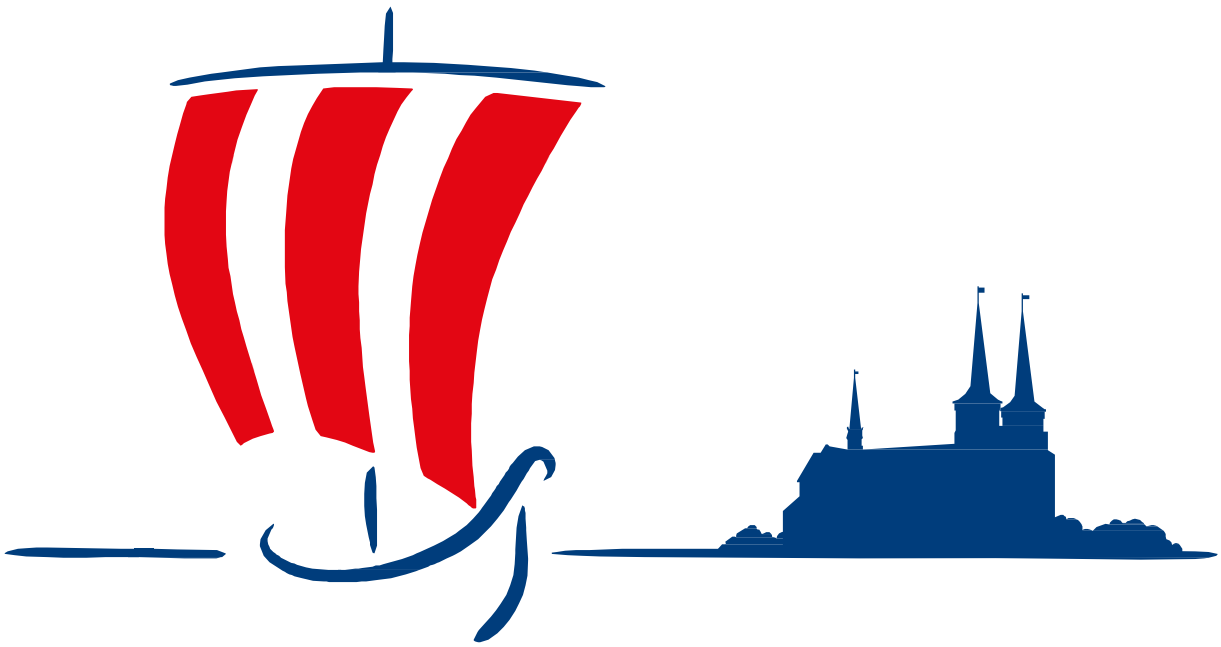
PROGRAMME & ABSTRACTS

ESDaP 2013

15th Congress
of the European Society for Dermatology and Psychiatry

June 6 - 8 · 2013

Roskilde · Denmark



ESDaP

European Society for Dermatology and Psychiatry

www.esdap2013.org

The European Society for Dermatology and Psychiatry is a scientific society, established in 1993 in Vienna, which provides a forum for European physicians and psychologists working in psychodermatology, psychosomatic dermatology, and dermatopsychiatry.

ESDaP aims

- to foster exchange of information and ideas
- to encourage contacts among professionals in the field to improve the quality of scientific research in the area
- to recruit new members providing important expertise

The ultimate aim of the society is to foster improvement of patient care by putting into practice insights gained through research in psychodermatology.

ESDaP ORGANISATION

LOCAL ORGANISING COMMITTEE *(Denmark)*

DEAR PARTICIPANT

We are pleased to welcome you to the 15th Congress of the European Society for Dermatology and Psychiatry (ESDaP 2013) in Roskilde, Denmark.
The ESDaP 2013 Conference is dedicated to sharing and debating the latest knowledge and developments in psychodermatology.

This year's theme is

Mind the skin – the hard facts

which reflects that the conference will deal with many aspects of the challenging interface between the skin and the mind, from neuroimmunology to the psychosocial and cultural aspects of appearance. The varied programme is aimed at bringing together participants from numerous backgrounds, while maintaining a focus on the clinical consequences of psychodermatological problems.

We hope you will also enjoy the historic city of Roskilde. Roskilde offers a refreshing, unpretentious atmosphere with its markets, galleries, museums and beautiful water front. The city has a flourishing cultural life as well as an ancient historical environment with its stunning UNESCO world heritage Cathedral and other places such as the famous Viking Museum – both of which we have included in the social programme.

We hope to provide an inspirational multifaceted setting in which different specialties will come together and create an active networking environment.

A warm welcome to Roskilde!

On behalf of the organising committee,
Gregor Jemec, *Chair of the Local Organising Committe*

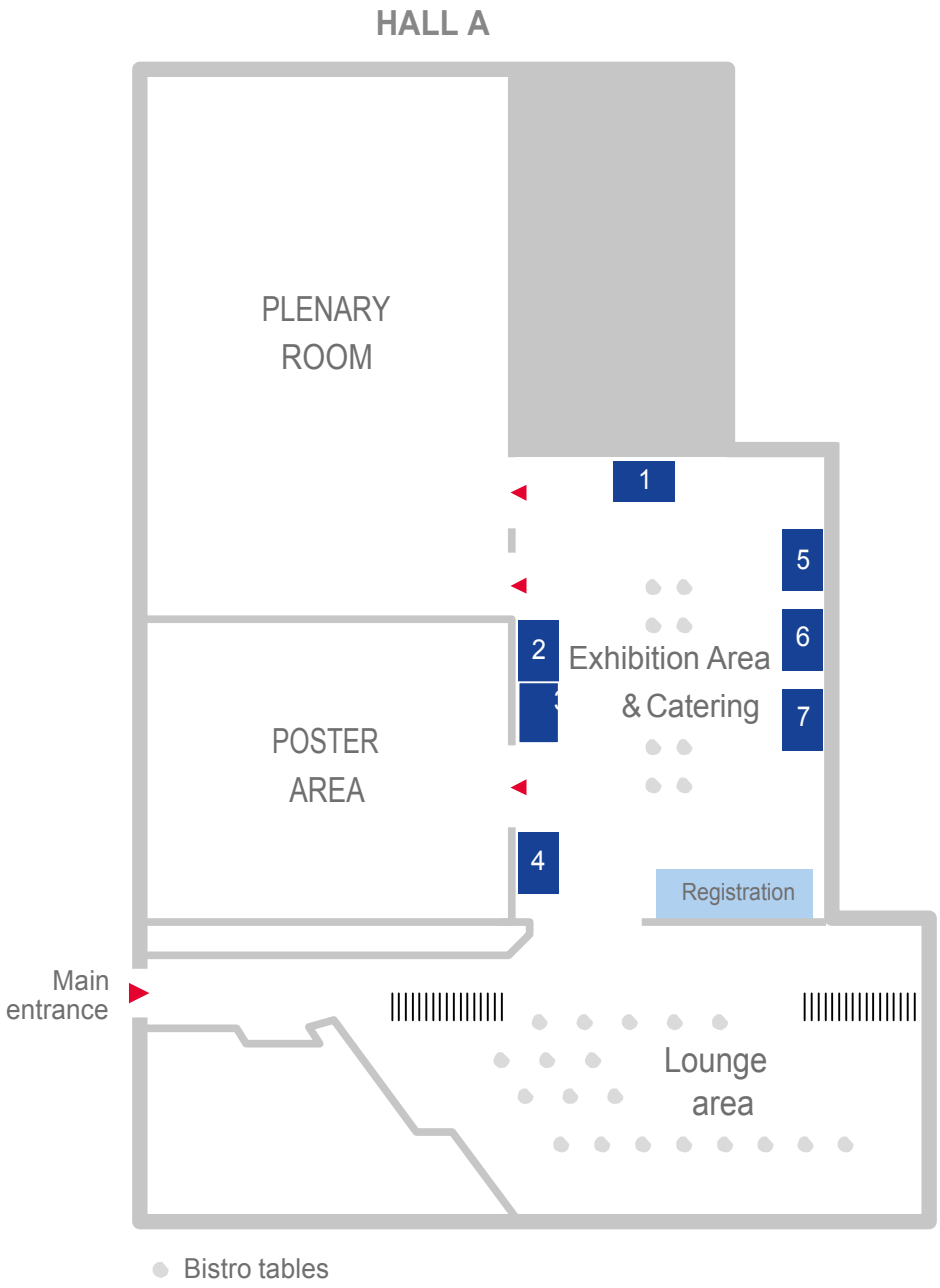
ESDaP
European Society for Dermatology and Psychiatry

Roskilde Congress Centre, Møllehusvej 15, 4000 Roskilde

ESDaP

European Society for Dermatology and Psychiatry

VENUE OVERVIEW



EXHIBITORS

abbvie	**AbbVie A/S** Emdrupvej 28 C 2100 København Ø Denmark	Tel: +45 7230 2028 Mobile: +45 3977 0070 dennis.zachariasson@abbott.com Contact: Dennis Zachariasson	2
GALDERMA Committed to the future of dermatology	**Galderma Nordic AB** Lars Bjørnsstræde 3 1454 København K Denmark	Tel: +45 3337 7110 Cell: +45 4032 1523 mette.strandgaard@galderma.com www.galdermanordic.com	3
janssen	**Janssen** Hammerbakken 19 3460 Birkerød Denmark	Tel: +45 4594 8282 www.janssen-cilag.dk Contact: Susanne Thinggaard, sthigga@its.jnj.com Tel: +45 2999 8313	5
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LA ROCHE-POSAY LABORATOIRE DERMATOLOGIQUE	**La Roche-Posay** Stationsparken 37 2600 Glostrup Denmark	Tel: +45 4324 6484 service.lrp@dk.loreal.com www.laroche-posay.dk Contact: Mette K Fredsted	4
LEO	**LEO Pharma** Citadellsvägen 19 Box 404 201 24 Malmö Sweden	Tel: +45 7022 4911 www.leo-pharma.com Contact: Susanne Søndergaard susanne.soendergaard@leo-pharma.com Cell: +45 4056 2564	1
	Pfizer Danmark Lautrupvang 8 2750 Ballerup Denmark	Tel: +45 4420 1100 Cell: +45 2920 3227 lars.buchholtz@pfizer.com www.pfizer.dk Contact: Lars Buchholtz	6

ESDaP

European Society for Dermatology and Psychiatry

PROGRAMME

THURSDAY 6.6.2013

9:00-15:00		**Registration**
11:40-11:50		**Welcome.** Gregor Jemec, Michael Heidenheim, Solveig Esmann
11:50-12:00		**Acta Dermatovenereoligica and ESDaP.** Anders Vahlquist
12:00-14:00		**Pharmacology.** Chairs: Michael Heidenheim, Silla Consoli
12:00	1	**Key Note Lecture: Psychopharmacology – state of the art anno 2013** Key Note Speaker: Raben Rosenberg
12:40	2	**Dermatological adverse effects of psychiatric drugs** Speaker: Dimitrios Ioannides
13:10	3	**Psychological adverse effects of dermatological drugs** Speaker: Anthony Ormerod
13:35	4	**Distribution of the psychosomatic treatment for atopic dermatitis to the general dermatologists** Speaker: Makoto Hashiro
14:00-15:00		*Coffee Break in the Exhibition*
14:00-15:00		**Poster session: Quality of Life and other aspects of psychodermatology**
15:00-16:45		**Free papers.** Chairs: Florence Dalgard, Lucia Tomas
15:00	5	**Pharmacology: Psoriasis patients' satisfaction with treatment: a web-based survey study** Speaker: Oda van Cranenburgh
15:15	6	**Psycho-neuroimmunology: Psychological stress and epidermal barrier function** Speaker: Edith Orion
15:30	7	**Therapy: Personality characteristics as predictors of itch increase in patients with psoriasis and healthy controls** Speaker: Christina Schut
15:45	8	**Stigmatisation: The importance of psychological therapy for oncodermatology** Speaker: Reena Shah
16:00	9	**Self-inflicted dermatoses: Comorbidity of onychophagia and anxiety disorders and obsessive-compulsive disorders** Speaker: Przemyslaw Pacan
16:15	10	**Body dysmorphic disorder: Central expression of abnormal and unexplained skin sensations** Speaker: Jessica Eccles
16:30	11	**Obsessive Compulsive Disorder in Dermatology** Speaker: Thelda Kestenbaum
17:30-19:30		**Welcome reception at the Odd Fellow Mansion**
20:00-22:00		**Summer Concert at Roskilde Cathedral**

FRIDAY 7.6.2013

08:30-10:30	**Psychoneuroimmunology.** Chairs: Gregor Jemec, Uwe Gieler	
08:30	12	**Key Note Lecture: Overview of psychoneuro-immunology incl. theoretical concepts and research** Key Note Speaker: Francisco Tausk
09:10	13	**Psychoneuroimmunology: Methods for clinical testing in dermatology** Speaker: Andrea W.M. Evers
09:40	14	**Serotonin and interleukin-6 levels in serum of patients with prurigo nodularis** Speaker: Deepthi Konda
10:05	15	**Melatonin levels in psoriasis and associated depression** Speaker: Lakshmi Bhuvaneswaran
10:30-11:00	*Coffee Break in the Exhibition*	
11:00-11:20	**Herman Musaph Award & Guest Lecture.** Chairs: Gregor Jemec, John de Korte	
	16	**Guest Lecture: Psychological comorbidities in patients with common skin diseases. A multicenter study in 13 European countries** Speaker: Florence Dalgard
11:20-11:30	**Award Ceremony**	
11:30-12:15	**ESDaP Annual General Meeting.** Chair: John de Korte	
12:15-13:45	*Lunch in the Exhibition*	
12:15-13:45	**Poster session: Dermatological consequences of psychiatric disease**	
13:45-15:15	**Satellite Symposium: How the skin affects the Quality of Life** (sponsored by AbbVie) Chair: Michael Heidenheim, Roskilde Sygehus, Roskilde	
13:45		**Body image altered by psoriasis** Lina Khoury, Bispebjerg Hospital, Copenhagen
14:00		**Quality of Life in dermatological patients** Gabrielle Vinding, Roskilde Sygehus, Roskilde
14:20		**The skin as a mental mask** Bent Holm, University of Copenhagen, Copenhagen
14:40		**What determines the Quality of Life in psoriasis?** Robert Gniadecki, Bispebjerg Hospital, Copenhagen
15:00		**How can Mindfulness therapy improve the QoL for patients with dermatologic diseases?** Hans Mørch, Bispebjerg Hospital, Copenhagen
15:15-15:45	*Coffee Break in the Exhibition*	
15:45-17:45	**Therapy.** Chairs: Sylvie Consoli, Dennis Linder	
15:45	17	**Key Note Lecture: Overview of non-pharmacological psychotherapy incl. theoretical concepts and research** Key Note Speaker: Nicole K. Rosenberg
16:25	18	**Psychological evaluation of the dermatology patient: a psychoanalyst's perspective** Speaker: Jorge Ulnik
16:55	19	**Psychotherapeutic interventions for self-harming behaviour in dermatology** Speaker: Hans-Peter Kapfhammer
17:20	20	**Sexual contact and affective distance in psoriasis patients** Speaker: Matias Salgado
19:30-24:00	**Conference dinner at the Viking Ship Museum** (Not included in registration fee)	

SATURDAY 8.6.2013

09:00-11:00		**Stigmatisation.** Chairs: Francoise Poot, John de Korte
09:00	21	**Key Note Lecture: Overview of stigmatisation incl. theoretical concepts and research** Key Note Speaker: Patricia Sohl
09:40	22	**Methods to measure and identify stigmatisation among dermatological patients** Speaker: Adam Reich
10:10	23	**Implicit tendencies regarding stigmatisation in psoriasis patients** Speaker: Sylvia van Beugen
10:35	24	**Social relationship structures and psychosomatic background in patients with hidradenitis suppurativa (acne inversa)** Speaker: Klaus-Michael Taube
11:00-11:30		*Coffee break in the Exhibition*
11:30-13:30		**Self-inflicted dermatoses.** Chairs: Klaus Taube, Uwe Gieler
11:30	25	**Key Note Lecture: Overview of Self-Inflicted Dermatoses, including theoretical concepts and research** Key Note Speaker: Silla M. Consoli
12:10	26	**Morgellon's disease – a web-mediated dissemination** Speaker: Laurent Misery
12:40	27	**Artefactual skin lesions in children and adolescents: Review of the Literature and Two cases of Factitious Purpura** Speaker: Hans Christian Ring
13:05	28	**Topiramate in Skin Picking: Results of a preliminary Study** Speaker: Mohammad Jafferany
13:30-15:00		*Lunch in the Exhibition*
13:30-15:00		**Poster session: Psychological consequences of dermatological disease**
15:00-17:00		**Body dysmorphic disorder.** Chairs: Lucia Tomas, Andrey Lvov
15:00	29	**Key Note Lecture: Body Dysmorphic Disorder** Key Note Speaker: Nienke Vulink
15:40	30	**Methods to measure body dysmorphic disorder among dermatological patients** Speaker: Anthony Bewley
16:10	31	**Screening for Body Dysmorphic Disorder in Acne Patients** Speaker: Tamara Gracia-Cazaña
16:35	32	**Typology of Body Dysmorphic Disorder (BDD) in dermatological patients** Speaker: Andrey Lvov on behalf of Ekaterina Matyushenko
17:00-17:30		**Closing remarks**

PRIZE ESSAYS

We are proud to announce the winners of the competition ”Essay Prize”:

Title	Date/Time	Speaker
Psychoneuro-immunology	Friday 7th June 9:40	Deepthi Konda
Psychoneuro-immunology	Friday 7th June 10:05	Lakshmi Bhuvaneswaran Kartha
Stigmatisation	Saturday 8th June 10:10	Sylvia van Beugen
Self-inflicted dermatoses	Saturday 8th June 12:40	HC Ring
Body dysmorphic disorder	Saturday 8th June 16:10	Tamara Gracia
Body dysmorphic disorder	Saturday 8th June 16:35	Ekaterina Matyushenko (Dr. Andrey Lvov will speak on her behalf)

The trainees were asked to propose investigations in a psychodermatological topic. They will give a 20 minutes lecture on the results at the conference.

The aim of the competition was to promote prospective investigations that provide scientific data on the six main subjects of the ESDaP 2013 Conference.

In addition to a place in the invited programme of the congress, the winners receive a free membership of ESDaP for 1 year, and free congress registration for the presenting author.

THE HERMAN MUSAPH AWARD

(Friday 7 June, 11:00-11:30)

Prof.dr. Herman Musaph

Herman Musaph, psychiatrist, was born in Amsterdam in 1915 as the eldest son of orthodox Jewish parents. He studied medicine at the University of Amsterdam, and started practice as a general practitioner in 1940. In the same year The Netherlands were brutally invaded by the Germans. A long period of suppression and terror started, in particular in the Jewish community. His father, his mother, his younger brother and his sister were murdered by the German Nazis. Musaph survived as the only member of his family.

After the war Musaph specialized in psychiatry and psychoanalysis. He became a versatile doctor and an outstanding lecturer, and he distinguished himself in the fields of psychodermatology, sexology, and psychotraumatology. Predominant in all his work was his passionate appeal for the development and the protection of a harmonious emotional life.

He made valuable contributions to the understanding of the long-term psychosocial implications of World War II, elucidating how that tragedy of repression and terror affected daily life in contemporary society. In 1977, he was appointed Professor in Medical Sexology at the University of Utrecht. In that year he published a Handbook of Sexology, subsequently translated in many languages. From 1953 onwards Herman Musaph was consulting psychiatrist at the Department of Dermatology of the University of Amsterdam where – later on – he became Head of the Department of Psychodermatology. Here, for many years, he worked with great enthusiasm, creativity and enormous productivity. He started when psychosomatic medicine was in the focus of the interest. At that time, the knowledge and understanding of emotional factors in skin diseases was limited, the results of psychosomatic research in general were promising, and the expectations about the results of psychosomatic research in dermatology were high.

Psychodermatology

Musaph's psychoanalytic background enabled him to develop a thorough understanding of emotional factors in skin diseases. He published on the role of aggression in self-induced conditions, such as dermatitis artefacta, and on emotional conflicts in patients with psychogenic pruritis. Whereas others used the terms "psychosomatic dermatology" or "psychocutaneous medicine", Musaph deliberately used the

word “psychodermatology”. In a brilliant study on its history, published in 1974, he described psychodermatology as the study of psychological variables related to the onset, course and treatment of skin diseases. In teaching psychodermatology, Musaph made use of beautiful anecdotes, metaphors and lots of humour to illustrate complicated psychological mechanisms.

Itching and scratching

Musaph was particularly interested in itching states and scratching behaviour. In 1964, an important and comprehensive study on “Itching and scratching, psychodynamics in dermatology” was published. In this study, he described itching and scratching as derived activities: psychological outlets through which thwarted drives can express themselves in motion. Itching and scratching may occur when an anger or anxiety impulse is signalled and warded off, eventually resulting in skin lesions. For instance, as he observed, in a 29-old woman without any dermatological or internal disorder, who suffered from severe itching states because of repressed aggressive feelings towards her parents. Musaph also described patients with repetitive scratch behaviour: obsessive-compulsive scratching aiming at a reduction of tension, anxiety or aggression or aiming at (unsuccessfully) solution of an emotional conflict.

Many “normal” instances of psychological scratching were given by him as well. In situations of sudden and unexpected frustration a person may start to scratch when suddenly forced to stop before a traffic light turning red. Another person may start to scratch when having to listen to a long and boring lecture, etc.

Skin contact

Although Musaph primarily studied psychopathological aspects of skin disease, he always emphasized the psychological meaning of the skin in normal personal development. He focused on the meaning of skin contact, touching, and intimate behaviour in mother-childhood relationship, and he considered skin contact between parents and child as essential for a healthy emotional life. He also promoted strategies resulting in a better skin contact, such as breast feeding instead of bottle feeding. He also pointed out that a lack of skin contact, precisely in a phase of life when a child appears to need it, makes it more difficult to identify with the mother and father and, thereby, to establish healthy relationships. Skin contact, touching and intimate behaviour contribute to feelings of trust, belonging and acceptance, not only in children but also in adults. With some regret, he observed a taboo on touching in adult life, predominant in many western societies.

European Society for Dermatology and Psychiatry

Herman Musaph, Nestor of Psychodermatology, enjoyed an intensified interest in psychodermatology in the late eighties and nineties of the twentieth century. In 1987, the first International Congress on Dermatology and Psychiatry was held in Vienna. In many countries, including the Netherlands, societies for psychodermatological research were founded. Moreover, initiatives were taken to establish a European Society for Dermatology and Psychiatry (ESDaP). Until the very last moment, Herman Musaph was committed to and actively involved in psychodermatology. He enjoyed his contacts with colleagues and friends. He died in 1992, at the age of 77, shortly after an ESDaP meeting in Paris, and a few days before a symposium on psychodermatology in Amsterdam.

In 1995 the Herman Musaph Foundation for Psychodermatology was established in Amsterdam. The Foundation commemorates Herman Musaph as one of the founding fathers of psychodermatology. Biennally, the Foundation presents the Herman Musaph Award to a scientist who has made an outstanding contribution to the advancement of psychodermatology. The Herman Musaph Award is a Medal of Honour, made by a renowned Dutch artist, Geer Steyn. Until now, this Award has been presented to Uwe Gieler (1999), Caroline Koblenzer (2001), Emiliano Panconesi (2003), John Cotterill (2005), Andrew Finlay (2007), John de Korte (2009), and Francoise Poot (2011).

This year's award winner will be announced at the Herman Musaph Award Ceremony on Friday 7 June at 11:00.

References

Musaph, H. *Itching and scratchting, psychodynamics in dermatology*. Basel: S. Karger; 1964.

Musaph, H. Psychogenic pruritus. *Dermatologica.* 1967; 135: 126-130.

Musaph, H. Psychodermatology. In: Hill, O.W. ed. *Modern trends in psychosomatic medicine 3*. London: Butterworth; 1976.

Musaph, H. Skin, touch and sex. In: Money J., Musaph H. eds. *Handbook of Sexology*. Amsterdam: Elsevier; Excerpta Medica: 1977.

Korte J. de, Musaph H. The psychological and behavioural basis of dermatological disease. In: Byrne D.G., Caddy G.R., eds. *Behavioral Medicine: International Perspectives, Vol. 1*. Norwood: Ablex; 1992: 241-57.

GENERAL INFORMATION

Conference venue
Roskilde Congress Centre, Møllehusvej 15, 4000 Roskilde
www.roskildekongrescenter.dk

Information for speakers
Please bring your presentation to the technician in the plenary hall (at least 1 hour before your presentation). The technician will transfer the presentation into a central congress server and make sure your presentation runs smoothly.

We do not allow the use of personal laptops for presentations. Please bring your presentation on a CD, DVD or memory stick. At the end of the conference, all presentations will be deleted so no copyright issues will arise.

Certificate of attendance & CME Certificates
The 15th Congress of the European Society for Dermatology and Psychiatry has been granted 12 European CME credits (ECMEC) by the European Accreditation Council for Continuing Medical Education (EACCME). Please collect your CME certificate at the registration desk on Saturday 8 June. If you need a certificate of attendance, this can be collected at the same time.

Lunch and coffee
Lunch and coffee is included in the registration fee for congress participants. It is served in the exhibition area.

Internet
Wireless internet is available throughout the congress centre.
Network: RKIC A or B. Username: rkic. Password: kursus12

Next to the registration, two computers are available for congress participants to go through their presentations, check emails etc.

Emergency & First Aid
In case of emergency, please contact the conference secretariat immediately.
The number to dial if an ambulance is necessary is 112.
A first aid kit is available at the reception of the congress centre.

SOCIAL EVENTS

Welcome Reception 6 June 2013

Welcome Reception at the Odd Fellow Mansion (opposite the cathedral), 17:30-19:30.

Summer Concert in Roskilde Cathedral at 20:00
(The Girls' Choir, The Boys' Choir and the Cathedral Choir).

The welcome reception and summer concert (open to the general public) are included in the registration fee.
Address: Odd Fellow Palæet, Skolegade 13, 4000 Roskilde

Conference Evening 7 June 2013 (Not included in registration fee)

Conference Evening, 19:30-24:00, at the Viking Ship Museum in Roskilde. A delicious 3 course menu will be served viking style among real viking ships at the Viking Ship Museum (www.vikingeskibsmuseet.dk/en). The dinner will be accompanied by viking music and dancing. Wine, beer and soft drinks will be served with the dinner. After the dinner, additional drinks can be purchased at the cash bar.
Address: Viking Ship Museum, Vindeboder 12, 4000 Roskilde

ABSTRACTS

Oral Presentations

Abstract 1

PSYCHOPHARMACOLOGY – STATE OF THE ART ANNO 2013

Raben Rosenberg[1]

[1]*Centre for Psychiatric Research, Aarhus University Hospital Risskov, Denmark*

In the middle of the last century in a short period of 10 years psychiatric treatment was revolutionized by the appearance of several new drugs discovered by serendipity: the antipsychotics, mood stabilizers and antidepressants and anxiolytics. Since then a variety of new drugs and groups of drugs have been developed with the intention to get greater effects and lesser side effects. A marked change in the conception of disease within psychiatry and new knowledge of pathophysiology of mental disorders from the clinical to the molecular level have widened the indication for psychotropic drugs, especially the antidepressants but at the same time also questioned the rational basis of the extensive prescription of these compounds in the modern society including psychostimulants.

From a basic scientific view the modern psychotropic drugs have had immense influence on psychiatric research and neuropharmacology has disclosed the complexity of the pharmacodynamics of the drugs involving neurotransmission with focus on receptors, transporters and enzymes acting in the synapse. This has had important implication for the theoretical conception of essential disease mechanisms of classical disorders such as schizophrenia, affective and anxiety disorders as well as alcohol and drug abuse.

At the practical clinical level a variety of guidelines and reference programs have been developed to guarantee the empirical evidence and quality of drug treatment.

Abstract 2

DERMATOLOGICAL ADVERSE EFFECTS OF PSYCHIATRIC DRUGS

Dimitrios Ioannides[1]

[1]*Department of Dermatology and Venereology, Aristotle University Medical School, Hospital for Skin and Venereal Diseases, Thessaloniki, Greece*

Cutaneous adverse drug reactions (CADRs) in the psychiatric pharmacotherapy are common and, according to many studies, they are the most common type of adverse reaction observed in psychotropic medications. In various studies CADRs are estimated to occur in 2-3% of patients.

They are seen in all classes of psychotropic medications, such as antipsychotics, antidepressants, anxiolytics and miscellaneous other agents.

Substances with the highest, statistically significant CADR risk are lamotrigine and carbamazepine. CADRs are seen significantly less often with modern antidepressants than with tricyclic antidepressants. The antipsychotics have the lowest rates of CADRs.

The CADRs usually are idiosyncratic, unpredictable and often not dose dependent, They consist mainly of maculopapular and bullous eruptions, photosensitivity reactions, pigmentary changes and urticaria. These reactions may be immune or nonimmune mediated.

CADRs are potentially harmful and they lead to non-compliance by disturbing and even interrupting the therapy. However, the majority of these reactions are benign if they are recognized and treated early and effectively. To date most of the data regarding the CADRs are unorganised and systematic studies are lacking, especially, concerning the “second generation” drugs and the onset of these reactions. Therefore, any new effort of registration and evaluation of CADRs and their onset is valuable for anyone involved in the pharmacological and dermatological therapeutics.

Although, serious side effects are obviously uncommon, psychiatrists and dermatologists must be aware of CADRs, especially concerning the mood stabilizers, and have in mind that the second-generation drugs are safer.

Abstract 3

PSYCHOLOGICAL ADVERSE EFFECTS OF DERMATOLOGICAL DRUGS

Anthony Ormerod[1]

[1]*The University of Aberdeen, School of Medicine and Dentistry, Aberdeen, Scotland*

Retinoids are important signalling molecules in the brain. Isotretinoin is fourth in the top 10 drugs in the FDA database of drugs associated with depression. Vitamin A is known to cause psychosis.

Isotretinoin has been anecdotally associated with many neuropsychiatric side effects of which depression and suicide risk have been widely publicised. A recent retrospective study of bipolar disorder patients did show worsening mood 9/300 and suicidal ideation in 3/300[1] that reversed on stopping therapy. Despite extensive research the recognised relationship between isotretinoin exposure and severe acne with suicide in adolescents remains uncertain and may be impossible to unravel[2;3].

Accumulating evidence from animal studies point to effects on the hippocampus[4;5] that correlate with affective disorder[6;7] and highlight the need for further studies of this and other retinoids in man.

Dermatologists more than any other specialty prescribe retinoids from isotretinoin to acitretin bexarotene and allitretinoin and need to better understand the neuropsychiatric implications of agonists in this pathway.

The news is not all bad there are positive benefits as well. Emergent data suggest that retinoids may also have positive benefits on amyloid deposition in the brain which might diminish the progression of Alzheimer's disease[8] and positive benefits to memory from isotretinoin therapy[9;10].

Systemic steroid therapy also widely used in dermatological practice has potential for causing depression and psychosis.

1. Marqueling AL, Zane LT. Depression and suicidal behavior in acne patients treated with isotretinoin: a systematic review. *Semin.Cutan.Med.Surg.* 2005; **24**: 92-102.
2. Sundstrom A, Alfredsson L, Sjolin-Forsberg G *et al.* Association of suicide attempts with acne and treatment with isotretinoin: retrospective Swedish cohort study. *BMJ* 2010; **341**: c5812.
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4. Dopheide MM, Morgan RE. Isotretinoin (13-cis-retinoic acid) alters learning and memory, but not anxiety-like behavior, in the adult rat. *Pharmacol.Biochem.Behav.* 2008; **91**: 243-51.
5. Crandall J, Sakai Y, Zhang J *et al.* 13-cis-retinoic acid suppresses hippocampal cell division and hippocampal-dependent learning in mice. *Proc.Natl.Acad.Sci.U.S.A* 2004; **101**: 5111-6.
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7. O'Reilly K, Bailey SJ, Lane MA. Retinoid-mediated regulation of mood: possible cellular mechanisms. *Exp.Biol.Med. (Maywood.)* 2008; **233**: 251-8.
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9. Ergun T, Seckin D, Ozaydin N *et al.* Isotretinoin has no negative effect on attention, executive function and mood. *J.Eur.Acad.Dermatol.Venereol.* 2012; **26**: 431-9.
10. Ormerod AD, Thind CK, Rice SA *et al.* Influence of isotretinoin on hippocampal-based learning in human subjects. *Psychopharmacology (Berl)* 2012; **221**: 667-74.

Abstract 4

DISTRIBUTION OF THE PSYCHOSOMATIC TREATMENT FOR ATOPIC DERMATITIS TO THE GENERAL DERMATOLOGISTS

Makoto Hashiro[1], Tetsuya Ando[2], Ritsuko Hosoya[3]

[1]*Hashiro Clinic Dermatology and Psychosomatics, Osaka, Japan*
[2]*National Institute of Mental Health, Japan*
[3]*Hosoya Dermatologic Clinic, Japan*

Purpose: Most general dermatologists recognize the psychosomatic aspect of atopic dermatitis in Japan. However, there are still few clinics which perform psychosomatic treatment. Therefore, distribution of primary psychosomatic approach to general dermatologists is considered to be required. Then, we performed an educational lecture and got them to do the evaluation.

Method: We performed a short-time educational lecture of psychosomatic approach for atopic dermatitis. There were 60 dermatologists. Most of them work in outpatient clinic. After the lecture, we distributed the questionnaire to them. The recovery rate was 43.3% (n=26).

Result: Degree-of-satisfaction evaluation of the whole lecture was 7.8 points among ten-point full marks. About an understanding of psychosomatic evaluation, 57.6% was satisfactory. About that of the mechanism, 65.4% was satisfactory. About that of counseling, 60.0%; that of psychotropic application, 80.8%; that of hypnotics, 84.6%; that of anxiolytics, 80.0%; that of antidepressants, 80.0% were satisfactory. About that of recommendation to psychiatrists or psychosomatic physicians, 56.5% was satisfactory. The change of confidence to psychosomatic approach before and after the lecture was significantly increased. As for the psychosomatic approach, “there is no time” showed 61.5%.

Conclusion: Although an understanding of psychopharmacology of the general dermatologist was high, an understanding of counseling or evaluation was not high. Moreover, it also became clear that they do not have time. It was thought that it was required as practical to spread the knowledge of psychotropic medication first of all.

Abstract 5

PSORIASIS PATIENTS' SATISFACTION WITH TREATMENT: A WEB-BASED SURVEY STUDY

Oda van Cranenburgh[1], John de Korte[1], Mirjam Sprangers[2], Menno de Rie[1], Ellen Smets[2]

[1]*Academic Medical Center, dept. of Dermatology, Amsterdam, The Netherlands*
[2]*Academic Medical Center, dept. of Medical Psychology, Amsterdam, The Netherlands*

Background: A large number of psoriasis treatments is currently available: topical-, photo(chemo)-, conventional systemic therapy, and biologicals. Little is known about patients' satisfaction with these treatments.

Aim: The present study aims to answer the following questions:
1a) How satisfied are psoriasis patients with their current treatment?;
1b) Does patients' satisfaction significantly differ between treatment types when controlling for demographic and clinical factors?;
2a) How important are specific domains of satisfaction to patients?, and
2b) When taking perceived importance into account, which domains merit the most attention in improving quality of care?

Methods: Members of the two existing Dutch psoriasis patient associations were invited to complete a web-based survey with a study-specific satisfaction questionnaire.

Results: 1293 patients completed the survey (response rate 32%). Overall, patients were moderately satisfied with their current treatment. Patients receiving topical treatment were significantly least, and patients receiving biological treatment were significantly most satisfied. Overall, patients rated 'treatment effectiveness' as most important, followed by 'treatment safety' and 'doctor-patient communication'. Domains with the highest 'room for improvement' scores were:
1) effectiveness of topical, photo- and conventional systemic, but not biological treatment,
2) convenience of topical treatment, and
3) safety of systemic treatments (both conventional and biological).

Conclusions: From the patients' perspective, biological treatment is promising. To further improve the quality of psoriasis care, the effectiveness and convenience of topical therapies, the safety of systemic therapies, and doctors' communication skills need to be addressed.

Abstract 6

PSYCHOLOGICAL STRESS AND EPIDERMAL BARRIER FUNCTION

Edith Orion[1]

[1]*Sourasky Medical Center, Tel Aviv, Israel*

The skin is an organ that acts as a barrier between the outer and the inner environments of the body. It is thus exposed not only to a wide variety of physical, chemical and thermal insults from the outside, but also to inner endogenous stimuli.

Stress, once an abstract psychological phenomenon, is now appreciated as an elaborate physiologic pathway by which bilateral communication occur between the body and the brain.

Psychological stress has long been considered to have the capacity to initiate, maintain, or exacerbate several skin diseases. While clinicians proved this relation in human patients, scientists were able to find possible mechanisms in rodents and human subjects.

It was found that psychological stress can affect epidermal permeability and its recovery, thus impairing its barrier function capacity. The effects on the barrier function may be mediated by glucocorticoids or neuropeptides released by the stress response, as will be discussed.

Impairments in skin barrier function have been found to play a pathogenic role in several common skin disorders such as psoriasis and atopic dermatitis, but also in allergic and irritant contact dermatitis. Therefore, understanding how stress acts on barrier homeostasis may be the missing link of the «mind-skin» connection.

Abstract 7

PERSONALITY CHARACTERISTICS AS PREDICTORS OF ITCH INCREASE IN PATIENTS WITH PSORIASIS AND HEALTHY CONTROLS

Christina Schut[1], S. Muhl[1], K. Reinisch[1], A. Claßen[1], R. Jäger[1], U. Gieler[2, 3], J. Kupfer[1]

[1]*Institute of Medical Psychology, University of Giessen, Giessen, Germany*
[2]*Clinics for Dermatology and Allergology, University of Giessen, Giessen Germany;*
[3]*Clinics for Psychosomatic Medicine and Psychotherapy, University of Giessen, Giessen, Germany*

Aim: Recently, it was found that personality characteristics are predictors of itch increase in patients with atopic dermatitis (AD). AD-patients scoring low on agreeableness and high on public self-consciousness e.g. showed a higher increase in the number of scratch movements than patients showing the opposite psychological phenotype. Because these associations have never been studied in patients with psoriasis (PS), this study aimed to identify personality characteristics as predictors of itch increase in this patient-group.

Methods: A non-invasive approach was used to induce itch: 25 PS-patients and 25 healthy controls were presented two videos in counterbalanced order: a control video (CV) on "skin – the communication organ" and an experimental video, either dealing with skin-diseases (EV1) or crawling insects (EV2). Itch-increase was determined by subtracting the itch-intensity/number of scratch-movements during the EV from the itch intensity/number of scratch-movements during the CV. Personality characteristics were measured using validated questionnaires.

Results: In healthy controls no association between personality characteristics and itch increase was observed. In PS-patients increase in self-rated itch-intensity could be predicted by public self-consciousness (R^2= 0.295), and increase in the number of scratch-movements was associated with low agreeableness (R^2 = 0.153).

Conclusions: This study showed that certain personality characteristics are also predictive of itch increase in PS-patients. It gives a first hint that psychological interventions might help to modify personality characteristics that are associated with a high vulnerability for itch-increase. An assertiveness-training could e.g. help to lower the extent of how much patients care about what other people think about them.

Abstract 8

THE IMPORTANCE OF PSYCHOLOGICAL THERAPY FOR ONCODERMATOLOGY

Reena Shah[1], Anthony Bewley[1]

[1]*Barts Health NHS Trust, Leytonstone, United Kingdom*

Aim: Recent studies indicate the rising incidence of skin cancers and the psychological impact of melanoma is understood. Currently in the U.K, clients with cutaneous melanoma are offered psychological support from Macmillan Cancer Services. However, clients with non-melanoma skin cancer (NMSC) are treated within dermatology; referred to a nurse specialist. Unfortunately no psychological assessment or therapy is routinely offered. The aim of the study was to ascertain whether there is a need for specialist psychological assessment for clients with NMSC.

Method: The study recruited 58 clients (33 female and 25 male, age ranged between 17-85 years, mean 55 years) with NMSC over a three month period. They were given three standardised measures looking at their levels of anxiety, depression (Hospital Anxiety and Depression scale), appearance related concerns (Brief Derriford Appearance Scale) and quality of life (Dermatology Life Quality Index). All clients completed the questionnaire.

Results: The results showed that 37% of the clients' scores fell in the clinical range for anxiety, 24% fell in the clinical range for depression, 11% had appearance related concerns and 14% had a poor quality of life.

Conclusion: This study showed that there is a high level of psychological distress, especially anxiety, for clients with NMSC. It highlights the need for psychological assessment and possible therapy. Further research is warranted to ascertain whether referring to psychologists will be helpful. Further research into psychological therapies for NMSC is currently being planned (especially into co-existing affective disease, as indicated in this study).

Abstract 9

COMORBIDITY OF ONYCHOPHAGIA AND ANXIETY DISORDERS AND OBSESSIVE-COMPULSIVE DISORDERS

Przemyslaw Pacan[1], Magdalena Grzesiak[1], Adam Reich [2], Monika Kantorska-Janiec[1], Jacek Szepietowski[2]

[1]*Department of Psychiatry Medical University, Wroclaw, Poland*
[2]*Department of Dermatology, Venereology and Alergology, Wroclaw, Poland*

Onychophagia is defined as a chronic nail biting behaviour, which usually starts during childhood. Our study was performed to assess the prevalence of onychophagia in young adults and the comorbidity wih anxiety disorders and obsessive compulsive disorders. A total of 339 individuals were interviewed with a structured questionnaire. Onychophagia was found in 46.9% of participants (including 19.2% active and 27.7% past nail biters). The lifetime prevalence of anxiety disorders and obsessive compulsive disorders was diagnosed according to the ICD-10. Each participant was examined by psychiatrist using the computerized Munich version of the Composite International Diagnostic Interview (CIDI), a fully-structured diagnostic instrument designed by World Health Organization for identifying mental disorders based on diagnostic criteria of the ICD-10 and DSM-IV classifications. Among participants with lifetime onychophagia 36 persons (22.5%) met criteria of at least one anxiety disorder and 5 persons (3.1%) of obsessive-compulsive disorder, while in the group without onychophagia any anxiety disorder was diagnosed in 47 (26.2%)and obsessive-compulsive disorders in 9 persons (5.0%). The differences in frequency of anxiety disorders or obsessive-compulsive disorders between analyzed groups were not statistically significant. Despite general anxiety disorder we did not find any relationship between nail biting and other anxiety disorders or obsessive-compulsive disorders.

Abstract 10

CENTRAL EXPRESSION OF ABNORMAL AND UNEXPLAINED SKIN SENSATIONS

Jessica Eccles[1], Sarah Garfinel[1], Ruth Taylor[2], Anthony Bewley[2]

[1]*Brighton and Sussex Medical School, Brighton, United Kingdom*
[2]*Barts an The Royal London NHS Trust, London, United Kingdom*

Background: A sub-group of patients present to Dermatology with unexplained skin sensations, characteristically evoking subjective sense of infestation. Psycho-social impact is significant. Underlying neurobiological mechanisms are unclear. We undertook the first fMRI study to test hypothesis that such patients will differ from controls in central neural processing of affective and infestation-related stimuli

Methods: Five patients were recruited from the specialist a psychodermatology service and five controls were matched for age and gender. In a randomized event-related fMRI design participants were shown 6 classes of images – insects on skin; insects on leaf; other objects on skin; other objects on leaf; neutral images; disgusting and fearful images.

Results: All results $p<0.001$. Across all conditions patients showed greater activity in the right parahippocampus. Insect versus non-insect images evoked greater activation within occipital regions. Main effect of presentation of skin rather than leaf stimuli was to activate inferior parietal lobule, patients showed enhanced activity within this area. Formal testing of differential responses of patients v. controls to images of insects on revealed differences in the engagement of doral anterior cingulate and right lateral prefrontal cortices. Patients showed greater activity in bilateral temporal lobes when viewing disgusting/fearful images compared to neutral images.

Discussion: We confirm that regional neural activity differs between patients with abnormal skin sensations and controls to condition-relevant and affective visual stimuli. These data provide insight into central mechanisms that potentially represent novel treatment targets.

Abstract 11

OBSESSIVE COMPULSIVE DISORDER IN DERMATOLOGY

Thelda Kestenbaum[1]

[1]*University of Kansas Medical Ctr, Kansas, US*

Obsessive compulsive disorder has a prevalence of 2% to 3% in the general population but in dermatology patients the prevalence is 14% to 24% and it is imperative that dermatologists recognize this disorder in their patients.

Although neurotic excoriations. acne excoriee, some recalcitrant eczemas, and trichotillomania are among common skin manifestations of OCD it is important to know that body dysmorphic disorder, excessive picking of the nose or nails and excessive tanning of the skin may indicate OCD.

Body dysmorphic disorder may occur in up to 14% of patients presenting for cosmetic dermatologic treatments.

Treatment of OCD is mainly with behavioral therapy and/or selective serotonin re-uptake inhibitors but as more is known about the pathophysiology of this disorder there are novel new treatments that will be addressed.

Abstract 12

OVERVIEW OF PSYCHONEUROIMMUNOLOGY INCL. THEORETICAL CONCEPTS AND RESEARCH

Francisco Tausk[1]

[1]*University of Rochester, School of Medicine, NY, USA*

The field of Psychoneuroimmunology (PNI) has developed in the past 30 years from the fringes of science into a full fledged mainstream research and clinical discipline based on the concept that the Central Nervous System (CNS) has an intimate relationship with innate and acquired immunity. This began with the seminal work of Robert Ader in the early 1980's showing that the effects of an immunosuppressive drug could be replaced by a placebo through classic Pavlovian conditioned learning. Since then, it has evolved to encompass the bi-directional relation between stress, depression and anxiety and a wide variety of medical conditions including inflammatory and autoimmune diseases as well as cancer. More recently neuropeptides, neurotransmitters and cytokines have been found to play a significant role in the crosstalk between the CNS and other systems; this leads to the notion that it is becoming more and more difficult to separate the individual into compartmentalized systems. For example, an inflammatory disease such as psoriasis shares many molecular mediators with depression and stress, and their evolution appears to be interconnected. Finally, recent studies of epigenetics have shown how adverse familial, social, work and other environmental factors can severely impact not only current mental and physical health, but that of the progeny as well, by modifying the individuals' genetic structure.

Abstract 13

PSYCHONEUROIMMUNOLOGY: METHODS FOR CLINICAL TESTING IN DERMATOLOGY

Andrea W.M. Evers[1]

[1]*Radboud University Medical Centre Nijmegen, Medical Psychology, Nijmegen, The Netherlands*

As the stress response involves activation of the HPA axis, which interacts with the immune system, stress-related factors might influence immune-mediated skin diseases, such as psoriasis and atopic dermatitis, for example by affecting the secretion of proinflammatory cytokines. In this presentation, we give an short overview of several experimental and prospective studies about the possible relationship between psychophysiological stressfactors and the disease course of chronic inflammatory skin diseases. Various experimental and prospective, laboratory and field studies, measuring stress exposure and/or stress reducing interventions, showed a link between stress factors and indicators of disease severity in patients with chronic skin diseases. This relationship between these stress-related factors and the course of chronic inflammatory disease can be mediated by specific immune or endocrine functions, for example an altered cortisol response during exposure to stress. Preliminary evidence further suggests that these relationships might 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. Possible psychophysiological pathways and innovative tailored therapy options of psychopharmacological (pre)treatment combinations will be discussed.

Abstract 14

SEROTONIN AND INTERLEUKIN-6 LEVELS IN SERUM OF PATIENTS WITH PRURIGO NODULARIS

Deepthi Konda[1], Laxmisha Chandrashekar[1], Medha Rajappa[2], Shivanand Kattimani[3], Devinder Mohan Thappa[1], Ananthanarayanan PH[3]

Departments of [1]Dermatology, [2]Biochemistry and [3]Psychiatry, Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry, India

Aim: Prurigo nodularis (PN) is a chronic inflammatory psychoneurodermatosis with associated pruritus, sleep disturbances and depression. So far, only scarce research has associated serotonin and IL-6 with PN. Hence, we studied interleukin-6 (IL-6) and serotonin levels in patients with PN, in comparison with healthy controls and their possible association with pruritus, sleep and depression in PN.

Methods: 39 cases and 39 age and gender matched controls were included, after approval from Ethics Committee and written informed consent. Consecutive patients presenting to JIPMER Dermatology Clinic with PN (clinically and/or biopsy proven) were included in the study. Patients with psychological disorders other than depression and those on drugs which affect serotonin and IL-6 levels were excluded from the study. Quality of sleep, pruritus severity and depression were assessed in PN. Serotonin and IL-6 were assayed in serum of all study subjects.

Results: Serotonin levels showed a significant decline and IL-6 levels showed a significant rise in PN, as compared with controls. In patients with PN, significant negative correlation was observed between (i) serotonin and IL-6; (ii) serotonin and pruritus score, whilst IL-6 correlated positively with pruritus score.

Conclusions: Our results indicate that serotonin levels are significantly lowered in PN, even in the absence of depression. Further, serotonin levels correlated negatively with inflammation (as indicated by IL-6 levels) and with severity of pruritus in PN. Hence, our findings indicate that there is a role for selective serotonin reuptake inhibitors (SSRIs) in management of PN, even without depression, as an adjunct to standard therapy.

Abstract 15

MELATONIN LEVELS IN PSORIASIS AND ASSOCIATED DEPRESSION

Lakshmi Bhuvaneswaran Kartha[1], Laxmisha Chandrashekar[1], Medha Rajappa[2], Vikas Menon[3], Devinder Mohan Thappa[1], Ananthanarayanan PH[2]

Departments of [1]Dermatology, [2]Biochemistry and [3]Psychiatry, Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry, India

Aim: Psoriasis is a chronic inflammatory dermatosis with associated depression. So far, only scarce research has associated melatonin with psoriasis. Melatonin exhibits a circadian rhythm with maximum levels at night. Hence, we studied the night time melatonin levels in patients with psoriasis, in comparison with healthy controls and its possible association with severity of psoriasis and associated depression.

Methods: 36 cases and 36 age and gender matched controls were included, after approval from Institute Ethics Committee and obtaining written informed consent from all study subjects. Consecutive patients presenting to JIPMER Dermatology Clinic with psoriasis were included in the study. Patients with psoriatic arthritis and those on systemic therapy in the last month prior to recruitment were excluded from the study. Severity of psoriasis and depression were assessed in all patients with psoriasis by psoriasis area severity index (PASI) scoring and Beck's depression inventory (BDI) respectively. Night time levels (at three am) of serum melatonin were assayed in all study subjects.

Results: Night time levels of melatonin levels in serum showed a significant decline in psoriatics, as compared with controls. In patients with psoriasis, no significant correlation was observed between melatonin and severity of psoriasis. Similarly, melatonin levels did not correlate with severity of depression.

Conclusions: Our results indicate that night time melatonin levels are significantly lowered in psoriasis. Hence, our findings indicate that there is a role for melatonin agonists and agents which increase melatonin levels, as an adjunct to standard therapy in patients with psoriasis and its co-morbidities.

Abstract 16

Herman Musaph Lecture:

PSYCHOLOGICAL COMORBIDITY IN COMMON SKIN DISEASES IN EUROPE

Florence Dalgard[1], Jörg Kupfer[2]

[1]*University of Oslo, Norway*
[2]*University of Giessen, Germany*

Aims: The study aims at assessing the burden of common skin diseases primary by assessing the prevalence of depressive and anxiety comorbidity in Europe, secondary by assessing quality of life and attachment style in patients with skin diseases.

Methods: The study is an observational case-control study, conducted in 13 countries in Europe. At each center 250 consecutive patients were asked to participate, and after information and signed agreement, the patients filled out 5 questionnaires: a socio-economical background questionnaire, including questions on itch, an instrument assessing anxiety and depression, the Hospital Anxiety and Depression Scale, HADS, two instruments assessing quality of life, a dermatology specific instrument, the Dermatological Quality of Life Index, DLQI, and a generic instrument, the EQ5D, and finally an instrument assessing the attachment style. All patients were then examined by a dermatologist, who assessed the diagnose, the severity of the condition and other physical comorbidities. The control group were healthy workers, with no skin diseases, and they filled out all questionnaires with the exception of the DLQI. The data collection started in December 2011 and ended January 2013. The study was approved by the Ethical Committee in Oslo Sept 2011.

Results and conclusions: Data from 5035 participants was collected from all European centers and we present preliminary results on depression and anxiety. Further project plans based on the data are presented.

Abstract 17

OVERVIEW OF NON-PHARMACOLOGICAL PSYCHOTHERAPY INCL. THEORETICAL CONCEPTS AND RESEARCH

Nicole K. Rosenberg[1]

[1]*Centre for Psychiatric Research, Aarhus University Hospital Risskov, Denmark*

In the western world 4 main philosophies of psychotherapy have developed from the beginning of the 20th decennium till today. Among these the psychodynamic and the cognitive-behavioural therapies (CBT) are the most accepted to day. The principles, methods, subdirections, and research within the latter will be stressed. The Amecican psychiatrist Aaron T. Beck was the founder of cognitive therapy, based on a clinician-researcher ideal. It proved to be an effective treatment for unipolar depression, anxiety disorders, alchohol problems, personality disorders, schizophrenia, and several other disorders. It is a short-term, directive, educating, problem solving type of therapy, embracing a lot of methods and techniques that are applied in the sessions and as home work. Within the non-psychotic disorders the same effect sizes as for psychofarmachological treatments have been found, and even better follow-up results. In the last decennium a so called third wave of evidence based therapies have occurred, among others mindfulness and ACT. These therapies contributes to, but can not replace CBT. Essential concepts and procedures of CBT are described and the applicability in psycho dermatological problems are discussed, concidering the differences between psychosomatic disorders, primary psychiatric disorders, and secondary psychiatric disorders (Koo 1995; Buljan et al, 2005).

Abstract 18

PSYCHOLOGICAL EVALUATION OF THE DERMATOLOGY PATIENT: A PSYCHOANALYST'S PERSPECTIVE

Jorge Ulnik[1]

[1]*Department of Pathophysiology and Psychosomatic Diseases, Psychology School, Buenos Aires University, Argentina*

Psychoanalytic evaluation can contribute to the dermatologic practice at different levels:

a) by establishing the level of psychological/psychiatric functioning during the consultation,
b) by typifying the kind of unconscious conflicts and emotions that the patient expresses through his complaints
c) by detecting the defence mechanisms that the patient uses to cope with reality, with stress and with his disease,
d) by choosing the treatment taking into account the unconscious meanings of the prescriptions; and
e) by giving skills to improve the doctor-patient relationship.

Aim: The aim of this presentation is:

a) to describe the principles for the application of the psychodynamic approach to patients with dermatological diseases.
b) to provide an overview on how these therapies function in relation to inflammatory skin diseases.

Methods: This is an exploratory study which includes subjective analysis and "case study" qualitative methodology. Four cases with inflammatory skin diseases in psychodynamic treatment are analyzed.

Results: Some patients have impaired family relationships and have suffered traumatic life events that generated psychological consequences. These problems are channelled through complaints, symptoms, behaviour and even the disease itself that is brought to the consultation with the dermatologist.

Conclusions: the cases in which psychoanalytic psychotherapy could be of most help are those in which patient's motivation is high, psychosocial trigger factors are identified and the disease has become a means of emotional expression, a surrogate form of identity, or a defence against the psychological suffering the patient feels unable to face.

Abstract 19

PSYCHOTHERAPEUTIC INTERVENTIONS FOR SELF-HARMING BEHAVIOUR IN DERMATOLOGY

Hans-Peter Kapfhammer[1]

[1]*Department of Psychiatry and Psychotherapeutic Medicine, Medical University of Graz, Austria*

Self-afflicted lesions of the skin may arise from a variety of different conditions in psychopathological and psychodynamic terms. The underlying condition may be of psychotic origin (e.g. delusional parasitosis, psychotic depression), may be associated with various disorders of impulse control, may be part of obsessive-compulsive, hypochondriac, body dysmorphic, or dissociative disorder, and may be the consequence of overt or covert self-harm behaviour (e.g. borderline personality disorder, factitious disorder, malingering).

Any psychotherapeutic approach has to thoroughly assess these different psychopathological conditions and to appreciate the interlinked psychodynamic implications for self-regulation and object relation in their dominant affective dimensions. These diagnostic clarifications will decisively influence the basic physician-patient relationship and determine the possibly beneficial potential, the realistic limits and sometimes the harming risk of psychotherapeutic interventions in these heterogeneous groups of dermatological patients.

The talk will exemplarily focus on the special requirements of psychotherapeutic attitude and techniques that dermatologists may favourably observe in order to positively manage and deal with patients suffering from delusional parasitosis, obsessive-compulsively induced skin lesions, overt self-harm behaviour in borderline personality disorder and covert self-harm behaviour in factitious disorder.

Abstract 20

SEXUAL CONTACT AND AFFECTIVE DISTANCE IN PSORIASIS PATIENTS

J. Ulnik[1], D. Meilerman[1], C. Murata[1], M. Muntricas[1], M. Salgado[1], E. Castro[1], M. Czerlowski[1], M. Moure[1], R. Patrono[1], P. Cativa Tolosa[1], V. Vecchio[1]

[1]*Department of Pathophysiology and Psychosomatic Diseases, Psychology School, Buenos Aires University, Argentina*

It has been widely proved by multiple authors that Psoriasis impacts on patients´ quality of life. Questionnaires that have actually been used in research and clinical studies to assess psoriasis quality of life do include questions about sexuality. Studying a broad range of test Sampogna has made a step forward founding that the different prevalence of sexual problems reported by patients may highly depend on the nature of the questions posed. Thus, we have observed that these questions obtain conscious answers, assuming a causal mechanism between the disease and sexual difficulties. This assumption prevents exploring the unconscious fantasies and defense mechanisms that also relate sexual difficulties with the disease.

In this paper, theoretical background about quality of life and sexuality is described. Then, a psychoanalytic perspective on sexuality and psoriasis is developed. Based on a sample of 96 psoriatic patients, the relationship among psoriasis, sexual contact and affective distances is discussed. Two clinical cases and some verbal associations obtained when applying the “affective distances” instrument are mentioned. Finally, the relationship among subjective aspects, unconscious fantasies and sexuality are related with patients’ quality of life.

Abstract 21

OVERVIEW OF STIGMATIZATION INCL. THEORETICAL CONCEPTS AND RESEARCH

Patricia Sohl[1]

[1]*Professor of Psychiatry, Palo Alto, United States*

The skin as the border between our experience of ourselves and the outer world has carried tremendous symbolic function since Biblical times. In order to identify some of the theoretical and research issues still relevant today, this presentation will begin with a brief review of the cultural history of stigma and its near relation the scape-goat. The review will be illustrated with images from the Archive for Research in Archetypal Symbolism (www.aras.org). The clinical usefulness of Didier Anzieu's concept "The skin ego" will be examined via the case of a political refugee who was in rehabilitation for physical and psychological injuries. An important differentiation between this patient's stigma and that of patients who have more common dermatological problems will focus the final discussion.

Abstract 22

METHODS TO MEASURE AND IDENTIFY STIGMATISATION AMONG DERMATOLOGICAL PATIENTS

Adam Reich[1], Jacek Szepietowski[1]

[1]*Department of Dermatology, Venereology and Allergology, Wroclaw, Poland*

Stigma is a discrediting mark that may lead to social discrimination and alienation. It can be a visible physical flaw or mark, but sometimes may also represent a particular feature, situation or past event, which is associated with negative stereotypes, and, as a consequence, leads to social discrimination. Stigmatization is an old problem, observed even in ancient societies, which can relate to any type of "otherness". Skin disorders frequently cause social rejection, as they usually are visible for other people and can be perceived, at least by some of them, as, contagious, plain or even ugly due to their aesthetic aspect.

Feeling of stigmatization may exert an enormous negative effect on the personal and social life of patients. Remarkably, even very small and relatively mild dermatologic conditions, like e.g. onychomycosis, may be responsible for significant level of stigmatization. However, the problem of stigmatization in dermatology was not well assessed so far. As we consider it as a very relevant aspect of a variety of skin diseases leading to significant lowering of patients quality of life, we hope, that stigmatization would receive more attention in the near future. During the lecture, methods of stigmatization assessment will be discussed based on personal authors' experience.

Abstract 23

IMPLICIT TENDENCIES REGARDING STIGMATISATION IN PSORIASIS PATIENTS

Sylvia van Beugen[1], Joyce Maas[2], Antoinette van Laarhoven[1], Mike Rinck[2], Eni Becker[2], Henriët van Middendorp[1], Andrea W M. Evers[1]

[1]*Radboud University Nijmegen Medical Centre; Department of Medical Psychology (840), Nijmegen, The Netherlands*
[2]*Radboud University Nijmegen; Behavioural Science Institute, Nijmegen, The Netherlands*

Aim: Stigmatisation is a common experience in psoriasis patients. Researchers have just begun to examine the automatic responses and behaviors that are thought to play an important role in the experience of and dealing with stigmatization in psoriasis patients. The aim of this study is to add to this research and investigate automatic patterns of dealing with stigmatization, by investigating whether psoriasis patients show a differential automatic response to stimuli related to stigmatization (e.g., disgusted faces) compared to other emotional stimuli.

Methods: In an Approach-Avoidance Task, psoriasis patients were shown pictures of emotional facial expressions (disgusted, sad, smiling, neutral), to which they responded by either pulling a joystick towards themselves (approach) or by pushing it away from themselves (avoidance), depending on the color of the picture.

Results: Multivariate analyses revealed a main effect of emotion, indicating that the reaction times for the four emotional expression conditions differed from one another (p <0.001). Post-hoc tests indicated that psoriasis patients were slower to approach disgusted faces compared to sad, happy and neutral faces (p < 0.01), while reaction times of the other emotional conditions did not differ from one another.

Conclusions: Our findings indicate that psoriasis patients respond differently to disgusted facial expressions than to other emotional facial expressions. This may indicate that psoriasis patients have a specific implicit behavioral bias towards disgusted reactions of others in response to their skin condition. By gaining further insights into these implicit biases and the related psychosocial mechanisms, innovative intervention strategies may be developed.

Abstract 24

SOCIAL RELATIONSHIP STRUCTURES AND PSYCHOSOMATIC BACKGROUND IN PATIENTS WITH HIDRADENITIS SUPPURATIVA (ACNE INVERSA)

Klaus-Michael Taube[1]

[1]*Department of Dermatology, Martin-Luther-University of Halle (Saale), Halle, Germany*

Aim: Hidradenitis suppurativa (HS) is a severe chronic acne-like disease of the terminal hair follicles and apocrine sweat glands. Adiposity, smoking and family background are discussed as causes.

HS manifests with papulae, pusteles, cysts and abscesses in body folds, which is extremely irksome because of pain, and oozing foci with an unpleasant odor. The patients often need a long time to achieve adequate therapy (extensive operation of the affected areas). With our investigation we was looking after the social relationship structures and the psychosomatic bachground of our patients.

Methods: We examined 35 patients with HS using various questionnaires (DLQI, IIP-C, SCL-90-R and DIA-X).

Results: Among the patients, we found a high proportion of smokers, patients with a great deal of suffering, interpersonal problems and frequent emotional comorbidity.

Conclusion: The study shows that emotional cofactors play a considerable role in HS, but that to date these are hardly noticed in dermatological and surgical practice.

Abstract 25

OVERVIEW OF SELF-INFLICTED DERMATOSES, INCLUDING THEORETICAL CONCEPTS AND RESEARCH

Silla M. Consoli[1], Sylvie G. Consoli[2], Lucía Tomas-Aragones[3], Dennis M. Linder[4], Gregor B.E. Jemec[5], Francoise Poot[6], Jacek C. Szepietowski[7], John De Korte[8], Klaus-Michael Taube[9], Andrey Lvov[10] and Uwe Gieler[11]

[1]*Department of Consultation Liaison Psychiatry, Faculty of Medicine, Paris, France.* [2]*Dermatologist and Psychoanalyst, Paris, France.* [3]*Department of Psychology, Zaragoza, Spain,* [4]*Padua University Hospital, Padua, Italy and University Clinic of Medical Psychology and Psychotherapy, Medical University of Graz, Graz, Austria.* [5]*Roskilde Hospital; Health Science Faculty, Copenhagen, Denmark.* [6] *Université Libre de Bruxelles, Erasme Hospital, Brussels, Belgium.* [7]*Department of Dermatology, Venereology and Allergology, Wroclaw Medical University, Wroclaw, Poland.* [8]*Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands.* [9]*University of Halle, Halle, Germany.* [10]*Moscow State Medical University, Moscow, Russia.* [11]*Department of Psychosomatic Medicine, Justus Liebig University, Giessen, Germany*

Self-inflicted dermatoses are correlated with psychological distress, or even mental disorders, and involve different health professionals: first of all dermatologists, but also general practitioners, internists, psychiatrists, psychologists, and psychotherapists, which often refer to different and even contradictory classification systems, while many of the patients presenting such lesions need a coherent multidisciplinary approach and a good communication between the involved caregivers.

A position paper on this issue was recently published in *Acta Dermatologica and Venereologica*, resulting of the work of a group of experts from the *European Society for Dermatology and Psychiatry*. Three questions were thus proposed for helping the classification of abnormal behaviour that potentially leads to skin damage: 1) Is the behaviour responsible for the damage denied or kept secret by the patient? In case of a "yes" answer to this question, 2) are there any external incentives? Malingering, on one hand, factitious disorders (also named *Dermatitis Artefacta*, a confusing expression to be avoided, given that there is no inflammation) and *Münchausen syndrome* on the other hand respectively correspond to a "yes" or "no" answer to this second question. In case of a "no" answer to the first question, 3) is the behaviour responsible for the skin damage compulsive or impulsive? Pathological skin picking, trichotillomania; psychogenic excoriations, *acne excoriée*, *Morsicatio Buccarum*, *self-inflicted cheilitis* on one hand, cutting, burning, hitting and scarification, on the other hand, respectively correspond to a "yes" or "no" answer to this third question.

Ethological, psychobiological and psychoanalytical models for understanding self-inflicted dermatoses will be discussed.

Abstract 26

MORGELLONS DISEASE: A WEB-MEDIATED DISSEMINATION

L. Misery[1]

[1]*University of Western Brittany, Laboratory of Neurosciences of Brest and Department of Dermatology of the University Hospital of Brest, France*

Morgellons syndrome combines multiple skin excoriations, sensations of crawling and teeming of fibers and extra-cutaneous symptoms (fatigue, attention deficit disorder, sleep disorders and other symptoms). Morgellons syndrome is a delusional infestation. Delusional infestations are defined as a syndrome in which patients have the delusional belief that their skin (sometimes their bodies) is infested by pathogens and abnormal skin sensations. The classical disease is the the Ekbom syndrome, with a delusional infestation by parasites. Here, the delusional belief is centered on fibers.

This syndrome was described in 2001 by a woman who thought that she and her children were suffering from this disease. Pretty soon she met over the internet other people who were conviced by this diagnosis and created in 2004 the Morgellons Research Foundation (MRF), with a website. Already in 2005, the CDC noted 4500 cases. In 2006, a local television evokes the disease and spread far and accelerates globalization worldwide. Delusional assumptions multiply. One that is most in vogue is that of an alien from the aircraft contrails in the sky invasion!

Abstract 27

ARTEFACTUAL SKIN LESIONS IN CHILDREN AND ADOLESCENTS: REVIEW OF THE LITERATURE AND TWO CASES OF FACTITIOUS PURPURA

Hans Christian Ring[1]

[1] *Department of Dermatology, Roskilde Hospital, Roskilde, Denmark*

Background: Self-harm is a great diagnostic and treatment challenge. In addition, psychocutaneous conditions are rare in the pediatric population and may therefore be misdiagnosed. Dermatitis artefacta is a psychocutaneous syndrome which is a subgroup of the general spectrum of self-inflicted skin lesions. Dermatitis artefacta encompass an array of different clinical manifestations, including purpura. Factitious purpura has rarely been reported in children.

Methods: Two Caucasian patients (nine-year old boy and a 10-year-old girl) with striking purpuric lesions were examined at the department of dermatology Roskilde.

Results: We describe two cases of factitious purpura, in which the clinical lesions are similar but the underlying psychological problems differ significantly. The current state of knowledge of dermatitis artefacta in children and adolescents was reviewed.

Conclusion: The presence of purpura in children and adolescents typically cause extensive intervention programs due to the possible serious pathological consequences.

The two cases demonstrate a need for a high degree of attention to psychological disturbances, lesional evolution and distribution once the suspicion is established

Abstract 28

TOPIRAMATE IN SKIN PICKING: RESULTS OF A PRELIMINARY STUDY

Mohammad Jafferany[1]

[1]*Central Michigan University, Michigan, United States*

Background: Skin picking syndrome is fairly common. No specific treatments have been proposed. We hypothesized that Topiramate will reduce skin picking symptoms.

Methods: Ten patients (Eight females and Two males) with skin picking were enrolled in the study based upon diagnostic criteria by DSM-IV-TR. They were treated with 12 week open label Topiramate in a titrating upward dose (25 mg - 200 mg/day). Different measures to evaluate the efficacy of Topiramate included, subjective and objective assessment, photographs, Skin picking severity scale modified after Y-BOC, Skin picking scale-R, CGI-Improvement and CGI-Severity, Beck anxiety inventory and Beck Depression inventory.

Results: Topiramate showed significant improvement in time spent in skin picking from 85minutes to 30 minutes a day. Seven patients (70%) showed very much improved and much improved on CGI-Improvement scale. The scores on Skin picking scale and skin picking severity scale also showed improvement. The mean time to respond to Topiramate was about eight to ten weeks. Anxiety and depression symptoms significantly improved after reduction in skin picking symptoms.

Conclusion: Topiramate appears to be promising agent in skin picking symptoms. Double blind controlled trials are needed to further evaluate the safety and efficacy of Topiramate in larger population samples. Various limitations of the study include smaller sample, restricted diversity of patients and being an open label study.

Abstract 29

BODY DYSMORPHIC DISORDER

Nienke Vulink[1]

[1]*Academic Medical Center, Amsterdam, The Netherlands*

Beauty matters. For instance, beautiful people are more likely to be hired, and earn higher salaries than less attractive individuals.

Some individuals are preoccupied with or even obsessed by beauty. Preoccupation with ultimate beauty and a pathological conviction of someone's own ugliness are core symptoms of Body Dysmorphic Disorder (BDD). Furthermore, BDD is characterized by ritualized behaviors like mirror checking, substantial social isolation and suicidal ideation.

In clinical practice, BDD often remains unrecognized. The disorder affects up to 2% of the population but we demonstrated a prevalence of 8.5% at a dermatology outpatient clinic. Patients appeared to be too ashamed to present heir complaints. Without any screening or specific attention of the dermatologist, patients will not be recognized. In addition, BDD patients are convinced of their physical flaws and, therefore, not easily referred to a psychiatrist.

At our university center, a consultation of a dermatologist together with a psychiatrist offers a good opportunity to encourage BBD patients to start with an appropriate treatment. It has been demonstrated that our psychiatric treatment, consisting of serotonergic antidepressants and cognitive behavioral therapy, decreases BDD symptoms in many patients. By neuroimaging studies, assessing the involved brain circuits, we showed dopaminergic abnormalities in the basal ganglia of BDD patients. Furthermore, preliminary analyses of patients at our dermatology outpatiet clnic show that female gender predicts BDD.

In conclusion, BDD is a common and severe psychiatric disease. Education and training of dermatologists appear to be essential in recognizing the disorder and in offering patients adequate treatment.

Abstract 30

METHODS TO MEASURE BODY DYSMORPHIC DISORDER AMONG DERMATOLOGICAL PATIENTS

Anthony Bewley[1]

[1]*Barts Health NHS Trust, London, United Kingdom*

Body Dysmorphic disorder is (BDD) an overrstated preoccupation with a perceived cutaneous or body defect. The defect may be real (and is certainly real to the patient) but it is the focus of the patient and the lifestyle changes that ensue from this focus which leads to the pathology. Patients with BDD are common, especially in aesthetic and cosmetic dermatology clinics. It is necessary to identify these patients as surgery and other physical interventions are unlikely, in isolation, to address the primary problem. People with Body Dysmorphic Disorder generally have poor insight, firmly believing that they require medical or surgical intervention (Phillips et al. 2012 J Psychiatr. Res, 10; 1293 -1299) In addition Suicide attempts are very common in BDD Sufferers. There is a llifetime prevalence of 24-28% for suicide attempts (Phillips and Diaz, 1997; Phillips et al, 2005; Veale et al, 1996) There are a range of tools used to measure and assess BDD in dermatollogy (Gupta MA, Gupta AK. Clin Dermatol. 2013 Jan;31(1):72-9 and surgery (Picavet V, Gabriëls L, Jorissen M, HellingsPW. Laryngoscope. 2011 Dec;121(12):2535-4) clinics. Accurate assessment of patient with BDD is essential for the (usually multidisciplinary) appropriate manage ment of their disease.

Abstract 31

SCREENING FOR BODY DYSMORPHIC DISORDER IN ACNE PATIENTS

Tamara Gracia-Cazaña[1]

[1]*Department of Dermatology, Aragon Health Service, Clinical Hospital of Zaragoza, Zaragoza, Spain*

Introduction and objectives: Body dysmorphic disorder (BDD) is a mental health disorder that is difficult to diagnose, causes much suffering and is a challenge to treat. Prevalence of BDD is between 9% and 12% in dermatological clinics. Clinicians should therefore ask appearance-specific questions in order to identify patients with BDD and to offer them information about their condition and possible treatment options.

The main objective is to screen patients diagnosed with acne vulgaris for BDD by asking appearance-specific questions. If the screening results were positive, psychoeducation on BDD would be provided to the patients and they would be offered the possibility of getting a referral to a mental health specialist.

Materials and Methods: The study design is prospective and observational. Patients will be informed about the present study and will be asked to read and sign an informed consent. The dermatologist will fill in a socio-demographic questionnaire and ask patients appearance-specific screening questions to identify possible BDD. Patients who answer positively to the screening questions will be offered information about BDD and the possibility of a referral to a mental health specialist.

Scientific value: The aim of this study is to ask appearance-specific questions to screen fro BDD in patients with acne vulgaris. With this study we aim to prove the usefulness of screening for BDD with these appearance-specific questions and thereby help to detect this serious disorder in order to offer possible treatment options to our patients.

Abstract 32

TYPOLOGY OF BODY DYSMORPHIC DISORDER (BDD) IN DERMATOLOGICAL PATIENTS

I. Dorozhenok[1], A. Lvov[1], E. Matyushenko[1]

[1]*Department of Psychiatry and Psychosomatic Medicine of Moscow State Medical Sechenov University, Moscow, Russia*

Aim: To establish the typology of BDD in dermatological patients.

Methods: 90 patients seeking dermatologic treatment were thoroughly examined by psychiatrist and were diagnosed as having BDD.

Results: Due to the presence of sociophobic tendencies two main types of BDD derived: I – external (1) with sensitive ideas of reference and (2) with social phobia and II – internal – with internal perfectionism.

BDD subtype 1 type I (24 patients). In clinical picture sensitive ideas of reference predominated. Patients do not pick their skin and usually do not seek any dermatological treatment. BDD subtype 1 associated with schizoid and schizotypal personality traits.

BDD subtype 2 type I (35 patients). In the clinical picture social phobia as well as preventive actions ("camouflage" of defects, avoidant behavior) predominated. Patients pick their skin (superficial neurotic excoriations) and seek regular dermatological treatment. BDD subtype 2 associated with the predominance of hysterical personality traits.

BDD type II (31 patients). Overvalued ideas of reaching the ideal appearance predominated and were followed by obsessive autoagressive behavior. Excessive social anxiety was absent. Patients picked their skin tending to eliminate appearance defects and seek agressive cosmetic treatment. BDD type II associated with narcissistic personality traits.

Conclusions: BDD types differ in psychopathological structure, premorbid personality traits, rate of seeking for dermatological help, presence and severity of autodestructive behavior and comorbid psychopathological disorders. BDD typology will provide individual treatment approach to each patient.

POSTER PRESENTATIONS

Poster session on 6 June 14:00-15:00:
Quality of Life and other Aspects of Psychodermatology

Abstract 33

FEASIBILITY OF USING MAPPING TECHNIQUES FOR CONVERTING QUALITY OF LIFE SCORES INTO UTILITY VALUES

Sue Wei Chong[1], Andrew Finlay[2], Sam Salek[1]

[1]*Centre for Socioeconomic Research, School of Pharmacy and Pharmaceutical Sciences, Cardiff University , Cardiff, United Kingdom,*
[2]*Department of Dermatology and Wound Healing, School of Medicine, Cardiff University, Cardiff, United Kingdom*

Mapping is the process of converting non-preference based HRQoL scores into utility values (UV) using a conversion algorithm. Since utility values are necessary to obtain QALYs for economic appraisal of certain treatments such as biologics in dermatology, mapping is a useful tool to obtain utilities from studies where UV were not collected. The aims of this study were to identify mapping algorithms and their underpinning methodology, and to provide guidance for appropriate use of such techniques.

A systematic search covered Web of Science, Medline and ScienceDirect. Relevant papers were identified based on predetermined inclusion and exclusion criteria. Forwards and backwards citation searches were performed based on key papers.

3 review papers, 56 studies which derived algorithms, and 11 validation studies were identified. This is a fast-developing area with 17 studies published in the last 2 years. Most studies utilised the transfer to utility (TTU) approach with EQ-5D, SF-6D and HUI as the most common target measures. A range of models and estimation methods were used. Predictive performance was measured by many different methods, making it difficult to compare models. Longitudinal and geographical instability reduced external validity and robustness.

Mapping is a viable technique for obtaining mean UV but not individual utility values where no preference-based measures were used. When choosing between algorithms, baseline characteristics and data distribution should be considered. The most appropriate algorithm is one derived from a sample most closely resembling the target population to which the algorithm is applied.

Abstract 34

GENDER DIFFERENCES IN SOCIAL DESIRABILITY RESPONDING AND PERSONAL VALUES WITHIN PATIENTS TESTING FOR SEXUALLY TRANSMITTED DISEASES

Ene Pärna[1], Toivo Aavik, Anneli Uusküla

[1]*Dermatology Clinic of Tartu University Hospital, Tartu, Estonia*
[2]*Department of Psychology, Tartu University Tartu, Estonia*
[3]*Dermatology Clinic of Tartu University Hospital, Tartu, Estonia*

Aim: The aim of this study was to describe social desirability responding among patients tested for sexually transmitted diseases. We also sought to describe the association of social desirability responding (its different components) with gender, self-reported high risk sexual behavior, person's judgment and values.

Methods: The data was collected using self administered questionnaire from 45 subjects aged 18 years or more and tested for STDs from June to September 2010. Questionnares included social demographic data, Sexual Beahaviour Questionnaire, Balanced Inventory of Desirable Responding questionnaire and SHORTVAL Schwartz Value Survey.

Results: The results of the study show that in two components of social desirability responding: impression management (mean 87, 2; p<0, 05) and self-deceptive denial (mean 86, 1; p<0, 05), women compared with men gave more socially desirable answers. Also there was a correlation between high risk sexual behavior (measured as sex life beginning, partner number/condom use last year) and self-deceptive enhancement (mean 83, 0;p<0, 05). Values like hedonism(r=-0, 33) and stimulation(r=-0, 54) were negatively, universalism(r=0, 40) and benevolence(r=0, 33) positively correlated with impression management.

Conclusion: The given study is the first in Estonia, which enables to get an overview of social desirability responding among patients who have come for a STD test. The study shows whether the information given by the patients was reliable and gave a truthful overview of their health or whether their STD test answers were influnced by social desirability responding.

Abstract 35

A WEB-BASED, EDUCATIONAL, QUALITY-OF-LIFE PROGRAMME FOR PATIENTS WITH A CHRONIC SKIN DISEASE: FEASIBILITY IN ROUTINE DERMATOLOGICAL PRACTICE

Oda van Cranenburgh[1], Ellen Smets[2], Menno de Rie[1], Mirjam Sprangers[2], John de Korte[1]

[1]*Academic Medical Center Amsterdam, dept. of Dermatology, Amsterdam, The Netherland,*
[2]*Academic Medical Center, dept. of Medical Psychology, Amsterdam, The Netherlands*

Background: Chronic skin diseases can have a major impact on patients' health-related quality of life (HRQoL). Patient education aiming at an improvement of HRQoL is a promising and efficient way to provide additional care. We developed a web-based, educational ("e-learning") programme on HRQoL, offering patients knowledge and skills to cope with their chronic skin disease more effectively and to improve their HRQoL.

Aim: In this study we examined the acceptability and feasibility of the e-learning programme on HRQoL in routine dermatological practice and patients' daily life.

Methods: We invited dermatological centres in the Netherlands to recruit patients in their outpatient clinic. Both professionals and patients completed study-specific questionnaires.

Results: Six dermatological centres and 105 patients were included. Professionals indicated that implementation in routine practice was acceptable and feasible. Patients evaluated the programme as convenient and attractive, but stated that their daily activities hindered them in paying sufficient attention to the programme. The addition of "blended learning components" (e.g. e-consultation, course material), support of a nurse and experience with routine HRQoL assessment may further facilitate implementation.

Conclusions: Improvements of our e-learning programme are still needed to effectively implement the programme in routine dermatological practice and patients' daily life. Based on recommendations of this study, a "version 2.0" of the programme is currently in development.

Abstract 36

PATIENTS WITH SEVERE PSORIASIS HAVE HIGH LEVELS OF PSYCHOLOGICAL PERCEIVED STRESS: A PILOT STUDY ON 300 INDIVIDUALS WITH PSORIASIS

Maria José Tribó Boixareu[1]

[1]*Hospital del Mar, Barcelona, Spain*

Psoriasis is a chronic skin disease associated with considerable psychological disturbances. Stress has been implicated in triggering both the onset and exacerbation of psoriasis. The objectives of this study were to determine the level of perceived stress in patients with psoriasis and to assess its effect on psoriasis severity.

Methods: Three hundred patients fulfilled validated questionnaires assessing stress and psychological mood (Holmes Life Event Scale, Hospital Anxiety and Depression Scale, Spielberger State-Trait Anxiety Inventory, Hamilton Rating Scale for Depression and Montgomery-Asberg Depression Rating Scale). Evaluation for perception of disease was also measured (SF-12 test). These variables were evaluated to be associated with quality of life (Health Assessment Questionnaire-Disability Index, Dermatology Life Quality Index), measurements of psoriasis severity (BSA, PASI) and assessments for pain and itching using a visual analog scale.

Results: Sixty-one percent of patients with psoriasis showed some alteration in levels of anxiety, depression symptoms or perceived stress. There was a clear correlation between perceived stress and psoriasis severity. An association between stress and mood disorders with the quality of life was observed. However, DLQI questionnaire seems not to be appropriate enough for assessing the impact on quality of life of stress related-psoriasis severity.

Conclusions: Psychological stress and other alterations in the emotional sphere have a pathogenic role in psoriasis. The recognition of the association between stress and psoriasis is important and can influence the appropriate management of these patients.

Abstract 37

PSYCHOSOCIAL DIMENSION OF ANOGENITAL WARTS

Iva Dediol[1], Maja Vunek Zivkovic[1], Marija Buljan[1], Vedrana Bulat[1], Mirna Situm[1]

[1]*University Hospital Center «Sestre milosrdnice»*, *Department of Dermatovenerology, Zagreb, Croatia*

Nowdays one of the most common sexually transmitted infections (STI) is Human Papilloma Virus (HPV) infection. It is „modern-new" STI which became one of the most popular topic and still evokes many debates. Condom is not 100% protection since HPV infection is pangenital including genital, perianal, pubic area and groins. Types 6 and 11 are in 90% of cases a cause of anogenital warts, which do not have oncogenic potential. It is a „silent infection", without physical symptoms but with visible tumor. Visibility of the anogenital warts, long treatment, often reccurences can influence patient's quality of life and cause or deepen psychosomatic disorders. Different aspects of quality of life can be influenced, especially sexual and emotional aspect of quality of life.

Aims: The aim of this study is to determine quality of life, illness perception and psychiatric comorbidity in patients with anogenital warts.

Methods: Study includes 42 patients with anogenital warts who are treated at the Department of dermatovenerology as outpatient. Patients were referred to psychologist where they filled in quantitiative questionnaires.

Results: There were no signifigance influence on patient's QoL with influence being the most on psychological aspect of QoL. Patients were not depressed and anxious (scored like in general population). Illness perceptions of the patients and causes of the disease were being assesed. There were statistically significant differences between women and men.

Conclusions: Pyschosocial aspect must not be neglected during treatment of patients with anogenital warts. Patient's education must be emphasised.

Abstract 38

THE DERMATOLOGY LIFE QUALITY (DLQI): MINIMAL CLINICALLY IMPORTANT DIFFERENCE (MCID) AND SENSITIVITY TO CHANGE IN INFLAMMATORY SKIN DISEASES (ISD)

Sam Salek[1], Mohammad Basra[1], Andrew Finlay[1]

[1]*Cardiff University, Cardiff, United Kingdom*

Clinical interpretation of HRQoL scores change is needed in clinical trials and practice. The aims of this study were to determine the MCID and responsiveness of DLQI in ISDs.

Patients completed DLQI and a self-assessed disease severity global question (GQ) on a 0-10 VAS. At follow-up patients completed DLQI, GQ and a global rating of change questionnaire (GRCQ) about the change in their overall QoL. GRCQ was used as an anchor to measure MCID of DLQI scores with a 15-point scoring system (+7 to -7).

192 patients (M=41.7%) with 20 different ISDs completed DLQI and GQ at stage 1; 107 at stage 2 including GRCQ (mean time interval=71 days). The mean DLQI score of 107 patients at stage 1 was 9.8 (SD=7.8) and 7.4 (SD=7.0) at stage 2 with a mean change of 2.4 ($p<0.0001$). ES=0.3; SRM=0.4, both indicating a small effect according to Cohen's criteria. 31 patients experienced a "small change" in their QoL (±3 and ±2) on the GRCQ. The mean change in DLQI scores was 3.3 (SRM=0.27; ES=0.21) which could be regarded as the approximate MCID of the DLQI scores. The mean DLQI scores, SRM and ES increased with magnitude of change on GRCQ.

These findings confirm responsiveness of DLQI. Previous estimates of DLQI MCID have varied from 3 to 5: the recommendation from this study is that MCID=3 in inflammatory diseases.

Abstract 39

THE FAMILY REPORTED OUTCOME MEASURE©: DEVELOPMENT AND VALIDATION

Catherine Golics[1], Mohammad Basra[2], Andrew Finlay[2], Sam Salek[1]

[1]*Centre for Socioeconomic Research, School of Pharmacy and Pharmaceutical Sciences, Cardiff University Cardiff, United Kingdom,*
[2]*Department of Dermatology and Wound Healing, School of Medicine, Cardiff University, Cardiff, United Kingdom*

Until recently studies involving family quality of life (QoL) have focused on families of patients with one specific disease. We previously reported the key QoL themes which impact family members of patients with diverse medical conditions. The aim of this study was to use this information to create a self-reported outcome measure to assess this impact on family members.

Transcripts from 133 interviews with family members of patients were coded into themes and subthemes. An expert panel of 12 clinicians, 7 nurses, 3 family members and 3 QoL experts provided written and oral feedback on the following four attributes for each item: language clarity, completeness, relevance, and scaling. Intraclass correlation (ICC) was performed on the written feedback using a standardised tick box form.

The expert panel gave detailed and positive feedback concerning most questionnaire items. Nine items were re-worded or merged and the response options were renamed to simplify the questionnaire. The panel's ratings of each item on a 4-point scale for the four attributes showed either "strongly agreed" or "agreed" (88%), with an ICC value of 0.98 (CI=0.97-0.99) suggesting a high correlation between the panel members' responses. A 31-item generic family quality of life instrument, the Family Reported Outcome Measure (FROM)©, with a 5 point likert response scale was developed.

Being able to measure the impact of illness on family members will enable more complete assessment of the wider burden of disease and of targeted interventions.

Abstract 40

THE TEENAGERS' QUALITY OF LIFE (T-QOL©) INDEX: DEVELOPMENT AND VALIDATION OF A DERMATOLOGY-SPECIFIC MEASURE FOR ADOLESCENTS

Sam Salek[1], Mohammad Basra[2], Andrew Finlay[2]

[1]*Centre for Socioeconomic Research, School of Pharmacy and Pharmaceutical Sciences, Cardiff University, Cardiff, United Kingdom,*
[2]*Department of Dermatology and Wound Healing, School of Medicine, Cardiff University, Cardiff, United Kingdom*

The aim of this study was to develop and validate a dermatology-specific quality of life instrument for adolescents with skin diseases.

The Classical Test Theory (CTT) and Item Response Theory (IRT) models were employed to develop this new tool and to conduct its psychometric testing.

50 adolescents with skin disease were interviewed, leading to a 30-item T-QoL which was then completed by 153 adolescents. Rasch analysis using RUMM 2030 software did not support the validity of the T-QoL as a unidimensional measure; factor analysis identified three domains within the scale. 12 items were removed based on Rasch analysis and CTT, creating the final 18-item questionnaire. Psychometric evaluation was carried out on a new cohort of 203 adolescents (M=115; F=88, mean age=16.2 years). The construct validity of the tool was demonstrated by correlation with Skindex-Teen ($r=0.83$, $p<0.0001$), CDLQI ($r=0.75$, $p<0.001$; in subjects <16 years old) and DLQI ($r=0.74$, $p<0.0001$; in subjects >16 years). T-QoL showed excellent internal consistency reliability (Cronbach's alpha $\alpha=0.89$ for the total scale score and 0.85, 0.60, and 0.74 for the 3 domains). The test re-test reliability was high in stable subjects (n=61) after a mean interval of 7.2 days.

Built on rich qualitative data from patients, the T-QoL is a simple and valid tool to quantify the impact of skin disease on adolescents' QoL.

Poster session on 7 June 12:15-13:45:
Dermatological consequences of psychiatric disease

Abstract 41

THE ROLE OF TELEPHONE PSYCHIATRIC/PSYCHOLOGICAL CONSULTATION IN PSYCHODERMATOLOGICAL PRACTICE

Dimitre Dimitrov[1], Medhat AlSabbahi[1]

[1]*Sheikh Khalifa Medical City, Abu Dhab, United Arab Emirates*

Background: Patients with Psychodermatological problems frequently first visit a dermatologist and then refuse referral to psychiatrist/psychologist.

Searching for alternatives and modification of referral process might improve chances of such patients to receive a proper psychological/psychiatric help.

Aim: To stress on the necessity of a phone consultation with patients who refuse referral to psychiatrist/psychologist.

Method: Herein we are presenting two patients with Psychodermatological problem: 32 years old male with dermatophagia and 55 years old female with somatoform itching. After refusing referral to psychiatrist/psychologist, a telephone consultation has been offered.

Result: Both patients accepted the offer. The consultations took approximately 30 minutes and went in friendly atmosphere. The psychiatrist found the patient with somatoform itching has associated adjustment disorder with mixed anxiety depression. Since the patient again refused to visit psychiatric department only advices for relaxation given with detailed description of the performance. During the following visits, the patient reported no more itching.

The patient with dermatophagia during the phone consultation accepted to visit psychiatric department.

The following psychological consultation disclosed chronic stress and anxiety started since childhood with continuous repression of his feelings due to family pressure not to express them.

Psychological assessment has been performed, followed by behavioral modification and relaxation psychotherapy.

Conclusion: Arranging a phone consultation with psychiatrist/psychologist will increase chances for those patients who refuse referral, to get proper help.

Abstract 42

PAY ATTENTION TO THE PATIENT'S SPEECH

Nathalie Feton-Danou[1]

[1]*Hospital Bichat, Gisors, France*

Mrs T., 71 years od, came to me for a suspicion of a pathomimicry.

She has presented an erythema on the right cheekbone for several years on which she as applied multiple creams. She was treated for a chronic keratitis, and still complains of a sensation of «a wire that's going through her right eye». She connects it linked with skin and she thinks it's infectious.

Hungarian by origin, she describes a difficult life because of family illnesses, deaths, escapes and exiles. It is after multiple skin biopsies, and in the context of medical drifting between dermatology and ophtalmology departments that I see her and that after several months I tempt to address her in psychotherapy.

At the last consultation, she says to me «to be abandoned» by the ophtalmologists even though she suffers. Then I examine her eye in a more thorough way...

Abstract 43

CLINICAL DIAGNOSIS OF BIPOLAR DISORDER BY YHE DERMATOLOGIST

Estela Malatesta[1]

[1]*Consultorios de Dermatología y Psicodermatología, Buenos Aires, Argentina*

Aims: To contribute to the dissemination of knowledge about bipolar disorder, underdiagnosed disease reaching a prevalence of about 4% of the general population and is underdiagnosed, which affects the quality of life of patients

Methods: We present four patients attending the dermatology clinic. After extensive questioning about current and past symptoms and clinical examination appears the bipolar disorder.

Results: In all cases, the acceptance of mood disorder was successful, and not only that, he had a sympathetic and soothing effect. Two of the four patients were evaluated in an interdisciplinary way with another psychiatrist of our team and are currently being treated for Bipolar Disorder.

The third patient continued treatment with his psychiatrist treated as an anxiety disorder, although she has alarm patterns and knowledge about her illnes

The third patient treated followed by his psychiatrist as an anxiety disorder, although she has knowledge and alarm pattern she has knowledge and alarm pattern in case of relapse into a mood disorders.

The fourth patient disagreed start psychiatric treatment, but was in good therapeutic doctor-patient relationship which allows good control of his mental situation until today, while monitoring her skin disease.

Conclusion: There is a great ignorance of society and professionals about Bipolar Disorder. Ignorance brings two problems: social stigma and impaired quality of life. The knowledge of patients and physicians, the correct and timely diagnosis and the therapeutic drugs such as lithium can improve this situation.

It is our responsibility as health professionals acquire and share this knowledge.

Abstract 44

DELUSIONAL PARASITOSIS: CASE REPORT

Karolina Mędrek[1], Dominik Samotij[1], Jacek C. Szepietowski[1]

[1]*Department of Dermatology, Venereology and Allergology, Wroclaw Medical University, Wroclaw, Poland*

Delusional parasitosis (DP) (delusion of parasitosis, Ekbom syndrome) is a rare psychiatric condition in which a person has a strong false belief of being infested with parasites. This delusion persists despite the absence of medical evidence for such infestation. Patients often bring in "specimens" in a small container, which are actually pieces of their skin or hair ("specimen sign").

We present a 66-year-old woman with a 6-month history of "mysterious» widespread skin disease. She reported her symptoms as itching caused by "bugs crawling and biting". She precisely described and hand-drew the appearance of the insects that supposed to have passed on to her skin from raspberry bushes. In her opinion these parasites were transferred to her garden from the surrounding fields on the hooves of neighbor's horses. Physical examination revealed a partially excoriated papules, nodules and scars disseminated on the face, neck, abdomen and lower extremities as a result of intense scratching and self-inflicted wounds made with sharp instruments. The specimen sign was present as the patient demonstrated a jar with alleged parasites. In the course of psychiatric observation the diagnosis of DP was established and the patient was put on regime of 2 mg risperidone once daily. After a few days of treatment she showed a marked improvement with near-complete resolution of symptoms.

The cooperation between dermatologist and psychiatrist is strongly advocated in the diagnosis and treatment of DP. Atypical antipsychotic agents should be used as a first-line treatment of this disease.

Abstract 45

THE PSYCHOGENIC BACKGROUND OF PRURITUS

Monika Heisig[1], Jacek Szepietowski[1]

[1]*Department and Clinic of Dermatology, Venereology and Allergology Wroclaw Medical University, Wrocław, Poland*

Introduction: Itch is the most common symptom in dermatology and one of the most challenging problems in the clinical practice. Among many possible causes of itch, psychogenic background can play a significant role. The diagnostic criteria for psychogenic pruritus have recently been established. In its therapy psychotropic drugs can be used, including paroxetine.

Objective: Presentation of a patient with chronic pruritus of a psychogenic background successfully treated with paroxetine.

Case report: An 80-year old man with dementia was admitted due to chronic pruritus. On admission the patient presented with numerous secondary lesions caused by scratching which proved a very high intensity of pruritus. Outpatient therapy with antihistamines was ineffective. Additional investigations did not reveal significant abnormalities. The patient fulfilled the criteria for psychogenic pruritus. Therapy with paroxetine was introduced and fast improvement in intensity of pruritus and gradual improvement in skin condition were observed.

Conclusion: The psychogenic background of pruritus should be considered among patients with chronic itch. The therapy with psychotropic drugs can become the successful treatment.

Abstract 46

VENEREOPHOBIA – TWO EXAMPLES FROM OUR OUTPATIENT DEPARTMENT

Danica Lange[1], Klaus-Micheal Taube[1]

[1]*Department of Dermatology and Venerology, University Halle, Halle (Saale), Germany*

Venereophobia (VP) is a kind of anxiety disorder, more exactly characterized as a part of Cutaneous Hypochondriasis and is focussed on the skin and sexually transmitted diseases. Patients suffering from this disease are excessivly preoccupied with the fear of a serious venereal infection. In general, it is a rarely discribed disease in dermatology and only a few case reports or reviews can be found in literature.

The suppossed syndroms force the physician to frequent examinations and treatments which possibly results in misdiagnosis and wrong treated patients.

We report two cases with VP (gonorrhoea, HIV) from our outpatient department. In both patients no infections could be objectified with any examination method. Both patients reported the symptom`s onset following a sexual intercourse. This fact is often described in patients with VP.

The syndroms rapidly lead to depressiv reactions and finally to a manifested anxiety disorder as well as social phobia.

Ultimately both patients suffered from obviously limited life quality and severe reactive mental disorders to which attention should be payed in any case.

Abstract 47

THE PREVALENCE AND CLINICAL PICTURE OF ONYCHOPHAGIA AND ONYCHOTILLOMANIA

Przemyslaw Pacan[1], Magdalena Grzesiak[1], Adam Reich [2], Monika Kantorska-Janiec[1], Jacek Szepietowski[2]

[1]*Department of Psychiatry Medical University, Wroclaw, Poland,*
[2]*Department of Dermatology, Venereology and Alergology Medical University, Wroclaw, Poland*

Onychophagia is defined as a chronic nail biting behaviour, which usually starts during childhood, while onychotillomania results from recurrent picking and manicuring of fingernails and/or toenails which cause visual shortening and/or distraction of nails. Our study was performed to assess the prevalence and analyse clinical picture of onychophagia and onychotillomania in young adults. A total of 339 individuals were interviewed with a structured questionnaire. Onychophagia was found in 46.9% of participants (including 19.2% active and 27.7% past nail biters) and additional 3 persons (0.9%) suffered from onychotillomania. Majority of them (92.2%) described nail biting as an automatic behaviour. Tension before nail biting was reported by 65.7% of nail biters and feelings of pleasure after nail biting declared 42% of them. Summarizing our data it could be concluded that no single condition was associated with nail biting or influenced that behaviour, but rather multiple psychological factors were involved. A huge variability of nail biting pattern was observed which did not allow determining one dominant model of onychophagia for a whole group.

Abstract 48

DERMATITIS ARTEFACTA IN A VULNERABLE ADULT WITH A DISSOCIATIVE STATE

Anthony Bewley[1], Alia Ahmed[1], Ruth Taylor[1]

[1]*Barts Health NHS Trust; (London, GB)*

Aim: Dermatitis artefacta (DA) lesions occurring in dissociative states are rarely reported. We present such a case.

Methods: A retrospective case notes review of a patient presenting to the dermatology department.

Results: A 44-year-old Caucasian female was seen in the psychodermatology clinic with a diagnosis of DA. Psychiatric history revealed depressive symptoms, emotional instability, childhood abuse, alleged financial exploitation and demands of domestic chores. Her skin would improve during periods of removal from acute stressors. Extensive psychiatric assessment revealed a vulnerable adult with learning difficulties and a dissociative state when creating skin lesions. After working closely with this patient she is beginning to engage with psychological therapy.

Conclusion: Management of DA is challenging due to the underlying psychosocial aspects. Referral to a psychodermatology service is cost effective and optimises patient management. Dissociative symptoms occur in acute stress, post-traumatic stress disorder (PTSD), somatisation disorder, substance abuse, trance, Ganser syndrome, dissociative identity disorder, psychoses and personality disorders. Symptoms may surface during periods of acute interpersonal or situational difficulties and are an adaptive response to traumatic events. Scores on the dissociative experiences scale are highly correlated with childhood trauma. We suggest the acute stressors, on the background of traumatic life experiences, caused a dissociative state in our patient, leading to DA. This is, to our knowledge, the first reported case of DA occurring during a dissociative state in a vulnerable adult. Although uncommon, DA patients may be displaying symptoms of dissociation that need addressing from a psychiatric angle.

Poster session on 8 June 12:15-13:45:
Psychological consequences of dermatological disease

Abstract 49

MORE OBJECTIVE-EVALUATION METHODS FOR DEPRESSION ON ATOPIC DERMATITIS PATIENTS BY NIRS (NEAR-INFRARED SPECTROSCOPY)

Eiichiro Ueda[1], Shinichi Moriwaki[1], Yoshikazu Fukui[2], Tetsufumi Kanazawa[3], Hiroshi Yoneda[3]

[1]*Department of Dermatology, Osaka Medical Collage, Takatsuki, Japan,*
[2]*Faculty of Letters, Department of Human Sciences, Konan University, Kobe, Japan,*
[2]*Department of Psychiatry, Osaka Medical Collage, Takatsuki, Japan*

Increasing evidence suggests that depression is more common in atopic dermatitis(AD) patients. However, there have been no established, objective evaluation methods that can be different from the psychological tests.

Recent technological development in non-invasive neuroimaging techniques, such as fMRI and NIRS, has enabled us to study the role of the cerebral cortex in the response of depression. The NIRS has been increasingly employed in psychiatry for functional neuroimaging studies of depression and other disorders, as well as schizophrenia because of its noninvasiveness.

In this study, we evaluated 34 AD patients (15 male and 19 female, the median age: 34.1) in our hospital with SCORAD, serum IgE and TARC, PSS-AD, SDS, and NIRS. As a result, for the pattern of NIRS, 23 patients showed normal pattern, 7 patients with depression pattern, and 4 patients with other patterns. The mean score of SCORAD, PSS-AD, SDS, IgE, TARC of each group were normal pattern: 59.7, 32.4, 40.7, 6517.2, 4810.1, depression pattern: 46.5, 33.7, 44.5, 3324.7, 3051.2, others: 40.6, 42.5, 54.8, 2197.5, 1603.5, respectively. Three of these 7 patients with depression pattern did not enough recognize their depressive mood by themselves before the NIRS examination.

Our results suggest that precise assessment for the refractory AD with high stress could be done by NIRS based on biomarkers such as fronto-temporal hemodynamic response that diagnoses their conditions neurologically. We, therefore, might be able to apply the more scientific and effective treatment for these patients by NIRS.

Abstract 50

RELATIONSHIP BETWEEN ILLNESS-PERCEPTIONS, COPING STRATEGIES AND PHYSICAL IMPAIRMENT IN PATIENTS WITH ATOPIC DERMATITIS

C. Schut[1], A. Felsch[1], C. Zick[2], K.-D. Hinsch[3], U. Gieler[3, 4], J. Kupfer[1]

[1]*Institute of Medical Psychology, University of Giessen, Giessen, Germanyt,*
[2]*Department of Dermatology, Rehabilitation Center Borkum Riff, Giessen, Germany,*
[3]*Clinics for Dermatology and Allergology, University of Giessen, Giessen, Germany,*
[4]*Clinics for Psychosomatic Medicine and Psychotherapy, University of Giessen, Giessen, Germany*

Aim: Patients suffering from a chronic disease develop certain illness-cognitions, regarding e.g. the causes or consequences of the disease. These illness-perceptions lead to the use of particular coping strategies. For patients with atopic dermatitis (AD) a relationship between illness-perceptions and emotional stress was found. This study analyzed, whether illness-perceptions and coping-behavior are also related to physical impairment in AD-patients.

Methods: At the beginning of their stay at a rehabilitation center, 109 AD-patients were asked to fill in validated questionnaires to assess illness perceptions (IPQ), coping strategies (EBS) and physical wellbeing (FEW). Besides, during the first anamnesis the doctor in charge rated the severity of AD (SCORAD). Regression analyses were conducted to determine the relationship between illness-perceptions, coping strategies and physical impairment.

Results: Because of missing data, only n = 88 cases were included in the analyses. Self-rated physical well-being (FEW) was significantly associated with illness-perceptions and coping strategies (R^2 = 0.343): Patients, who did not believe in bad consequences of AD, who scored high on active problem-solving and low on inadequate coping and who believed in chance as the cause of AD, stated a higher physical wellbeing than patients with opposite illness-perceptions/coping strategies. The SCORAD was not related to illness-perceptions/coping strategies.

Conclusions: This study was the first to show a significant association between illness-perceptions/coping strategies and physical impairment in AD-patients. In a next step it would be interesting to investigate whether a modification of illness-perceptions and coping strategies in a certain group of AD-patients leads to a greater physical wellbeing.

Abstract 51

PRINCIPLES OF SYSTEMIC FAMILY THERAPY USED EFFECTIVELY WITH PEOPLE WITH SKIN DISORDERS

Reena Shah[1], Anthony Bewley[1]

[1]*Barts Health NHS Trust, Leytonstone, United Kingdom*

Aim: The psychological impact of skin disorders has long been established and researched. The majority of the research on psychological interventions for people with skin disorders is predominantly cognitive behavioural therapy (CBT). However CBT is not for everyone. Using principles of Systemic Family Therapy (SFT) has shown to be effective in clincal practice. The key is understanding that problems are understood in the context of family and social relationships and how reciprocal dynamics influence the problem. The problem is thus jointly constructed; they do not exist within individuals but rather are a product of interactions between people and wider systems, e.g. communities and cultures.

Method: A 46 year old lady with a 40 year history of psoriasis referred for psychological therapy for feeling of shame and low self-esteem. Many medical interventions were tried with no success. Initially, she attended therapy alone and then her husband and individually, other family members joined her. Issues around her past, relationships and personal beliefs and assumptions were explored.

Results: Over ten sessions, she was able to view her dynamics and relationships in a more helpful way. Her psoriasis cleared and reinforced that her psoriasis could have been caused by psychological issues.

Conclusion: SFT is an important approach seen to help people with skin disorders. Given the nature of the therapy, it is currently being used with people with dermatitis artefacta, also with success. This highlights the need for more psychological research and to develop interventions for people with skin disorders.

Abstract 52

EXAMINATION ABOUT THE CONNECTION OF THE AGE OF ONSET AND THE ANXIETY IN ADULT ATOPIC DERMATITIS PATIENTS

Mika Himachi[1], Isa Okajima[2, 3], Makoto Hashiro[4], Yuji Sakano[5]

[1]*Tokaigakuen University, Nagoya, Japan,*
[2]*Neuropsychiatric Research Institute, Tokyo, Japan,*
[3]*Tokyo Medical University, Tokyo, Japan,*
[4]*HashiroClinic Dermatology and Psychosomatics, Osaka, Japan,*
[5]*School of Psychological Science, Health Sciences University of Hokkaido, Sapporo, Japan*

Introduction: Three types of progress in adult atopic dermatitis (AD) patient are used in Japan. Though the understanding about these patients is better recently, the advantage of classifying progress is not clear. The present study examined characteristics of the anxiety in these patients from age of onset and was intended to reconsider about the progress of the disease.

Method: The participants were 37 adult AD patients (17 males, 20 females). In addition to age, gender, duration of disease, types of adult AD were evaluated by using the checklist. Anxiety were evaluated by using itch anxiety scale for AD (IAS-AD), anxiety sensitivity index (ASI), and state-trait anxiety inventory (STAI).

Results: We classified types of adult AD into three groups; eleven patients had continuous symptoms since their childhood, 13 patients have relapsed after they were 13 years old, and 12 patients have developed AD after they were 13. Each anxiety score were compared among three groups by ANOVA. As a result, the significant differences were not recognized in IAS-AD, ASI and STAI. Each anxiety scale was classified by the cluster analysis. Three clusters were appropriate. Finally, we examined association among the three clusters and the age of onset by chi-square test. There was no significant association.

Conclusion: It was suggested that adult AD patient had anxiety at the same level regardless of the onset age. Therefore, the necessity to reconsider three types of progress was suggested.

Abstract 53

PSYCHOSOCIAL MORBIDITY IN PSORIASIS: THE RESULTS OF A CROSS SECTIONAL STUDY

Deren Dorota[1], Matusiak Lukasz[2], Rymaszewska Joanna[3]

[1]*Department of Psychiatry Wroclaw Medical University, Wroclaw, Poland*
[2]*Department of Dermatology, Venereology and Allergology Wroclaw Medical University, Wroclaw, Poland*
[3]*Department of Psychiatry Wroclaw Medical University, Wroclaw, Poland*

Aim: To ascertain the psychosocial profile of patients with psoriasis.

Methods: 41 patients with psoriasis underwent a cross-sectional assessment regarding their socio-demographic and clinic profiles, including Psoriasis Area and Severity Index(PASI), body surface area(BSA), quality of life(DLQI and WHOQOL), psychiatric morbidity(GHQ-28), acceptance of illness(AIS) and satisfaction with sexual relations.

Results: The research group had predominance of urban married males(63.4%) with mean age 41.39±13.58 years, and mean duration of illness of 18.14±11.65 years. The average PASI score was 14.29±7.14 and BSA was 25.53±16.95%. Twelve subjects (29.3%) scored positive indicating presence of psychiatric morbidity on the General Health Questionnaire - 28. Compared to the GHQ-negative group, the GHQ-positive group had significantly poorer quality of life measured with Dermatology Life Quality Index($p<0.05$) and significantly lower scores in domains of psychological and social relationship ($p<0.01$) in WHO Quality of Life-BREF. Age, sex, satisfaction with sexual relations, acceptance of illness and psoriasis severity were not associated factors. The duration of illness was negatively correlated with quality of life ($r= -0.56$, $p<0.001$) and with somatic symptoms in GHQ-28 ($r= -0.41$, $p<0.05$).

Conclusions: These results indicated that psoriasis affects psychiatric morbidity through its effects on the patients' everyday lives. However, patients suffering from the disease for longer seems to cope with the illness and are characterised by better quality of life and had less somatic symptoms.

Abstract 54

THE PATIENT-THERAPIST RELATIONSHIP AS AN INDICATOR FOR TREATMENT SUCCESS IN E-HEALTH TREATMENTS FOR PATIENTS WITH PSORIASIS AND RHEUMATOID ARTHRITIS

M. Ferwerda[1], S. Spillekom-van Koulil[1], H. van Middendorp[1], S. van Beugen[1], J.V. Smit[2], M.E.J. Zeeuwen-Franssen[3], E.B.M. Kroft[4], M.A.F.J. van der Laar[5], P.L.C.M. van Riel[6], E.M.G.J. de Jong[7], P.C.M. van de Kerkhof[7], A.W.M. Evers[1]

[1]*Radboud University Nijmegen Medical Centre, Medical Psychology, Nijmegen, The Netherlands,* [2]*Rijnstate Hospital, Dermatology, Arnhem, The Netherlands,* [3]*Canisius-Wilhelmina Ziekenhuis, Dermatology, Nijmegen, The Netherlands,* [4]*ZGT Hospital, Dermatology, Almelo, The Netherlands,* [5]*Medisch Spectrum Twente, University of Twente, Rheumatology, Enschede, The Netherlands,* [6] *Radboud University Nijmegen Medical Centre, Rheumatology, Nijmegen, The Netherlands,* [7] *Radboud University Nijmegen Medical Centre, Dermatology, Nijmegen, The Netherlands*

Aim: Ehealth selfmanagement interventions can be effective for patients with chronic somatic conditions, including psoriasis and rheumatoid arthritis. However, Ehealth also offers new challenges in clinical practice and research, including the role of the patient-therapist relationship. In face-to-face treatments, a better patient-therapist relationship has often been reported as a predictor for improved treatment outcome. Therefore, in this study, the patient-therapist relationship was related to patient-reported outcomes in an Ehealth cognitive-behavioral treatment for patients with psoriasis and rheumatoid arthritis.

Methods: After a face-to-face intake, all patient-therapist contact was through the internet selfmanagement program. Patients rated the patient-therapist relationship pre and posttreatment using the Working Alliance Inventory and internet-specific relationship questions. After treatment, patients were asked to rate their improvement in symptoms and coping with these symptoms.

Results: The patient-therapist relationship was rated positively and increased during treatment. Both a better patient-therapist relationship and the specific internet related aspects (e.g., having time to think about the reply) predicted patient-reported improvement in coping with disease symptoms. Relationship aspects were also related to improvements in symptoms and coping with these symptoms at posttreatment.

Conclusions: Results indicate that the patient-therapist relationship is a possible predictor for self-reported improvements in Ehealth selfmanagement treatments, similar to its role in face-to-face treatments. Future results need to demonstrate whether the patient-therapist relationship also contributes to the cost-effectiveness of this Ehealth treatment in the randomized controlled trial.

Abstract 55

BIO, PSYCHO, SOCIAL LONG-STANDING EFFECT OF 2-WEEK HOSPITALIZED EDUCATIONAL PROGRAM WITH SIMULTANEOUS INTENSIVE DERMATOLOGICAL TREATMENT FOR ADULT REFLACTORY SEVERE ATOPIC DERMATITIS

Yoko Kataoka[1], Hiroko Kishida[1], Eriko Yoshioka[1], Hiroshi Nishino[1], Sonomi Nakajima[2]

[1]*Department of Dermatology, Osaka Prefectural Medical Center for Respiratory and Allergic Diseases, Habikino, Osaka, Japan,*
[2]*Department of Clinical Psychology, Graduate School of Human Sciences, Osaka University, Suita, Osaka, Japan*

Background: Atopic dermatitis deteriorates patients' quality of life. Although it is well known that educational support is beneficial, precise contents and strategy is still need to be developed.

Aim: to clarify bio, psycho, social effect of our 2-week hospitalized educational program with simultaneous intensive dermatological treatment for refractory atopic dermatitis.

Methods: 250 adult patients with severe refractory atopic dermatitis have entered our program. 155 of them who have been followed more than 6 months after the program by us were retrospectively observed. Their EASI score, serum TARC, AD-QOL-J (atopic dermatitis quality of life Japan), were measured at initial, final day of the program, 3 months, and 6 months later serially. 10 patients who have complicated with social withdrawal for more than one year were also evaluated the social adjustment status.

Results: EASI score, serum TARC, AD-QOL-J score were significantly improved after 2-week program and maintained for more than 6 months (Fig.1, 2). Surprisingly half of the 10 patients have got out of social withdrawal without special intervention for maladjustment problem.

Discussion: This program has following characteristics, data-driven education which shows strategic way to achieve the goal, coaching support after discharge, educational team composed of dermatologists, nurses, psychologist, pharmacist, and dietitian. Moreover simultaneous experience of rapid somatic remission seems to produce drastic change from vicious cycle to empowered self-efficacy.

Conclusions: Our program achieved phenomenal holistic effect. This strategy might be promising method to rescue refractory patients even for ones with social withdrawal.

Abstract 56

ASSESSING THE IMPROVEMENT OF PSORIASIS PATIENTS' QOL AFTER TREATMENT WITH BIOLOGICS BY MEANS OF THE GENERIC INSTRUMENT EQ-5D-3L: RESULTS OF AN ITALIAN MULTICENTRE STUDY

Michael Dennis Linder[1], Gianfranco Altomare[2], Fabio Ayala[3], Enzo Berardesca[4], Piergiacomo Calzavara Pinton[5], Sergio Chimenti[6], Giampiero Girolomoni[7], Patrizia Martini[8], Barbara Polistena[9], Antonio Puglisi Guerra[10], Gino Antonio Vena[11], Federico Spandonaro[12], Andrea Peserico[1]

[1]*Dermatology University Clinic, Padua, Italy,* [2]*Dept. of Dermatology, University of Milan, Milan, Italy,* [3]*Dept. of Dermatology, University Federico II, Naples, Italy,* [4]*Istituto Dermatologico S.Maria e S.Gallicano, Rome, Italy,* [5]*Dept. of Dermatology, Spedali Riuniti, Brescia, Italy,* [6]*Dept. of Dermatology, University «Tor Vergata», Rome Italy,* [7]*Section of Dermatology and Venereology, University of Verona, Verona, Italy,* [8]*Unit of Dermatology, Lucca Hospital, Lucca, Italy,* [9]*CEIS, University «Tor Vergata», Rome, Italy,* [10]*Dept.of Dermatology, Messina Hospital, Messina, Italy,* [11]*Unit of Dermatology and Venereology, Dept. of Biomedical Sciences and Human Oncology, Univ. of Bari, Bari, Italy,* [12]*CEIS, University «Tor Vergata», Rome, Italy*

The burden posed by psoriasis on patients' QoL has repeatedly been assessed over the last decades. Mostly, when assessing HRQoL outcomes, disease-specific or at least skin-specific instruments were chosen, such as DLQI or Skindex-29. Generic instruments such as EQ-5D are more frequently used in studies conducted to facilitate decision-making in public health, e.g. for allocation purposes.

It has recently been recommended to include routinely generic instruments in randomized studies: for psoriasis, however, often only skin- or even disease-specific instruments for QoL assessment were used.

We present the results of administering the EuroQoL-EQ-5D Questionnaire to 185 psoriasis patients in 12 dedicated Italian centres: patients were either switching for the first time to a treatment with biologics after a different systemic treatment or had not been treated with biologics during 12 months before enrolment. The EQ-5D was administered (together with other instruments) at enrolment and again after a 6-months-treatment.

Results confirmed the discomfort and low level of QoL experienced by patients eligible for treatment with biologics, as well as the efficacy of such treatments in reducing disease-related problems by decreasing anxiety, depression and isolation, lack of desire and sexual frustration; the treatment managed also to reduce the number of patients feeling embarrassed about their appearance and of those fearing flares and/or worsening of visible symptoms of their disease.

A non-specific instrument such as EQ-5D may hence suffice to confirm the importance of the burden posed by psoriasis on patients' QoL and to demonstrate the efficacy of treatments with biologics in reducing such burden.

Abstract 57

ASSESSMENT OF QoL IN PSORIASIS DURING DAILY CLINICAL PRACTICE – A NEW THERAPEUTIC APPROACH

Michael Dennis Linder

Dermatology University Clinic, Padua (Padova), Italy,

Dermatologists should ideally always consider, when managing the therapy, the heavy burden set by psoriasis on patients' QoL. Most instruments used for QoL-assessment in daily clinical practice are standard questionnaires, administered by other medical professionals (e.g. psychologists) than the specialist in charge. Data are generally collected anonymously and for research purposes: neither the dermatologist nor the patient receive any feedback on the results of the questionnaire. A psoriasis-specific-instrument has recently been developed and consequently validated. It comprises 10 questions and is completed by specialist and patient together during the medical interview, thus providing an immediate visual representation of the burden posed by psoriasis on the patient's QoL. The instrument assesses the impact of psoriasis on patients' general state of health, peceived pain and itch, sleep quality, peace of mind, social life, work and other daily acivities, sex-life, feelings of shame and perceived skin involvement. Answers are marked on a VAS on rays of a circle from the centre 0 («absolutely no impact») to the periphery 10 («very severe impact»). By joining the points a polygon is obtained, its area representing the «size» of the burden posed by psoriasis. Using this instrument (or other instruments *visualizing* the burden posed by the disease) *during the medical interview* may foster doctor-patient-communication, increase both parties' satisfaction, convey to the patient a *«feeling-of-control»* on the disease and, ultimately, improve adherence, thus increasing the efficacy of medical therapy.

Abstract 58

OUTPATIENT MORITA THERAPY IN ATOPIC DERMATITIS

Ritsuko Hosoya[1]

[1]*Hosoya Dermatological Clinic, Tokyo, Japan*

Purpose: There are some patients who scratch habitually in intractable atopic dermatitis. They sometimes scratch unconsciously, irritably, impulsively and in order to escape anxiety. Patients who psychologically depend on someone cannot cease scratching in spite of hatred of dermatitis, and are fixated upon their own skin. I tried Outpatient Morita therapy to these patients.

Method: Outpatient Morita Therapy: This therapy is to guide patients to get the attitude of "Arugamama". "Arugamama" means that patients put aside their symptoms and anxiety as they are without scratching and lead their daily life carrying out what they have to do in the form of concrete, practical and constructive actions. I guided my patients, using diary or providing a place where patients can talk to each other.

Case: The first case is 20-year-old female and the second case is 22-year-old male. They are shut-in for many years. After the treatment, the change of their ways of lives released them from dermatitis, scratch behavior and finally from the entrapment of their own skin.

Conclusion: 'Outpatient Morita Therapy' is an effective way to release patients from their fixation on the skin, behavior of harming the skin and atopic dermatitis, and help them change their life style. It can lead to repair the disturbance of barrier function and to inhibit the invasion of various allergens. It suggests the consequence that dermatological therapy is more effective, less time-consuming and suppresses the increase of the intractable adult cases.

Abstract 59

ACNE AND MENTAL HEALTH DISORDERS IN A LONGITUDINAL GENERAL POPULATION SAMPLE

Sandhya Ramrakha[1]

[1]*University of Otag, Dunedin, New Zealand*

Aim: To identify in a general population longitudinal cohort followed from birth to age 38, the association between acne from adolescence to adulthood and mental health disorders.

Methods: Data about mental health disorders (collected at ages 11, 13, 15, 18, 21, 26, 32 & 38) and acne (collected for 15 through 38 years) were used in this study.

Results: Acne problems reported during adolescence (15-21 years) were associated at 21 with anxiety disorders. Acne that was still a problem at age 21 (i.e. persistent acne) was associated at 21 with anxiety and depression disorders. This association remained after adjustment for sex and prior mental health disorders between ages 11-15 years.

Acne problems reported during emerging adult years (21-26 years) were not associated with mental disorders at 26, except when the acne was persistent. The odds then, of a diagnosis of depression at 26 were doubled, even after adjustment for sex and prior mental health disorders.

In contrast, acne problems reported between 26 and 32 years were associated at age 32 with not only anxiety and depression but also with substance dependence disorders, (increased risks of between two to five times), even after adjustment for sex and prior mental disorder. Between 32 and 38 years, significant associations were observed between acne and anxiety disorders only.

Conclusions: Acne appears to be associated with mental health disorders, particularly among those with persistent acne. Data from a general population sample show that these associations appear to differ by developmental epoch.

AUTHOR INDEX