongside the dermatology team, specifically to help improve the mental health of these patients, and thereby, hopefully achieve better dermatological outcomes.

OP18 NON-CLINICAL INFLUENCES IN THE DERMATOLOGY CONSULTATION: THE DOCTOR'S PERSPECTIVE AND THE CHALLENGE TO EVIDENCE BASED PRACTICE

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All clinicians are aware of the reality of clinical decision taking. Many factors and influences affect decision taking; the ability to appropriately consider these influences in the best interests of the patient constitutes the art of medicine. If these influences were better understood, it might be possible to train health care professionals to handle these influences more appropriately and hence improve the quality of clinical decision taking. A variety of influences have been recorded, but there is little specific information relating to dermatology. The aim of the study was to explore the role of nonclinical influences on clinical decision making in dermatology outpatient clinics. Ethical approval was obtained. Forty-six dermatology clinicians (94% of those in Wales) from 9 different hospitals in Wales, UK were interviewed by FMH. The opening question was "According to your experience, what are the nonclinical influences on your decision making in dermatology?". Interviews were recorded and analysed. Nonclinical influences were either Patient-related, Physician-related or Practice-related. Patient-related factors included adherence to medication (reported by all 46 clinicians), concerns and worries of patient (46), quality of life (46), expectations (45), family and friends attitudes (40), age (38), financial status (30), place of residence (29), ethnicity (28), attitude and behaviour (24), sex (24), time commitments (22), choice (11), and education and intelligence (9). Physician related influences included influence of colleagues (46), time constraints and work pressure (30) and influence of pharmaceutical companies (28). Practice-related influences included cost of treatment to Health Service (27), working in private practice v. Health Service (8), availability of treatment service (7) and bureaucracy in prescribing certain medications (4). It is often appropriate for clinicians to take into account nonclinical influences so that decisions are taken in the best interests of a specific patient; these are "good" influences. However many influences were not necessarily appropriate: the "bad" influences. Such inappropriate nonclinical influences might in some circumstances include age, financial status, place of residence, ethnicity, attitude, sex, education, time constraints and influence of pharmaceutical companies. National guidelines seek to improve the quality of clinical decision taking by being evidence based. However in reality guideline advice co-exists with often unrecognised non-clinical influences. If clinicians had greater understanding of the processes involved in decision taking it might be possible to develop strategies to recognise and neutralise the inappropriate influences. Greater understanding of this aspect of decision taking is necessary for evidence based decision taking to become a reality.

EVIDENCE-BASED PSYCHODERMATOLOGY OP19

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Interest in psychodermatology and the number of related publications is rapidly steadily growing. A simple Medline search can show that the number of articles on this subject is presently doubling every 15 years, and even this figure is likely to increase. However, the majority of all articles so far published deal with either with psychoneuroimmunological issues, are concerned with assessing psychometrical values in dermatological patients or, more generally, contribute to constructing a theoretical framework for psychodermatology, in most cases by suggesting classifications of psychodermatological diseases and/or by attempting to clarify specific terms. Some articles generally address the need to pay more attention to psychosocial aspects when dealing with dermatological patients. But unfortunately very little is available on effectiveness of clinical, "psychodermatological", interventions. For instance, although some studies have been addressing the issue of effectiveness of educational and psychological interventions in dealing with atopic eczema but still, as recently pointed out by a Cochrane review (1), a lack of rigorously designed trials (excluding one recent German study) provides only limited evidence of the effectiveness of educational and psychological interventions in helping to manage the condition of children with atopic eczema. To state another example, a few clinical studies on psychological interventions in psoriasis are also available, but the number of patients involved is generally very small and the practical significance of available results is questionable. For other skin diseases, where important connections between psychosocial factors and course of the disease are assumed, clinical research is even more scant. Although contributions to setting up a solid theoretical psychodermatological model remain of capital importance, attention should be paid increasingly to practical clinical aspects and effectiveness of psychosocial interventions. The presentation aims to provide a brief review of those clinical studies in dermatology, which provide some sort of evidence of effectiveness and where the psychosocial mechanisms are taken enough into account and play a pivotal role in the study design.

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EXPERIENCE FROM RESEARCH INTO ADDICTION OP20

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Alcohol dependence according to ICD 10 and DSM IV is a heterogenous disease. Personality- or other psychiatric disorders can be observed, when the longitudinal illness course is considered. Following the long term course over 18 years in 436 alcohol dependent patients, we could show that it is possible to define 4 different subgroups (Lesch Typology). These types are significantly different in comorbidity rates and their alcohol craving but also in suicidal behaviour. Clinically, at admission time a mixture of intoxication, withdrawal state, comorbidity and

alcohol related disabilities can be observed. After 12 months of outpatient treatment psychopathological features which depend on alcohol intake and/or withdrawal can be differentiated from psychopathological features independent of alcohol intake. After 48 months of outpatient treatment these above mentioned differences seem to be stable. Craving in these types (antianxiety, antidepressive, treatment of withdrawal, compulsive background) is significantly different and correlates to different temperaments. Knowing that these different conditions are caused by totally different biological actions, we need anticraving substances with significantly different action profiles. We will show results of different clinical trials demonstrating that especially Lesch Type III (comorbidity with bipolar affective disorders and alcohol is used as an antidepressant or abused in the beginning of a manic episode) need special antidepressants and as anticraving substances naltrexone and or topiramate. It will be demonstrated that these 4 subgroups need significantly different treatment goals and significantly different psychotherapeutic approaches. Type I and Type IV need behavioural approaches (BRENDA Method), Type II and III need long term psychotherapeutic approaches (Hypnotherapy, Familytherapy, Traumatherapy according to Reedemann).

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OP21 PATIENT EDUCATION IN HIDRADENITIS SUPPURATIVA. WHAT IS NEEDED?

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Hidradenitis suppurativa (HS) is a chronic, recurrent, debilitating inflammation of the hair follicles, typically in the groins and the armpits, which is painful and often itching and malodorous. In general the purpose of patient group education is multifactorial: 1) a contribution to an individual's recognition of symptoms and worsening of the disease; 2) self-monitored treatment; 3) psychosocial competences; 4) increased quality of life; 5) group-based support; 6) family and/or friend involvement; etc. Patients with HS represents a group of people that would benefit from multifactor group education. An important part of the patient education is to convey knowledge of what the right treatment is. Research shows that patients diagnosed with HS have often suffered from periodical painful and malodorous lesions for more than a decade before seeing a specialist. Their symptoms have often been treated by general practitioners or at casualty departments – or by the patients themselves. In general the treatment is most often simple incision and drainage, as the involved parties often are unaware that this kind of treatment may worsen the disease. The recommended treatment is medical, excision or laser therapy. Another important part of patient education is the psychosocial support. For most patients the years with symptoms of HS have led to periods of isolation and emotional deprivation. In interviews patients even report of depression or suicidal ideation, which points to an urgent need of information, reinforcement and social acceptance.

The achievement of these goals may be aided by multifactor group education. A pilot-session of multifactor group education run in the Department of Dermatology in Roskilde has focused on education in treatment, daily care, behaviours to prevent progression (body weight, tobacco, stress and climate), psychosocial competences and group-based support. Preliminary results show that a majority of the participants provided positive feed-back and reported psychosocial benefit of the educational activity.

PSYCHODYNAMIC PSYCHOTHERAPY WITH SKIN PATIENTS – HOW TO CHANGE LIFE DEVELOPMENT

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PSYCHOANALYTICAL PSYCHOTHERAPY IN DERMATOLOGY

OP23

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Analytical psychotherapy is practiced by a psychoanalyst. It is an individual psychotherapy which refers to psychoanalysis. Sessions take place face to face, usually once per week for 45 minutes (at least for Freudian psychoanalysts). The psychoanalyst who deals with patients presenting with dermatological functional complaints and/or somatic symptoms and is used to collaborate with physicians must know how to adapt psychoanalytical technique, the framework within which he works, himself, to achieve a fundamental goal: to enable the patients to think in a less traumatic way what they lived in the past or are still living, and to enjoy thinking and discovering their psychic life. Psychoanalyst's aim is therefore, first, obtaining a better psychic wellbeing. Analytical psychotherapy mainly differs from other psychotherapies in the importance it attaches to the transference-counter transference process and in the use of it within the therapy. It is indicated in various psychopathological contexts, from the simplest ones to the most severe. In the latter, it is often combined with other approaches, pharmacological and/or psychological. Analytical psychotherapy is an adventure that can allow, under way, for example to locate the place of a dermatological disease within somatopsychic functioning, unconscious barriers to a good compliance, and understand some behavior at risk. In these conditions a dermatological disease may improve. However, analytical psychotherapy is never indicated only for treating a dermatological disease or finding the psychological cause of an illness. Such an approach would be naive, unrealistic and even dishonest. It is well known indeed that the onset of dermatological diseases and their exacerbations is a complex process. To achieve its objectives analytical psychotherapy needs a psychoanalyst who dares to move forward towards a medical land without thinking he practices a psychoanalysis at a discount, and a dermatologist interested in his patient's and his own psychic life. Moreover, these two practitioners must rely on each other and trust in the present or future abilities of their patient to think and put his/her difficulties into words. Clinical cases will illustrate these remarks and allow to pull down some accepted opinions on analytical psychotherapy.

OP24 PATIENT ORGANIZATIONS AS A MANAGEMENT TECHNIQUE*Gregor Jemec**Department of Dermatology, Roskilde Hospital, Denmark*

Due to various reasons, this abstract was not available at the time of printing this issue.

OP25 THIRD GENERATION PSYCHOTHERAPIES IN CHRONIC DISORDERS IN DERMATOLOGY*Marta Alda Díez, Javier García-Campayo**Hospital Universitario Miguel Servet, Zaragoza, Spain*

Acceptance and commitment therapy (ACT) is a cognitive-behavioral model of psychotherapy. It is an empirically based psychological intervention that uses acceptance and mindfulness strategies mixed in different ways with commitment and behavior-change strategies, to increase psychological flexibility. ACT commonly employs six core principles to help clients develop psychological flexibility: 1) Cognitive defusion: Learning to perceive thoughts, images, emotions, and memories as what they are, not what they appear to be. 2) Acceptance: Allowing them to come and go without struggling with them. 3) Contact with the present moment: Awareness of the here and now, experienced with openness, interest, and receptiveness. 4) Observing the self: Accessing a transcendent sense of self, a continuity of consciousness which is unchanging. 5) Values: Discovering what is most important to one's true self. 6) Committed action: Setting goals according to values and carrying them out responsibly. This lecture summarizes the experience of the authors on ACT therapy in patients with psoriasis. The effect of some psychological constructs such as psychological inflexibility or perceived injustice on the outcome of these patients will be also discussed.

OP26 LEG ULCERS: PSYCHODERMATOLOGICAL PROBLEM*Jacek Szepietowski**Department of Dermatology, Venereology and Allergology, Wrocław Medical University, Wrocław, Poland*

Chronic leg ulcers are those ulcers which appear under the knee and can not be healed in 6 week or longer. The prevalence of lower leg ulcers is likely to increase as population age. It is estimated that 5% of the population who are older than 65 have open-calf ulcers. Women get ill to the disease twice more often than men. Venous trophic ulcers are the most common ones. Chronic leg ulcers constitute important medical problems. United Kingdom spends 300 to 650 million pounds in a year for the treatment of leg ulcers. Leg ulcers research has generally focused on the treatment modalities. The psychological aspect of chronic leg ulcers remains understudied. Depression occurs in 22–27% of patients with leg ulcers, which is the similar percentage as in adult patients suffering from atopic dermatitis and even higher than in psoriatic individuals. Anxiety is also common, found at least in one fourth of chronic leg ulcers patients. Usually odour and pain are symptoms associated with depression and anxiety reactions. Both mental and physical components of quality of life are impaired. The impact of leg ulcers on health-related quality of life is of same order as diabetes and arthritis. Large ulcers are associated with bodily pain, emotion and social isolation; long lasting ulcers are related to social isolation and pain. Pain is the biggest problem for the patient, however some may report itch, altered appearance, loss of sleep and functional

limitations. 81% of subjects believes that their mobility is adversely affected by leg ulcers and the dominant predictor of impaired mobility is swelling of the leg. Moreover, leg ulceration is correlated with time loss of work. There is also a strong relationship between time spent for ulcer care and feelings of anger.

EMOTION PROCESSING IN CUTANEOUS LUPUS OP27*Silla M. Consoli¹, Isabelle Jalenques²**¹Paris Descartes University of Medicine, Department of Consultation-Liaison Psychiatry, European Georges Pompidou Hospital, Paris and ²Department of Psychiatry, Clermont Ferrand University of Medicine, France*

Alteration of emotion processing has been suggested as participating in the course of several diseases encompassing a psychosomatic component. Two constructs: alexithymia and emotional awareness, were developed these four decades for approaching and quantifying emotion processing. Alexithymia, that is, poor ability to experience and express emotions, has already been associated with several physical disorders. Alexithymic individuals are thought to be more vulnerable to stressing situations and thus prone to physiological changes, such as pro-inflammatory states, participating to the course of various pathologies. In dermatology, alexithymia has been associated with alopecia areata, psoriasis, atopic dermatitis, vitiligo or chronic urticaria. The concept of emotional awareness, which constitutes an additional approach of emotional processing and is negatively but slightly correlated with alexithymia, was more recently introduced in psychosomatic literature and applied to dermatology. Chronic or subchronic cutaneous lupus was never investigated on the basis of these constructs. We compared emotion processing in 48 patients presenting with cutaneous lupus with 96 age and sex matched healthy controls. Whereas alexithymia scores did not differ between cases and controls, lower emotional awareness scores were found in cutaneous lupus patients ($p < 0.001$). In spite of the cross-sectional nature of these data, our findings are compatible with the hypothesis of a psychosomatic component in this disease. Relationships with the severity and the duration of the disease will also be discussed, as will the potential implications for a multidisciplinary management of these patients.

PSYCHOLOGICAL ASPECTS OF LICHEN PLANUS OP28*Adam Reich, K. Welz, Jacek Szepietowski**Department of Dermatology, Venereology and Allergology, Wrocław Medical University, Wrocław, Poland*

Introduction. Lichen planus (LP) is a skin disease of unknown etiology. Severe pruritus is one of the major features of LP. In addition, stress is considered as an important pathogenic factor of LP. **Objective.** The aim of the study was the evaluation of the relationship between stress and itching in LP. Furthermore, the influence of pruritus on the quality of life was examined. **Material and Methods.** Thirty patients (21 women and 9 men) with LP, aged between 25 and 75 years (mean 55.2 ± 10.4 years), were enrolled into the study. Each patient underwent careful anamnesis and physical examination and based on achieved data a specially designed questionnaire was completed. Intensity of pruritus was estimated using a visual analogue scale (VAS) and the pruritus questionnaire. Every person was asked to specify all stressful events (using Holmes and Rahe's social readjustment rating scale), which took place within one month before appearance of skin lesions, and estimate the stress severity in five degree self-assessment scale. Moreover, each subject completed the Dermatology Life Quality

Index (DLQI) questionnaire. **Results.** Among all patients with LP pruritus was present in 29 (96.7%) subjects. Severity of itching at the moment of examination assessed by VAS scale ranged from 0 to 8 points (mean 3.6 ± 2.8 points), and the most intensive pruritus experienced in the past (Vmax) from 2 to 10 points (mean 7.5 ± 2.3 points). No correlation was found between the stress severity experienced within one-month period before LP exacerbation and itch intensity in LP ($p > 0.05$). However, severity of itching strongly influenced the quality of life of LP patients (DLQI and VASmax.: $r = 0.41$; $p = 0.03$; DLQI and itch questionnaire: $r = 0.75$; $p < 0.001$). Moreover, itching was mentioned as the most unpleasant symptom of LP by 76.7% patients; followed by the fact of the presence of skin changes, which was mentioned by 40% patients. **Conclusions.** It seems, that stress does not play important role in modulating of pruritus in LP. Severity of itching strongly influence the quality of life of LP patients.

OP29 ATOPIC DERMATITIS AND RHYTHMS OF DEPRESSIONS

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Psychosomatic nature of atopic dermatitis (AD) is defined not only by the disease reactivity to psychogenic influences but also through the high comorbidity of AD with different mental disorders. It was shown that depression (D) is a highly prevalent mental disorder in AD. To analyze the prevalence and clinical spectrum of D in patients with AD in the cross-sectional and retrospective design using the clinical dermatologic and psychopathologic examination. The study sample included 97 patients, most of them were women in average age of 26 years. All patients underwent dermatological, psychopathological and psychological examination in form of face-to-face interview. SCORAD and Hamilton Depression Rating Scale were also used. Inclusion criteria: age older than 15 years and confirmed diagnosis of AD according to international diagnostic criteria of Hanifin J.M. and Rajka G. Exclusion criteria: exacerbation of somatic diseases, schizophrenic psychosis and organic disorder of CNS. In the cross-sectional part of our study we diagnosed D in 17.5% cases: seasonal depressive or affective disorder (6.2%), psychogenic D (5.2%), autochthonous D (3.1%), D as a psychogenic reaction to the skin disease (2%), postpartum D (1%). Patients with D had more often eruptions on the visible skin areas that corresponds to literature data. The retrospective analysis showed, that life-time prevalence of D in patients with AD was 44.3%, that is up to 4-fold higher than in general population. More than two thirds of all depressive episodes during the life period coincided with AD exacerbations. The most prevalent types were psychogenic D and seasonal depressive disorder, which in about a half of cases coincided with exacerbation of atopic dermatitis. It is interesting to note that autochthonous D almost always coincided with exacerbation of AD. Nosogenic D were again only in the fourth place, and postpartum D were the less prevalent type. It was also noted, that in patients with long history of depression and atopic dermatitis after a several years these diseases tended to exacerbate simultaneously. In conclusion, the risk of D in patients with AD is up to 4-fold higher than in general population. About a third of depressive episodes during the life period develop synchronously with AD exacerbations. Among all life-time D only 11.6% are nosogenic. Psychogenic, seasonal and autochthonous D are the most prevalent types, diagnosed in AD.

SELF-INFLICTED SKIN LESIONS:

CLASSIFICATION. POSITION PAPER

Uwe Gieler¹, Silla M. Consoli, and the ESDaP group on self-inflicted cutaneous lesions³

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Summary. The term “self-inflicted lesions” is used to indicate all aspects of behaviour potentially inducing skin lesions. Nevertheless, although this heterogeneous set of syndromes is clearly correlated with mental disorders or psychological determinants, skin lesions resulting from aesthetic or cultural incentives, or as an indirect consequence of specific pathological behaviour (for ex. eating disorders, suicidal attempts, self-mutilations, skin picking or cutting induced by psychotic delusions or hallucinations) are excluded from this field, given that they are either not pathological (tattoos or piercing) or already classified elsewhere. Three main questions can be useful for classifying self-inflicted lesions: 1) is the behaviour responsible of the lesions denied or maintained secret by the patient? and, in this case, 2) are there any external incentives (financial, legal, occupational)? Lesions then correspond to malingering or simulation; otherwise, to dermatological factitious disorder, a term that we recommend instead of that of dermatitis artefacta: in factitious disorder, the main motivation of patient’s behaviour is to assume a sick role. Dermatological factitious disorder is one of the most challenging diagnostic and therapeutic problems in skin disorders; borderline personality disorder is often associated with. A subtype of malingering, as well as of factitious disorders, is pathomimicry, i.e. the production of lesions mimicking lesions of a classifiable or recognized disorder, which can be a dermatological disorder. 3) Is the behaviour responsible of the lesions a compulsive or an impulsive one? Compulsive self-injuries include repetitive, often ritualistic, behaviour that typically occur multiple times daily, such as trichotillomania (hair pulling), onychophagia (nail biting), and skin picking or skin scratching (former “neurotic excoriations”). Of these, trichotillomania is by far the most extensively investigated and the only one diagnostically classified as a discrete disorder in psychiatric nosography (DSM-IV-TR); an automatic subtype of trichotillomania has been described, with hair-pulling occurring generally out of awareness, while the individual is absorbed in thought or involved in another task, similar to dissociative states. Otherwise, compulsive self-injuries are quite often associated with obsessive-compulsive disorders or, in case of a pre-existing acne (“acne excoriée”) with body dysmorphic disorders and social phobias. Impulsive self-injuries include skin cutting, burning and skin hitting, permitting to obtain a rapid but short-lived relief from an intolerable state induced by a real or perceived loss, rejection or abandonment; borderline personality disorder is also frequently associated with this kind of self-harm. Distinction between covert and overt pathological behavior leading to self inflicted skin lesions is not always so clear-cut, patients presenting with a factitious disorder being able to recognize their responsibility in the production of their lesions, when an appropriate relationship with a care giver is established. On the other hand, patient’s involvement in the creation of his skin lesions can be hidden to the health professional, due to feelings of shame often associated with a compulsive uncontrolled

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behavior. A depressive disorder has always to be screened for and, if necessary, correctly treated for. Dermatologists can progress by their own in the classification of skin inflicted lesions, but management of these mixed type disorders often warrants a good cooperation between dermatologists, general practitioners and psychiatrists, psychologists or psychotherapists.

OP31 PSYCHOPATHOLOGICAL BODILY SENSATIONS IN DERMATOLOGY (TO THE BACKGROUND OF AUTO DESTRUCTIVE BEHAVIOUR)

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The problem of qualification of psychopathological bodily sensations in dermatology is highly actual. First of all, various "itch-like" psychopathological body sensations as equivalents of idiopathic pruritus may precede autodestructive behaviour and underlie factitious dermatoses. According to our data, firstly, they refer to circumscribed hypochondria, characterized by obligatory symptomocomplex: local sensations of foreign matter in skin, as well as itch, burning and pain, accompanied by tendency to elimination of sensations by means of severe self-destruction. Secondly, polymorphous pathologic sensations in skin could be classified as hystericalgia (paroxysmal sensations of burning, crawling, pricking etc., which relieve only after obsessive scratching). These sensations always precede self-destructive behaviour in neurotic excoriations (and non-destructive behaviour in glossodynia, glossopyrosis, *scalp dysaesthesia* and vulvodinia) comorbid to hysteria. In many cases psychogenic itch could be a presentation of somatoform disorder. Tactile hallucinosis (delusional parasitosis) could be associated with excoriations also. It reflects both the delirium theme and it's somatic projection. However, in the case of cenestopathies excruciating sensations localize not only in the skin, but also in the area of internal organs and these patients don't present self-destructive behavior. On the other hand, implicated pruritus could arise in actual dermatological diseases (atopic dermatitis, eczema, psoriasis). It amplifies or reproduces preexisting itch, common for a dermatosis. Although such «superstructure» of itch develops due to psychogenic mechanisms, it requires differentiation from genuine psychogenic pruritus, developing without any somatic basis. Clinical presentations of implicated pruritus are notable for dissociation between minimal symptoms of dermatosis and great extent of complains on disturbing body sensations, as well as extraordinary fast reduction of itch (as a result of psychopharmacological treatment). Thus, a possible approach to improve classification of comorbid dermatological and psychiatric conditions is based on a syndromal paradigm, distinguishing a central «axis» of different psychopathological disorders of gradual severity (from neurotic to delusional) as a tactile cenestopathic syndromes.

OP32 THE SKIN PICKING SYNDROME

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Psychogenic excoriations are also called neurotic excoriations, dermatillomania or skin picking syndrome. The French Psychodermatology Group proposes these diagnostic criteria:

A. Maladaptive skin excoriation (e.g. scratching, picking, gouging, lancing, digging, rubbing or squeezing skin) or maladaptive

preoccupation with skin excoriation as indicated at least by one the following: 1) preoccupation with skin excoriation and/or recurrent impulses to excoriate the skin that is/are experienced as irresistible, intrusive and/or senseless; 2) recurrent excoriation of the skin resulting in noticeable skin damage.

- B. The preoccupation, impulses or behaviours associated with skin excoriation cause marked distress, are time-consuming, significantly interfere with social or occupational activities, or result in medical problems (e.g. infections).
C. Disorder is not due to a somatic disease.
D. There is an associated psychological suffering.

Psychogenic excoriations are also different from: 1) prurigo, because prurigo lesions are secondary to scratching in response to pruritus; 2) delusional infestation, because scratching is at that time a consequence of the fixed belief of being infested with pathogens against all medical evidence, 3) dermatitis artefacta, because self-injury is not admitted by patients with this syndrome; 4) malingering, because malingering is related to the aim to obtain material gain; 5) special forms, such as the Gardner-Diamond syndrome, Münchhausen syndrome and Münchhausen-by-proxy syndrome. Very recently, German authors suggest to gather together psychogenic excoriations with acne excoriée, morsicatio buccarum, cheilitis factitia, pseudo-knuckle pads, onychophagia, onychotillomania, onychotemnomania, trichotillomania, trichotemnomania and trichoteiromania in the dermatitis para-artefacta syndrome. In these conditions, the main feature is lacking impulse control and thus a failure to resist the impulse or temptation to perform an act repeatedly, without rational motivation, which is harmful to the person himself or to others. The patient is partly conscious of the disorder and admits to manipulate if queried.

OP33

ACNE VULGARIS AND EXCORIATIONS

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Whereas some flares of acne give rise to self-offensive behaviour as excoriated skin, particularly among adult women on the face, acne is sometimes putting forward to scratch and tear the skin without any previous dermatological lesions. In clinical practice, we have to distinguish a factitious dermatosis ("de novo") mimicking acne from an excoriated acne. We have to take into account first the features of the offensive behaviour on the skin (impulsive and/or compulsive), on the other part the affective and socio-professional repercussions, lastly the different psychiatric comorbidities which emphasize clinical changes (from superficial lesions to deep torn skin) and modulate therapeutic approach.

OP34

PSYCHOSOCIAL ASPECTS OF ATOPY: HOW DEEP IS THE PSYCHE INVOLVED?

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Psychosocial influences in asthma and atopic dermatitis is often discussed since the diseases are known and historical papers in the 40s of the last century hypothesized emotional aspects in atopic dermatitis (9). A more detrimental role of stress in atopic dermatitis was shown in a meta-analysis by Chida et al. (4) in 38 studies with regard of stress reaction in atopic dermatitis patients. In recent years,

stress influences in atopic dermatitis mice could be demonstrated by Amano et al. (1), Pavlovic et al. (15) and Wright et al. (20). The correlation between neuroimmunological pathways and skin inflammation is nowadays well known. Arck et al. (2) postulated that the neuroimmunological induction of skin inflammation takes center stage in the skin. Besides mice studies, also in patients with atopic dermatitis stress reactivity could be shown in blood samples (13, 17, 18) in a standardized stress situation with the Trier Social Stress Test. Besides, also stress influences of the disturbed barrier function in atopic dermatitis patients were demonstrated by Choi et al. (5). Neuropeptides seem to play a major role in neurogenic inflammation (14). A recent study of our psychodermatology competence center could demonstrate recently, that also in skin biopsies with atopic dermatitis patient there are changes in mast-cell receptors, Keratinocyte-Growth-Factor receptors and others running a standardized stress situation. Therefore, the pathways of emotional influences into atopic dermatitis inflammation seem to play an important role and psychological interventions are possible therapy strategies for the management of the disease. Several studies have shown that patients with eczema are associated with an increased risk of depression. A significant higher level of suicidal ideation, anxiety and depression among patients with atopic dermatitis was shown, with at least middle effect size. Strong correlations between severity of symptoms and psychological burden have been observed (6). The effects of psychological intervention on atopic dermatitis are already well-known (3, 7) especially atopic dermatitis education programs are in the meantime established in Germany (19).

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IMPROVEMENT OF QUALITY OF LIFE: AN E-LEARNING PROGRAMME FOR PATIENTS WITH A CHRONIC DISEASE

OP35

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Background. Chronic skin diseases like psoriasis, atopic dermatitis and hidradenitis suppurativa, have a relatively high, negative impact on health-related quality of life (HRQL). Patient education aiming at an improvement of HRQL is a promising and efficient way to provide additional health care. **Objective.** To develop and test a web-based, educational programme “Quality of Life” for patients with a chronic skin disease, consisting of information, knowledge and skills to cope with their disease more effectively and to improve their HRQL. **Methods.** A project group of professionals and patients was established. During successive meetings consensus was reached on six basic components of the programme: Itch, Worries, Anger, Depression, Social Contacts and Leisure Time. Based on the Transtheoretical Model (TTM) by Prochaska & Velicer (1997) various methods were developed for each component, such as assignments, self-tests, patient stories, interviews with experts, and polls. A pilot study, including patients with several chronic skin diseases, was performed to evaluate the first version of the programme. The pilot study included questionnaire research and a focus group session with the patients. Subsequently, a feasibility study, including several dermatological centers, was developed to evaluate implementation of the programme in routine dermatological practice. **Results.** Patients evaluated the programme as interesting, relevant and helpful in improving HRQL. Some improvements in the contents and the structure of the programme were suggested and made. The feasibility study is currently ongoing. Results are expected at the end of 2011. **Conclusion.** Patient experiences with a web-based, educational programme “Quality of Life” in chronic skin disease look promising. **Description.** Development of a web-based, educational programme “Quality of Life” for patients with a chronic skin disease, consisting of information, knowledge and skills to cope with their disease more effectively and to improve their health-related quality of life.

PSYCHODERMATOLOGY IN THE SYSTEM OF POSTGRADUATE MEDICAL EDUCATION

OP36

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At the department of psychiatry and psychosomatic medicine of the faculty of postgraduate professional medical education in I.M. Sechenov First Moscow State Medical University, Russia

in the year 2000 there was developed a unified curriculum for borderline disorders and psychosomatics (included in the national educational standards). The program consists of discrete training modules. By the scientific researches this unified program is being filled by new data in psychosomatic, including the ones in psychodermatology area. In conjunction with dermatologists and psychologists by clinical method there were surveyed more than 900 patients and by epidemiological method – 1100 patients with psychodermatological disorders during the period 2000–2010. The rates of prevalence of the psychodermatological diseases were obtained, and the approaches for their diagnostic and treatment were developed. The modern classification of the psychodermatological diseases in the range of clinical concept of psychosomatic medicine was defined. The models of organization of the medical care for the patients with psychodermatological pathology were developed. Recent psychotropic drugs (anxiolytics, antidepressants, atypical antipsychotics) were introduced in the clinic of dermatology. Educational modules of different volume in psychodermatology for practitioners (psychiatrists, dermatologists, general practitioners) were used in the qualification improvement training courses and in clinical internship and residency. Different distance educational technologies in training of medical workers were applied (videos demonstrating clinical cases, videoconferences, internet, medical TV-programs). Several psychodermatological symposia were organized in Russia. Use of psychodermatological modules with new educational technologies in training courses of medical workers lead to optimization of postgraduate medical education in the field psychosomatics. **Summary.** At department of psychiatry and psychosomatics Moscow Medical University postgraduate educational medical program in psychodermatology developed. Psychodermatological modules with new educational technologies are applied in training courses of medical workers.

OP37 ESDAP TRAINING IN PSYCHODERMATOLOGY: EADV COURSES

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Since 2007, EADV has offered every 2 years the possibility for 20 residents to participate in an intensive summer school on Psychodermatology. The teachers from the European Society of Dermatology and Psychiatry (ESDaP) are John de Korte, from The Netherlands, Uwe Gieler from Germany, Françoise Poot from Belgium and Jacek Szepletowski from Poland. At the first session Chris Bridgett, psychiatrist from UK was also in the team. They shared their experience with the young dermatologists. Moreover since 2010 this was also organized for 20 practitioners. During the workshops and small groups it appears that some difficulties are common among the participants. How to better communicate with the patient, how to announce bad news, how to reach the true problems beyond the symptoms were some well-appreciated workshops. The participants had the opportunity to improve their communicating skill in an atmosphere full of respect and understanding. This workshop pointed out how to take care of oneself as caregiver to avoid burn-out and to be protected from invading patients. The participants learned how to manage patients with self-inflicted lesions, depressed patients, psychiatric patients. After the training they could succeed in the referral to a psychiatrist or a psychologist. The quality of life and the burden of the disease was another facet of this training: how to measure it, how to help the

patient to cope with chronic diseases. Finally and last but not least this training has created a strong friendship between the participants and most of them made plan to meet during next EADV or ESDaP events. For the future we hope to offer in 2013 advanced course where all those now called “well-informed dermatologists” could continue to develop their knowledge in Psychodermatology and the friendship they started together during the courses. This will certainly make them happier in their profession because it is well-known that the more satisfied the patient is, the happier the dermatologist could be moreover when he or she has a sustaining professional network. In the meantime there will be a 3rd edition of the Training course in Psychodermatology for Residents from 18th to 22nd of July 2011 in Brussels. Application are already open through the Fostering program on the EADV website. A second edition of the training for practitioners will be organized in mid-July 2012.

PSYCHO-VENEREOLOGY

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If we consider venereology as an equitable part of the dual medical specialty with dermatology we may extend to venereology the dermatological principles of co-morbid psychopathological classification. According to these principles, there are 3 groups of disorders: venereological problems secondary to psychopathology, true STD simultaneous with psychopathology, and psychopathology developed due to STD. Apart from true co-morbidity of STD and psychiatric disorders there are 2 groups of conditions specific to venereological problems, which differentiate them from the dermatological ones, while making them closer to psychiatry. These specific conditions are various venerophobias without any clinical, or laboratory confirmed signs of STD, and impotence as a consequence of STD. These may occur when a true STD was successfully treated, or even if there were no STD at all (phobia). STI, or even fear of STI, may cause a severe stress, especially in males who concentrate on specific masculine merits. This could be an important issue for sportsmen who demonstrate dominant masculine traits, who may lose their ability to demonstrate high results when they know that they got STI. Contagiousness of STD and fear of transmitting infection to the partner, chronic character of certain STD (i.e. HSV, HIV, viral hepatitis), their serious, or even fatal consequences, including vertical transmission to fetus during pregnancy, and different phobias caused by fear of STD without disease very often make it necessary to include psychiatric consulting into treatment schedules of STD. Consulting has major impact on contact tracing. Inclusion of psychiatric methods of consulting and treatment into routine antimicrobial, or antiviral treatment in STD may not only help to prevent spread of infection but may significantly enhance the patients' quality of life.

PSYCHOSOMATIC ASPECTS OF HERPES RECIDIVICUS GENITALIS

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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. We aimed to assess

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the psychological impact of recurrent genital herpes. The study group comprised 34 patients (15 male and 19 female) with genital herpes simplex virus (HSV). Subjects were divided in the three groups: those reporting up to three recurrences, those reporting four to seven recurrences, and those reporting eight recurrences or more. The study involved a clinical psychodiagnostic investigation augmented by computer testing with the use of the MMPI (adapt. Russian version) system. The level of anxiety was evaluated by using the Russian version of the Spilberger test (STAI). A battery of psychological tests included a measure of quality of life. Patients were also asked questions about their sexual behaviour. Psychological disorders of varying degree of manifestation were identified in 15 patients (6 males, 9 females) (44%) involved in the study. Among the basic psychopathologic syndromes the highest prevalence was recorded of disturbing – hypochondriac syndrome – in 12 (35.3%) patients, 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 than those with fewer episodes. During prolonged suppressive therapy (valaciclovir 500 mg/day, 6–12 month without exacerbation) the psychological impact was significantly improved. In conclusion, there is substantial psychological morbidity associated with frequently recurring genital herpes. The role of personality factors in relation to health belief needs to be further investigated. The prolonged suppressive therapy is an effective method for the disease-control.

OP40 SYPHILIS INCIDENCE: PSYCHOSOCIAL CAUSES AND EFFECTS

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Although the syphilis incidence in Russia tend to decrease during the last years, the problem of complex treatment of these patients taking into account also psychosocial aspects remain actual. An epidemic situation with syphilis, is, of course, a result of the negative changes in socio-economic area and a number of medical administrative problems. However, despite of some reduction of the growth rates today, syphilis incidence remains quite high in the majority of the age periods, psychosocial and professional groups of the population. We shortly review available data on psychological and psychiatric aspects of syphilis, including mental disorders in tertiary syphilis and psychosocial peculiarities of patients with this disease, and summarize the experience of medical service in Russia as well as our own experience.

OP41 QUALITY OF LIFE ASSESSMENT IN CONDYLOMA ACUMINATA PATIENTS

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The prevalence of the HPV infection condyloma acuminata has increased in the past few years, along with its psychological implications and morbidity. It had become a necessity to be able to evaluate these patient’s quality of life, with specific tools, so the CECA was developed. We present the results of our validation study to assess the measurement properties of the CECA (Spanish acronym for the Specific Questionnaire for condylomata

acuminata) in patients with anogenital condylomas. A total of 247 patients aged > 18 years completed the questionnaire on 2 occasions as well as the Dermatology Life Quality Index (DLQI). The CECA questionnaire showed good internal consistency (Cronbach’s α values of 0.86 and 0.91 in the emotional and sexual activity dimensions) and good test-retest reliability (intraclass correlation coefficient 0.76 emotional dimension, 0.82 sexual activity dimension). Patients with de novo lesions and those with more extensive lesions and larger number of warts showed poorer health-related quality of life. CECA and DLQI scores correlated moderately. Patients whose lesions cleared at follow-up or with a reduction of $\geq 50\%$ showed a better improvement of health-related quality of life. The CECA questionnaire is a valid, reliable and sensitive tool for the assessment of health-related quality of life in patients with anogenital warts, helping us to evaluate not only the psychological impact on the patient, but also the acceptance and patient’s point of view of the different treatments available.

THE STATE OF THE ART IN PSYCHO- DERMATOLOGY

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Psychodermatology has changed a lot since the last decade. I was asked to talk about the art. But nowadays, psychodermatology is a science as well as an art. The recent progresses in neuroimmunology are giving a scientific background to it. More and more dermatologists are aware of the psychic part in dermatological diseases. They are ready to listen to sociopsychological complaints and they are willing to improve their knowledge in this field. The stress is explored on animals and on humans. We know better the different pathways and we can differentiate effects of acute or chronic stress. Beta-adrenergic receptors have been found in different organs and beta blockers seems to be interesting to protect these organs instead of bombarding the individual with calming agents. We need our stress to realize things in our lives! The progress in brain imagery is impressive. Thanks to Petscan and PetCT we can localize the emotions in the brain. We can understand its functioning and we can see the neurotransmitters in action. Even love is studied on the biochemical point of view! Psychosomatics is going from different reducing models to a broader understanding of its complexity. The family is now involved with the patient because of the impact of the disease but also to be a part of the healing. The human genome is known but we are going to epigenetic influences. Some characteristic like gender difficulties (homosexuality or transexuality) that have been attributed in the past to psychological factors are discovered as difficulties in the gender differentiation of the brain and related for a part with lack or excess of androgens influence on it. However there is a risk to reduce the human being to his brain and the emotions to a peak of neurotransmitters. Our society is also there to put always the individual in the center and to try to reduce the suffering, cause or consequence of the skin disease. What kind of education in psychodermatology should be given to dermatologists is clearer and we have a program that fulfill the expectations of our young colleagues. Even if we can only reach a few of them, they will transmit our vision and I do hope that this will help to make the medical care, at least in dermatology, evolve in a way where the human being is taken as a whole and as a partner.

Oral Presentations: Parallel Symposia

OP43 PREVALENCE AND CLINICAL CORRELATES OF BODY DYSMORPHIC DISORDER IN ADOLESCENT INPATIENT PSYCHIATRIC PATIENTS

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Background. Body dysmorphic disorder (BDD) is a relatively common disorder in adolescents, however, its rate and its clinical correlates are underestimated in this population group. We attempted to find the prevalence of BDD, its correlates and its associated comorbidity in adolescent inpatient hospital setting. **Methods.** Sixty patients were included in the study. The subjects completed a specifically designed questionnaire asking for demographics and psychosocial variables; body dysmorphic questionnaire which is a valid and reliable screening instrument; children's depression inventory, multiaxial anxiety scale for children and Yale-Brown obsessive compulsive scale. The data concerning features of body dysmorphic disorder, clinical correlates, history of sexual abuse, self injurious behavior, and past suicidal attempts and the history of psychiatric hospitalization were collected. **Results.** 58% of participants endorsed symptoms qualifying for body dysmorphic disorder per DSM-IV TR criteria. All of them suffered from symptoms of depression and anxiety. 90% suffered from sexual abuse from their family members. About 70% acknowledged self abuse behavior in the form of skin cutting on the wrists, arms and legs. 25% attempted suicide at one point in their life time and about half of them had previous psychiatric hospitalization. Only 35% qualified for the diagnosis of obsessive compulsive disorder. After depression and anxiety, bipolar disorder was the common associated co-morbid psychiatric condition. **Conclusion.** These findings suggest that body dysmorphic disorder is relatively common in adolescent population. This is accompanied by several comorbid conditions such as self injurious behavior, suicidal attempts, and several psychiatric conditions. Patients with body dysmorphic disorder should be carefully assessed and evaluated for psychiatric comorbidity.

OP44 PSYCHOCOSMETOLOGY

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An increasing demand for and use of doctor/medical services by healthy resulted in a drastic change to aesthetic medicine. Additional medical tourism coined by travel agencies and healthcare providers is rapidly-growing to obtain cosmetic dermatology. Germany is an attractive destination for patients from the Middle East since traveling to the USA has become more difficult for them since the September 11 attacks. Often there is a high pressure on the doctor to satisfy the booked expectations of the patient. The dream of youth and beauty is at the center of elective treatment in aesthetic procedures. Patients with psychological disturbances sometimes push aside possible risks and complications or deny side effects and interactions of the procedures. Subjective impairments of appearance, feelings of inferiority and sociophobias may be in the background of somatising disorders. These emotional disorders, such as body dysmorphic disorder, personality disorder or polysurgical addiction often remain undiscovered and should be excluded in the entire area of treatment on demand.

AESTHETIC DERMATOLOGY

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Aesthetic world is becoming one of the most important businesses nowadays. Taking into account that our face and our body are the first presentation card to the world, aesthetic and psychiatry are two disciplines very close each other. Any damage to our image can have an effect on our individual, social, family or working life. It is important to maintain a correct aesthetic equilibrium because aesthetic means welfare, health, happiness, success and power. If someone is not happy with her or his body image can suffer from low self-esteem, anxiety problems, bad sexual relationships, depression or eating disorders. Physical appearance and mental health have a very close relationship, from light psychological disorders to neurotic, psychotic or personality disorders. It is a priority task to evaluate emotional and mental status in all our aesthetic patients: therapy expectancies, fantasies, complexes, fears, anxiety and depression status. There are two groups of people who usually come to our clinics asking for an aesthetic procedure. In the first group, there are people with a personality fitted to reality who want to look themselves and feel better. In the second group, people with severe alterations of their body image as eating disorders (anorexia, bulimia) or body dysmorphic disorders. The patients of the second group with body image disorders should be treated from the psychologist or psychiatrist point of view but not from the aesthetic point of view. Dermatologist and aesthetic doctors must take into account all the aspects mentioned above and evaluate the patients mentally and emotionally before any aesthetic procedure.

WHAT TO DO AND WHAT TO AVOID IN PATIENTS WITH A PSYCHIATRIC BACKGROUND OP46

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Significant psychiatric or psychosocial comorbidity is present in at least 30% of our patients. This is why it is so important to suspect an underlying non-dermatologic problem when attending our patients. As dermatologists if we want to help them, the first to do, is to recognize the signs or symptoms that might evidence that the patient has a psy (psychological, psychiatric or psychosocial) distress. An holistic approach to the patient should be made. In the first consultation, the dermatosis gives us the opportunity to establish a nice boundary while speaking and exploring the patient. It is important to evaluate his/her social setting and to inquire if they feel that daily life can influence the dermatitis. Nowadays, quality of life is a well known item, so we can use it to assess the impact of a disorder in the social, emotional, physical or sexual functioning of the patient. A logical and systematic approach, such as that described by Gupta facilitates the diagnosis. Although our attitude depends on the type of pathology, we should always listen, accompany and give reassurance and empathy to our patients, to let them explain their feelings, otherwise patients might conceal what really concerns them and anxiety can increase. Confrontation should always be avoided, and referral to a psychiatrist should be delayed unless they are willing to consult a mental health care professional. Meanwhile, we should follow them and if possible, start correct therapy in order to achieve improvement and prevent losing them for follow up.

OP47 OPTIMAL MANAGEMENT OF DELUSIONAL PATIENTS: INTERPERSONAL APPROACH AND PSYCHOPHARMACOLOGY

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The type of delusional disorder most often encountered by a dermatologist is monosymptomatic hypochondriacal psychosis (MHP). Patients with MHP are psychologically “normal” except for the presence of an “encapsulated” delusional ideation that typically revolves around one particular hypochondriac concern. The most common MHP seen by dermatologists is delusions of parasitosis (DOP) and Morgellon’s disease. Those with Morgellon’s have a fixed belief that they have mysterious condition whereby fibers or other inanimate objects are extruding from their skin. Sadly, those who are afflicted with these forms of psychosis often end up with ruined lives in solitude, despite the fact that they are otherwise psychologically well functioning individuals. These patients generally lack insight as to the psychiatric nature of their disorder. They shun the help that they most desperately need, namely appropriate mental health care. This is particularly tragic since psychiatric medications that are highly effective for this condition, such as pimozide, risperdal, and olanzapine, are available. Hence, knowingly the optimal approach in establishing therapeutic rapport with these patients is just as critical as knowing how to prescribe these medications. We will describe an optimal approach to delusional patients, followed by a discussion on the use of selected psychotropic medications.

OP48 SPECTRUM OBSESSIVE-COMPULSIVE DISORDER IN DERMATOLOGY

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Obsessive-compulsive disorder (OCD) is characterized by either obsessions or compulsions, which cause marked distress and disturbances in the patient’s functioning. A variety of similarities is observed among a number of psychiatric and neuropsychiatric conditions and OCD because of presents of obsessions and compulsions. This fact causes that this wide range of disorders shares similar features with OCD to be meaningfully grouped with it and called obsessive compulsive spectrum disorder. The aim of this talk is to approach psychodermatoses which belong to the obsessive compulsive spectrum disorder. Body dysmorphic disorder, trichotillomania and onychophgia will be presented and discussed attachment to the spectrum of obsessive compulsive disorder.

OP49 DISORDERS OF IMPULSE CONTROL: A MARKED CLINICAL IMPROVEMENT AFTER ORAL ANTICONVULSANTTS

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Keyword: self-inflicted disorders, anticonvulsants, dermatitis paraartefacta syndrome. **Introduction.** Factitious disorders are a somatic expression of an extremely serious mental illness, unknown to the patient. According to that impulsive dermatitis includes a wide variety of clinics. Impulsivity is understood as a common trait of human behaviour and could be the cause of many nuclear psychopathological alterations in diverse mental disorders.

Dermatological treatment is symptomatic and it is determined by the clinic. When first line treatment have failed it is necessary to start a second-line treatment which includes psychotropic drugs at this point we should consider the new anticonvulsivants. **Material and methods.** Between 2006 and 2008, 9 patients with disorders of impulsive control (8 women, 1 man) were included in this study. All patients were treated with anticonvulsivants. 3 were diagnosed for Trichotillomania, 2 for Acne Excoriée, 2 for neurotic excoriations and 2 for nodular prurigo. The subjective appreciation of the patient’s situation and the grade of impulsivity were evaluated with the CGI scale and the Barratt scale. **Results.** 5 patients had showed a great improvement, 2 noticed improvement, 2 slight improvement. **Conclusion.** Early diagnosis and early treatment can avoid invasive diagnostic procedures. Regard the treatment we should consider the use of drugs that have demonstrated efficacy in daily clinical practice and work towards generating consensus among specialists such as anticonvulsivants. Finally, the use of psychiatric tests is useful to focus treatment better.

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BIPOLAR DISORDER

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Bipolar Disorder is a biological disease, chronic, with episodic course, that affects the mechanisms that regulate mood, presenting (but not always) episodes of depression and elation with a high genetic load that affects approximately 4% to population, which is the 6th leading cause of disability worldwide. When we think of Bipolar Disorder as Dermatologists usually attach it to Lithium and its adverse effects such as acné and psoriasis. The premise of this talk is that in addition to this we have another point of view: Why don’t we think that our interview, taking into account the resources available to us, and the frequent association of dermatological disease and depression, may be the starting point for a correct diagnostic process and treatment with the Mental Health Department? Depending on the prevalence, high impact on public health and the diagnostic difficulty that arises from this condition, taking into account the prolonged depressive episodes for which patients may consult us, I think it is very useful to make this diagnosis from any branch of medicine. It is a challenge.

STRESS REACTIVITY AND CORTISOL IN PSORIASIS: WHEN STRESS GETS UNDER THE SKIN

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Psychosocial stress factors are assumed to affect the course of chronic inflammatory diseases, such as psoriasis, for example, due

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to a direct relationship between stress factors and HPA-axis activity. Recent experimental and prospective studies have particularly focused on the relationship between psychosocial stressors, cortisol and the disease course of psoriasis. From these studies, it can be concluded that there is at least preliminary support for a relationship between psychosocial stressors and the course of psoriasis, for example by an altered cortisol response during exposure to stress. These factors seem to be particularly relevant during phases of high levels of daily stressors and for patients who report heightened stress levels during a longer period of time. Clinicians should be aware of the possible effect of daily stressors on disease outcome, particularly when patients are going through stressful periods and for those subgroups of patients who are most vulnerable to the enduring influence of daily stressors.

OP52 SLEEP IN PSORIASIS, THE CURRENT STATE OF KNOWLEDGE

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Psoriasis adversely affects quality of life. Patients with psoriasis have higher rates of depression, and other systemic problems such as metabolic syndrome, cardiovascular disease, alcohol use, pain, and itch. Considering that all these factors affect sleep and the fact that sleep problems adversely affect immune system and quality of life it is surprising that relationship between sleep and psoriasis has not been subject to more intense scrutiny by researchers. This session will review sleep and what we know about sleep problems in psoriasis patients.

OP53 ANXIETY AND MOOD DISORDERS IN PSORIASIS

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Psoriasis is a common chronic skin disorder with 1–2% prevalence in the general population that has been associated with psychiatric morbidity. Both genetic and environmental factors are believed to play an important part in the pathogenesis of that disorder. The impact of psoriasis on QoL may result in high levels of psychological morbidity, the severity of which can be higher than cancer or other medical illness such as diabetes. For this reason we studied a sample of psoriatic patients and evaluated socio-demographic characteristics, anxiety and depression levels and other psychiatric symptoms. We aimed to evaluate the psychological status of our patients we used SCL-90, BDI and STAI. We also evaluated the QoL using SKINDEX-29

OP54 PSYCHOTHERAPY IN PSORIASIS

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The skin and the nervous system develop side by side in the fetus and remain intimately interconnected during all our life. In keeping with that skin-nervous system interactive we add a complementary non-pharmacologic psychotherapeutic intervention to have a positive impact on dermatological disease such as psoriasis. Psoriasis is a chronic dermatological disease with several co-morbidities that may cause stigmatization and reduce self-confidence. Sometimes our patient shows difficulties to co-

ping life stressful events and different situations related to illness that realise that negative emotional stress such as stress, anxiety, depression and anger can elicit or exacerbate psoriasis, this interaction often underlies the so-called vicious cycle that exists between skin and emotion. Non-pharmacologic psychotherapy treatments include structured and unstructured interventions that may ameliorate skin disorders and psychological distress. We can use specific suggestion as to the incorporation of these techniques into clinical practice.

INTERPRETING PHYSICAL SYMPTOMS – IS SYMBOLISATION “ACTED OUT” ON THE SKIN?

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Dermatological symptoms are explained in classical medicine in terms of the interplay of skin and blood cells, cytokines, neuropeptides etc. in a previously homeostatic stage. The loss of homeostasis is thought as being caused by external stimuli like infections, UV radiations, or at best neurogenic inflammation (in the classical interpretation of stress as co-source of inflammatory skin diseases). Nevertheless, exploring the life history of dermatological patients leads more often than expected to seductive, but non-rigorously scientific interpretations of the aetiology of skin lesions: these interpretations are often of associative, or even symbolic nature. So, skin lesions can be seen, for instance, as signs of “overload signals” (for example psoriasis turning up in a genetically predisposed patient in a stress situation); but they may also present as the unlikely result of associations of physical signs and life events, as if the skin (or “something behind it”) were a “thinking entity”, capable of symbolizing and elaborating concepts, thus producing symptoms as a function of language, thought, and mental abstractions. The authors look at the disease in terms of a higher, not yet or non-fully appreciable entity, which is seen differently depending on the discipline by which it is approached (classical biological medicine, psychoanalysis, biopsychosocial approach etc.). This entity – because of its own nature – is “behind a screen”; the explanation of the symptoms it produces will vary according to the theory through which it is modelled. The single models are only projections of the complex entity which itself cannot be grasped fully but can only be projected on the screen by different lamps from different angles. By reviewing some of the existing literature and examining clinical cases the authors hope to shed some light on a problem that is disquieting every practising dermatologist who wants to give enough space to a psychosomatic approach without losing the rational and scientific approach that is mandatory for every practising physician.

HYPNOSIS IN PSYCHODERMATOLOGY

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The term “mind-body” is now considered to be a physiological description of elaborate neuro-immuno-endocrine connections between the CNS and end-organs rather than a new-age concept. The acceptance of these bidirectional influences validated the con-

cept of psychophysiological conditions. Hypnosis, being a powerful link between body and mind, can therefore be a good therapeutic tool in psychodermatology, where conditions are more than skin deep. During the hypnotic trance, there is a heightened receptivity to suggestions, and deeper parts of the mind become more accessible. The focused attention and suggestions facilitate physiologic changes in ways not yet fully understood, and offer relief for various dermatologic diseases and conditions. In the medical literature there are only several case reports and few controlled trials on the effect of hypnosis on more than 20 dermatological conditions, nevertheless, the sparse data in print does not reflect the imaginative and powerful experiences of practical hypnotherapy. The talk will include an overview of the literature as well as few vignettes from a hypnodermatology clinic.

OP57 MINDFULNESS IN PSYCHODERMATOLOGY

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The term “mindfulness” is the English translation of the word *sati* in pali language, and it means “conscious awareness”. Mindfulness refers to being completely in touch with and aware of the present moment, as well as taking a non-evaluative and a non-judgemental approach to your inner experience. Thoughts are viewed as thoughts as opposed to evaluating certain thought as positive or negative. The term comes from Eastern spiritual and religious traditions like Zen Buddhism. It was a vietnamese buddist monk, Thich Nhat Hanh who used it for the first time in his book “The miracle of mindfulness”, a letter he wrote to his disciples when he was in exile, reminding them the importance of the practice of breathing and constant awareness to the present moment in order to achieve peace. This type of meditation teaches people to focus on the present moment. The individual sustains attention to the breath to anchor it to the present moment and repeatedly disengages attention from thoughts and emotions as they inevitably arise. It can be done sitting, walking, or lying. Once we focus on our breathing, we can expand our awareness focusing our attention to our senses. Our senses, blending together, shape our knowing of the world and our participation in it from moment to moment. Another type of mindfulness meditation is the body scan; which is a lying down meditation, which involves systematically sweeping through the body with the mind, sensing how the breath is moving in and through each region. Jon Kabat Zinn introduced Mindfulness meditation in Medicine. He created the Mindfulness-Based Stress Reduction and Relaxation Program at the University of Massachussets Medical Center in 1979, which was developed to facilitate adaption to medical illness. Initially, Kabat Zinn used it in stress reduction in patients with chronic pain conditions and chronic stress. Since then it has been applied in patients with fibromyalgia, rheumatoid arthritis, chronic fatigue syndrome type 2 diabetes, hypertension, among other disorders. Numerous reports have been published on the use of Mindfulness-based stress reduction in oncology. It may improve cancer patients’ psychosocial adjustment to their disease, reducing stress symptoms, enhancing coping and well being.. Carlson et al, have found a T-cell production of IL4 increased, and IFN gamma decreased, whereas NK cell production of IL-10 decreased (Carlson LE), and Massion and his team have found evidence of increased levels of melatonin in cancer patients undergoing a Mindfulness-based Stress Reduction Program. In Dermatology , most of the studies which have been carried out

have been based in psoriasis. Jon Kabat Zinn and coworkers have studied the role of a mindfulness meditation-based stress reduction intervention on rates of skin clearing in patients with moderate to severe psoriasis undergoing phototherapy and photochemotherapy. Abundant studies have been done on the use of Mindfulness based stress reduction associated or not to other psychotherapeutic techniques like cognitive behavioural therapy in psychiatric patients. It is especially useful in patients suffering of an anxiety disorder, helping them to accept unpleasant situations calmly, and enabling to decrease the doses of antianxiety medications. It is also useful in obsessive compulsive disorders, in mood disorders, like depression, and bipolar disorders, as well as in attention-deficit/hyperactivity disorder, sleep disorders, and borderline personality disorder. No studies have been published so far using Mindfulness based stress reduction techniques in Psychodermatology. Simple techniques for mindfulness meditation, like meditative breathing, body scan and mindful daily living exercises applied to Psychodermatology patients can be taught in the clinical setting. It is a low risk, low-cost adjunct to the treatment of stress and anxiety associated to patients with psychodermatological disorders. Use of this behavioural intervention is an area of burgeoning interest to clinicians and researchers. Earlier studies were small and lacked experimental controls, although the quality of valid research is growing. Still, more and more controlled, randomized studies, and qualitative research is needed. Living mindfully with a psychodermatological disease is a fruitful area for research, and it can be predicted that evidence will grow to support the role of consciousness in the human experience of the disease.

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CAUSES OF DERMATOLOGICAL ILLNESSES – PATIENT’S PERSPECTIVE **OP58**

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Patients differ greatly in the way they react to their illness and how they behave. Some patients take their illness seriously, follow dermatologists’ instructions carefully and regularly attend follow-up appointments, while others neglect the instructions, don’t take medications as prescribed and show up for appointment only if their condition worsens. Also, some patients have a strong emotional reaction to the illness while others seem to accept it without any special reaction. The research so far has shown that behaviour and psychological reactions do not depend on the severity of the illness, and are not correlated with patients’ personality traits. The question how to explain those differences

still remains. Recent research in the field of health psychology has proved that illness perceptions can have a significant influence on the psychological reaction to different illnesses, as well as on the treatment adherence. Illness perceptions are cognitive schemas that patients develop about their illness. They consist of five basic beliefs about the illness: identity, timeline, cure and control, consequences and causes. Causes of illness perceived by the patients seem to be especially important in modifying patients' behaviour. A research study concerning illness perceptions and causes of illnesses is being conducted at the Department of dermatovenereology, University hospital "Sestre milosrdnice", in Zagreb, Croatia. Causes of different dermatological illnesses will be analyzed and their importance for the health behaviours will be discussed.

OP59 NEW DEVELOPMENTS IN THE FIELD OF QUESTIONNAIRES FOR RESEARCH AND PRACTICE IN PSYCHOSOMATIC DERMATOLOGY

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Since about 30 years validated psychological questionnaires were developed and applied to dermatological patients for diagnostic purposes and to evaluate therapies. In the first period the development of questionnaires was strongly influenced by psychological theories. Concepts like coping and stigmatization were applied to skin-specific research questions or disease-specific aspects of dermatological patients (e.g. "Adjustment to Chronic Skin Diseases Questionnaire", Stangier et al., 1996; "Feelings of Stigmatization Questionnaire", Ginsburg & Link, 1989). In the following period the development of questionnaires focused on the purpose to assess quality of life of dermatological patients (e.g. "Dermatology Life Quality Index", Finlay & Khan 1994, "Skindex", Chren et al. 1996). About 10 years ago the first disease-specific questionnaires for different dermatological burdens were conceptualized. From then on dermatological – and disease-specific questionnaires found their way into the dermatological daily routine. In studies, that evaluate pharmacological as well as behavioral education-programs, quality of life has become an important measure besides severity indices. One major aim of the presentation is to discuss new developments and future tasks concerning questionnaires that can be used in the field of psychodermatology. One of our main future tasks is to correctly translate and validate the so far existing questionnaires. This has to be done to allow an intercultural comparison of study results. Another field in which developments are arising is a group of measurements, which has been introduced by Augustin et al. in 2008 for the first time. The measurement he introduced is the so-called "Patient-Benefit-Index", which focuses on the treatment-goals and achievement of objectives from the patients' point of view. These measurements might be one first step into assessing the patients' wishes to profit by an extra psychotherapeutic treatment in a very time-efficient way. The third field, which can be regarded as the most important one, involves the task to develop measurements for clinical use, which can be applied to patients as screening-indices. These questionnaires should be able to give colleagues, who mainly focus on somatic aspects of dermatological diseases, a hint towards if further diagnostic features or patient-education is needed.

ASSESSMENT OF QUALITY OF LIFE OF PATIENTS UNDER PHOTOTHERAPY FOR DERMATOLOGICAL DISEASES

OP60

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Introduction. The skin and appendages is one of the first things in which people repair their social relationships as an alteration of these can influence the image and in multiple aspects of the subject's life. Psoriasis is a chronic, relapsing skin disease that produces a marked reduction in the quality of life. Phototherapy, especially in form of narrow-band UVB is an alternative treatment of choice in plaque psoriasis and psoriasis of moderate extent. Also, regarding the impact of such treatment on quality of life of patients with psoriasis, there are few studies analyzing this effect. **Objectives.** 1) Assess the impact on quality of life of patients with psoriasis treated with phototherapy. 2) To analyze the changes in clinical parameters in these subjects and correlated with the values of quality of life after treatment. **Material and Methods.** Forty-six patients were selected, regardless of their condition, candidates for phototherapy, narrowband UVB form or PUVA in the drive of the Dermatology Department of Hospital Universitario Virgen de la Victoria, Málaga. The ages ranged between 14 and 76. The inclusion period was from September 1, 2009 to March 1, 2010. All study subjects were applied the SF-36 tests and Skindex-29, both at the beginning and end of treatment. Also quantified the level of initial and final severity of psoriasis based on the PASI score. We created a database in Excel 2007 for Windows 7.0, for subsequent screening and analysis in the SPSS 12.0 software. For the analysis of the SF-36 and Skindex-29 were obtained mean values and standard deviations for each domain in both quality of life and the total test result before and after treatment and compared the distribution of data by applying test of Student *t*-test. Finally, we evaluated the performance of the quality of life after treatment based on clinical and sociodemographic parameters. **Results.** Of the 46 individuals selected, 78% were patients with psoriasis ($n=36$), 61% female ($n=22$) and 39% male ($n=14$). In relation to the severity of the disease, 52.8% ($n=19$) had an initial PASI between 10–15 and the end of treatment 91.7% ($n=33$) had a lower final PASI 10. The analysis of SF-36 test showed that 72% of patients reported an improved perception of overall well-being in both domains, physical and mental health, significant differences were found. On the other hand, Skindex-29 questionnaire, 64% were benefited from the treatment in relation to the overall quality of life and observe any significant differences in symptomatic and emotional dimensions. **Conclusions.** Our data show that phototherapy in various forms determines a significant improvement in both clinical and quality of life of psoriasis patients with an initial PASI intermediate or low (<15). Also, the extent of the disease seems to condition the general perception of subjective well-being in these patients.

ATOPIC ECZEMA IN CHILDREN: ANOTHER HARMFUL SEQUEL OF DIVORCE

OP61

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Background. Different life style factors seem to be associated with the risk for atopic diseases and some studies suggest that stress increases the risk of allergic sensitisation, asthma and atopic eczema. Only few studies have investigated the association of early stressful life events and atopic eczema (AE) in children. **Subjects and Methods.** Parents of participants of the ongoing LISA-birth cohort study were asked to give information on life events, such as severe disease or death of a family member, unemployment, or divorce of the parents. Life time prevalence of AE and incidence after the assessment period for life events were compared. **Results.** Prevalence of AE until the age of four was 21.4%. Reported life events within the first two years were: severe disease (17.5%) or death (8.4%) of a family member, divorce/separation (3.4%), and unemployment (2.7%). Divorce/separation was associated with a significantly (OR 3.59, 95% CI 1.69;7.66) increased and disease with a significantly (OR 0.29, 95% CI 0.13; 0.68) decreased incidence of AE for the subsequent two years of life. No effect was seen for unemployment. **Conclusions.** Divorce/separation of the parents and severe disease of a family member influence the risk to develop AE.

OP62 PRELIMINARY DATA REGARDING QUALITY OF LIFE IN ACNE PATIENTS USING CDLQI

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The purpose of the study was to investigate the impact of acne on the quality of life in patients <16 years old. **Patients and method.** 81 acne patients (56 women and 25 men) were enrolled for the first data of our study. CDLQI (Children's Dermatology Life Quality Index) in Romanian version was used for the quality of life impact. **Results.** Mean age was 13.98 years (SD 1.201). The mean score for CDLQI was 6.43 (SD 4.92) – moderate effect on patient's life. No significant difference comparing mean score for girls (6.62, SD 4.99) and boys (6, SD 4.72) ($p=0.6$). Most affected fields were represented by: symptoms/feelings and leisure. 8 patients (9.8%) had scores 0–1 – no effect on patients' life, 35 patients – 32.2% had 2–5 scores – small effect, 26 patients – 32.1% moderate effect, 12 patients-14.8% - very large effect. None had scores more than 20. There was no significant difference in the mean score comparing the "face" (6.27, SD 5.17) and "face and trunk"(6.51, SD=4.66) ($p=0.83$). There was no significant difference comparing girls and boys in both groups. In 70.3% of cases there was moderate acne. There was not a clear relationship between the severity of acne lesions and the impact on the quality of life. There were patients that had over-evaluated mild and moderate lesions (especially girls), but there were also some of them under-evaluating severe

lesions of acne (both girls and boys). **Conclusions.** Even there are preliminary data we can observe that acne has an impact on the children's quality of life, in 15% of cases a very large one. Data analysis will be continued.

PUBLISHING A PAPER IN A SCIENTIFIC JOURNAL OP63

Agneta Andersson

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All researchers have a pressure to publish work frequently in order to further or sustain their career. Frequent publication is one of the few methods at a researcher's disposal to improve their visibility, and the attention that successful publication brings to authors is the reward for their hard work. I will in this lecture give a little overview on: 1) What to think about before submitting a paper; 2) How the editorial office handle the papers and how the review system works; 3) What are the most frequent reasons for rejecting a paper; 4) Briefly explain impact factor and; 5) Explain the different models of journals, as traditional subscription-based journals and open access journals, etc.

IMPORTANCE OF PUBLIC RELATION ISSUES IN PSYCHODERMATOLOGY OP64

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Public relations (PR) seem to be of extreme importance in today media dominated world. Medicine is not an exemption. Furthermore, psychodermatology as a fairly new discipline on the crossroads of dermatology, psychiatry, psychology and aesthetic medicine requires strong, professional PR work in the society in order to gain an important place in contemporary medicine. Unfortunately, the word psycho does not correlate with favorable memories in the vast majority of our colleges, not mention the general population. Probably the past issues have a lot to blame. Nevertheless, today world with the increase of both chronic dermatological diseases and psychiatric disturbances being on the increase, psychodermatology seem to be a very promising discipline. However, in order to become a real science with serious connotations and competitive for research grant applications, interdisciplinary cooperation in the field of cutaneous neurobiological research should be widely adopted. Strong international organization and national ones with professional PR agencies, media contacts and politicians personal interest in this field are very important. Creation of so called psychodermatological support groups worldwide seems to be a must to allow this discipline to develop in the best possible way.

PSORIASIS AND THE RUSSIAN SOCIAL NETWORKING WEBSITES OP65

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Objective. 1) To analyze all the interests of people suffering from psoriasis regarding their disease while chatting on social networking websites. 2) To find out the members' opinions about the influence of chatting in focused communities on the course of their disease. 3) To determine the necessity of a professional dermatologist's presence in these communities. **Methods and Results.** We analyzed the focused online communities of people suffering from psoriasis on various Russian networking websites (types of the communities,

number of members, age of members etc.). The most popular and interesting topics were found. The pieces of advice given by some members to others were analyzed and divided into three groups: useful, harmful and advice which has no influence on the disease's course. We designed a questionnaire for the members of the focused communities. The members were interviewed from February 2010 to March 2010 by sending messages with the questionnaire attached. 71 respondents took part in our research. Most of the respondents were below the age of 30. 76% of them joined the group for getting more information about effective methods of psoriasis treatment. 15% of respondents guessed that the contacts in the chat groups had a positive influence on the course of their disease. 36% of members received useful advice about effective psoriasis treatment. 45% of respondents got psychological support. 83% of interviewees strongly recommended other psoriasis patients to take part in these communities. 86% of respondents supposed that the presence of a professional dermatologist in focused communities was necessary. Since March 2010 up to the present day we have managed the topic "doctor's advice for free" on one of the Internet communities of people suffering from psoriasis. During these contacts we discussed questions of lifestyle, provocative factors, psoriasis course and methods of treatment. According to the results of voting among the community members in September 2010, 85% of voters gave a positive evaluation to our work in their group. **Conclusions.** 1) People suffering from psoriasis actively discuss their disease in focused online communities. 2) According to their members' opinion psoriasis patients can get both useful advice about treatment and also psychological support in such focused Internet communities. 3) According to most members' opinion the presence of a professional dermatologist in the community is expedient and has met a positive response.

OP66 ART CAN HELP TO GAIN RESPECT FOR (PSYCHO)DERMATOLOGICAL PATIENTS IN SOCIETY

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Especially nowadays, a healthy looking skin is the norm. Disorders which change the colour or appearance of the skin attract attention, because they result in visible disfiguration. Disorders lead to social reactions, psychosocial problems and stigmatisation. Many medical doctors are attracted to art. In dermatology as well as in art history observing, analysing and classifying is of great importance. The way dermatologists and doctors observe art is conditioned by their profession: they see the characters on a painting in the same way as they look at their patients. Sometimes they observe features, in this case skin diseases, on the body which are sometimes not even remarked by others. The depicted skin disease is most of the time not the main subject of the painting (medical theme). A skin disease is more or less a coincidental feature on portraits. A collection of artworks will be shown, with there is an association with psychosocial/psychiatric problems. Skin diseases with psychodermatological aspects need to get more attention in the media and in medical professions. If portraits with skin diseases are shown more often in public buildings, for example, it can help to gain respect for the people suffering from a skin disease. As a result, it may lead to a reduction being stigmatised.

STRESS AND SKIN DISEASE: THE PSYCHO-NEUROIMMUNOLOGY APPROACH

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Clinical evidence for stress effects in skin disease is abounded and regularly commented on, when patients are discussed. But when it comes to understanding of the pathomechanisms behind the observation, knowledge is often thin and few doctors are familiar with respective evidence. Psychoneuroimmunological research has made tremendous progress over the past decades. We now understand that perception of a threat is as potent in stress axis activation as environmental stressors or psychoemotional strain and besides the effects of the classical stress axis, the hypothalamus pituitary adrenal axis (HPA) and the sympathetic adrenergic axis (SA), a third stress axis employing neuropeptides and neurotrophins (NNA) is acknowledged. Depending on timing, intensity and cofactors, acute stress enhances cellular immunity via rapid and intense activation of the HPA and SA while chronic stress promotes a TH2 shift and humoral immunity via attenuated HPA activation and an increase of basal cortisol secretion. The third stress axis contributes to both scenarios. Acute release of the neuropeptide Substance P (SP) for example promotes mast cell degranulation (neurogenic inflammation) and innate immunity in peripheral organs while repeated release promotes T regulatory responses. This has differential effects in various skin diseases. In atopic inflammation for example the promotion of a TH2 dominated immune response by stress contributes to disease development and severity, while acute activation of neurogenic inflammation promotes local inflammation. Understanding of these interdependencies has great potential to improve both doctor and patient understanding of and satisfaction with therapeutic concepts and respective compliance and should be implemented as a standard therapeutic and educational element in clinical praxis as well as scientific research.

NEURAL RESPONSES TO FACIAL EXPRESSIONS OF DISGUST IN PATIENTS WITH PSORIASIS

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The clinical challenge posed by psoriasis is much greater than its manifestations in the skin. Patients with psoriasis commonly experience stigmatization because of the visibility of their skin. As many as one of five patients has psychiatric comorbidity including depression and anxiety. Understanding the link between the nervous system (including important psychological functions such as emotions and cognition) and skin – the brain-

skin axis – is key to improving management strategies for the disease. Given the role of disgust in psychosocial disability, we used functional magnetic resonance imaging (fMRI) to study neural processing of facial expressions of disgust. We used: (i) a covert recognition of faces task conducted with fMRI and; (ii) the Facial Expression Recognition Task (FERT), a decision-making task, conducted outside the scanner to assess ability to recognise overtly different intensities of disgust. Thirteen psoriasis patients and 13 controls were included. In the fMRI study, patients had significantly ($p < 0.005$) smaller signal responses to disgusted faces in the bilateral insular cortex compared with healthy controls. These data were corroborated by FERT in that patients were less able than controls to identify all intensities of disgust tested. It is known that observation of disgust automatically activates brain regions that are selectively activated during the feeling of disgust. We hypothesise that patients develop a coping mechanism to protect them from stressful emotional responses by blocking the processing of disgusted facial expressions. These data support the concept of a brain-skin axis and may apply to other stigmatizing skin conditions such as scarring acne.

OP69 MENTAL STRESS, A CONSEQUENCE OF COMMUNAL ATTITUDES AND STIGMA TO SPECIFIC SKIN CONDITIONS

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Skin conditions are stressful to many. However, when conditions carry a stigma and attitudes are entertained and passed on to entire communities, the psychosocial impact is more profound and distressing. Specific conditions have weird, unfounded explanations. The situation is worsened where proper medical attention is inaccessible or shunned and alternative cures are sought, such as traditional, home remedies and even witchcraft. These aggravate both the mental and medical state of the patient. My presentation elaborates on attitudes and resulting complications.

VULVODYNIA

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Within the past decades an increased attention has been placed on the study of chronic vulvar pain. The symptom can occur as a result of underlying vulvar disorder or as an idiopathic process known as vulvodynia. Vulvodynia has been defined by the International Society for Study of Vulvovaginal Diseases (ISSVD) as vulvar discomfort, most often described as a burning pain, occurring in the absence of relevant visible findings in physical examination or a specific, clinically identifiable, neurological disorder. The prevalence of vulvodynia is estimated for 9 to 27% depending on the various analyzed populations. The diagnosis of the disease is clinical, based on the detailed medical history, physical examination and exclusion of other factors responsible for vulvar pain or burning such as infections, inflammations, neoplastic or neurological diseases. Touching different areas of the vulva and vestibule with the cotton swab may help to find the location and intensity of the pain and classify vulvodynia for provoked and unprovoked. According to the anatomical localization of the pain patients can be classified as having generalized vulvodynia, hemivulvodynia, clitorodynia. Etiology for vulvodynia is not established but the most favored hypothesis is that of a chronic pain syndrome. Local neuropathic, non-local neuropathic, inflammatory and psychological theories try to explain the chronic pain of the disease. Vulvodynia may significantly impact patients psychological health and result in depression, altered body image, relationship stress, decreased quality of life and suicidal ideation. The therapeutic recommendations for vulvodynia include the general hygienic advice, local treatment with topically applied lidocaine, injection with methylprednisolon, lidocaine or botox, systemic administration of tricyclic antidepressants, selective serotonin re-uptake inhibitors, serotonin and noradrenalin re-uptake inhibitors or anti-epileptic drugs gabapentin or pregabalin. The pharmacotherapy should be combined with biofeedback and pelvic floor exercises, psychological and sexological treatment. The surgical procedures that have been tried include vestibuloplasty, vestibulectomy, perineoplasty. The clinician should be aware that improvement and reduction of pain may take weeks.

OP70

Satellite Symposium

OP71 THE EVOLUTION OF THE BIOPSYCHOSOCIAL MODEL, FROM THE 70'S TO THE REVISED MODEL OF TODAY

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The extended bio-psychosocial model (also called theory of organismic unity) is a fundamental meta-theory of the unity of body and mind and allows a scientifically founded, holistic understanding of disease respectively of health. The model is based on the original bio-psycho-social model of disease (Engel, Schwartz, Weiss, Weiner a. o.) and is considered nowadays as the most significant theory concerning the relationship between body and mind. On the basis of the system theory and of semiotics the model allows to solve to a satisfactory extent, the logical and empiric -scientific problem of „psychosomatics“, which has been subject of ongoing discussions for centuries.

OP72 PSYCHOSOMATICS, SYSTEM THEORY AND THE BIOPSYCHOSOCIAL MODEL

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As set out by Bertalanffy (1950), in various branches of sciences (classical physics, biology, medicine, psychology and even economics) the fact that phenomena in complex systems consisting of many interacting elementary units cannot be described to a satisfactory extent by investigating the units independently of each other has found increasing recognition. A new basic scientific discipline was then postulated, the General System Theory, which explores principles applying to systems in general, “whatever the nature of their component elements or the relations of ‘forces’ between them” (Bertalanffy). The presentation aims to briefly set

out to which extent system theory and principles of cybernetics are applied in the bio-psychosocial model and how this theory can contribute to a better understanding of the laws governing the interaction of biomedical and eco-social factors in determining “health” and disease”.

THE BIO-PSYCHO-SOCIAL MODEL – ITS SIGNIFICANCE FOR RESEARCH

OP73

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The bio-psycho-social model describes nature as a series of systems which are hierarchically structured. Every level of hierarchy represents an organized dynamical system, and each system is characterized by specific qualities and relationships which are typical of the organisational level. There are no isolated entities, all levels of organisation interact among each other. Because of the fact, that both epistemologically and according to scientific logics it is not possible to comprehend “the whole” (“reality in itself”) there is only one way out left: to collect pieces of a puzzle through a procedure that is both focussed on details and is precise and verifiable. A synoptical attitude for setting up hypotheses and assembling results will then be needed.

THE BIO-PSYCHO-SOCIAL MODEL – ITS SIGNIFICANCE FOR CLINICAL PRACTICE

OP74

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Every physician who aims to practice medicine both scientifically and holistically, is required to take into account not only the biomedical aspects, but also the psychological and eco-social aspects of diseases; this is important both as concerns assessments of aetiopathology and interventional issues. Hence the great practical importance of simultaneous diagnostics and simultaneous therapy on all 3 levels – biological, psychological and eco-social level.

Free Communications

OP75 OBSESSIVE-COMPULSIVE DISORDER AND DERMATILLOMANIA. ACCORDING TO A CASE

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Objective. Most of the studies say near 40% of subjects diagnosed of psychogenic excoriation have an obsessive compulsive disorder. Obsessive-compulsive disorder is a psychiatric mental disorder characterized by obsessive thoughts and/or compulsive behaviors that significantly interfere with normal life. Obsessions are unwanted, recurrent, and disturbing thoughts which the person cannot suppress and which can cause overwhelming anxiety. Compulsions are repetitive, ritualized behaviors that the person feels driven to perform to alleviate the anxiety of the obsessions. The obsessive and compulsive rituals can occupy many hours of each day. Dermatillomania (also known as compulsive skin picking) is an impulse control disorder and form of self-injury characterized by the repeated urge to pick at one's own skin, often to the extent that damage is caused. **Material and Methods.** Clinical interview, Mental exam, Psychiatric and Psychological treatment EEAG, Day Hospital treatment. **Results.** Female, 36 years old, lives with her couple after many years living with her grandmother. She studied aesthetics and she does not work from 6 years now. She has been diagnosed of obsessive compulsive disorder since 1994, one year after her mother died. Sometimes she consumes cannabis. Related to medical background, 6 months of treatment with anti-retroviral cause of a syringe contact. Grandfather hanged; parents died because of HIV, both addicted to drugs. Conscious, collaborator attitude, detailed and repetitive speech, impoverished thought centred in anancastic and obsessive ideas about HIV illness with ego-syntonic and checking compulsive behaviors. She is tend to accumulate any paper at home, and she tries not to be close of them, so she avoids some rooms in the house. She scratches her legs and back until they bleed. Then, when scabs appear, she scratches them again. She refers skin does not itch. Blunted affect. Low motivation to make better. **Conclusion.** Psychogenic excoriation is not yet recognized as a symptom of a distinct DSM-IV disorder. Due to the importance of the relationship between this affection and the obsessive compulsive disorder, we should connect knowledges among specialists to go through the roof mixed therapies, for these clients who need help from different areas.

OP76 SELF-INDUCED PURPURIC LESIONS VERSUS GARDNER-DIAMOND SYNDROME

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Introduction. Self-inflicted dermatoses usually correspond to chronic disorders which occasionally may be a diagnostic challenge. The patients are usually young adults with heterogeneous clinical manifestations and presenting unusual signs and symptoms, an abnormal clinical course and poor response to conventional treatment. **Objective.** Case report: A 34-year-old woman presented with several recurrent tender purpuric plaques on the inner

aspects of both arms and legs. These lesions had a contusiform/purpuric appearance and some of them were arranged in a linear distribution. The patient denied any previous trauma or exogenous manipulation of the lesions. She also referred a 6 months history of abdominal pain, diarrhea and non-demonstrated weight loss. She had been seen in other two medical institutions but no definitive diagnosis had been established. Histopathological exam showed an intense haemorrhage in the dermis and subcutaneous tissue. No other abnormal features were noted and no histological signs of vascular damage were observed. **Material and Methods.** The diagnosis of Gardner-Diamond Syndrome (GDS) was suggested. Unequivocal evidence of self-inflicted lesions was obtained during hospital admission. The autoerythrocyte sensitization Test could not be performed because the patient asked for a voluntary discharge. The Barrat's Questionnaire of impulsiveness reported a high score in motor impulsiveness (17 points) and non-planned impulsiveness (22 points). The Questionnaire of Personality MCMI-III (Millon Clinical Multiaxial Inventory) proved a underlying compulsive personality. **Conclusion.** GDS is an organic disease occasionally associated with psychiatric disorders, histrionic personality and psychosocial stress. The exact pathogenetic mechanisms involved in GDS and its probable relationship with self-induced dermatoses have not been fully elucidated. These case illustrates the diagnostic difficulties for clinicians when establishing the differential diagnosis between GDS and self-induced purpuric lesions. Self-provoked dermatoses represent a difficult diagnosis that requires both a high index of suspicion and the exclusion of other probable diagnoses.

SOMATOFORM ITCH: HETEROGENEITY OF THE OP77 PHENOMENON

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Introduction. Itch unexplained by any dermatological or somatic cause is considered as functional and equivalent to somatoform one. Somatoform pruritus is usually attributed to undifferentiated somatoform disorder. However the last could include not just symptoms «sine materia», but also cases when physical complaints are in excess of what would be expected from the existing medical condition (DSM-IV-TR), i.e. «cum materia». **Objective.** Objective of the study was to evaluate complex clinical structure of somatoform itch «sine materia» (functional) and «cum materia» (in existing dermatological disease). **Material and Methods.** Psychopathological and dermatological observation of 40 patients (24 women, mean age 34.6 ± 11.3 years) suffered from pruritus consulted in the dermatologic department by dermatologist and psychiatrist. Hospital Anxiety and Depression Scale (HADS) was used to evaluate anxious and depressive symptoms. **Results.** Subjects were distinguished into 2 groups: somatoform itch «sine materia» ($n=26$) and «cum materia» ($n=14$). In the first group with no signs of dermatological disease subjects itch descriptions varied greatly in quality (burning, tingling, stabbing, biting, crawling), localization (generalized, localized) and intensity (up to itch paroxysms). In the second group (atopic dermatitis in 8 cases – SCORAD 36.7 ± 11.2 ; psoriasis in 6 cases – PASI 16.9 ± 4.8) itch was monomorphous and described as just «sensation causing desire to scratch» or burning. The following characteristics of itch registered in this group allowed to attribute it to somatoform

pruritus «cum materia» and distinguish from typical dermatological itch: 1) itch localization greatly exceeding the eruptions areas; 2) itch manifestation as a prodromal symptom of psychogenically provoked relapses of dermatoses with typical eruptions emerging only in several days; 3) itch persistence after eruptions disappear; 4) psychogenically provoked transient itch flares in remissions of dermatoses. In both groups subjects had a high level of comorbid anxious symptoms with prominent «health anxiety» (HADS anxiety subscale score – 15.4 ± 3.2). During the lifetime period and/or in the moment of examination patients also suffered from other than itch functional complaints including pathological sensations and vegetative dysfunctions. The functional symptoms could be single and recurrent in a form of pseudosomatic episodes or cardiac, hyperventilation, gastric neurosis or irritable bowel syndrome. In subjects with somatoform pruritus a kind of constitutional predisposition (neuropathic constitution) with symptomatic lability and multiple somatosensory disturbances was revealed. **Conclusion.** Somatoform itch is a heterogenous phenomenon developing as in a form of «pure» functional condition («sine materia»), as in dermatological itching diseases («cum materia»). Described two variants have common psychiatric comorbidity and constitutional predisposition.

OP78 BEAUTY SPOT OR UGLY BLEMISH? A CASE SERIES OF NAEVUS DYSMORPHIA

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Introduction. A case series of 6 patients (5 women and 1 man, ages 16–34 years) with extreme disproportionate views on the appearance of small, banal melanocytic naevi is presented. These patients had developed a marked fixation on a mole or multiple moles which caused severe emotional distress. Each patient in the case series is unique although there is overlap in symptoms. A range in clinical severity is illustrated. **Objective.** One patient self-treated 4 naevi with Dermatend, an escharotic paste obtained on the internet. Another patient demanded that “all her moles be removed with a laser”. Co-morbid psychological morbidity also varied. In all 6 cases, talking therapy was used with variable success. In 2 cases, excision of a naevus was performed also. All 6 patients would fulfil the diagnostic criteria for Body Dysmorphic Disorder (BDD); specifically a form of cutaneous dysmorphia which we have termed naevus dysmorphia. All patients were referred by a primary care physician. Such referrals appear to be increasing and this may be attributed to the emphasis that society places upon appearance and the increasing pressure for people to achieve aesthetic goals such as flawless skin and perfect hair. **Material and Methods.** A proportion of these referrals are adolescents or young adults with a simple naevus or naevi, which to them looks ugly, and they wish removed at all costs. To an independent observer or the Dermatologist it is clear that the patient has a disproportionate view of the apparent “problem” lesion. On further enquiry other body image concerns may be revealed. Cutaneous dysmorphia is found in up to 75% of patients with BDD and so it is therefore important that Dermatologists are able to identify such patients as it will alter management. **Results.** Treatment is notoriously difficult. Simple reassurance of the benign nature of the lesion and no excision will not suffice; the person will leave dissatisfied and “doctor-shop” for another practitioner willing to perform cutaneous surgery. Excision of the lesion may not help as in many cases the patient will then become fixated on another area. Clinical psychological therapy is desirable - Cognitive Behavioural Therapy and SSRIs have been

shown to be effective. **Conclusion.** In milder cases when the person has insight, realistic expectations and the physical procedure has minimal significant side-effects then it may be reasonable to perform such a procedure eg. shave excision of benign naevus in conjunction with psychological therapy.

PSYCHOLOGICAL ASPECTS OF LICHEN PLANUS OP79

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Introduction. Lichen planus (LP) is a skin disease of unknown etiology. Severe pruritus is one of the major features of LP. In addition, stress is considered as an important pathogenic factor of LP. **Objective.** The aim of the study was the evaluation of the relationship between stress and itching in LP. Furthermore, the influence of pruritus on the quality of life was examined. **Material and Methods.** Thirty patients (21 women and 9 men) with LP, aged between 25 and 75 years (mean 55.2 ± 10.4 years), were enrolled into the study. Each patient underwent careful anamnesis and physical examination and based on achieved data a specially designed questionnaire was completed. Intensity of pruritus was estimated using a visual analogue scale (VAS) and the pruritus questionnaire. Every person was asked to specify all stressful events (using Holmes and Rahe’s social readjustment rating scale), which took place within one month before appearance of skin lesions, and estimate the stress severity in five degree self-assessment scale. Moreover, each subject completed the Dermatology Life Quality Index (DLQI) questionnaire. **Results.** Among all patients with LP pruritus was present in 29 (96.7%) subjects. Severity of itching at the moment of examination assessed by VAS scale ranged from 0 to 8 points (mean 3.6 ± 2.8 points), and the most intensive pruritus experienced in the past (Vmax) from 2 to 10 points (mean 7.5 ± 2.3 points). No correlation was found between the stress severity experienced within one-month period before LP exacerbation and itch intensity in LP ($p > 0.05$). However, severity of itching strongly influenced the quality of life of LP patients (DLQI and VASmax.: $r = 0.41$; $p = 0.03$; DLQI and itch questionnaire: $r = 0.75$; $p < 0.001$). Moreover, itching was mentioned as the most unpleasant symptom of LP by 76.7% patients; followed by the fact of the presence of skin changes, which was mentioned by 40% patients. **Conclusion.** It seems, that stress does not play important role in modulating of pruritus in LP. Severity of itching strongly influence the quality of life of LP patients.

BODY DYSMORPHIC DISORDER: PSYCHOPATHOLOGY IN DERMATOLOGICAL PATIENTS

OP80

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Introduction. An impairing preoccupation with a nonexistent or slight defect in appearance is the core symptom of body dysmorphic disorder (BDD), a psychiatric condition common in dermatological settings. **Objective.** The study objective was to determine psychopathological features of BDD in dermatological patients. **Material and Methods.** The sample was obtained from dermatological outpatients: 62 subjects diagnosed with BDD – 54 (87%) female (mean age 27.5 ± 12.1 years). The complex psychopathological, psychological and dermatological examination was performed. Clinical Global Impression Scale, Hospital Anxiety and Depression Scale, Yale-Brown Obsessive–Compulsive Scale,

Dermatology Life Quality Index, Temperament and Character Inventory were used. Treatment was performed with the first line psychotropic drugs. **Results.** Three types of BDD were diagnosed: BDD with beauty hypochondriasis (1), BDD with obsessive ideas of perfect appearance (2) and BDD with ideas of ugliness (3). The first type BDD ($n=23$) was associated with the predominance of hysterical personality traits. In the clinical picture social phobia due to mild acne or even nonexistent defect in appearance as well as preventive actions (make-up “camouflage” of defects, avoidant behavior) predominated. Even mild acne was considered as a fatal event. The second type BDD ($n=19$) was accompanied by the predominance of narcissistic personality traits. Ideas of reaching the ideal appearance predominated and were followed by obsessive autoaggressive behavior. Patients picked their skin tending to eliminate appearance defects, “irregularities of skin”. Excessive social anxiety was absent. The third type BDD ($n=20$) was associated with the predominance of schizoid and schizotypal personality traits. In clinical picture sensitive ideas of reference with suspiciousness in public places («disgusting» looks, mocking at patient, pointing on the defect) predominated. Anxiolytics (alprazolam, afobazol) were more effective in first BDD type, SSRI (fluvoxamine, paroxetine, citalopram) – in second BDD type, atypical antipsychotics (risperidone, quetiapine) – in third BDD type. **Conclusion.** BDD in dermatological practice is a heterogeneous group of psychopathological disorders, which correlate with the certain structure of personality traits. Treatment is most effective if it is differentiated according to BDD type.

OP81 DEVELOPMENT OF PSORIASIS IN A PATIENT WITH CHRONIC ALCOHOLIC LIVER DISEASE AND ROSACEA ACNE

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Introduction. We report the case of a male patient with significant chronic alcohol abuse over 20 years of evolution. Also presented acne-like skin lesions on face and trunk; and erythematous plaques on lower limbs compatible with psoriasis. **Objective.** To study the relationship between the psoriasis and the influence of various factors on this dermatosis, such as stress and stressful life events, personality. **Material and Methods.** This study was realized according to methods of case series. Consisted in a medical research observational study that established the relationship between the patient's risk factors and the development of a dermatology disease. **Results.** 39-year-old male patient was admitted at psychiatry hospitalization unit, due to abstinence syndrome in relation to chronic alcoholism. The patient began to drink alcohol since 16 years old, and every day in excessive amounts since 4 years ago caused by a breakup which the patient experienced as traumatic. The patient also has antecedents of liver cirrhosis, portal hypertension, gallstones, heavy smoking, and was admitted at hospital unit of internal medicine a year ago for several generalized seizures by abstinence syndrome in relation to chronic alcoholism. Actually the patient shows motivation for leaving the consumption of alcohol, but expresses a hypothyroid mood in relation to the evolution of his addiction. In the recent admission at psychiatry hospitalization unit, an interconsultation with the hospital neurology service was done, justified by the difficulty of the patient for walking. The diagnostic was a cerebellar syndrome caused possibly by chronic alcoholism. During his stay at hospital, patient improved his neurological symptoms associated with alcohol withdrawal. Pustular acneiform lesions were observed on face and chest which the patient

reported over several years of evolution, with a diagnosis of rosacea acne for dermatology and treated without improvement. Also, new erythematous lesions were evidenced in pretibial region of both lower extremities. An interconsultation is done with the hospital dermatology service, reporting possible psoriatic plaques. The treatment guidelines was betamethasone dipropionate salicylic acid ointment once per day and mupirocin for acne. **Conclusion.** There are relationship between the psoriasis and the influence of various factors on this dermatosis, such as stress and stressful life events, personality, coping strategies and psychiatric morbidity, accounting for known or generated internal stress intrapsychic. In both of dermatological diseases that occur in this case report, the presence of alcoholism and heavy smoking act as precipitating factors in its appearance and evolution.

COEXISTENCE OF ATTENTION DEFICIT HYPERACTIVITY DISORDER AND ALOPECIA AREATA

OP82

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Introduction. Alopecia areata is an entity with an unknown etiology. A high percentage of these patients have a family history of this pathology. Alopecia areata may sometimes takes place with others autoimmune diseases and histological samples from alopecic areas show lymphocytic infiltrates around the hair follicles. Stress and psychological features have been implicated in this variety of alopecia, especially as trigger factors. Attention deficit hyperactivity disorder (ADHD) is a problem with inattentiveness, over-activity, impulsivity, or a combination. ADHD may coexist with one or more disorders. The most common of them are disruptive behaviour disorders; mood disorders; anxiety disorders; tics and Tourette Syndrome and learning disabilities. **Objective.** Study the coexistence of ADHD and alopecia areata. **Material and Methods.** A 7-year-old patient, with personal history of ADHD, was referred to our Department from Paediatrician for presented three alopecia plaques on scalp and a small alopecia plaque in eyebrow. On physical exploration she presented active hair loss in the edges of the scalp plaques and dermoscopy image showed yellow dots and exclamation hairs. **Results.** Clinical and dermoscopy features were compatible with alopecia areata. Blood test and allergies markers showed light hypersensitivity to cats and dog's hair. Patient was treated with topical corticoids and minoxidil 5% with a great result three months later. **Conclusion.** Coexistence of ADHD and alopecia areata has not been described in the literature yet. It could be a coincidence, but psychological factors, like mood disorders, specially anxiety and depression, have been implicated in both of them. Due to these common co-morbidity's factors we think that these two entities could have a relation.

RANDOMIZED CONTROLLED TRIAL: EFFECTS OF A STRESS MANAGEMENT-PROGRAMME ON ATOPIC DERMATITIS

OP83

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Introduction. Atopic dermatitis (AD) is a widespread disease with considerable psychological impact. Psychological stress occurs as

a consequence of AD, but is considered as a risk factor, too. Randomized, controlled trials (RCTs) show that cognitive-behavioural stress-management-programmes (CBSMs) have positive effects on physiological and psychological factors in different patient-groups. **Objective.** The aim of the present study was thus to examine whether a CBSM also affects skin-status and self-reported strain in AD-patients under unstimulated conditions and during a laboratory stress provocation. **Material and Methods.** Twenty-eight patients with AD were randomized to either an experimental (CBSM intervention) – (EG; $n=14$) or a waiting-list control group (CG; $n=14$). Groups were stratified according to age, gender, smoking-habits and oral-contraceptives. CBSM treatment consisted of five three-hour-lessons given within a 2 month-period. It focussed relaxation, cognitive stress-management and problem-solving-skills. Subjects were examined before at baseline (T1), 3 weeks (T2) and four to seven weeks (T3) after intervention. As dependent variables we assessed skin-status (SCORAD) and self reported strain. At T3 we additionally assessed cortisol-responses to a public-speaking stressor. **Results.** At T1 EG and CG did not differ concerning SCORAD and self reported strain. ANCOVAS with T1 as covariate revealed significant group differences at T2 with respect to somatic burden ($p=0.022$), abjection ($p=0.010$) and energy ($p=0.027$), but not with respect to skin-status ($p=0.171$). At T3 a trend to a reduced cortisol response to laboratory stress was observed in the EG-group as compared to CG participants ($p=0.090$). **Conclusions.** Participation in the stress-management-intervention resulted in a reduction of self-reported strain. However, within the small sample size analysed here group differences in skin-status did not become significant. Psychological data encourage further studies with larger samples. These studies should also assess putatively immunological mediators between stress and AD.

OP84 DOES A SHORT EDUCATIONAL CLASS IMPROVE THE PHOTOPROTECTION KNOWLEDGE AND HABITS OF ADOLESCENTS?

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Introduction. Adolescents usually have inadequate photoprotection habits and this may have negative consequences for their health at the short and long terms. School-based photoprotection programmes directed to adolescents may improve the knowledge of risks of sun exposure and may help to develop long-lasting healthy behaviours. **Objective.** We developed a sun protection intervention in a secondary school of Vila-real (Spain) consisting in a 20-min educational class directed to students of the third year of secondary school before the summer season in order to assess the effect of a short educational class on photoprotection knowledge and habits. **Material and Methods.** A total of 169 students (69 belonging to the intervention group and 100 to the control group) were included in the study. After the summer season, a questionnaire was passed out to the students to evaluate their knowledge on sun exposure risks as well as their photoprotection habits. **Results.** Students of both the intervention and control groups had a good knowledge of the most important risks of sun exposure as well as on basic measures for photoprotection. However, in general, the intervention group had better scores for each question than the control group. Also, girls had a much better knowledge than boys on the skin aging effect of sun exposure.

The intervention group and the girls had a significantly higher photoprotection knowledge index (5.91 and 6.03, respectively) than the control group and than boys (5.62 and 5.49, respectively). Regarding the habits, the results showed that a high percentage of adolescents had unhealthy habits, but again the intervention group had significantly better values for the photoprotection habits index (1.69) than the control group (1.41). In this respect, the intervention group reported less sunburns and a higher use of sunscreen than the control group. Contrarily to what occurred with the knowledge index, boys got significantly better scores than girls for the photoprotection habits index (1.68 and 1.34, respectively). In this case, girls suffered more sunburns and exposed more to the sun than boys. **Conclusions.** The results show that short school-based specific interventions can improve significantly the photoprotection knowledge and habits of adolescents. Also, the fact that no correlation was found between the photoprotection knowledge index and the habits index, indicates that in adolescents a better knowledge on photoprotection may not be necessarily associated to healthy behaviours, suggesting that sun protection programmes should make more emphasis on changing habits than in exclusively providing knowledge.

SEVERE IMPAIRMENT OF HEALTH-RELATED QUALITY OF LIFE: PATIENTS AT RISK

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Introduction. Health-related quality of life (HRQL) is important in the assessment of disease burden and treatment outcome. However, the clinical use of HRQL scores is impeded by lack of empirically- and clinically-based interpretation of these scores. An important challenge is to interpret HRQL scores correctly. What does a given score really mean and more importantly, what is its clinical meaning? **Objective.** We aimed to facilitate the interpretation of Skindex-29 domain and overall scores by identifying clinically meaningful cut-off scores, using patient-based anchors. **Material and Methods.** Consecutively included dermatology outpatients completed the Skindex-29 and four sets of anchor-based questions, such as questions on the impact of skin disease on HRQL, on global disease severity, and on psychiatric morbidity. Pearson's correlations and receiver operating characteristic analysis were used to identify the optimal Skindex-29 cut-off scores corresponding to severely impaired HRQL. **Results.** A total of 339/434 patients completed the questionnaires (response rate 78%) of which 322 could be used for data analysis. Cut-off scores associated with the patient-based anchors on the impact of skin disease on HRQL showed the highest accuracy (area under the curve ranged from .83 to 0.91). The corresponding Skindex-29 cut-off scores for severely impaired HRQL were: ≥ 52 points for symptoms, ≥ 39 for emotions, ≥ 37 for functioning, and ≥ 44 for the overall score. **Conclusions.** The estimated cut-off scores can be used in clinical practice to identify patients with severe impairment of HRQL. Patients with scores equal to or above the presented cut-offs in at least one of the three domains are significantly affected by their skin disease. These scores may signal a need for (adjustment of current) treatment and/or for additional care or support. However, they do not automatically indicate what kind of treatment, care or support is appropriate: the specific needs of an individual patient should be explored in direct contact with the patient. These scores may also facilitate doctor-patient communication.

OP86 DESIGN AND VALIDATION OF A COGNITIVE BEHAVIORAL THERAPY INTERVENTION PROTOCOL FOR THE MANAGEMENT AND REDUCTION OF ANXIETY AND DEPRESSION IN CHILDREN AND ADOLESCENTS SUFFERING FROM ATOPIC DERMATITIS

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Introduction. The atopic dermatitis is considered as a chronic disease and has serious psychological consequences for the functioning of the individual. This is a disease mediated by the immune system, in which psychological factors such as anxiety and depression have an influence through various channels, such as the central nervous system, peripheral nervous system and hormonal factors, as well as the secretion of substances such as cortisol and hyperactivity of the immune system.

Objective. The present research study designed and validated an intervention protocol in Cognitive Behavioral Therapy for the management of depression and anxiety in children and adolescents suffering from atopic dermatitis. In order to achieve this 14 subjects ages 6 to 15 with a diagnosis of atopic dermatitis and who were receiving treatment at Federico Lleras medical center in Bogota, Colombia were selected. **Material and Methods.** The Clinical Evaluation for Atopic Dermatitis (SCORAD) was administered; this is a questionnaire for parents whose children and adolescents suffer from Atopic Dermatitis and it was designed for this research. The Child Behavior checklist (CBCL) and cognitive behavioral logs with respect to scratching and related thoughts were also administered. The present research study has a pre-test, post-test experimental design with a control group. Groups were randomly assigned with the control group consisting of 37 subjects and the experimental group 35, which in turn were divided in 5 participants for the implementation of treatment. Data were analyzed using SPSS statistical package where t of student, ANOVAS for two factor and repeated measures were used. **Results.** The protocol was administered in 6 sessions in which parents participated; moreover, didactic material was designed, which includes history and illustrations created in "The Management of my Skin" booklet that was given to each participant. Sessions took place weekly, had duration of two hours each and were organized as follows: Phase 1, patient education which included believes about the illness. This was done with the parents and the minors separately. Phase 2, observation which consisted of training in log keeping for itching, scratching and related emotions and thoughts. Phase 3, relaxation. In all of these sessions relaxation techniques were implemented with parents and their children using Luthe's and Schultz's autogenic training, which was adapted for atopic dermatitis. Phases 4 and 5, emotions and thoughts. These are based upon the identification of thoughts and emotions related to the illness and restructuration exercises. Phase 6, conflict resolution. In this session situations that allow for problem solving are presented, as well as the opportunity to practice previously learned skills. **Conclusions.** The cognitive behavioral intervention protocol proved to be efficacious in the reduction and management of anxiety and depression, as well as their relationship to the management of atopic dermatitis. This review allows us to see the importance of interdisciplinary work, as well as the need to consider psychological treatment for the control and management of symptoms.

SURVEILLANCE STUDY OF THE POSSIBILITY OF THE PSYCHOSOMATIC TREATMENT AS PRIMARY CARE IN ATOPIC DERMATITIS **OP87**

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Objective. The psychosomatic state of atopic dermatitis (AD) increases and is recognized by the general dermatologist in Japan. However, there are very few institutions which perform special medical treatment to the psychosomatic disease. Therefore, some treatment as primary care by a general dermatologist is considered to be required. Then, we investigated the possibility of the primary care psychosomatic medicine treatment to the general dermatologist of private clinic. **Material and Methods.** We distributed AD psychosomatic disease diagnosis and the treatment guideline 2006 to the general dermatologist, and performed the questionnaire. Distributing a total of 960 copies in Tokyo and Osaka, the recovery rate was 12.5%. We carried out the statistical work of the 120 collected reply. One was invalid. **Results.** Although the interested doctor was 75%, the doctor troubled by the medical treatment of AD psychosomatic disease was 46%. It became clear that 50% of doctor was introducing or consulting with the medical specialist. They could understand 85% through the guideline and we estimated that 83% was useful. The cures which are likely to be made as the present condition were listening; 94%, counseling; 55%, medication; 43% and psychotherapy; 22%. Moreover, the cure to do if there is an opportunity was listening; 90%, medication; 52%, counseling; 48% and psychotherapy; 31%. Also about the school to wish, they wished the school of listening and counseling; 72%, the school of medication; 70%, the clinical conference; 66% and the school of psychotherapy; 56%. **Conclusions.** There are many doctors who are interested about the psychosomatic disease of AD. As a cure which is actually likely to be made, they are listening, counseling, and medication. Psychotherapy was considered to be a thing difficult as actual. Although any cure of the doctor who wishes a school was high, the request of listening and counseling, and medication was especially high.

SKIN-EGO AS THE EMOTIONAL AND COGNITIVE REPRESENTATION OF SKIN AMONG PATIENTS WITH DERMATOSES **OP88**

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Objective. The aim of this study is to investigate the concept of Skin-Ego among psoriasis, vitiligo and juvenile acne patients. Skin-Ego is the emotional and cognitive representation of skin. It is a part of physical self that builds one's sense of identity. **Material and Methods.** Skin-Ego was measured by My Skin Questionnaire (Kossakowska, 2010). The research sample consisted of 42 psoriasis patients, 14 vitiligo patients and 20 juvenile acne patients. The control group comprised of 343 healthy individuals. **Results.** The research findings revealed the lowest level of skin satisfaction in psoriasis patients. Juvenile acne patients were not satisfied with

the facial skin. They were also more prone to overvalue the skin of the lower parts of the body. The opposite tendency was identified in vitiligo. Furthermore, there was no significant differences in the extent of knowledge of the physiological functions of skin between dermatoses and healthy individuals. However, the belief that skin is an important border between inner and external world was much stronger among dermatological patients compared to the control group. The former also held a stronger belief of skin being a general health indicator. **Conclusions.** My Skin Questionnaire is a valid tool that can be used to assess the level of skin satisfaction and knowledge about skin. Further investigations are needed to estimate its efficacy in the evaluation of treatment results in dermatology and aesthetical surgery.

OP89 ILLNESS PERCEPTIONS IN PATIENTS WITH MELANOMA

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Introduction. Melanoma is a malignant tumour of melanocytes and is considered to be one of the most malignant forms of skin cancer. One of the major risk factors for melanoma is UV exposure, therefore appropriate sun protection is a necessity, especially for patients once diagnosed with melanoma who are at 900 times greater risk of developing another melanoma than the general population. Illness perceptions are the organized cognitive representations or beliefs that patients have about their illness. There is a consistent pattern to the way patients structure their perceptions of illness. Illness perceptions generally contain an identity component, which includes the name of the illness and the range of symptoms that the patient believes are associated with the condition; beliefs about the cause of the illness and how long it will last, beliefs about the personal consequences of the condition for the patient and their family, as well as the extent to which the illness is amenable to personal control or to control by treatment. These perceptions have been found to be important determinants of behaviour and psychological reaction to the illness, and have been associated with a number of important outcomes, such as treatment adherence and functional recovery. **Objective.** The objective of this study is to analyse illness perceptions and their possible influence on quality of life and sun behaviour patterns in melanoma patients. **Material and Methods.** Study is being conducted at the Clinic for dermatovenereology, University hospital "Sestre milosrdnice" in Zagreb, Croatia. 70 patients suffering from malignant melanoma will be included in the study. All patients will be approached during one of their follow-up visits to the Clinic, and will be asked to fill in following questionnaires: brief-Illness Perceptions Questionnaire, Subjective Quality of life and Sun behaviour patterns questionnaire.

OP90 PERSONALITY AND DISEASE-RELATED APPRAISALS IN PATIENTS WITH VITILIGO

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Introduction. Vitiligo is a chronic disorder that causes depigmentation of patches of skin. Even though the condition does not pose a serious health hazard, it is associated with considerable emotional distress and psychosocial stress due to cosmetic disfigurement. **Objective.** The objective of this study was to identify the subjective meanings (disease-related appraisals) the patients with vitiligo attribute to their disease and the relationships between

these meanings, personality traits, and location of depigmented skin patches. **Material and Methods.** Twenty patients with vitiligo completed a battery of psychological tests including Disease-Related Appraisals Scale, Ego Resiliency Scale, and NEO-Five Factors Inventory. **Results.** Among disease-related appraisals, the patients scored highest on the subscale of harm and on the control subscale of overall significance attributed to the disease. The lowest scores were found on the subscale of threat. Particular modes of appraising one's own disease showed significant associations with specific dimensions of ego-resiliency and basic personality factors. Location of skin lesions on disclosed body areas was found to be related to higher overall significance attributed to the condition. **Conclusions.** Even though the patients appraise vitiligo low on the dimension of threat, they still attribute much significance to this condition. The meanings they attribute to their condition depend on specific personality characteristics and the location of the depigmented skin areas.

TRAUMA, DISSOCIATION AND AFFECT REGULATION IN PATIENTS WITH CHRONIC DERMATOLOGICAL CONDITIONS

OP91

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Objective. The present study aims to explore the presence of traumatic experiences, dissociation proneness and alexithymic traits within a group of patients with chronic dermatological illnesses (psoriasis, acne, atopic dermatitis, vitiligo and alopecia) compared to a non-clinical group. **Material and Methods.** Forty-nine dermatological patients have been processed to a psychometric evaluation. Their scores have been compared to those of the non-clinical group. Mean age, gender distribution, marital status and education are similar among the clinical and non-clinical group members. We used the Toronto Alexithymia Scale (TAS-20) in its three-factor structure (difficulty in identifying feelings – DIF, difficulty in describing feelings – DDF, externally oriented thinking – EOT) to evaluate alexithymia; the Dissociative Experiences Scale (DES-II) to determine the degree of the dissociative experiences; and the Traumatic Experiences Checklist (TEC) to measure the number of the traumatic experiences. **Results.** ANOVA was employed to compare the mean scores of the two groups. We found statistically significant higher scores in the clinical group at the DES-II ($F=18,584$; $p<0.001$), the TAS-20 ($F=5,223$; $p=0.024$), the TAS-20 DIF scale ($F=7,590$; $p=0.007$). We used the Mann-Whitney U test to compare the scores of TEC between the two groups. We found significantly higher scores ($U=806,00$; $p=0.003$) at TEC in the clinical group. **Conclusions.** The statistical analysis confirms our hypothesis of a higher number of traumatic experiences, higher degree of dissociation and alexithymia in the subjects with chronic dermatological conditions. These results underline the presence of deficits in the cognitive processing and regulation of affects in this sample. Furthermore, our findings suggest that dissociative proneness may be considered a secondary accompaniment of unresolved traumatic events. Although the small size of the sample should be enlarged, we suppose that the individuals' experiences of affective dysregulation may contribute to alter the psychoimmunological homeostasis and therefore lead to somatic illness such as chronic skin disorders.

**OP92 DISEASE-RELATED APPRAISALS SCALE:
APPLICATION IN DERMATOLOGICAL PATIENTS**

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Introduction. Disease-Related Appraisals Scale (DRAS) is a self-report questionnaire designed to measure subjective meanings (threat, profit, challenge, obstacle/loss, harm, value and overall significance) attributed to one's own disease. DRAS has so far been validated in different clinical populations, including patients with cardiovascular diseases, asthma, chronic renal failure and infertility. **Objective.** The objective of this paper is to present the data on the validation of DRAS collected among dermatological patients. **Material and Methods.** The samples of patients with psoriasis, acne vulgaris, vitiligo and alopecia areata were investigated by means of DRAS and selected additional psy-

chological measures in a series of studies. The data from DRAS were compared across the samples and associations with other psychological and clinical variables were computed inside the samples. **Results.** DRAS showed satisfactory or high reliability coefficients across all the analyzed samples of dermatological patients. The scores on the DRAS subscales showed differences across the samples based on hypothesized differences in clinical characteristics of the conditions. Significant associations were found between the DRAS scores and certain clinical characteristics of the conditions and other psychological variables within the investigated samples. **Conclusions.** DRAS appears to be a reliable and valid instrument which can be successfully used in different populations of dermatological patients. It shows good construct and theoretical validity as reflected in the hypothesized associations between clinical and psychological aspects of dermatological conditions.

Posters

PP1 EFFECTIVENESS OF COPING STRATEGIES IN PSORIASIS AND VITILIGO*M. Kossakowska¹, C. Ciescinska², W. Placek²*¹*Warsaw School of Social Sciences and Humanities, Sopot and*
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Objective. The aim of this study is to identify the predictors of self-esteem upon the evaluation of different coping strategies in psoriasis and vitiligo patients. According to the self-evaluation maintenance model (Tesser, 1988) or the value expression theory (Steele, 1988), self-esteem can be regarded as the indicator of effectiveness of coping with life challenges, especially with chronic illnesses. **Material and Methods.** In this study self-esteem was measured with the Rosenberg Self-Esteem Questionnaire (1965). Coping strategies were identified with the COPE Questionnaire (Carver, Scheier). **Results.** Multiple back regression analyses revealed that self-esteem in psoriasis patients can be predicted upon the presence of two coping strategies: emotional avoidance and religious practices. These strategies were correlated with lower self-esteem. The best predictor of self-esteem in vitiligo patients was seeking emotional and social support. The more often they seek psychological support the higher level of self-esteem they have. **Conclusions.** The relations between self-esteem and coping strategies in vitiligo and psoriasis might be understood in terms of efficacy of different therapeutic interventions. It appears that psoriasis patients would benefit from engaging in psychotherapy. On the other hand, vitiligo patients could find support groups more helpful.

PP2 DEPRESSION AND QUALITY OF LIFE IN PSORIASIS*P. Noguera Morillas¹, J.M. Martínez Ortega², P.J. González Domenech³, C. Martínez Peinado¹, M. Gurpegui Fernández de Legaria², V. García Mellado¹*¹*Departamento Dermatología, Hospital Virgen Nieves,* ²*Departamento Psiquiatría, Facultad de Medicina,* and ³*Departamento Psiquiatría, Hospital Virgen Nieves, Granada, Spain*

Introduction. Symptoms of anxiety and depression are commonly reported in patients with psoriasis (Shanu et al., 2010; Magin et al., 2009). However, the impact of psoriasis on these patients' mental health and on their quality of life is often underestimated (Gelfand et al., 2004). **Objective.** The aims of the present study were: 1) to evaluate the relationship between two factors (skin disease severity and some socio-demographic variables) and psychological distress among patients with moderate-severe psoriasis; and 2) to compare the level of depression and quality of life between patients with moderate-severe psoriasis and healthy subjects. **Material and Methods.** The sample for this case-control study included 116 participants: 58 patients with moderate-severe psoriasis and 58 controls matched with patients in age, sex and socio-cultural level. In both groups the Hospital Anxiety and Depression (HAD) Scale and the Short-Form 36 (SF-36) Questionnaire were used to evaluate the levels of depression and quality of life respectively. To examine the skin disease severity all patients were assessed by Psoriasis Activity and Severity Index (PASI). Other socio-demographic and clinical variables were collected. **Results.** In both groups 57% (33/58)

were males and 43% (25/58) females and the mean age (\pm SD) was 49.6 ± 17.5 years. Among patients, 1) a high level of depression was associated with a lower educational level and with pain in the joints; 2) a lower quality of life was associated with being female, with pain in the joints and with psoriasis affected areas such as scalp, genitals, and palms and soles; and 3) the PASI score was significantly correlated with both HAD score ($r=0.4$; $p=0.001$) and SF-36 score ($r=-0.5$; $p<0.05$). In comparison with controls, patients with psoriasis had a significantly higher level of depression (32.8% vs. 3.4%; $p<0.001$) and a significantly poorer quality of life (<0.001 in all areas of SF-36 questionnaire). **Conclusions.** Patients with psoriasis showed higher level of depression and poorer quality of life than controls without psoriasis. Among patients, the extent and location of psoriasis is related to the level of psychological morbidity. An adequate understanding of the influence of psychological distress on the course of the psoriasis may help to give a better treatment and to prevent relapse.

TRICHOTILLOMANIA AND BIPOLAR DISORDER IN A 6-YEAR-OLD GIRL **PP3***S. Jimenez Fernandez, I. Olza Fernández, I. Palanca Manresa*
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Introduction. Trichotillomania is an impulse disorder that affects 1-3.5% of adolescents and young adults; however rates in younger children are unknown. The diagnosis of bipolar disorder (BD) continues to create controversy in preschool children despite of the progress in validation and characterization made in the last 10 years. **Objective.** To present a case where trichotillomania appeared as a symptom of altered mood in the context of pediatric bipolar disorder. **Material and Methods.** We present a case of a 6-year old girl referred to our child psychiatry outpatient derived from paediatric neurology with a diagnosis of ADHD and trichotillomania. **Results.** The patient is 6 years old, with no familiar history of mental illness. The oldest of two siblings, she had a normal developmental history and live with her parents and brother. When she was five trichotillomania started suddenly when she went on a school trip. She pulled all her eyebrows and eyelids within one day. It ceased and one year later it restarted. The clinical picture was of irritability, frequent tantrums, and aggressive behavior. She also showed low affect and depressive thoughts such as "I am ugly and silly" or "my mothers is mean". During the following year she presented brief episodes of intense mood alteration which typically started with night-time onset trichotillomania and lasted for no longer than five days. During the episodes she sometimes had manic symptoms like grandiosity ("I am the owner of my house" "We have 8 bath rooms") elated mood (tried to make everybody laugh in the classroom), dysphoria, conduct disorder (trying to wear summer clothes in the middle of the winter, painting her body with markers) diminished concentration, insomnia and food refusal. After the episodes she would return to normality being quiet, kind, attentive and cooperative. Other episodes would have mixed manic depressive symptoms. **Conclusions.** In this case nighttime onset trichotillomania was the first symptom of manic or mixed episodes of pediatric bipolar disorder. A review of studies regarding pediatric bipolar disorder and trichotillomania will be presented. Therapeutic options will be discussed.

PP4 FURTHER INVESTIGATING MENTAL ITCH INDUCTION: WHAT KIND OF STIMULI INCREASES SCRATCHING IN PATIENTS WITH ATOPIC DERMATITIS AND HEALTHY CONTROLS?

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Introduction. When people are confronted with itch-inducing situations, it is a usual consequence that they experience itch and start scratching. Former studies showed that itch can be induced through audio-visual stimuli. Furthermore in patients with Atopic Dermatitis (AD) induced itch was twice as high as in healthy controls. So far the video that was used to induce itch combined crawling insects and skin-diseases. Accordingly former studies do not allow a statement about, what kind of stimuli is responsible for the increase in itch. **Objective.** The main objective of this study therefore was to differentiate between stimuli that induce itch (crawling insects vs. itchy skin-diseases). We hypothesize, that itch-intensity in AD patients can be increased through videos on either skin-diseases or crawling insects. On the other hand we propose that in healthy subjects an itch-increase only arises when watching a video that focuses on crawling insects, while watching a video on skin-diseases rather leads to an increase of disgust instead of an increase of itch. Surprisingly the former study also revealed that in AD patients about 50% of variation of the increase in scratching could be explained through psychological variables. A further aim of this study is to examine if this astonishing result can get replicated. **Material and Methods.** Thirty-six dermatologically healthy subjects and 36 AD patients that were parallelised according to age and gender participated in the study. Three different kinds of videos were presented to the subjects in a cross-over design. There were two experimental-videos, which either focussed on crawling insects (animal-video; AV) or itchy skin-diseases (skin-diseases-video; SV). The control video (CV) focussed on skin as a communication-organ. The videos lasted 9:30 minutes each and were separated through a 20-minutes-wash-out-sequence. After recording the subjects while watching the different videos, two independent persons evaluated the skin-contact as scratching or just touching. As dependent variables we assessed scratching-behaviour as well as subjective-perceived itch (measured through a visual analogue-scale from 0 to 10). The three video-conditions served as independent variables. Psychological variables were considered as predictors for the increase of itch. **Results.** The study is not completed yet. First results will be presented at the congress.

PP5 PATIENT-EDUCATION-PROGRAMMES FOR ATOPIC DERMATITIS - WHO IS INTERESTED?

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Introduction. Atopic dermatitis (AD) is a chronic skin-disease, which has many causes and a high prevalence in childhood. Age-related patient-education-programmes have positive effects on the severity of the disease. Young patients and their parents that took part in education-programmes for AD also reported better quality of life and coping. Former studies did not focus on the question, who is interested in patient-education-programmes. **Objective.** The purpose of this study was to answer the following research-questions: Is satisfaction with previous medical supply a valuable

predictor of being interested in patient-education programmes for AD-patients? Are coping, quality of life and subjective benefit of former medical treatments further predictors of being interested in patient-education-programmes? **Material and Methods.** Out of 5,068 parents who were asked to participate in the study, 2,192 answered a short-questionnaire, in which they were asked if their child suffered from AD. One hundred and sixty-nine parents reported that their child has AD. Ninety-two of them were willing to take part in the study, of which 76 already turned in complete data-sets. A logistical regression analysis was conducted using satisfaction with former medical supply, atopic-dermatitis specific quality of life, common and atopic-dermatitis specific coping and the subjective benefit of former treatments as possible predictors of the interest in participation in patient-education-programmes. A severity index (SCORAD) was also considered as a predictor. **Results.** The regression-analysis revealed that satisfaction with former medical supply is a significant predictor of being interested in patient-education programmes for Atopic Dermatitis: Patients who are less satisfied with medical treatments are more interested. Further analysis revealed that subjects who are interested in patient-programmes also experience lower social support and use active problem-solving strategies more often than patients who are not interested in patient-education-programmes ($R^2=0.227$; $p=0.001$). The severity-score is no significant predictor of being interested in patient-programmes. **Conclusions.** Satisfaction with medical supply, active problem-solving and low social support can be regarded as significant predictors of being interested in patient-education-programmes. It was striking that neither the severity-score nor the subjective benefit of previous treatments or atopic dermatitis specific coping or quality of life could predict the interest in patient-education programmes. For future studies it is of interest to analyse if these predictors can also forecast the actual participation in patient-education-programmes.

PP6 OBJECTIVE MEASUREMENT OF SKIN COLOUR AS A TOOL FOR ASSESSING THE EFFECTIVENESS OF PHOTOPROTECTION PROGRAMMES: LESSONS FROM A PRELIMINARY STUDY

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Introduction. The effectiveness of educational programmes in developing healthy photoprotection habits is frequently estimated by means of questionnaires. Another way of evaluating the adoption of healthy behaviours is by measuring changes in parameters related to skin colour. **Objective.** Our aim was to perform a preliminary study to evaluate if measurements of skin colour made with a chromameter could represent a useful tool to assess the effectiveness of photoprotection programmes in adolescents. **Material and Methods.** We used a chromameter to measure the CIELAB L*, a*, and b* skin colour coordinates of the forehead of a group of students of the third academic year in a secondary school of Vila-real (Spain). The Euclidean distance to pure white (DPW) of the colour coordinates obtained was also calculated. A total of 151 students participated in the study, of which 62 correspond to an intervention group, which had received a 20 min educational class on photoprotection, and 89 to a control

group. Skin colour was measured before the summer in these 151 students and also in 87 (37 of the intervention group and 50 of the control group) of these students after the summer. **Results.** Significant differences were found among sexes for L* and a* parameters, so that girls had higher L* values (more luminous) and lower a* values (less red colour intensity) than boys. Also, significant differences were found among skin types, for L* and b*, so that with increasing values of the skin type L* decreased (less luminous for darker skin types) and b* increased (more yellow for darker types). For the DPW parameter, significant differences were found between sexes (higher DPW for boys) and for skin type (the darker the skin type, the higher the DPW values). When comparing the differences between after and before the summer for the skin colour traits studied highly significant differences were found for b* (increased yellow colour intensity after the summer) and for DPW (higher values after the summer). However, no significant differences were found for the effect of intervention, sex, or skin type in the change of skin colour after the summer with respect to before the summer. **Conclusions.** The results show the use of a chromameter can be useful to study the skin colour of adolescents, as it allows detecting significant differences among sexes and skin types in colour characteristics. Our results also suggest that the DPW parameter is better than any of the L*, a*, or b* coordinates to evaluate changes in skin colour during summer. The fact that no differences were found for the intervention, sex or skin type factors for changes in skin colour before and after the summer, suggests that in order to detect skin colour differences due to a change in habits associated to an educational photoprotection intervention, it would be more adequate to measure the skin colour at the middle of the summer season, when differences in skin colour may be more evident.

PP7 QUALITY OF LIFE AND PSYCHOLOGICAL COMORBIDITY IN PATIENTS WITH PSORIASIS

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Introduction. Psoriasis is a chronic life-long autoimmune disease associated with significant physical and psychological morbidity. Usually skin changes are presented on the elbows, knees, dorsum of the hands or rarely on the face, localisations that are mostly exposed to the eyes of the others. Skin changes are public, everyone can see patient's psoriasis. Patient with psoriasis can be stigmatised due to difference in their appearance. Reaction of the others can influence the patient quality of life resulting in changing hobbies, behaviors, choice of hair style, make-up and clothes and everyday life of the patient. Physical symptoms like pruritus or burning of the skin in patients with psoriasis decreases patient's quality of life. Depressive disorder and anxiety disorders can be developed like in every chronic disease. **Objective.** The aim of our study is to determine quality of life and psychiatric comorbidity in patients with psoriasis. **Material and Methods.** Study will include 50 patients with psoriasis who were treated at Department of Dermatovenerology as outpatient and inpatient. After visiting a dermatologist who will examine the patients they will be referred to a psychologist where they will fill in questionnaires concerning quality of life, depression, anxiety and personal data. **Results.** Our hypothesis is that quality of life of the patients with psoriasis will be significantly decreased and that depressive and anxiety disorders will be present in study group more comparing to general population.

STRESSFUL EVENTS AND VITILIGO ONSET: ONLY COINCIDENCE?

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Introduction. Multiple studies in the literature have described remission or spreading of vitiligo related to some precipitating factors. Several categories have been assessed: emotional stress, drugs, infections, previous trauma, etc. Some authors suggest that catecholamine levels and oxidative stress derived from adverse events play an important role in the vitiligo pathogenesis. **Objective.** We analyzed the relation between stressful life events and vitiligo onset in a Spanish cohort. We assessed the differences between the events in different demographic groups, describing interesting results that the dermatologist should consider in vitiligo patients. **Material and Methods.** We have assessed the presence of adverse events related to vitiligo onset in a cohort of 180 patients. One hundred and eighty consecutive patients were recruited and interviewed by dermatologist. Adverse events were categorized in several groups: family-related, work/school, migration, health problems, duel, partner problems, others. Patients were specifically asked for these categories and demographic data were also recorded. SPSS15.0 was used for statistical analysis. **Results.** A high percentage of patients (76.13%) referred an stressful life events previous to vitiligo onset. To our knowledge, this is the highest frequency reported so far. Schallreuter and Salzer reported similar percentages in European vitiligo patients (68%). Gender differences were observed in our results. While more frequent adverse events in women were family-related (47%) and partner problems (17%), men reported more frequently work/school problems (40%). Age differences could also be observed in our study. Paediatric population presented adverse events in 55.55% of the sample, while adults presented with a higher percentage (78.5%). Curiously, sibling's birth was the most frequent adverse event reported by children. **Conclusions.** These results demonstrate the importance of the psychological status in the onset of vitiligo. Stress derived from life adverse events could influence the neuro-endocrine-immune system and facilitate the pathogenesis of dermatologic diseases like vitiligo.

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CORRELATION BETWEEN ALEXITHYMIA AND ANXIETY-DEPRESSION IN ALOPECIA OUTPATIENTS

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Introduction. Alopecia patients may develop anxiety and/or depression and the hair loss can deteriorate their social relationships. Mood disorders can be measured by the validated spanish version of Hospital Anxiety and Depression Scale (HADS), (Caro e Ibáñez, 1992). Alexithymia is considered to be a personality

trait that places individuals at risk for other medical and psychiatric disorders. It can be measured with questionnaires such as the Toronto Alexithymia Scale (TAS-20), the Bermond-Vorst Alexithymia Questionnaire (BVAQ), or the Observer Alexithymia Scale (OAS). We have found in other studies a high prevalence of alexithymia in these patients in comparison with non-alopecia subjects. **Objective.** The aim of this study was to quantify the presence of anxiety and depression measured by the HADS and the prevalence of alexithymia using the validated Spanish version of TAS-20 in alopecia outpatients. We want to determine the correlation between mood disorders and alexithymia in these patients. **Material and Methods.** The study included 30 consecutive alopecia outpatients. All subjects were consecutively recruited and were screened with the HADS and the TAS-20. Patients were asked to choose only one option in both questionnaires. Statistical analysis was performed using SPSS v15.0. **Results.** We analyzed the presence of anxiety and depression and/or alexithymia in each patient. Cases of anxiety and depression were defined by the presence of 11 or more points in both subscales. Cases of alexithymia were defined by the presence of more than 61 points and possible alexithymia was considered if the score was between 52 and 60. **Conclusions.** We must include TAS-20 and HADS, quality of life questionnaires or other psychopathology tools in the management of alopecia patients to establish a multidisciplinary approach. This global approach could avoid a social or interpersonal relation dysfunction and psychological complications in these patients.

PP10 PSYCHODERMATOLOGY IN THE DERMATOLOGICAL CLINICAL PRACTICE IN THE NETHERLANDS

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Introduction. In dermatology it's well recognized that there is a strong relationship between psychosocial factors and skin disease. It is therefore very important that during consultation in the dermatological practice these factors are equally addressed. Experience shows that due to a short consultation patients can't get appropriate specialized psychodermatological treatment. A referral of the dermatologist to a professional psychosocial expert can solve this problem. To enhance the referral rate it is important to investigate how frequent dermatologists refer to an expert and which obstacles they encounter. **Objective.** The objective of this study is to optimize the treatment and quality of life of patients with psychodermatological problems. This will be obtained via enhancing the referral rate of dermatologists through awareness, increasing education and constructing a network of professional psychosocial experts to make a referral more successfully. **Material and Methods.** A questionnaire was constructed to survey knowledge and attitude on psychodermatology among dermatologists and residents and referral patterns of patients with psychodermatological problems. **Results.** 581 dermatologists and residents were approached (RR 24.8%). The answers of the questionnaire contained 5-point scales of Likert. The means of how psychodermatological knowledge and education, experienced during residency, was experienced is respectively 2.68 (SD 0.911) and 2.57 (SD 1.082) which is below neutral (3). Limiting factors in treating patients with psychosocial problems are the lack of time (62%) and knowledge (53%). The means of detecting and bringing up the psychodermatologic problems

during the consultation are respectively 4.32 (SD 0.653) and 3.99 (0.714), which are above neutral. The mean of treating psychodermatologic problems however is 2.47 (SD 0.896), which is below neutral. Of all dermatologists and residents 49% do not use a professional psychosocial expert to which they refer. The mean of the referral rate to a professional psychosocial experts is 8.17 (SD 10.480) patients per year. A positive significant relation ($\alpha=0.001$) is seen between the degree of knowledge and the degree of referral. **Conclusions.** Nowadays the interest of dermatologists in psychodermatology is increasing. However more time is needed during consultations to treat successfully and more education on this subject is needed during residency. The collaboration with consultants and the referral rate at this moment is very low. Treatment of patients with psychodermatological problems is not seen as part of the dermatological profession, therefore it appears to be important to enhance the referral rate of dermatologists and residents to a consultant by enhancing psychodermatological knowledge through education.

MONOSYMPTOMATIC HYPOCONDRIACAL SYNDROME: A CASE REPORT PP11

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Introduction. Monosymptomatic hipocondriasis is a term applied to the manifestation of a single prominent belief that one is diseased in some particular way despite evidence to the contrary. Three syndromes are consistently described in the literature (delusions of parasitosis, delusions of dysmorphosis and delusions of bromosis) but this term assume a variety of clinical forms. **Objective.** To review delusional disorders related to skin. **Material and Methods.** We interviewed a patient and reviewed his clinical history when he was referred to our consultation by a dermatologist. **Results.** We report the case of a sixty-nine years old man with history of dermatologic atopy since childhood that finally develops a delusion related to skin in adulthood involving the firm belief that he has pimples on his skin and that sandy emanate from them when he scratches himself. He was on treatment with a dermatologist with no improve of his symptoms, itching specially, and was referred to consultation psychiatry because of dermatologist found no skin lesions and the patient had anxiety and sadness. **Conclusions.** This kind of patients has usually awareness of illness, but not of psychotic illness; so they take medication to try to improve their symptoms. But our patient did not return to our consultation, so we think his symptoms did not improve or that he never try to take medication.

DELUSIONS OF PARASITOSIS: DIFFERENTIAL DIAGNOSIS IN A PATIENT PP12

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Introduction. Patients with such condition believe their skin is infested by parasites. They usually underlie their cutaneous

surface. A severe psychiatric condition might be associated. There are many secondary organic causes that should be investigated before the definitive diagnosis is performed. **Objective.** To describe a clinical case of delusions of parasitosis and the comorbidities she had. **Material and Methods.** A 73-year-old patient came to our office on July 2010, with very deep linear ulcers on the left side of the face and left arm and right side of the abdomen. No lesions were observed on the right arm, as it is paralyzed because of a transient ischemic attack. They have become more severe around last month, but the trouble with the skin began on 2001 with a lip erosive lesion. It healed without complications. During 2005 and 2006 years she came to dermatology service with severe pruritus without evident cutaneous primary lesions. Anyway, as her husband also felt the same itching sensation, specially by night, they both were treated for scabies several times. Their skin became very irritated and pruritus did not disappear. They needed topical and oral steroids, antihistamines to control it. On 2007 delusion of parasitosis was primary suspected as the patient insisted that she had an infection underlying pruritus. A cutaneous biopsy was performed and it showed inespecific changes on dermis and epidermis. Psychiatric Service was consulted and they suspect a delirious disorder. She was studied because of her pruritus in the Internal Medicine Unit, she is also diabetic (without good control) and they performed a liver biopsy suspecting a Primary Bile Cirrhosis and it was confirmed, and so treated. On March 2008 an ischaemic cerebrovascular attack occurred and the right side of her body. She was deeply studied because of her pruritus in the Internal Medicine Unit. **Results.** Many different causes for itching appear in this patient. Nevertheless, the erosions and ulcers, observed on 2010 and their location were typical, and as we suspected delusion of parasites even affecting her husband and one of their sons leave us to look for the assistance of the psychiatric department that she was admitted to our hospital and treated as a true psychosis, using olanzapine and pimozide in association with ziprasidone. In two week patient finally stated infection was not present anymore. **Conclusions.** Psychodermatology cases are not easy to suspect, diagnose and treat. Anyway, a good relationship between colleagues make it easier to do.

PP13 SELECTED BIOCHEMICAL PARAMETERS OF CARDIOVASCULAR ABNORMALITIES CORRELATE WITH HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH PSORIASIS

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Introduction. The relationships between subjective quality of life and clinical characteristics of psoriasis have been subject matter of several studies with ambiguous results. **Objective.** In this study we aimed at investigating the relationships between selected biochemical parameters of cardiovascular abnormalities in patients with psoriasis and subjective evaluations of their quality of life. **Material and Methods.** One hundred patients with psoriasis completed SKINDEX-29 – a quality of life measure. Serum levels of HDL, LDL, triglycerides, NT-proBNP, apolipoprotein (apo)-A-I, and apo-B were estimated. Other clinical information on the patients was also collected. **Results.** Clinical parameters of psoriasis severity correlated weakly but significantly with lower quality of

life. Higher NT-proBNP levels were associated with lower quality of life. Higher apo-B levels co-occurred with lower quality of life in women. **Conclusions.** The parameters of cardiovascular abnormalities, such as NT-proBNP and lipid levels, are associated with psychological adjustment to psoriasis, as reflected in subjective quality of life. The mutual bidirectional relationships between quality of life and clinical parameters could probably account best for the observed associations.

BROMOSIS OR TRIMETHYLAMINURIA: A CASE REPORT PP14

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Introduction. So many different types of conditions lie between the fields of psychiatry and dermatology, so it is important to have classification systems that will help the clinician understand what he or she is dealing with. Most of psychodermatological conditions can be classified into five different categories. These are psychophysiological disorders, primary psychiatric disorders, secondary psychiatric disorders, cutaneous sensory syndrome, and those that require the use of psychopharmacologic agents for purely dermatologic causes. In primary psychiatric disorders there is nothing wrong with the patient's skin, hair or nails and all of the physical findings are self-induced. An example of primary psychiatric disorder is the monosymptomatic hypochondriacal psychosis that includes delusions of parasitosis, delusions of bromosis ("bromosiderophobia") and delusions of dysmorphism ("dysmorphophobia"). **Objective.** To review psychiatric disorders related with dermatology and, in some cases, their differential diagnoses. **Material and Methods.** We interviewed a patient and reviewed his clinical history when he was referred to our consultation complaining bad body odor. **Results.** We report the case of a fifty-five years old woman referred to consultation psychiatry by an internal medicine doctor because the patient complains halitosis, bad body smell and depressive mood. The patient thought she was affected by a rare disease called trimethylaminuria (the fish odor syndrome), but the study by internal medicine, and previously by a gastroenterologist and endocrinologist, had found no objective cause responsible of that smell and moreover, nobody smelt that bad odor. Our patient had the firm belief that she, her father and her nephew had that same bad smell and that people flee of her. **Conclusions.** We can diagnose a primary psychiatric disorder when we have excluded any medical condition that could be responsible of the symptoms, in our case the bad corporal odor. Trimethylaminuria, or fish odor syndrome, is a congenital metabolic disorder characterized by a failure in the hepatic trimethylamine oxidation. The presence of abnormal amounts of trimethylamine in the urine, sweat, exhaled air and other body secretions, confers a very unpleasant body odor resembling that of decaying fish. As a consequence, patients can suffer from serious psychosocial sequelae. Diagnosis of trimethylaminuria requires an specific analyses to confirm the presence of the disease. In our patient this analyses was normal, so we concluded the diagnosis of a delusional disorder called bromosis, belonging to the monosymptomatic hypochondriacal psychosis.

PP15 CHRONIC ECZEMA, A PROBLEM WHOSE EFFECTS SLIP OUT FROM HANDS

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Objective. Chronic eczema seems to be a problem exclusively localized in hands, but people suffering from it actually must deal with wounds more painful than just the ones on the skin. About one out of ten Spaniards know how an apparently meaningless change on the palm of their hands, owing to a skin thickening, also changes their life and their way of facing a brand new day. **Material and Methods.** 31-year-old male goes to consultation, sent by the dermatologist, showing on both hands eczemas that don't get better with topic corticoid and antibiotic treatment. No medical or psychiatric history. Psychobiography: He lives with his couple and he is unemployed six months ago. Mental examination: His relatives clearly show some rejection for him, owing to his problems he cannot have an ordinary life with his friends. He goes through hard times to get a job, he is ashamed of shaking hands with somebody, so he tends to avoid it. Low self-esteem, insecure, doubting about his external appearance may cause his couple's reject, so his sentimental relationships also fail. **Results.** Evidence shows lots of patients with dermatological disease (20%) have some kind of psychological disorder. Besides, emotional impact may mutate therapeutic response and even pharmacological action of dermatological treatment. Signs of skin illness will appear on some patients because of their mind, so we have to pay attention to them and give those people the security not only to solve their dermatological problem but, above all, to focus their life and their senses on organizing other parts of the organism, specially their mind. Some people suffer more somatic complaints, showing their dependence conflict on a symbolic way, through their hands. They try to catch their life with their hands, although their autonomy attempts are hindered with their own dependence needs. Ángel and Schmale discuss dihydrosis pathogeny in the sense of a conversion complication, with hands as the afflicted part. However, nothing has been published about this topic in the last years so we believe other research about this illness and its psychological consequences could be carried out.

PP16 ROLE OF ANTIDEPRESSANTS IN PSYCHIATRIC DISORDERS SECONDARY TO SKIN PROCESSES IN A MENTAL HEALTH CENTER.M

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Objective. The objective of this study was to review psychodermatologic most common disorders in the outpatient department of a Mental Health Center and effectiveness of antidepressant drugs in these processes, as well as side effects of skin al these drugs. **Material and Methods.** Among 18 adults treated with antidepressant drugs for at least 24 weeks for psychiatric disorders secondary to skin diseases and dermatological complications attributable to antidepressant drugs in those patients. couple's reject, so his sentimental relationships also fail. **Results.** For a minimum of 24 weeks were prescribed SSRI in 65% of cases, improving symptomatology and 70%. Others combinations of antidepressants 35 % of cases, improving and 75%. Only mild side effects occurred in 3

cases, of dubious attribution to antidepressant drug. **Conclusions.** *PP17* When a skin disease present psychological impact, treatment with antidepressant drugs, if needed, can be beneficial to the general course of the underlying dermal pathology and improve the quality of live of patients.

RELATIONSHIP BETWEEN PERSONALITY TRAITS, INTELLIGENCE AND DERMATOLOGICAL DISORDERS IN A SAMPLE OF GIFTED CHILDREN.

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Objective. The influence of characteristics of personality in the appearance and development of the dermatological pathology is a main area of study in clinical psychology, because when the dermatological alterations make visible to the others the quality of life and the self-esteem of the patient they diminish significantly, appearing feelings of shame and humiliation, very important difficulties to relate socially and poor development of social skills. If to this factor of personality we add the discrimination associated with the intellectual high abilities in children, then we can find an optimal situation for the emergence and development of somatic dermatological conditions. One of the main features of the interaction between personality and intellectual superiority in children is dyssynchrony between the mental and emotional development. The rapid development of their intelligence makes them manage feelings and emotions for which they are unprepared, and therefore can not properly process because their emotional development is slower than the development of their cognitive abilities. To certain events, there is a gap between how to process intellectually and emotionally the situations, which can lead to reactions of fear, anxiety, depression or extreme intellectualization. In these cases, somatization is the most common psychopathological disorder in children with high ability, usually associated with the presence of symptoms of anxiety and depression. **Material and Methods.** *Research participants:* Participants with high abilities were recruited from the several groups of gifted children in Asturias and Madrid. Study enrollment included 45 children participants with an IQ above 130 points in the WISC-IV and 15 healthy control children with an IQ above 100 points. *Measures:* Psychological tests and self-report measures. All participants (or their families) completed a detailed interview and a psychological and somatic battery: (a) Cuestionario de Manifestaciones Cutáneas Psicológicas (MC-P), de A. Jiménez-Perianes (b) Spanish adaptation of the Children's Somatization Inventory (CSI-24) de L.S. Walker, (c) Adaptation of the Cuestionario de 90 síntomas de Derogatis (SCL-90-R), subescale "somatización", (d) ESPQ (6–8 years old), CPQ (8–12 years old) and HSPQ (high school), Cuestionarios Factoriales de Personalidad de R. B. Cattell, and (e) Wechsler Intelligence Scale for Children-IV (WISC-IV). **Results.** The general profiles obtained in the tests of personality do not show psychopathological structures in the analyzed sample, but a positive relation is observed between certain features of personality, intelligence and somatization, and the presence of signs of dermatological alterations of moderated severity. **Conclusions.** A positive relation is revealed between the presence of the different profiles of personality, though not necessarily psychopathological, higher intelligence and high levels of somatization with the presence of patognomonic signs of dermatological alterations.

PP18 SKIN COLOUR IN THE BRITISH INDIAN COMMUNITY: ONLY SKIN DEEP?

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Introduction. Skin colour amongst Indians is an emotive topic. Long before the British invasion of India, there has been a 'pigmentocracy' whereby those with lighter skin tones have enjoyed more privilege and opportunity as compared to darker-skinned individuals. This is particularly apparent in modern India where it is suggested that as many as 60% of Indian women have used cosmetic skin bleaching products. Over the last fifty years, many Indians have migrated to the United Kingdom, United States and European countries. This cohort is a self-selected group who have attained sufficient financial or educational success to enable such migration; thus this group is a useful means of evaluating the persistence of such beliefs in Indians abroad. **Objective.** The study aimed to evaluate any links between skin tone and a variety of outcomes, including income, self-reported medical health and psychological distress. **Material and Methods.** Data was obtained over three years from 2008–2010, evaluating 1,004 British Indians resident in London, United Kingdom. **Results.** After accounting for confounding factors, it became apparent that darker skin tones were associated with lower incomes, poorer self-reported health and increased psychological distress for British Indians. **Conclusions.** British Indians remain preoccupied by skin colour. This is adversely impacting upon the quality of lives of Indian diaspora and it appears that targeted public health interventions may be very beneficial in this cohort.

PP19 SELF-MUTILATING BEHAVIOUR IN A WOMAN WITH INFANTILE CEREBRAL PARALYSIS

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Objective. We report the case of a 44 year-old woman diagnosed of infantile cerebral paralysis presenting digital ulcers in her left hand and arm for the past six months. Thorough examination revealed superficial ulcers without any signs of infection, well defined, on accessible locations. The patient had severe difficulties to move her extremities and to communicate due to her base disease. She could only move her left arm, where the lesions were found. She had good family support. Her mother referred that lesions had commenced in relation with a strong pain due to a casual traumatism. The more the pain increased the more lesions she caused herself. **Material and Methods.** We proceeded to adjust analgesic treatment and to put an occlusive dressing. **Results.** We observed gradual clinical im-

provement within four weeks. Deliberated self-injury is defined as the intentional, direct injuring of body tissue; there are different types of deliberate self-mutilating behaviour such as bites. This behaviour is common among adolescents and psychiatric inpatients, with a higher proportion of females. In our case this behaviour could be due to pain or to attract attention. It is difficult to know the real intentionality in a non-speaker patient.

EKBOM'S SYNDROME: ETIOPATHOLOGY AND TREATMENT APPROACH PP20

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Introduction. Delusional parasitosis was described by Ekbom in 1938. It is an unfrequently form of psychosis whose patients acquire a strong delusional belief that they are infested with parasites, whereas in reality no such parasites are present. 71% of the patients are seen in primary care. The male-female ratio by age is 3:1 in patients older than 50 years and a greatest risk for the development of delusion is in fifty decade. Different pathology models and new treatments have been hypothesized. **Objective.** Understand the relation between delusions and organic pathology underlying. Find out the affected pathway or brain areas. A review of different treatments. **Material and Methods.** Performing a search about delusional parasitosis in pubmed of the last ten years. A case report about delusional parasitosis in relation with a tumour is reported. Also a diagnostic and therapeutic algorithm is enclosed. **Results.** Etiology is considered multifactorial. Dopaminergic hyperactivity in prefrontal cortex is described in fMRI. Other studies indicate a reduction of the frontal inhibition that would condition an anomalous processing in subcortical regions. The last results focus on vascular injuries. In addition delusion of parasitosis have been associated with dopamina allelo receptor. Physical illnesses that can underlie secondary organic delusional parasitosis include multisystemic disorder, dermatology, psychiatry neurological disorders and substance abuse. The treatment included psychological and physical approach. Atypical antipsychotics such as olanzapine, risperidone, amisulpride are used as first line treatment. Serotonergic antidepressants, psychotherapy, ETC, may have also a role in the treatment of these patients. A depot neuroleptic maintenance treatment is also investigated. Furthermore familiar intervention is effective because 15-40% of this patients suffer from a folie a deux. The course is variable and it depends on the underlying pathology with a duration average of 3 years. 50-87% of patients achieve a partial or complete remission. Those of prolonged course present a worse progress. **Conclusions.** Ekbom's syndrome is a pathology still unknown. An exhaustive study about the relation between the disease and cerebral structures is necessary if it wanted to acquire a greater understanding of the etiopathology and improve the treatment. One of the most important factor is an interdisciplinary work.

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