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ORAL PRESENTATIONS

[OP-01]

The Impact of IL-17 and IL-23 Blockers on Depression, Anxiety, and Quality of Life: Insights from Inflammatory Markers from a Multicenter Study

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Aim: Psoriasis is a chronic, immune-mediated, inflammatory skin disorder that affects individuals of all ages. It manifests as localized or extensive erythematous silvery-white scaly plaques. It is not merely a dermatological condition but also a systemic inflammatory disease. Elevated levels of various proinflammatory cytokines are observed in both cutaneous lesions and circulation. Numerous studies suggest that these cytokines and systemic inflammatory pathways contribute to psoriasis and its comorbidities including, psoriatic arthritis, cardiometabolic diseases, inflammatory bowel disease. Additionally, psychological comorbidites, such as depression, anxiety and impaired quality of life, have been documented at higher prevalance in psoriasis patients compared to the healthy population. The connection between these diseases may result from the systemic inflammatory mediators produced during psoriatic inflammatory pathways. Therefore, biologic agents targeting key inflammatory cytokines may alleviate associated depression and also improve quality of life. Although some studies demonstrate this effect, they are limited. Given this information, our study seeks to assess alterations in quality of life, depression, anxiety, and serum inflammatory markers in psoriasis patients undergoing treatment with IL-17 and IL-23 blockers.

Materials and Methods: The multicenter study comprised 235 psoriasis patients who applied to the dermatology outpatient clinics. The patients had not previously undergone biologic treatment and those with psychiatric disorders were excluded from the study. Data on gender, marital status, education level, comorbidity, Psoriasis Area Severity Index (PASI) score, C-reactive protein (CRP) level, and neutrophil/lymphocyte ratio (NLR) of the patient were recorded, and Dermatology Life Quality Index (DLQI) and Hospital Anxiety and Depression Scale (HADS) questionnaires were administered. The patients were initiated on IL-17 blockers (secukinumab, ixekizumab) or IL-23 inhibitors (risankizumab, guselkumab) in accordance with national guidelines and patient characteristics. The patients underwent re-evaluation after six months, and the alterations in PASI values, CRP levels, NLR, DLQI and HADS results were statistically analysed.

Results: A statistically significant decrease ($P < 0.05$) was noted in PASI, DLQI, HADS scores, as well as CRP and NLR levels, following six months of biologic therapy (Table 1, Figure 1). Nonetheless, a comparison of these alterations across various treatments revealed no significant differences in inflammatory markers or depression/anxiety scores (Table 2). In addition, Table 3 shows that baseline and six-month CRP levels were significantly higher ($P < 0.05$) in patients with comorbidities compared to those without them. However, no statistically significant difference in NLR was observed between these groups.

Conclusion: This prospective cohort study shows significant improvements in serum inflammatory markers and psychological well-being, regardless of the type of biological treatment. Our findings indicate that IL-17 and IL-23 blockers for psoriasis lead to clinical improvement, along with decrease in systemic inflammation and enhancements in psychological health.

Keywords: Psoriasis, biologic therapy, inflammatory markers, quality of life, depression, anxiety

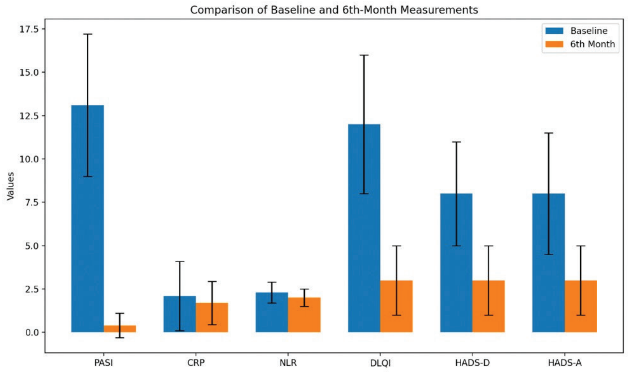

Figure 1. Comparison of baseline and 6th-month clinical and psychological measurements

The error bars represent the variability (IQR) in the data. Across all parameters, the 6th-month values (orange bars) are consistently lower than the baseline values (blue bars), indicating improvement

CRP: C-reactive protein, NLR: Neutrophil-to-lymphocyte ratio, PASI: Psoriasis Area and Severity Index, DLQI: Dermatology Life Quality Index, HADS-D: Hospital Anxiety and Depression Scale-Depression subscale, HADS-A: Hospital Anxiety and Depression Scale-Anxiety subscale

Table 1. Changes in clinical and psychological parameters after 6 months of IL-17 and IL-23 blocker therapy

Parameter	0 month (Median/IQR)	6th month (Median/IQR)	*P* value	Test
CRP (mg/L)	2.1 (0.9-4.9)	1.7 (0.9-3.4)	< 0.001	W
NLR	2.3 (1.8-3.0)	2.0 (1.5-2.5)	< 0.001	W
PASI score	13.1 (10.1-18.3)	0.4 (0.0-1.4)	< 0.001	W
DLQI score	12.0 (9.0-17.0)	3.0 (1.0-5.0)	< 0.001	W
HADS-D score	8.0 (5.0-11.0)	3.0 (2.0-6.0)	< 0.001	W
HADS-A score	8.0 (4.0-11.0)	3.0 (2.0-6.0)	< 0.001	W

CRP: C-reactive protein, NLR: Neutrophil-to-lymphocyte ratio, PASI: Psoriasis Area and Severity Index, DLQI: Dermatology Life Quality Index, HADS-D: Hospital Anxiety and Depression Scale-Depression subscale, HADS-A: Hospital Anxiety and Depression Scale-Anxiety subscale, W: Wilcoxon signed-rank test

Table 2. CRP, NLR, HAD-depression and HAD-anxiety values between biological agents

Parameter	Secukinumab (Median/IQR)	Ixekizumab (Median/IQR)	Risankizumab (Median/IQR)	Guselkumab (Median/IQR)	*P* value	Statistical test
CRP month 0	1.83 (0.62-2.88)	1.87 (0.98-4.78)	2.62 (0.87-4.70)	2.30 (1.06-7.60)	0.108	K
CRP month 6	1.60 (0.85-2.94)	2.00 (1.06-4.44)	2.00 (0.81-3.46)	1.50 (0.77-3.14)	0.346	K
NLR month 0	2.27 (2.00-2.80)	2.34 (1.87-2.94)	2.50 (1.77-3.19)	2.27 (1.74-2.74)	0.731	K
NLR month 6	2.08 (1.56-2.60)	2.04 (1.54-2.60)	1.95 (1.46-2.50)	1.96 (1.58-2.35)	0.695	K
HADS-D month 0	9.0 (6.0-12.8)	8.0 (5.0-10.5)	9.0 (5.0-13.0)	7.0 (5.0-9.5)	0.102	K
HADS-D month 6	3.0 (2.0-6.8)	3.0 (1.0-5.0)	4.0 (2.0-6.0)	3.0 (2.0-5.0)	0.075	K
HADS-A month 0	6.5 (4.0-10.8)	8.0 (6.0-9.0)	8.0 (4.0-12.8)	8.0 (5.0-10.0)	0.585	K
HADS-A month 6	3.0 (1.2-6.0)	2.0 (1.0-6.0)	4.0 (2.0-6.0)	4.0 (2.0-5.0)	0.313	K

This table presents the median values (with interquartile ranges, Q1-Q3) of several clinical parameters for patients receiving different biological agents. None of the p-values are below 0.05, suggesting that there are no statistically significant differences between the groups for any of the measured parameters

CRP: C-reactive protein, NLR: Neutrophil-to-lymphocyte ratio, HADS-D: Hospital Anxiety and Depression Scale-Depression subscale, HADS-A: Hospital Anxiety and Depression Scale-Anxiety subscale, K: Kruskal-Wallis test, IQR: Interquartile range

Table 3. Comparison of CRP and NLR values between patients with and without comorbidity

Parameter	With comorbidity (Median/IQR)	Without comorbidity (Median/IQR)	*P* value	Statistical test
CRP baseline	2.95 (1.12-8.93)	1.9 (0.86-4.17)	0.017	M
CRP month 6	2.675 (1.23-4.56)	1.61 (0.84-3.0)	0.02	M
NLR baseline	2.24 (1.97-2.58)	2.34 (1.78-3.1)	0.395	M
NLR month 6	2.04 (1.61-2.95)	2.0 (1.5-2.5)	0.257	M

This table presents the comparison of CRP and NLR levels between patients with and without comorbidities at baseline and after six months. The values are reported as median (IQR). CRP levels are significantly higher in patients with comorbidities ($P < 0.05$), indicating increased systemic inflammation, while NLR levels show no significant differences between groups

IQR: Interquartile range, CRP: C-reactive protein, NLR: Neutrophil-to-lymphocyte ratio, M: Mann-Whitney U test

[OP-02]

Prevalence of Attention Deficit Hyperactivity Disorder and Autistic Spectrum Disorder in Patients with Skin Picking and Hair Pulling Disorders in a Psychodermatology Clinic

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Aim: Skin picking disorders and hair pulling are common, distressing and debilitating, and present in psychodermatology clinics. They are classified in DSM-V as Body Focused Repetitive Behaviours (BFRBs). There is increasing diagnosis of neurodevelopmental disorders Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Disorder (ASD) in the general population. BFRB is very common in individuals with ADHD, and there may be a higher prevalence of ASD in those with BFRB. Aim of the research: 1. To establish the prevalence of ADHD and ASD in patients attending the Royal London Psychodermatology clinic with BFRB disorders. 2. A secondary aim was to explore the treatments offered and outcomes of BFRB disorders in this clinic.

Materials and Methods: Retrospective analysis of the clinic database of all patients attending since 2015. Patients with BFRB were identified and their case notes were examined to see whether a diagnosis of ASD or ADHD was recorded. Treatments offered and outcomes were noted.

Results: A total of 114 patients with BFRB presentations were identified from 1759 new attendances (6.5%). Forty-six were excluded as case notes could not be accessed and case note review was conducted on the remaining 66. 85% were female, age 22-82 mean 45 years, 37 (56%) had another psychiatric co morbidity, (74.5%) were skin picking, 14 (21%) were hair pulling, 3 (4.5%) did both. Ten patients (15%) had a diagnosis of ADHD or ASD (6 ASD, 3 ADHD 1 both). A wide variety of treatments were offered the most common psychological treatments being cognitive behavioural treatment (10%) and habit reversal (64%), and selective serotonin reuptake inhibitor antidepressants (56%). Other psychotropic medications included: antipsychotics and anticonvulsants. There was a wide range of other treatments including N-acetyl cysteine, antibiotics, topicals skin and scalp treatments, and phototherapy. In terms of overall patient reported clinical outcome 54% reported benefit from treatment, 14% no benefit, 14% did not attend further appointments, 18% outcome unclear.

Conclusion: We found a lower than expected prevalence of ADHD and ASD in BFRB patients attending the psychodermatology clinic. In particular the prevalence of ADHD was much lower than others have found in those with BFRBs. However, this is probably due to the fact that until recently we have not routinely enquired about these diagnoses. However, the prevalence of ASD and ADHD is still greater than the general population prevalence. Outcome in skin picking/hair pulling disorders is quite poor with no systematic treatment approach, patients often not attending Habit Reversal treatment sessions or dropping out of follow-up. We plan further research screening clinic attenders for these disorders. We recommend training of dermatologists in recognition of ASD and ADHD and its relevance to BFRBs including the complex response of BFRB to ADHD medication which can both exacerbate and relieve symptoms.

Keywords: Skin picking disorder, hair pulling disorder, body focused repetitive disorder (BFRB), attention deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD)

[OP-03]

Dermatitis Artefacta: The Art of Cutaneous Simulation

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Aim: Dermatitis artefacta (DA) is a psychodermatologic disorder characterized by self-inflicted skin lesions that mimic organic dermatological diseases, often leading to misdiagnosis and inappropriate treatments. The clinical presentation is highly variable, and lesions may appear as ulcers, vesicles, or plaques, depending on the mechanism of injury. It can resemble infectious conditions (e.g., bacterial or fungal infections), autoimmune diseases (e.g., lupus, dermatomyositis), or even cutaneous malignancies. This diagnostic challenge often results in invasive procedures such as biopsies or unnecessary treatments, including antibiotics or immunosuppressants, or even surgeries. A high index of suspicion, thorough patient history, and multidisciplinary collaboration are crucial for timely diagnosis and effective management.

Case Report: We present three cases of DA initially misdiagnosed due to their unusual clinical presentations.

Case 1: A 75-year-old woman presented with a 2 cm well-demarcated, non-inflammatory infiltrated lesion on her left temple (Figure 1a). A provisional diagnosis of squamous cell carcinoma led to repeated biopsies, all yielding non-specific findings. Her medical history revealed similar lesions in accessible facial areas (Figure 1b). Psychiatric evaluation identified a cluster A personality disorder, and treatment with low-dose atypical antipsychotics was initiated. Following psychiatric intervention, the lesions began to re-epithelialize, confirming an exogenous origin.

Case 2: A 36-year-old female psychiatric nursing assistant with a history of alcohol and cannabis abuse, psychiatric comorbidity and chronic hepatitis C was admitted with large ulcerative lesions on the dorsum of her right foot. The ulcers exuded amber-colored fluid and began to necrotize at its base (Figure 2). Neither fever nor systemic symptoms accompanied the cutaneous presentation. Vasculitis, pyoderma gangrenosum, and cryoglobulinemia were initially suspected, prompting empirical antibiotic therapy followed by corticosteroid treatment. However, serial microbiological and histopathological studies were non-contributory. Upon direct questioning regarding the lesions' origin, the patient abruptly discontinued follow-up visits, further supporting the diagnosis of DA.

Case 3: A 17-year-old female pharmacy student with a history of migraines and an eating disorder was referred for recurrent blistering eruptions on her upper (Figure 3a) and lower extremities (Figure 3b) over five years, resolving without scarring. Differential diagnoses included phytophotodermatitis, herpes simplex virus infection, and autoimmune blistering diseases. Extensive investigations (including skin biopsies, direct immunofluorescence, herpes PCR, cultures, serologies, porphyrin studies, and autoimmune panels) were all negative. Factitious dermatitis was suspected by exclusion, yet the patient persistently denied self-infliction. Currently, she is under psychiatric care with no new lesions.

Conclusion: Despite differing morphologies and initial differential diagnoses, all three patients shared common features: lesions confined to easily reachable areas with well-demarcated atypical borders, and underlying psychiatric disorders. Recognizing these hallmarks is crucial to avoid unnecessary interventions and facilitate timely referral to a psychodermatology team. Increased awareness and interdisciplinary collaboration are essential in improving outcomes for these complex patients.

Keywords: Factitious dermatosis, psychodermatology, misdiagnosis, psychiatric comorbidity, cutaneous ulcers, blisters

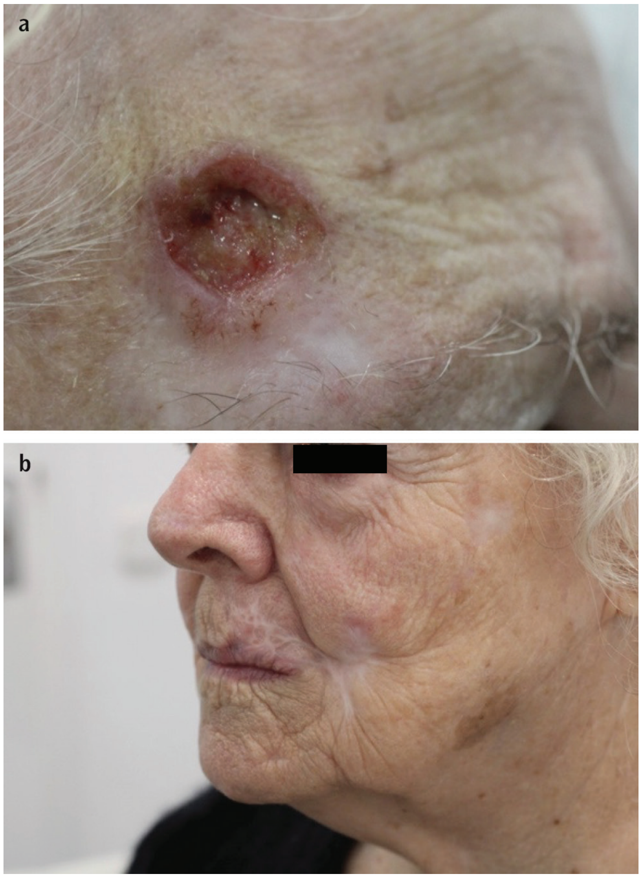

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Figure 1. **a)** Deep ulcer with well-defined undermined borders on the right temple mimicking malignancy, **b)** deep scar on the left cheek following the healing of a similar lesion (Case Report 1)

Figure 2. Well-defined ulcers with "capricious" shapes and slightly erythematous-violaceous borders with necrotizing supurative base on the dorsum of the right foot, mimicking ecthyma or pyoderma gangrenosum (Case Report 2)

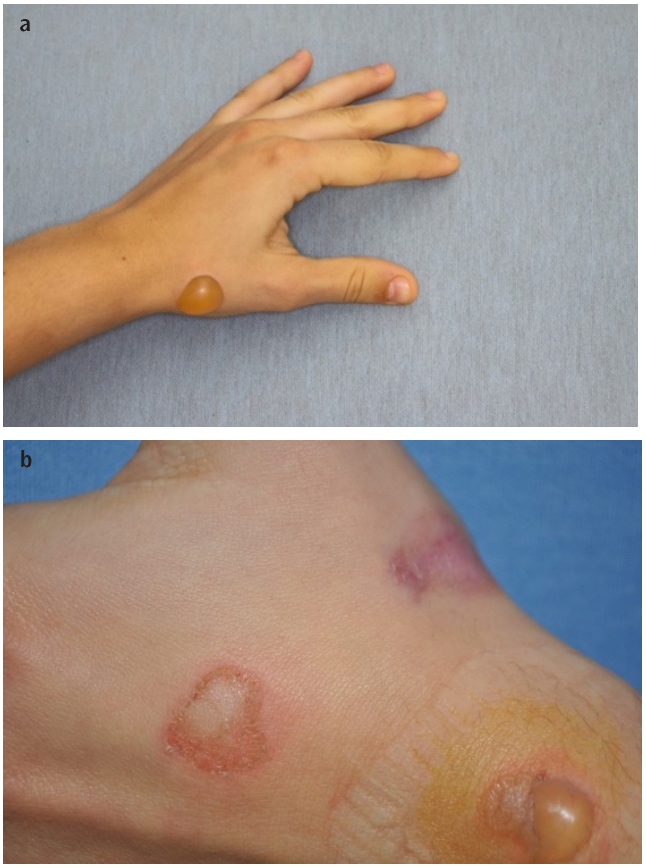

Figure 3. **a)** More or less tense blisters without an erythematous base on the left hand mimicking autoimmune bullous disease, **b)** similar blistering lesions with erosions and residual erythema in geometric shapes on the right leg (Case Report 3)

[OP-04]

Beyond the Scales: Psychosocial Burden of Mild to Moderate Scalp Psoriasis. A Baseline Analysis of the PRO-SCALP Study

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Aim: Scalp psoriasis significantly impacts patients' quality of life (QoL) due to visible manifestations, itch, and social stigma. The PRO-SCALP study evaluated CAL/BDP PAD cream in mild-to-moderate scalp psoriasis, providing comprehensive baseline data on psychosocial burden.

Materials and Methods: This international, prospective, observational cohort study across Germany, Spain, and the United Kingdom enrolled 253 adults with mild (21.74%) or moderate (78.26%) scalp psoriasis per Physician's Global Assessment (scalp PGA). Baseline assessments included SCALPDEX questionnaire (symptoms, emotions, functioning domains; scale 0-100, lower scores indicating better QoL), Worst Itch-Numerical Rating Scale (WI-NRS; scale 0-10), Psychosocial Effects of Scalp Psoriasis questionnaire (PSY-SCALP), and sleep quality evaluation.

Results: Characteristics of the patients are listed in Table 1. Patients with mild-to-moderate scalp psoriasis reported notable itch severity (mean WI-NRS 6.4±2.4), with 151 (59.7%) reporting scores ≥ 7 (severe itching) and 21 (8.3%) a score of 10 (worst itching imaginable). In addition, patients with moderate scalp psoriasis showed a higher mean WI-NRS score compared with mild cases (6.7 vs. 5.6). Sleep disturbances were prevalent, with 29.25% reporting sleep affected ≥3 days/week, and only 36.36% sleeping "very well" or "rather well". SCALPDEX scores revealed significant impairment across all domains: symptoms (mean 49.8±20.3), emotions (52.3±21.7), and functioning (46.5±24.9), with overall score of 50.7±20.4. Nearly half of the patients answered often/all the time to: feel ashamed (41.5%), embarrassed (42.3%), frustrated (47.0%), stressed (49.4%), bothered by the appearance (52.2%) or affecting how to wear the hair (hairstyle, hats; 39.5%). Overall, patients with moderate scalp PGA showed higher impact than those with mild scalp PGA in all the domains (symptoms: 51.8 vs. 42.7; emotions: 55.10 vs. 42.42; functioning: 48.8 vs. 38.3). The percentage of "quite a lot/very much" on the PSY-SCALP questions confirmed the high psychological impact of scalp psoriasis: 84.6% have concealed or hidden their scalp psoriasis and 71.2% stopped having the hair style/colour they would like due to the disease. S-mPASI scores corroborated clinical severity (mild: 0.94±0.58, moderate: 2.01±1.23), revealing greater disease burden in patients with moderate disease at baseline.

Conclusion: The PRO-SCALP study baseline data reveals significant psychosocial burden in patients with either mild or moderate scalp psoriasis, with notable impairments in QoL, itch severity, sleep quality, and adaptation behaviours. These findings highlight the importance of addressing psychosocial aspects of scalp psoriasis regardless of clinical severity, suggesting that psychodermatological interventions should be considered alongside pharmacological treatment.

Keywords: CAL/BDP PAD cream, scalp psoriasis, psychological impact, mild-to-moderate psoriasis

Table 1. Demographic characteristics

	Statistics	Total (n = 253)
Age	Mean (SD)	47.93 (17.09)
Gender, female	Female	165 (65.22%)
Baseline scalp PGA		
Mild	n (%)	55 (21.7%)
Moderate	n (%)	198 (78.3%)
Prior topical treatments for scalp psoriasis in the past 12 months	n (%)	113 (44.7%)
Fitzpatrick skin type I/II	n (%)	172 (68.0%)
By country		
Germany	n (%)	99 (39.1%)
Spain	n (%)	82 (32.4%)
United Kingdom	n (%)	72 (28.5%)

SD: Standard deviation, PGA: Physician's Global Assessment

[OP-05]

Impact of Calcipotriene and Betamethasone Dipropionate Cream with PAD Technology on Patient Symptoms and Psychosocial Burden Among Patients with Mild-to-moderate Scalp Psoriasis in Routine Clinical Practices in Europe: The PRO-SCALP Study

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Aim: Scalp psoriasis imposes significant burden on patients, including itching, sleep deprivation and psychosocial burden. Thus, effective treatments for people suffering from psoriasis in this high impact area are essential to improve quality of life (QoL) of patients. To evaluate the impact of fixed-dose combination of calcipotriene and betamethasone dipropionate cream with PAD technology (CAL/BDP PAD cream) on the level of itching on the scalp, patient symptoms, functioning and emotions, sleep quality, and psychosocial burden at week-8, among patients with scalp-psoriasis treated with CAL/BDP PAD cream in real-world practices in Europe.

Materials and Methods: This single-arm, prospective cohort study (PRO-SCALP) was conducted in adults with mild-to-moderate scalp psoriasis enrolled from public and private practices across Germany, Spain and the United Kingdom. Data was collected at baseline and week-8. Patient reported their worst level of itching on scalp using a scale of 0 (no-itching) to 10 (worst-itching imaginable), and the sleep affectation by reporting days with sleep impairment, and quality of sleep at night (1 = very well to 5 = very badly). Patients also completed the 23-item validated Scalpdex QoL questionnaire at baseline and week-8, which covers 3 domains: symptoms, functioning and emotions. The psychosocial impact of scalp was assessed through a 11-item PSY-SCALP survey.

Results: The study included 253 patients with mild-to-moderate scalp psoriasis. Basal characteristics are shown in Table 1. At baseline, a total of 219 (86.6%) patients reported moderate-to-severe itch (Numerical Rating Scale > 4). The mean score decreased from 6.43 at baseline to 2.66 at week-8 ($P < 0.0001$). Notably, 145 (66.2%) of patients reported and clinical meaningful improvement of 4 or more points. The mean number of weekly days with sleep impairment decreased from 1.68 to 0.51 ($P < 0.0001$), with a notable reduction in those with > 3 impaired days per week (29.25% to 5.93%, $P < 0.0001$). Additionally, good sleep quality ("very or rather well") increased from 36.36% to 69.17% ($P < 0.0001$). Across the study, the mean ± standard deviaton scores for all three Scalpdex domains significantly decreased from baseline to week-8 ($P < 0.0001$): symptoms (49.8±20.3 to 22.7±18.5), emotions (52.3±21.7 to 29.5±19.8) and functioning (46.5±24.9 to 26.9±21.4). After 8 weeks of CAL/BPD-PAD cream treatment, patients reported better psychosocial outcomes on PSY-SCALP: 80.2% of patients reported a decrease in the need to conceal or hide their scalp psoriasis (vs. 5.1% at baseline; $P < 0.0001$), 74.3% of patients felt that their psoriasis didn't stop them from having the hair style/colour they would like (vs. 13.0% at baseline; $P < 0.0001$), 71.1% felt better (quite a lot/very much) with their own appearance, and 59.3% stated that their self-esteem had improved (quite a lot/very much).

Conclusion: In real-world clinical practice settings in Europe, majority of patients with mild-to-moderate scalp psoriasis using CAL/BPD PAD cream reported significant improvement in itching, symptoms, functioning and emotions, sleep quality and psychosocial outcomes.

Keywords: CAL/BPD PAD cream, psoriasis, symptoms, pshycological well-being

Table 1. Demographic characteristics

	Statistics	Total (n = 253)
Age	Mean (SD)	47.93 (17.09)
Gender, females	n (%)	165 (65.22%)
Race		
White/caucasian	n (%)	231 (90.23%)
Black/African/Caribbean		2 (0.78%)
Asian		8 (3.13%)
Mixed race		6 (2.34%)
Other		5 (1.95%)
I would prefer not to answer		4 (1.56%)

SD: Standard deviation

[OP-06]

Patient-Centered Outcomes in Dermatology: A Paradigm Shift in Measuring Disease Impact

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Aim: The traditional assessment of dermatological conditions has primarily focused on clinician-reported parameters like disease severity scores. However, several recent real-world evidence studies highlight a paradigm shift toward patient-centred outcomes that better capture the impact of skin diseases on patients' lives.

Materials and Methods: To review the recently developed or used questionnaires for various skin diseases.

Results: Acne: For the PROSES study, examining the impact of sarecycline for acne vulgaris, an expert panel developed a questionnaire assessing the emotional and social functioning impact of acne, revealing significant improvements in patients' social relationships and confidence following treatment. Questions such as "How often do you change, edit, or filter your social media photo or selfie because of your acne?" have uncovered a deeper impact of moderate-to-severe acne in adolescents and young adults. Actinic keratosis: The PROAK study utilized an Expert Panel Questionnaire developed by 10 dermatology experts using a Delphi method. This questionnaire evaluated clinician- and patient-reported outcomes, allowing for comparison between patient and clinician perspectives to enhance patient management and communication. Following 24 weeks of tirbanibulin treatment, both clinicians and patients reported high global satisfaction and improvements in overall skin appearance.

Psoriasis: The World Health Organization (WHO)-5, a validated questionnaire measuring psychological well-being, has been used as a primary endpoint in the POSITIVE study. This study demonstrated that patients with uncontrolled moderate-to-severe psoriasis had significantly impaired well-being compared to the general population, which was restored after 16 weeks of treatment with tildrakizumab. Beyond that, the POSITIVE also reported significant reductions in the burden of the disease on the partners using another innovative questionnaire, the FamilyPso.

Atopic dermatitis (AD): The WHO-5 was used in the ADVantage study for the first time in AD, recognizing that AD impacts upon patients' psychological well-being, at even higher levels than psoriasis (presented elsewhere). Lebrikizumab restored well-being in only 16 weeks and maintained over 52 weeks. The ADTrust similarly adopted WHO-5 as its primary endpoint, in combination with the EczemaPartner (adapted from FamilyPso) and the novel experimental endpoints such as SkinLove Questionnaire which examines patients' relationship with their skin, addressing the concept that feeling good in one's skin is fundamental to feeling "whole" as a person (presented elsewhere), or a monthly effectiveness diary to monitor patients' well-being, itch intensity, and flare patterns, capturing the unpredictable nature of AD.

Conclusion: This evolution toward patient-centered outcomes represents a significant advancement in dermatological research, enabling more comprehensive evaluation of treatment efficacy beyond skin clearance. By incorporating these endpoints, clinicians can better understand the full impact of skin diseases and treatments on patients' lives, ultimately leading to more personalized and effective care strategies.

Keywords: Patient-reported outcomes, dermatology, patients, Almirall

[OP-07]

Quality of Life and Cosmetic Seeking in Patients with Androgenetic Alopecia: a Psychodermatologic Perspective

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Aim: Androgenetic alopecia (AGA) is a common chronic condition causing progressive hair loss with significant psychological and quality-of-life impacts. While medical treatments are widely used, many patients seek cosmetic solutions such as anti-hair loss shampoos, lotions, hair fibers, supplements, herbal oils, and camouflage methods. They may also undergo procedures like scalp tattooing, platelet-rich plasma therapy, mesotherapy, microneedling, hair laser therapy, or hair transplantation. However, the effectiveness and satisfaction of these interventions remain unclear. This study examines the use of cosmetic products and procedures in AGA patients, evaluating their benefits and associations with demographics and Dermatology Life Quality Index (DLQI) scores.

Materials and Methods: Three hundred seventy-five patients who were consulted for hair loss at 10 different dermatology clinics across Turkiye and diagnosed with AGA are included in the study. It is a multi-center survey-based study run between March and July 2024. A detailed survey collected demographic data, family history, prior medical consultations for hair loss, cosmetic product and procedure use habits, and their perceived benefits. Participants were also asked about influences on their cosmetic decisions. DLQI scores were calculated, and hair loss patterns were assessed using the Hamilton scale for males and the Ludwig scale for females.

Results: Patients' socio-demographic data, DLQI scores, and Hamilton/Ludwig scores are presented in Table 1, and the perceived benefits of cosmetic products are in Table 2. Male patients made up 71% of AGA patients. Cosmetic product users had significantly higher DLQI scores (mean: 2) than non-users (mean: 1) ($P < 0.001$). Usage rates were higher among those with prior medical consultations (66.8% vs. 54.4%, $P < 0.001$) and among female patients (95.9% vs. 47.6%, $P = 0.006$). Aesthetic procedure uptake was higher in patients with more significant income (23.1% vs. 14.1%, $P = 0.048$), higher education (73.0% vs. 67.7%, $P = 0.003$), and longer hair loss duration (48 vs. 36 months, $P = 0.027$). Prior medical consultations for hair loss were also strongly associated with procedure use (34.3% vs. 8.7%, $P < 0.001$). Hair fibers (52%) and hair transplantation (82%) were reported as the most satisfactory interventions.

Conclusion: Cosmetic product use and aesthetic procedure uptake among AGA patients are significantly influenced by DLQI, age, income, education, smoking status, prior medical consultations, and gender. The correlation between higher DLQI scores and increased cosmetic intervention use highlights psychosocial distress as a motivator. Considering demographic and behavioral factors, personalized treatment approaches could improve patient satisfaction and overall well-being. Overall, these results underscore the importance of considering psychological and demographic factors in managing AGA and suggest that cosmetic interventions may be supportive in improving patient satisfaction and quality of life.

Keywords: Androgenetic alopecia, cosmetic products, aesthetic procedures, psychosocial impact

Table 1. Comparison of demographic and clinical variables by cosmetic product use

		No (n = 107)	Yes (n = 267)	*P*	OR (%95 CI)
Age	Median (IQR)	32 (24)	29 (16)	0.014*	
Gender	Female	20	88	0.006	0.47 (0.27-0.81)
	Male	87	179		
Family monthly income	Belove minimum wage	32	80	0.94	1.004 (0.59-1.7)
	Above minimum wage	75	184		
Working status	Employed	63	176	0.234	0.7 (0.547-1.18)
	Unemployed	44	91		
Educational status	High school and below	40	84	0.282	1.29 (0.8-2.1)
	University or above	67	182		
Importance of appearance in proffession	Yes	43	116	0.576	0.88 (0.55-1.4)
	No	35	74		
	Sometimes	21	56		
Family history of AGA	Yes	87	225	0.570	0.84 (0.46-1.5)
	No	18	39		
Smoking status	Yes	42	82	0.093	1.4 (0.9-2.3)
	No	62	181		
Duration of hair loss (month)	Median (IQR)	36 (48)	36 (108)	0.866*	
Previous consultation for hair loss	Yes	92	113	$P < 0.001$	0.12 (0.07-0.22)
	No	0	0		
DLQI score	Median (IQR)	1(3)	2(5)	$P < 0.001$*	

p*: Mann-Whitney U, p: Chi-square
OR: Odds ratio, CI: Confidence interval, IQR: Interquartile range, AGA: Androgenetic alopecia, DLQI: Dermatology Life Quality Index

Table 2. Perceived benefits

Product/procedure	Benefited (n)	Users (n)	Percentage (%)
Hair laser treatment	1	1	100%
Hair transplantation	13	15	87%
PRP	34	48	71%
Mesotherapy	31	47	66%
Hair fiber	15	29	52%
Oral supplement	36	87	41%
Anti-hair loss lotion	40	110	36%
Herbal oil	28	81	35%
Microneedling	4	12	33%
Anti-hair loss shampoo	77	258	30%
Scalp tattooing	2	16	13%

PRP: Platelet-rich plasma

[OP-08]

Aiming to “Wait Well” for Patients With Atopic Dermatitis (AD): A Mixed Methods Study on Reducing Psychosocial Distress of Long Waiting Lists Through Personalised Care

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Aim: Atopic dermatitis (AD) is a chronic inflammatory skin condition that extends beyond physical symptoms, profoundly affecting patients’ psychosocial wellbeing. While visible manifestations of AD are distressing, the mental health burden -compounded by treatment delays- remains insufficiently addressed. This study investigated barriers to timely AD care, which can worsen psychosocial distress, and explored potential solutions to support patients in the UK National Health Service (NHS).

Materials and Methods: A mixed-methods approach was employed to understand the impact of delayed management of AD on psychosocial health. Data were acquired from: in-depth interviews with 2 patients living with AD and 7 Healthcare professionals involved in treatment of AD; a Delphi survey to achieve expert consensus (≥ 70%) of HCPs (round 1: n = 96) working in primary and secondary care; and an advisory board meeting with 7 experts and 2 patient representatives to gain advice on the findings. Thematic analysis was applied to qualitative data, while survey responses were analysed for consensus.

Results: Delphi respondents reached immediate consensus on the negative impact of waiting times on patients (93%). Interviewed HCPs noted significant variation in waiting times and access to speciality clinics vs. general dermatology clinics depending on geographic location, with known waits varying from 3 months to 3 years. Interviews revealed a disconnect between treatment of visible AD symptoms and emotional wellbeing of patients, particularly in primary care; use of patient-reported outcome measures or quality-of-life assessments was uncommon (< 50% Delphi respondents) in determining treatment efficacy. Interviewed HCPs (6/7) reported patients routinely arrived in secondary care undertreated, aligning with Delphi findings showing no consensus on efficacy of current primary care management (50%). During the waiting periods of the referral process, there was little guidance or treatment offered, owing to a lack of ownership of treatment responsibility. Reluctance from primary care providers to prescribe potent topical steroids was highlighted by interviewees as a possible cause of the poor condition of many AD patients arriving in secondary care. A significant psychosocial burden was reported for AD patients, yet access to appropriate support remained limited. Patients (2/2) were referred to charities, and HCPs (6/7) reported that NHS support was typically only available for those in crisis. All (7/7) expert HCPs noted the need for support from psychodermatology professionals as generalists often failed to recognise the profound impact of dermatological conditions beyond the skin.

Conclusion: AD is a chronic disease with significant emotional and mental health implications. The period between referral from primary care and being seen in secondary care was viewed as a key opportunity for collaboration between HCPs at all levels and patients on optimising treatment (e.g., topical steroid use and education around lifestyle adjustments) in the interim to improve patient outcomes. Pfizer sponsored, funded and conducted this work

Keywords: Atopic dermatitis, treatment delays, psychodermatology, PROMs, optimising treatment, topical steroids

[OP-09]

Clinical Characteristics and Psychological Factors in Skin Picking Disorder: The Role of Alexithymia, Anxiety, and Depression

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Aim: Skin picking disorder (SPD) is a common psychodermatological disease characterized by the repetitive picking of the skin, leading to skin lesions and distress. Understanding the emotional drivers behind SPD is crucial for optimal management. Alexithymia also known as emotional blindness is a personality trait characterized by difficulty in identifying and describing emotions. Limited studies with small samples have suggested a possible link between alexityhmia and SPD. Additionally, SPD is frequently associated with anxiety and depression, which may further exacerbate disease severity. This study aims to investigate the clinical characteristics of SPD patients and assess their levels of alexithymia, anxiety, and depression.

Materials and Methods: This is a controlled prospective observational study conducted at two centers between April 2024 and April 2025. A total of 84 patients diagnosed with SPD according to diagnostic and statistical manual of mental disorders, fifth edition criteria and 84 age- and gender-matched healthy controls were included. The demographic and clinical characteristics of SPD patients were collected during face-to-face examination. The Toronto Alexithymia Scale-20 (TAS-20) and the Hospital Anxiety and Depression Scale (HADS) were applied to both groups.

Results: Seventy one female (84.5%) and 13 male (15.5%) SPD patients were included (mean age: 43.80±16.77). The age at onset of the lesions was between 7-83 years (mean 34.62±19.53), and the duration of the skin disease was between 1 month-49 years (mean 8.48±10.98). Concomitant dermatological diseases [acne (10.7%), eczematous dermatitis (6%), seborrheic dermatitis (4.8%)] were present in 34.5% of the cases. 53.6% had a psychiatric disease [most commonly depression (31%) and anxiety (25%)]. 54.76% had a history of psychiatric treatment and 32.1% had a family history of mental illness. A stressor factor was identified at the onset of the disease in 64.28% of cases. The most commonly affected area was the upper extremities (67.9%) and 65.5% had multiple body site involvement. The most intense symptoms occurred between 8 pm and midnight (48.8%). Symptoms were mostly felt during free time (58.3%). Itching was reported by 29.8%, burning/stinging by 11.9%, and both by 38.1%. The mean VAS score was 4.81±3.75. The patient group had significantly higher scores in the TAS-total TAS-Difficulty identifying feelings (DIF), TAS-Difficulty describing feelings (DDF) and TAS-Externally oriented thinking compared to the controls ($P < 0.05$). (Figure 1) The patient group had significantly higher scores in HAD Depression and HAD Anxiety compared to the controls ($P < 0.05$). (Figure 2) In both groups, TAS-total, TAS-DIF and TAS-DDF scores showed significant positive correlations with HAD depression and anxiety scores ($P < 0.05$).

Conclusion: Based on the findings, patients with SPD exhibit elevated levels of alexithymia, anxiety, and depression. These findings highlight the importance of addressing psychological factors, particularly alexithymia, in managing SPD. A greater emphasis on alexithymia assessment in clinical practice could pave the way for more individualized and optimized patient care.

Keywords: Skin picking, alexithymia, excoriation, depression, anxiety

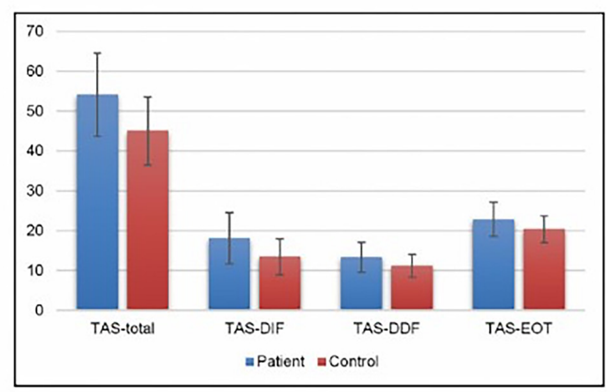

Figure 1. TAS scores of patient and control groups

TAS: Toronto Alexithymia Scale

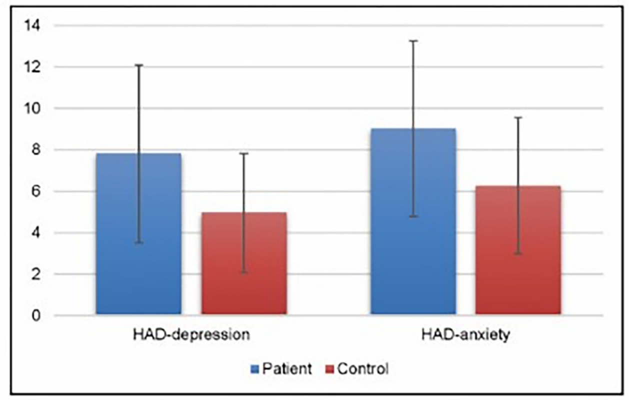

Figure 2. HADS scores of patient and control groups

HADS: Hospital Anxiety and Depression Scale

[OP-10]

The Management of Delusional Infestation at the Hospital for Tropical Diseases, London, United Kingdom: A Retrospective Analysis of an Interdisciplinary Approach

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Aim: Delusional infestation (DI) is the fixed, false belief of infestation. Management is challenging due to affected individuals' lack of insight, shortage of clinician familiarity with the condition and few specialised services. We evaluated the interdisciplinary approach to DI employed at the Hospital for Tropical Diseases (HTD), London, United Kingdom which introduced a monthly Complex Skin Clinic (CSC) in 2021 where patients are seen by both a dermatologist and psychiatrist. An additional clinic was introduced in 2023 with an infectious disease specialist and another psychiatrist.

Materials and Methods: Anonymised data of individuals attending both clinics between 2021 and 2024 were collected from electronic health records using a standardised and encrypted data collection form in Excel. Data were analysed descriptively, including clinical presentation, investigations, treatment acceptance rates, and clinical outcomes.

Results: Seventy-six individuals attended the clinic, of which 57 (75%) were female. The median age was 56 years (range 30-80). Seventy-two (95%) were diagnosed with DI. Three (3.9%) had health anxiety and one (1.3%) had erythrodermic atopic dermatitis. The most common initial presenting complaints were sensations of crawling [n = 17 (23%)]. Eight reported sensations of biting (11%), seven (9%) "black specks in the skin" and seven (9%) itching. Thirty-three (46%) presented skin samples which were all negative for parasites or other organisms. Urine drug screening for amphetamines, benzodiazepines, opiates, cocaine and marijuana was offered to all patients. Twenty-four (33%) declined. Seventeen of 52 were positive (23%). Risk of self-harm was explored and documented in 85% of cases. The median number of secondary healthcare contacts for the DI symptoms was two (range 0-6) and a median duration of untreated symptoms was 2.7 years (range 0.5-12). The median distance between clinic and clients' registered address was 40.6 miles (range 1.5-104). Treatment with antipsychotic medication was offered to 48 (67%) patients with a diagnosis of DI. Twenty-two (31%) did not attend subsequent appointments to discuss treatment. The uptake of treatment by those offered it was high (30; 63%). Risperidone was the most frequently prescribed antipsychotic (21;65%), followed by aripiprazole (9;27%).

Conclusions: Our CSC interdisciplinary service model utilises infectious disease, psychiatry and dermatology expertise to manage this complex condition. We report a reasonable uptake of antipsychotic treatment however loss to follow-up is a significant issue highlighting the need for considering discussing treatment at the first encounter whilst maintaining engagement. Our waiting list for CSC is currently six months, with patients traveling long distances to get help, highlighting unmet needs in other areas of the UK. The HTD provides a national infectious disease referral service for infectious and tropical diseases and the patient cohort may differ from those seen in other combined services. This possibility warrants further investigation through collaborative DI research networks.

Keywords: Delusional infestation, psychodermatology, interdisciplinary, infectious diseases

[OP-12]

An Investigation of Anxiety, Depression, and OCD Tendencies in Patients with Chronic Spontaneous Urticaria

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Aim: Chronic spontaneous urticaria (CSU) is the persistence of urticaria symptoms for six weeks or more. Although CSU has many different causes, it has been observed that psychological disorders can also affect this disease. Obsessive-compulsive disorder (OCD), the 4th most common mental disorder, is characterized by recurrent thoughts (obsessions) and behaviors (compulsions) to alleviate these thoughts. While the underlying mechanisms of OCD and CSU differ, both are affected by psychological stress, serotonin dysregulation, and immune system alterations. This study aimed to evaluate the presence of obsessive-compulsive symptoms and psychiatric manifestations in patients with CSU.

Materials and Methods: Data were collected from 46 CSU patients and 38 patients in the control group with unrelated dermatologic complaints in the same dermatology outpatient clinic. Participants completed the maudsley obsessive-compulsive ınventory (MOCI) and the Hospital Anxiety and Depression Scale (HADS). MOCI was analyzed via its subscales: checking, cleaning, slowness, doubting, and rumination (included in the Turkish version), along with a total score. Sociodemographic data, clinical history, and treatment details were recorded for comparison.

Results: The sociodemographic characteristics of the participants are summarized in Table 1. All CSU patients had urticaria control test scores of 12 and above. The age at diagnosis was 37.8±13.1 years. 69.6% (n = 32) had experienced angioedema at some point in their disease. 54.3% (n = 25) stated that they had been diagnosed with CSU prior to this diagnosis as well. 67.4% (n = 31) were currently receiving oral antihistamines, 89.1% (n = 41) omalizumab, and 6.5% (n = 3) leukotriene receptor antagonists. None were receiving systemic or topical corticosteroid, doxepin, or cyclosporine treatment. 8.7% (n = 4) of the patients had been previously hospitalized for urticaria (12.5±9.7 days). Information about the participants' previous psychiatric diagnoses and suicide attempts, if any, are given in Table 2. The MOCI, the five subscales of MOCI, and the HADS scores of both groups are summarized in Table 3. CSU patients had statistically significantly higher total MOCI scores and doubting scores. It was observed that the females had higher HAD anxiety scores than the males ($P = 0.023$) in the CSU group. MOCI scores were statistically significantly higher in patients with risk for both anxiety (19.1±7.0 vs.13.5±6.4) and depression (18.2±6.8 vs. 12.9±6.2) ($P = 0.049$, $P = 0.024$, respectively). Total MOCI and doubting subscale scores were also higher in men, patients over 40, low-income, and lower education levels (all $P < 0.05$). Rumination subscale score was statistically higher in low-income individuals and smokers ($P = 0.0180$ and $P = 0.0041$, respectively).

Conclusion: CSU patients showed significantly higher total MOCI and doubting subscale scores. Psychiatric vulnerability-particularly to anxiety and depression-was also linked to elevated MOCI scores. The findings highlight that CSU is a multidisciplinary disorder that requires psychiatric evaluation and support as well as dermatologic follow-up. Integrating psychological support into CSU management may improve outcomes.

Keywords: Obsessive compulsive disorder, chronic spontaneous urticaria, anxiety, depression, doubting

Table 1. Sociodemographic characteristics of the participants

	CSU (n -%)	Control	*P* value
Age (mean ± SD) (years)	45.2±12.9	42.4±14.7	0.486
Female	36 (78.3%)	63.2%	0.200
Male	10 (21.7%)	36.8%	0.200
Occupation (yes)	54.3%	50.0%	0.859
Occupation (no)	45.7%	50.0%	0.859
Own income (yes)	73.9%	71.1%	0.963
Own income (no)	26.1%	28.9%	0.963
Minimum wage	45.5%	47.5%	1.000
More than minimum wage	54.5%	55.3%	1.000
Smoking (yes)	21.7%	44.7%	0.044
Smoking (no)	78.3%	55.3%	0.044
Alcohol (yes)	23.9%	36.8%	0.294
Alcohol (no)	76.1%	63.2%	0.294

CSU: Chronic spontaneous urticaria, SD: Standard deviation

Table 2. Psychiatric history of the participants

	CSU (n-%)	Control (n-%)	*P* value
Diagnosis of psychiatric disorder	7 (15.2%)	6 (15.8%)	0.041
Agen when diagnosed (years)	37.8±13.1	38.3±22.5	0.626
Psychiatric hospitalization	1 (2.2%)	0	
Suicide attempts	3 (6.5%)	0	
History of anxiety	1 (2.2%)	2 (5.3%)	
History of depression	4 (8.7%)	3 (7.9%)	
History of panic attack	3 (6.5%)	1 (2.6%)	

CSU: Chronic spontaneous urticaria

Tablo 3. MOCI, the five subscales of the MOCI and HADS scores

	CSU (mean ± SD)	Control (mean ± SD)	*P* value
MOCI score	15.8±7.1	12.7±5.9	0.0415
HAD anxiety	7.8±5.1	7.6±4.1	0.8509
HAD depression	5.2±4.3	6.3±3.8	0.1359
Doubting	3.8±1.7	3.0±1.2	0.0287
Cleaning	4.7±2.2	4.0±2.2	0.1581
Rumination	3.6±2.4	3.1±2.3	0.2972
Slowness	2.1±1.6	1.6±1.4	0.1140
Checking	2.9±2.4	2.2±1.9	0.2500

MOCI: Maudsley obsessive-compulsive inventory, HADS: Hospital anxiety and depression scale, CSU: Chronic spontaneous urticaria

[OP-13]

Exploring the Neural Basis of Rosacea and its Links with Social Anxiety: An fMRI Study

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Aim: Rosacea is a chronic dermatological condition primarily affecting the face, known for its links to the central nervous system and significant social impact. However, the specific neurological underpinnings and their relationships to its dermatological and psychosocial aspects remain largely unexplored. This study aims to investigate the brain activity changes of rosacea and their links with clinical symptoms and psychosocial measurements.

Materials and Methods: This study included 32 treatment-naïve female patients with rosacea and 29 age-and gender-matched healthy controls. We conducted neuroimaging, clinical, and psychosocial assessments. Resting-state functional magnetic resonance imaging data were analyzed to determine the amplitude of low-frequency fluctuations (ALFF). We examined the associations between ALFF values and both clinical symptoms and psychosocial measures.

Results: Increased ALFF was observed in the prefrontal cortex (PFC) of patients with rosacea, particularly in the right superior frontal gyrus (SFG.R) and left orbital middle frontal gyrus (ORBmid.L) (GRF, voxel level $P < 0.001$, cluster level $P < 0.05$) (Figure 1). The SFG.R's ALFF values were positively correlated with erythema scores ($r = 0.395$; $P < 0.05$). Meanwhile, the left ORBmid.L's activity correlated significantly with social avoidance and distress scale ($r = 0.528$; $P < 0.01$) and social appearance anxiety scale ($r = 0.535$, $P < 0.01$) scores (Figure 2). Furthermore, our mediation analysis showed that appearance anxiety mediates the association between ORBmid.L's ALFF values and social avoidance (indirect effect = 0.217, 95% confidence interval, (0.022, 0.440); $P < 0.05$) (Figure 3).

Conclusion: This study offers novel insights into rosacea's neuropathology, linking PFC activity and the physical and psychosocial symptoms of rosacea. The findings underscore the potential of targeting neuro-psycho-social aspects in comprehensive rosacea management.

Keywords: Rosacea, resting state fMRI, brain activity, amplitude of low-frequency fluctuations, social anxiety

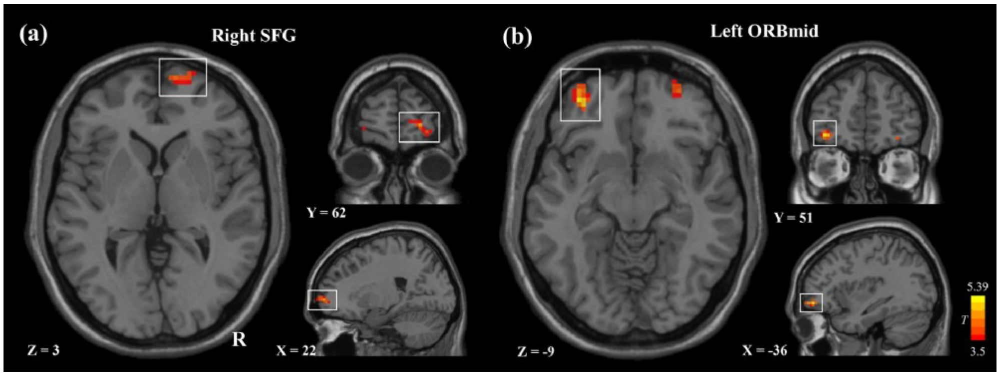
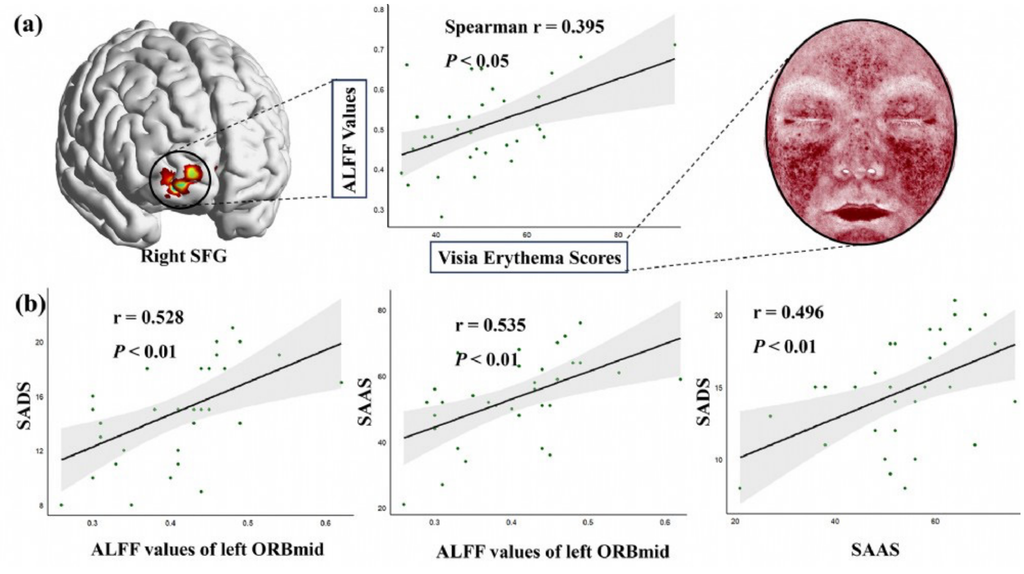


Figure 1.



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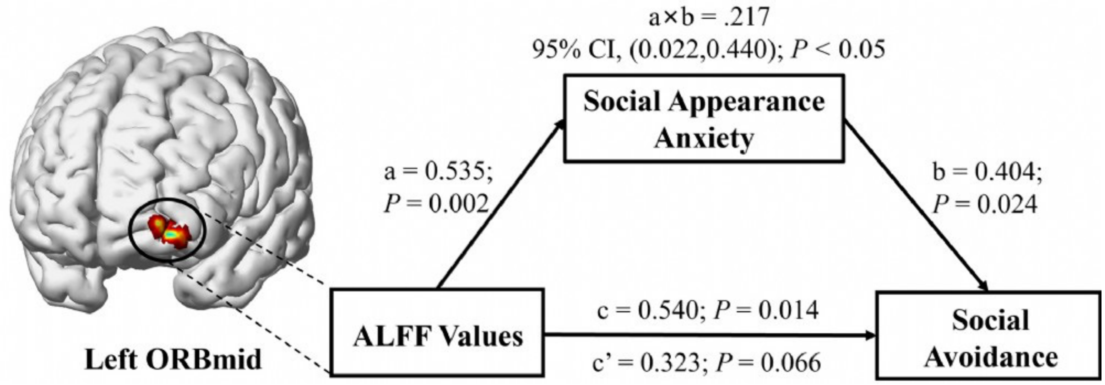

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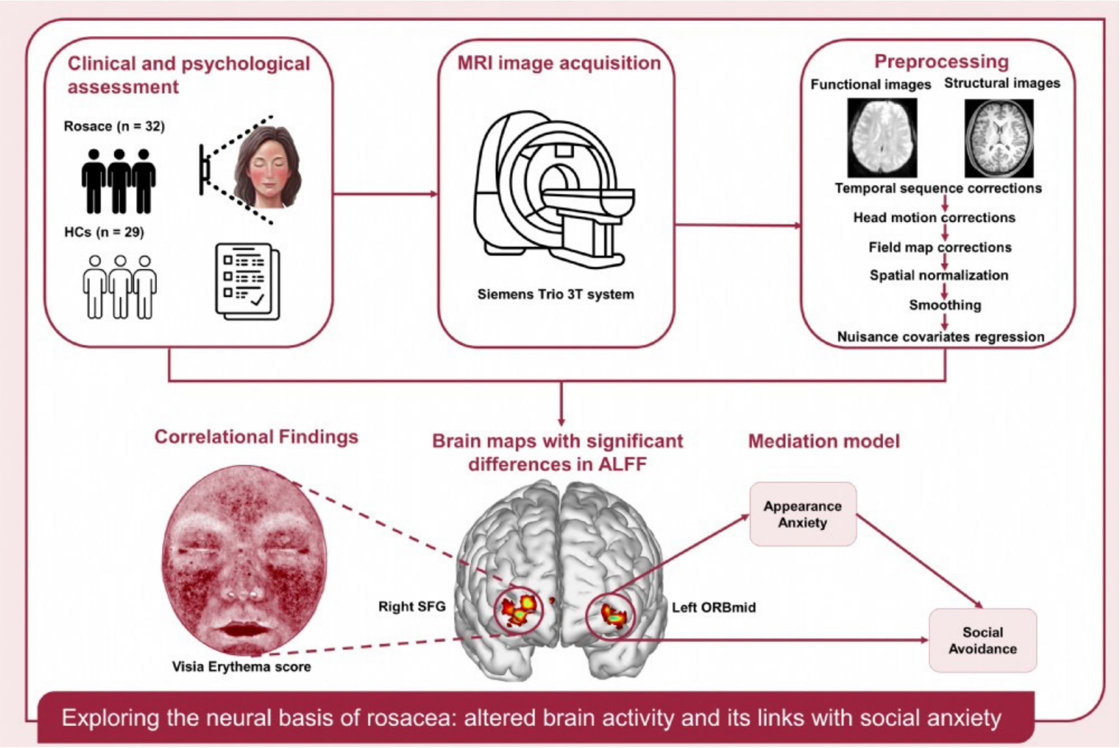

Figure 4. This is the graphical abstract of this study

MRI: Magnetic resonance imaging

[OP-14]

Repetitive Transcranial Magnetic Stimulation Targeting the Dorsolateral Prefrontal Cortex for the Treatment of Rosacea: A Case Series

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Aim: Rosacea is a chronic inflammatory skin condition characterized by persistent facial erythema, flushing, and papulopustular lesions. Among these symptoms, flushing causes considerable psychological distress and is often resistant to conventional treatments. Increasing evidence suggests that flushing is closely associated with neurogenic inflammation and heightened sympathetic nervous system activity. Repetitive transcranial magnetic stimulation (rTMS), a non-invasive neuromodulation technique, has demonstrated efficacy in relieving symptoms related to autonomic dysregulation, such as anxiety and insomnia. However, its application in rosacea has yet to be explored.

Materials and Methods: This retrospective study included 24 patients with erythematotelangiectatic rosacea who received low-frequency rTMS targeting the right dorsolateral prefrontal cortex (DLPFC) between May 2023 and February 2025. All patients underwent rTMS monotherapy over a one-month period (Figure 1). Clinical and psychosocial assessments were performed at baseline and one month post-treatment, including the Global Flushing Severity Score (GFSS), Clinician's Erythema Assessment (CEA), Dermatology Life Quality Index (DLQI), rosacea-specific quality-of-life instrument (RosQol), and Hospital Anxiety and Depression Scale (HADS). Wilcoxon signed-rank tests were used to assess differences ($P < 0.05$ considered statistically significant).

Results: After one month, 17 of 24 patients (70.8%) reported improvement in flushing, and 7 (29.2%) showed reductions in facial erythema. Notably, 18 patients (75%) reported improved sleep quality. Significant reductions were observed in GFSS (IQR: -2.0 to -1.0, $P < 0.01$) and associated burning sensation scores (IQR: -1.0 to 0, $P = 0.01$). HADS-Anxiety (IQR: -5 to -1.25, $P < 0.01$) and RosQol scores (IQR: -6.75 to -1.75, $P < 0.01$) also decreased significantly (Figure 2). No significant changes were observed in CEA, itching, DLQI, or HADS-Depression scores. One patient (4.2%) reported transient neck discomfort; no other adverse events occurred during treatment.

Conclusion: These promising results suggest that low-frequency rTMS targeting the right DLPFC is a safe and potentially effective treatment for alleviating flushing and burning sensations in rosacea. It may also help reduce anxiety symptoms and improve disease-related quality of life. Further large-scale, controlled studies are warranted to validate these findings and clarify the underlying neural mechanisms.

Keywords: Rosacea, dorsolateral prefrontal cortex, repetitive transcranial magnetic stimulation, flushing, anxiety

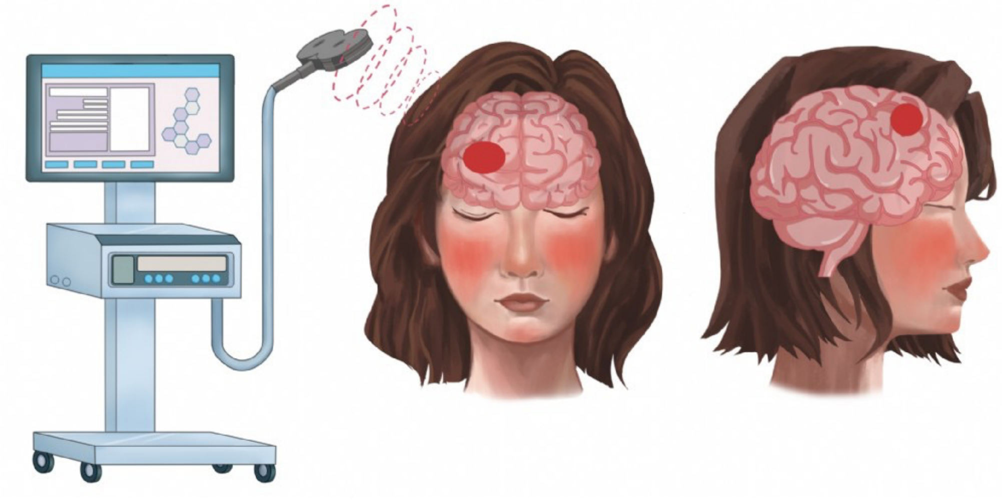

Figure 1. Brain area and parameters stimulated in patients with rosacea

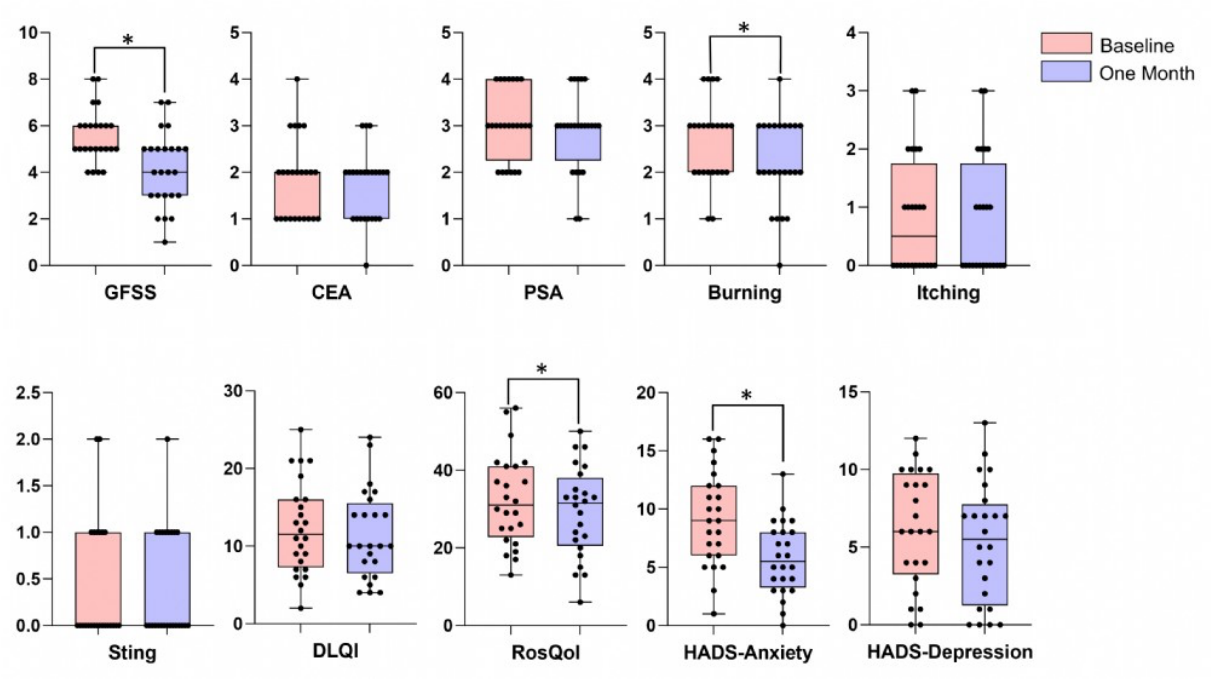

Figure 2. Comparison of clinical and phycological parameters at one month vs. baseline in patients with rosacea

CEA: Clinician's Erythema Assessment, GFSS: Global Flushing Severity Score, DLQI: Dermatology Life Quality Index, RosQol: Rosacea-specific quality-of-life instrument, HADS: Hospital Anxiety and Depression Scale. The "" indicate P < 0.05.*

[OP-15]

Sleep Quality and Perceived Stress in Acne Vulgaris Patients: A Cross-Sectional Analysis

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Aim: Acne vulgaris is a common dermatological condition that may negatively affect psychological well-being. This study aimed to assess sleep quality and perceived stress in individuals with acne and to examine their relationship with acne severity and treatment status.

Materials and Methods: This cross-sectional study included 94 patients aged 12 to 33 years with a diagnosis of acne vulgaris. Acne severity was assessed using the Global Acne Grading System (GAGS). Sleep quality and stress were evaluated using the Pittsburgh Sleep Quality Index (PSQI) and Perceived Stress Scale-10 (PSS-10), respectively. All data were collected on the same day.

Results: The mean age was 19.68±3.62 years (median: 19.0; range: 12-33). Females constituted 73.4% (n = 69) of the sample, and males 26.6% (n = 25). The mean GAGS score was 27.7±10.9; 20 patients (21.3%) had mild acne, 37 (39.4%) moderate, 18 (19.1%) severe, and 19 (20.2%) very severe. The mean PSQI score was 6.45±3.29; 46 participants (48.9%) had poor sleep quality (PSQI > 5). The mean PSS-10 score was 19.1±6.7; 20 participants (21.3%) had low stress, 63 (67.0%) moderate stress, and 11 (11.7%) high stress. No statistically significant association was found between acne severity and PSQI or PSS-10 scores. However, PSQI and PSS-10 were positively correlated ($P = 0.61$, $P < 0.001$). Among PSQI subcomponents, daytime dysfunction ($P = 0.48$), sleep disturbances ($P = 0.44$), and subjective sleep quality ($P = 0.40$) showed the strongest associations with stress. Regression analysis identified PSS-10 as the sole predictor of poor sleep ($B = 0.267$, $P < 0.001$), while higher PSQI ($B = 1.03$, $P < 0.001$), BMI ($B = 0.39$, $P = 0.014$), and absence of isotretinoin ($B = -3.56$, $P = 0.011$) predicted elevated stress.

Conclusion: Although acne severity was not associated with perceived stress or sleep quality, stress was significantly related to impaired sleep. These findings suggest that in acne patients, sleep and stress should be evaluated independently of clinical severity, and systemic treatment may contribute positively to psychological parameters.

Keywords: Acne vulgaris, sleep, stress, PSQI, PSS-10, psychodermatology.

[OP-16]

The Effects of Acitretin on Depression, Anxiety, Stress, and Quality of Life in Dermatology Patients: A prospective study

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Aim: Acitretin is a systemic retinoid commonly used in dermatology to treat various skin disorders. While its effectiveness is well known; its potential impact on mental health, including depression, anxiety, stress, and mania remains unclear. Concerns about psychiatric symptoms related to retinoids, particularly isotretinoin used for acne treatment, have been raised previously. Although a definitive link between isotretinoin and depression has not been proven yet, its ability to cross the blood-brain barrier suggests it could alter mood. Currently, most concerns are theoretical or based on data from isotretinoin. In this study, we aimed to investigate the relationship between acitretin use and psychiatric symptoms, providing insights into this under-researched area.

Materials and Methods: This prospectively designed study included 30 patients (18 male and 12 female) diagnosed with psoriasis, pityriasis rubra pilaris, lichen planus who received acitretin therapy. Patients were evaluated at baseline (month 0) and three months later (month 3). Data including demographic features, dermatologic diagnoses, acitretin dosage, psychiatric history, comorbidities, and lifestyle factors of the patients were recorded. We used the Psoriasis Area and Severity Index, Dermatology Life Quality Index (DLQI), Depression, Anxiety, and Stress Scale, and Altman Self-Rating Mania Scale at baseline and at month 3.

Results: Among the 30 patients with a mean age of 45 years, the most common diagnosis was psoriasis. About 59.1% of the patients smoked, while 45.5% had comorbid conditions. None of the patients had a history of psychiatric disorders. All patients had moderate-to-severe disease requiring systemic treatment. Compared to the baseline scores, there were no significant changes in mania scores ($P = 0.959$), depression scores ($P = 0.258$), or anxiety scores ($P = 0.796$) at month 3. However, patients' stress levels decreased statistically significantly ($P = 0.024$) and their quality of life measured by DLQI also improved ($P = 0.011$).

Conclusion: Despite theoretical concerns and warnings about mood changes with retinoids our findings suggest that acitretin may not significantly affect mood disorders including depression, anxiety, or mania but can reduce stress and improve. The reduction in stress levels may reflect beneficial effect of acitretin on underlying skin disease. Existing literature lacks robust evidence linking acitretin to mood disorders. It has been questioned whether the FDA warnings of depression and suicide related to acitretin are scientifically justified or merely based on theoretical concerns. Only two cases linking acitretin to depression have been reported, underscoring the lack of systemic studies. Most studies discussing mood effects of retinoids focus on isotretinoin rather than acitretin. This suggests that current warnings may be based on class-related concerns rather than concrete clinical data. Although our findings indicate no increased risk of mood disorders associated with acitretin, given ongoing debates and potential risks, clinicians should monitor patients carefully, particularly those with pre-existing psychiatric conditions.

Keywords: Retinoids, acitretin, depression, psychodermatology

[OP-17]

Itch, Burning, Stinging and Pain in Acne: An Impact of Depression and Anxiety in Patients From a Cross-sectional Study in 17 European Countries

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Abstract

Itch in acne is a prevalent phenomenon although acne is not considered as an itchy dermatosis. In many skin diseases, patients with itchy skin conditions report higher depression and anxiety, suicidal ideation, display higher stress and stigmatization levels, and lower life quality than dermatological patients without itch. However, there is a controversy regarding the relationship between acne itch and psychological factors. A possible reason for ambiguity may be related to the underestimation of heterogeneity of skin sensations in acne patients that are not limited to itch but also may include burning, stinging, pain and other sensations.

The objective of the study was to analyze the association between itch, burning, stinging, pain, other sensations and psychological variables in acne patients.

This multicenter study is observational and cross-sectional. It was conducted in 22 dermatological clinics across 17 European countries (ESDaP-study II). Among 3,530 dermatological outpatients, there were 221 acne subjects (mean age - 29.5±12.5 years, 70.6% female) that were examined clinically and psychometrically.

Outcome measures were itch, burning, stinging, pain, and other sensations (presence and frequency). Patients were asked to select sensations they experienced along with itch (itch only, burning, stinging, pain, other). Depression (PHQ-2), anxiety (GAD-2), perceived stigmatization (PSQ), perceived stress (PSS), dysmorphic concerns (DCQ) were psychological variables measured. Binary logistic regression was used to find predictors of different skin sensations among available psychological variables.

Results showed a high frequency and overlap of skin sensations in acne: at least a single skin related sensation complaint was reported by 51.6% of subjects (n = 114). Itch only (n = 55; 48.2%), burning only (n = 9; 7.9%), stinging only (n = 7; 4.9%), pain only (n = 5; 3.5%), other sensations only (n = 1; 0.7%) constituted "pure" single sensations cases (n = 77; 67.5%). Other acne patients with skin sensations (n = 37; 32.5%) showed an overlap between sensation modalities mainly due to pain, stinging, and burning.

Different psychological predictors were revealed for sensations in logistic regression models (method - Forward Wald). Depression was positively associated with pain [*P* = 0.024, odds ratio (OR) [(95% confidint interval (CI)] = 1.328 (1.038-1,699)]. Anxiety was positively associated with both burning and stinging [*P* =.008, OR (95%CI) = 1.353 (1.083-1.691); and *P* =.024, OR (95%CI) = 1.294 (1.034-1.619), respectively]. Itch in acne showed

no statistically significant associations with psychological variables. PSQ, PSS, and DCQ were not observed as a significant predictors of skin sensations in any equation of logistic regression models.

To conclude, along with itch there are sensations (burning, stinging, pain) that seem to contribute differently to psychological well-being in acne patients or there may be a different impact of psychological factors (depression and/or anxiety but not PSS, stigmatization and DCQ) that may result in different sensations perception patterns in acne. The precise causality requires further prospective studies.

Keywords: Acne itch, burning, stinging, pain, depression, anxiety

[OP-18]

The Prevalence of Personality Disorders in a Psychodermatology Clinic

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Abstract

Aim: There is limited research on personality traits and personality disorders in dermatology. Most interest in this topic has been in cosmetic clinics where high rates of personality disorder are reported, particularly narcissistic, dependent, histrionic, borderline, and obsessive-compulsive personality disorders. There is evidence for an association between self-mutilation behaviours (including dermatitis artefacta) and both borderline and narcissistic personality disorder. A high comorbidity of both borderline personality disorder (up to 76%) and narcissistic personality disorder (53%) has been reported in patients with body dysmorphic disorder (BDD). Psychodermatology clinics may have a high prevalence of patients with personality disorders as they see patients with the disorders discussed above: BDD, skin picking/hair pulling and dermatitis artefacta. Dermatologists working in psychodermatology have high rates of burnout and experience more frequent complaints, abuse, and threats than general dermatologists. Recognition and understanding of personality disorder in psychodermatology clinics and training in working with patients with these disorders is important to support psychodermatologists. Aim of the study: to conduct an audit screening for the prevalence of personality disorder in the Royal London Hospital psychodermatology clinic.

Materials and Methods: Twenty-seven patients, attending the clinic over a 3 month period, completed questionnaires with the following items: sociodemographic and clinical presentation information; the SAPAS a validated standardised screen for personality disorder; the PHQ-9 screen for depression.

Results: Most participants were White British and female (52%, 67% respectively), aged 18-65 mean 48. 67% had a positive SAPAS score (3 or higher) suggestive of a personality disorder being present. The PHQ-9 scores indicated 81.4% had depressive disorder (40.7% mild, 7.4% moderate, 33.3% severe). There was a range of dermatological diagnoses, the commonest being delusional infestation (37%), followed by skin picking (26%), eczema (15%). There was a high prevalence of clinically diagnosed psychiatric disorder, the commonest being depression (48%), anxiety (19%), OCD (19%) and PTSD (11%). Only one patient had a known diagnosis of personality disorder-emotionally unstable personality disorder. Prevalence of self-reported recreational drug use was high at 44%.

Conclusion: Despite the small sample size our findings indicate a remarkably high prevalence of personality disorder in our psychodermatology clinic. The clinic model of joint dermatology/psychiatry consultations may lead to referral of more complex psychiatrically unwell patients with higher rates of personality disorder. Only one patient had a known diagnosis of personality disorder suggesting that we do not enquire about personality disorder diagnosis or there is a high rate of undiagnosed personality disorder. The clinical diagnosis of psychiatric disorder is high suggesting clinicians are detecting psychiatric disorder. We plan a larger study of personality disorder prevalence. Education of dermatologists about types of personality disorder and its impact on management is important, as is adequate supervision of dermatologists dealing with complex personality disordered patients.

Keywords: Personality disorder, psychodermatology, burnout, SAPAS, PHQ-9

[OP-19]

Stigmatizing the Stigma: An Analysis of Non-person-centered Language in Studies Addressing Psoriasis-Related Stigma

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Aim: Person-centered language emphasizes placing the individual before their condition and is essential in reducing stigma in medical literature. While previous studies have documented the use of stigmatizing language in psoriasis research, it remains unknown whether such language persists in studies explicitly addressing stigma itself. This study aimed to examine the prevalence of non-person-centered language in psoriasis articles that investigate psychosocial effects, particularly stigmatization.

Materials and Methods: We performed a systematic search on PubMed using the terms "Psoriasis [MeSH]" and "Stigma [MeSH]," covering literature from 1989 through 2024. After screening 118 results, we included 91 articles that examined the psychosocial effects of psoriasis, particularly stigma. We extracted data on terminology usage, focusing on non-person-centered terms including: "Psoriasis patient," "Psoriatics," "Psoriasis subject," "Affected by/with," "Sufferer," "Suffering from," "Burdened with," "Afflicted with," and "Problems with." Each article was screened for non-person-centered language terms across the title, abstract, and full text. Study characteristics such as design, country of origin, and funding status were also collected.

Results: Among the 91 included articles, 63 (68.5%) used at least one non-person-centered term. The most frequently used expression was "psoriasis patient," which appeared in over half of the studies (52.7%). This was followed by "suffering from" in 37.4% and "psoriatic" in 25.3% of articles (Figure 1). Notably, 6.5% of articles included stigmatizing language directly in their titles, and nearly one-third (29.3%) used such terms in their abstracts. Interestingly, non-person-centered language appeared frequently in both funded (59.6%) and unfunded (77.8%) studies. Original research and systematic reviews were the most frequent users of stigmatizing terms, with 75% and 100% prevalence respectively. Non-person-centered language was used across a wide geographic range, with the United States contributing the highest number of such articles, while countries like Poland, Croatia, Türkiye and ten others demonstrated a 100% usage rate (Table 1). Non-person-centered language appeared more frequently in articles from non-English-speaking countries (76.2%) than from English-speaking countries (60.7%), though this difference was not statistically significant ($P = 0.209$). This pattern suggests that stigmatizing terminology in psoriasis research is a globally pervasive issue, not confined to specific regions. On average, articles included 1.35 non-person-centered terms, underscoring the routine and repeated use of stigmatizing language even in literature addressing stigma itself. These findings indicate that even research explicitly focused on stigma in psoriasis often unintentionally reinforces it through language.

Conclusion: This analysis highlights a notable paradox in the literature, as studies aiming to address and reduce stigma in psoriasis often continue to reinforce it through the use of non-person-centered, stigmatizing language. These findings suggest an urgent need for editorial and author awareness regarding inclusive language, especially in research areas aimed at reducing psychosocial burdens. Adopting consistent person-centered terminology can support the larger goal of destigmatization and improve the quality of academic discourse in dermatology.

Keywords: Non-person-centered language, psoriasis, stigmatization, psychosocial impact, medical terminology

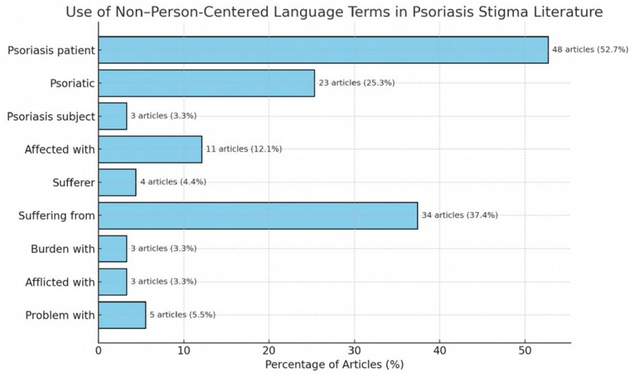

Figure 1. Frequency of non-person-centered language terms in articles addressing psoriasis-related stigma

Table 1. Distribution of non-person-centered language usage by country in psoriasis-related stigma research

Country	Articles using non-PCL	Total articles (n)	Percentage (%)
USA	15	23	65.2
Poland	8	8	100.0
Multi-centered	4	7	57.1
Germany	2	6	33.3
India	4	5	80.0
United Kingdom	2	4	50.0
Saudi Arabia	3	4	75.0
Brazil	3	4	75.0
Italy	2	4	50.0
China	3	4	75.0
France	2	3	66.7
Croatia	3	3	100.0
Iran	2	2	100.0
Malaysia	2	2	100.0
Egypt	2	2	100.0
Türkiye	2	2	100.0
Greece	1	1	100.0
Israel	1	1	100.0
Japan	1	1	100.0
Romania	1	1	100.0
Spain	1	1	100.0
Taiwan	1	1	100.0
Canada	0	1	0.0
Argentina	0	1	0.0

Non-PCL: Non-person-centered-language, USA: United State Of America

[OP-20]

Public Perception of JAK Inhibitor Use in Dermatology: An Analysis of United Kingdom Social Media Conversations

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Aim: Atopic dermatitis (AD) is a common chronic inflammatory skin condition characterised by erythematous, pruritic, dry, scaly, and often lichenified lesions. Treatments guidelines for moderate-to-severe AD include topical therapies, conventional systemic immunosuppressants and advanced systemic therapies, namely biologics and Janus kinase inhibitors (JAKi). JAKi, a newer drug class, are currently used in several chronic inflammatory conditions, however little is known about the public's views on these therapies. This social media listening study investigated United Kingdom public understanding and perceptions of JAKi use in dermatology.

Materials and Methods: Advanced artificial intelligence tools, hosted by Brandwatch which leverages machine learning and large language models, were used to scan and extract United Kingdom-based English-language conversations from over 100 million open source and social media platforms (metaverse excluded) covering 24-months (September 2022-2024), which underwent descriptive analysis. Advanced Boolean coding strategy was employed, focusing on dermatology keywords (AD, corticosteroids and immunosuppressants) and relevant hashtags.

Results: There were 108,490 mentions of AD/Eczema (55% female authors), 7,900 (7.3%) of JAKi, and 2,700 (2.5%) personal posts discussing JAKi. The commonest platforms hosting these discussions were X/Twitter (51%) and online news (30%). Sentiments towards JAKi were mostly neutral and included sharing factual information (828 posts), including updates on clinical trials/research, and dermatology treatment guidelines. Thirty posts highlighted patient interest in using JAKi as alternatives following limited clinical improvement with biologics/other therapies (7 of 23 patients with severe AD on biologics switched to JAKi). Patients often expressed concerns regarding JAKi side-effects, causing anxiety, especially if previous treatments failed. The discussions also noted scepticism about using JAKi, questioning whether the benefits outweighed the risks mentioned in safety warnings. Patients emphasised the need for healthcare professionals (HCPs) to provide detailed information on JAKi benefits and risk (15 posts). Patients voiced frustration about inconsistent information and support from HCPs. Conversations demonstrated patients sought online communities, online forums and social media to gather information and consult others with firsthand JAKi experience. Support networks in the digital space appeared to shape patients' attitude and treatment decisions regarding JAKi.

Conclusion: Public perception of JAKi in dermatology appears to be influenced by patient experiences shared on social media. While positive outcomes receive favourable social media responses, there are concerns about JAKi safety risks. The study underscores the potential complexities associated with JAKi and emphasises the role of HCPs in demystifying misinformation and assisting patients with accurate medical information. By understanding social media discussions, HCPs can provide crucial guidance to patients regarding the intricacies of their conditions, therefore allowing patients to make an informed shared decision about their treatment with JAKi and outcomes that are important to them. Pfizer sponsored and funded this work.

Keywords: Atopic dermatitis, social media listening, Janus kinase inhibitor, dermatology, public perception

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[OP-21]

Congenital Melanocytic Naevus Through the Lens: Exploring Successful Adjustment in Young People with a Rare Birthmark Condition

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Aim: Giant congenital melanocytic naevi (CMN) are rare birthmarks affecting approximately 1 in 20,000 births. In adolescents, visible CMN is associated with poorer health-related quality of life, including emotional functioning issues, difficulties in peer relationships, and increased self-consciousness about appearance. However, many individuals adjust well to chronic and appearance-affecting conditions and may even have positive experiences related to them. Exploring the lived experiences of adolescents who have adjusted to CMN can help to understand the process, including risk and protective factors, which could provide a more holistic view of adjustment and inform support and interventions for individuals with CMN.

Materials and Methods: The research was informed by a relativist ontology and idiographic, hermeneutic, and phenomenological epistemological assumptions, in line with exploring individual lived experiences. Open, participant-driven photo-elicitation interviews were conducted with four white females (aged 15-17 years) who self-identified as having adjusted to CMN and were recruited through a United Kingdom charity. The participants selected five photographs related to the positive aspects of their condition, which were used to guide the interviews (47-80 minutes). Prompts were used to elicit deeper meaning from the discussions. Interpretative phenomenological analysis was used to analyse the transcribed interview data using NVivo 12.

Results: Three superordinate themes were identified: 1) "Accepting My (True) Self", 2) "I am Not Alone in This", and 3) "Developing as a Person". All participants felt that accepting CMN as part of their identity was essential for adjustment. Moreover, they had come to appreciate their CMN and unique appearance, which aligns with the concept of positive body image. Practical and emotional support were also important for adjustment, particularly in relation to knowing others with CMN, who understood the challenges of living with the rare condition and made the participants feel less alone. Finally, through facing challenges associated with CMN, participants developed important adaptive life and coping skills, which also helped them to support others.

Conclusion: The findings suggest that positive body image may be an important protective factor, which could be a useful addition to adjustment models for skin conditions. Additionally, although the adjustment process was not linear, participants learned to use optimism to navigate challenging times and develop adaptive coping skills. This study highlights the benefits of using photo-elicitation and visual methods in psychodermatology research. There is limited transferability of the findings due to the small, homogeneous group; therefore, future research should include males and adolescents from other racial backgrounds. The findings could inform the development of interventions focussing on fostering positive body image and promoting successful adjustment to dermatological conditions.

Keywords: CMN, birthmark, adjustment, qualitative, photo-elicitation

[OP-22]

The Use of Systemic Corticosteroids and Immunosuppressants in Atopic Dermatitis: A Social Media Listening Analysis of Patient Discussions

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Aim: Systemic corticosteroids (SC) and immunosuppressants (IS) are commonly used for moderate-to-severe atopic dermatitis (AD), however, concerns persist about side-effects, long-term safety, and inappropriate usage. With the rise of social media as a platform for patients to learn and share experiences, discussions around AD therapies have evolved. This social media listening study analysed online discussions to explore treatment patterns, patient experiences, perceptions, and safety concerns surrounding AD therapies.

Materials and Methods: Advanced artificial intelligence tools, hosted by Brandwatch which leverages machine learning and large language models, were used to scan and extract United Kingdom-based English-language conversations from over 100 million open source and social media platforms (Twitter/X, news, etc.) covering 24-months (September 2022-2024), which underwent descriptive analysis. Advanced Boolean coding strategy was employed, focussing on dermatology keywords ("AD," "eczema," "steroids," "IS") and relevant hashtags.

Results: There were approximately 108,490 mentions of AD treatments (Twitter/X = 51%, and mass media/news = 30%). SC (1,752 self-identified United Kingdom authors) and IS (322 authors) were frequently discussed AD treatments, and commonly used for inflammation (11,216 mentions), itching (7,875 mentions), and skin redness (4,263 mentions). Some reported unsupervised use of SC, like prednisolone, with patients adjusting doses or extending treatment duration to prevent flare-ups without medical advice. Tapering corticosteroids was highlighted as a complex process, requiring careful management to avoid complications like adrenal insufficiency. Withdrawal symptoms, including fatigue and muscle pain, were discussed, with some patients recommending strategies like temporarily increasing doses to 5 mg before tapering. While IS were acknowledged as effective for AD, 13-31% expressed negative sentiments due to serious side-effects including immune suppression and regular monitoring requirements. Methotrexate had 31% negative sentiment related to severe side-effects, while 13% and 11% of posts about azathioprine and cyclosporine, respectively, highlighted concerns about efficacy and side-effects. Cyclosporine was preferred for rapid effects, methotrexate for extreme cases, and azathioprine for symptom improvement despite nausea. Misinformation influenced patient behaviour, leading many to bypass healthcare providers in favour of online peer advice. False claims about "simple cures" and unproven treatments, like restrictive diets and vaccine myths, particularly misled younger individuals.

Conclusion: There were extensive United Kingdom patient discussions on social media around SC and IS for AD management. While these treatments were acknowledged as effective, concerns about side-effects and long-term use underscore the need for developing safer, more sustainable AD treatment options. Misinformation can influence patient behaviour, leading to self-medication and/or reliance on non-evidence-based approaches. Focussing on improving patient disease education and strategies to combat misinformation online will enhance the patient physician relationship with the potential to improve outcomes in AD. Pfizer sponsored and funded this study.

Keywords: Atopic dermatitis, social media listening, systemic corticosteroids, immunosuppressants, misinformation

[OP-23]

Perceptions Of Psoriasis In The General United Kingdom Population - An Exploratory, Descriptive, Cross-Sectional, Mixed Methods Study

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Aim: Psoriasis is a chronic skin condition associated with stigma, leading to social and psychological impacts for those affected. Stigma can lead to poorer health outcomes and act as a barrier to seeking healthcare. No studies currently explore the United Kingdom public's attitude towards people with psoriasis. The primary aim was to identify demographic groups at higher risk of holding stigmatising attitudes towards people with psoriasis and to explore the beliefs underpinning these attitudes.

Materials and Methods: A cross-sectional, mixed-methods study was conducted using an online survey distributed via the Prolific recruitment platform. A sample of 280 participants, representative of the United Kingdom population, completed the survey through Qualtrics. Inclusion criteria required participants to be over 18 years old, with no history of psoriasis. Tools adapted from stigmatisation research were used, including the Social Distancing Scale, Stereotype Endorsement, Myth Endorsement, Perceived Stigmatisation Questionnaire, and the Reported & Intended Behaviour Scale. Three open-ended questions supplemented quantitative data to capture unstructured insights. "What 3 words come to mind when you saw the photos?", "How did the photos make you feel?" and "What do you think other people might say about the people in the pictures?".

Results: The sample (mean age 46±16 years; 47.5% male) demonstrated varying degrees of stigma. The Social Distancing Scale revealed that 42.85% endorsed at least one distancing statement, with 28.21% of participants reporting they would not "feel comfortable dating someone like the people in these photos". Stigmatising attitudes were associated with younger generational cohorts, particularly Gen Z (12-27 years) in comparison to older generations however, this trend was not consistently significant across all measurement outcomes tools used. Male participants reported more negative stereotype endorsements compared to females ($P = 0.012$). Knowing someone with psoriasis or another skin condition correlated with lower stigma scores though not consistently significant. Qualitative analysis of open-ended responses highlighted that 31.55% of words used were negative in tone (e.g., "disgusting", "sad"), supporting quantitative findings. The prevalence of non-stigmatising descriptors (e.g., "itchy") suggested mixed perceptions among respondents.

Conclusion: The study underscores that stigmatising beliefs toward psoriasis are prevalent, particularly among younger generations and males. Familiarity with skin conditions is associated with reduced stigma, indicating potential strategies for public education campaigns. Limitations include potential social desirability bias and the use of static images that may not capture the full context of psoriasis. Future studies should incorporate diverse representation and dynamic stimuli to build on these findings. The findings will help to develop an efficacious stigma reduction campaign.

Keywords: Stigma, psoriasis, external stigma, public stigma, dermatology

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[OP-24]

The Knowledge, Awareness, and Practice Patterns of Dermatologists and Psychiatrists Toward Psychodermatology/Dermatopsychology Treatment: Results of A Survey Study

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Aim: Psychodermatological diseases lie at the intersection of dermatology and psychiatry, necessitating multidisciplinary collaboration in diagnosis and management. This study aimed to evaluate dermatologists' and psychiatrists' awareness, attitudes, consultation practices, and educational backgrounds regarding the management of psychodermatology/dermatopsychology.

Materials and Methods: A cross-sectional online survey was conducted with 50 specialists (25 dermatologists and 25 psychiatrists) across Türkiye between January and March 2025. A socio-demographic form and a structured questionnaire on the management of psychodermatological disorders were administered. Data were analyzed using R studio with frequency tables, cross-tabulations, and chi-square tests. Participants' years of experience were categorized as 0-5 years (54%), 6-10 years (28%), and more than 11 years (18%).

Results: A total of 92% of participants believed that a multidisciplinary approach is necessary for treating psychodermatological disorders. While 44% felt competent, 20% reported feeling inadequate. Among dermatologists, 36% had received formal or workshop-based training, whereas 80% of psychiatrists had not received any education but expressed interest in doing so. Differences between specialties in training interest were statistically significant ($P = 0.044$), but not in relation to belief in multidisciplinary necessity ($P = 0.401$). There was a significant difference in recommendations for psychotherapy between specialties (psychiatrists 80%, $P = 0.009$). The most effective treatment approaches were psychotherapy (62%), systemic medication (54%), topical treatments (50%), and supportive psychosocial interventions (42%). Additionally, 36% of participants supported a multidisciplinary approach, and 40% believed that combining dermatological and psychiatric treatments would lead to better outcomes. Half of the participants stated that patients were not aware of the impact of psychological factors on their skin conditions, and 30% were undecided. Among dermatologists, 60% believed patients lacked adequate awareness, while 40% of psychiatrists agreed. The most frequently encountered diagnoses in the field of psychodermatology were urticaria (12.0%), prurigo nodularis (6.0%), pruritus (7.9%), trichotillomania (7.9%), and seborrheic dermatitis (11.8%). A majority (76%) believed that psychodermatological conditions would improve with multidisciplinary dermatological and psychiatric treatment. Additionally, 90% indicated that more scientific studies are needed in this field. Regarding future technologies, 38% of all participants believed that artificial intelligence would play a significant role in psychodermatology.

Conclusion: The study highlights the necessity of a multidisciplinary approach in managing psychodermatological disorders. Collaboration between dermatologists and psychiatrists is crucial for effective patient care. Addressing educational gaps and establishing dedicated clinical units for psychodermatology may enhance treatment outcomes.

Keywords: Psychodermatology, dermatologist, psychiatrist, multidisciplinary approach

Specialty and years of experience

Variable	Count	% of total
Dermatologist	25	50.0%
Psychiatrist	25	50.0%
0-5 years of experience	27	54.0%
6-10 years of experience	14	28.0%
≥11 years of experience	9	18.0%

Distribution of participants according to medical specialty (dermatology or psychiatry) and years of professional experience

Training and educational interest in psychodermatology

Variable	Count	% of total
Received training in psychodermatology	13	26.0%
Formal training	2	4.0%
Attended seminars/workshops	11	22.0%
No interest in training	6	12.0%
Interested in receiving training	31	62.0%
No statistical difference between training status and belief in multidisciplinary need (*P* = 0.401)	-	-

Distribution of participants based on whether they received training in psychodermatology, type of training, and their interest in further education

Recommended treatment methods in psychodermatology

Variable	Count	% of total
Psychotherapy	31	62.0%
Systemic medication	27	54.0%
Topical medication	25	50.0%
Supportive psychosocial interventions	21	42.0%
Complementary and alternative medicine	4	8.0%

Distribution of preferred treatment approaches for psychodermatological conditions, including psychotherapy, medication, and psychosocial interventions

Consultation practices and views on multidisciplinary clinics

Variable	Count	% of total
Frequently consult the other specialty	17	34.0%
Rarely consult the other specialty	12	24.0%
Always consult psychiatry (only 1 dermatologist)	1	2.0%
None of the psychiatrists reported always consulting dermatology	0	0.0%
Support establishment of multidisciplinary psychodermatology units	32	64.0%
Strongly support unit establishment	14	28.0%

Participants' consultation practices with the other specialty and their opinions on establishing multidisciplinary psychodermatology units in clinical settings

Awareness, diagnoses, and future perspectives in psychodermatology

Variable	Count	% of total
Patients unaware of psychological factors affecting skin	25	50.0%
Patients partially aware/undecided	15	30.0%
Dermatologists reporting low patient awareness	15	60.0%
Psychiatrists reporting low patient awareness	10	40.0%
Most common diagnosis: urticaria	6	12.0%
Most common diagnosis: prurigo nodularis	3	6.0%
Most common diagnosis: pruritus	4	8.0%
Most common diagnosis: trichotillomania	4	8.0%
Most common diagnosis: seborrheic dermatitis	6	12.0%
Participants believing AI will be highly effective in psychodermatology	19	38.0%
Dermatologists believing AI will be highly effective	8	32.0%
Psychiatrists believing AI will be highly effective	11	44.0%

Distribution of participant responses regarding patient awareness, commonly encountered psychodermatological diagnoses, treatment expectations, responsible specialties, and the perceived role of artificial intelligence in the future

[OP-25]

Skin Deep Struggles: Evaluating the Quality of Life in Facial Hyperpigmentation Disorders

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Aim: Facial melanoses encompass a spectrum of overlapping clinical conditions that significantly impact self-perception and psychological well-being. These disorders, including melasma and post-inflammatory hyperpigmentation, are often dismissed as aesthetic concerns but can cause profound emotional distress and social impairment. This study aimed to assess the impact of various facial hyperpigmentation disorders on quality of life (QoL).

Materials and Methods: This cross-sectional study included patients diagnosed with facial hyperpigmentation. Eligible participants were $\geq$ 18 years old and consented to complete the survey. The Skindex-16 questionnaire, assessing symptoms, emotions, and functioning, was administered both in-person during consultations and online via Google forms shared on social media. Statistical analysis was performed using Jamovi software. Descriptive statistics summarized demographics and Skindex-16 scores. Group comparisons were conducted using t-tests and ANOVA to examine differences in QoL scores across demographic and clinical subgroups. A correlation matrix assessed which Skindex-16 domain had the greatest impact on the total QoL score. Multiple linear regression identified which hyperpigmentation disorder was most associated with QoL impairment. A $P < 0.005$ was considered statistically significant for all analysis.

Results: A total of 372 patients (mean age: 30.7 years) were included, with 347 (93.3%) females and 25 (6.7%) males. Among them, 30.4% presented with two or more forms of facial hyperpigmentation. The most common diagnosis was hyperpigmented acne scars (26.3%), followed by melasma (15.3%), post-inflammatory hyperpigmentation (8.6%), lichen planus pigmentosus (LPP) (7.8%), dark circles (3.5%), nevus (3.2%), and freckles (3%). The mean overall Skindex-16 score was 32.6% (±1.03), with the emotional domain being the most affected (44.2%). Group comparisons using t-tests for the gender, reported a significantly higher Skindex-16 scores in women compared to men indicating a greater impact on QoL among female patients,specially the emotion domain ($P = 0.002$) The correlation matrix revealed the strongest association between the emotional domain and the total QoL score ($r = 0.9$, $P < 0.001$), followed by the functional and symptom domains. Multiple linear regression identified melasma and LPP as the strongest predictors of impaired QoL, particularly in the emotional domain ($t = 2.1$, $P < 0.05$ and $t = 3.8$, $P < 0.005$).

Conclusion: The impact of hyperpigmented disorders on QoL is considerable and comparable to other dermatologic conditions. Clinicians should systematically assess QoL in affected patients and integrate this consideration into treatment discussions, particularly for women and those with melasma and LPP. Given the established link between psychological stress and disease exacerbation, a holistic approach addressing both dermatologic and mental health aspects is essential for optimal patient management.

Keywords: Facial hyperpigmentation, quality of life, emotional impact, Skindex-16

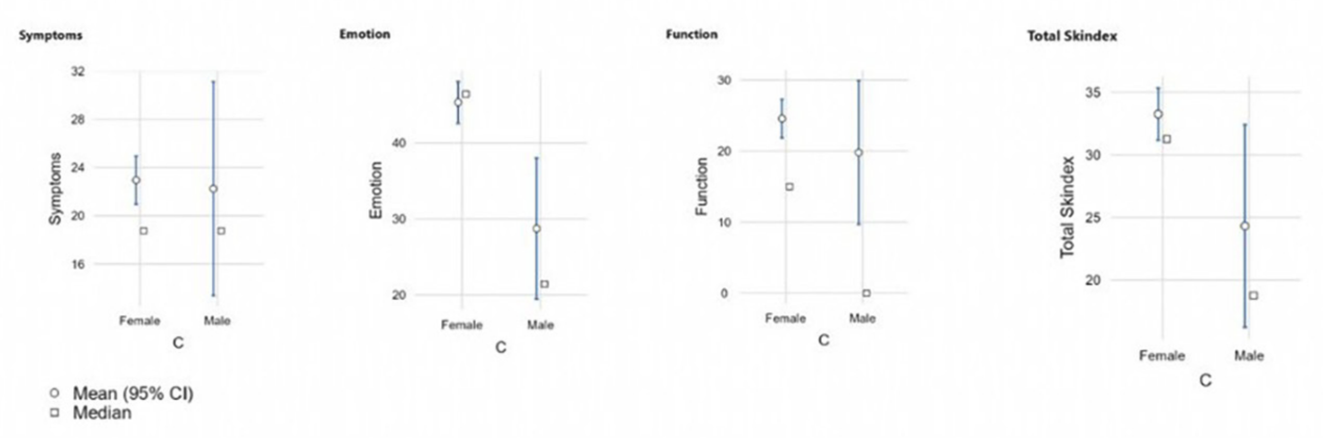

Figure 1. Comparison of Skindex-16 scores between female and male. This figure compares Skindex-16 scores between females and males. Women consistently report higher mean and median scores across all subscales and the total score, especially in the emotion domain

CI: Confidence interval

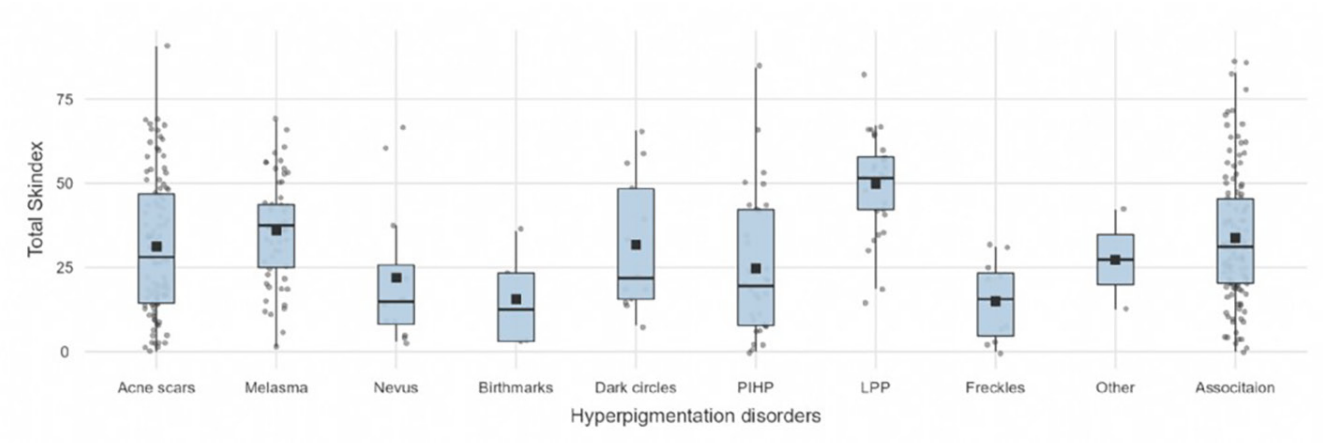

Figure 2. Distribution of Skindex-16 total scores across hyperpigmentation disorders. This boxplot illustrates the variation in Skindex-16 total scores among patients with different hyperpigmentation disorders. The highest scores indicating the most significant impact on quality of life are observed in patients with lichen planus pigmentosus (LPP) and melasma

Figure 3. Patient presenting a lichen plan pigmentosus

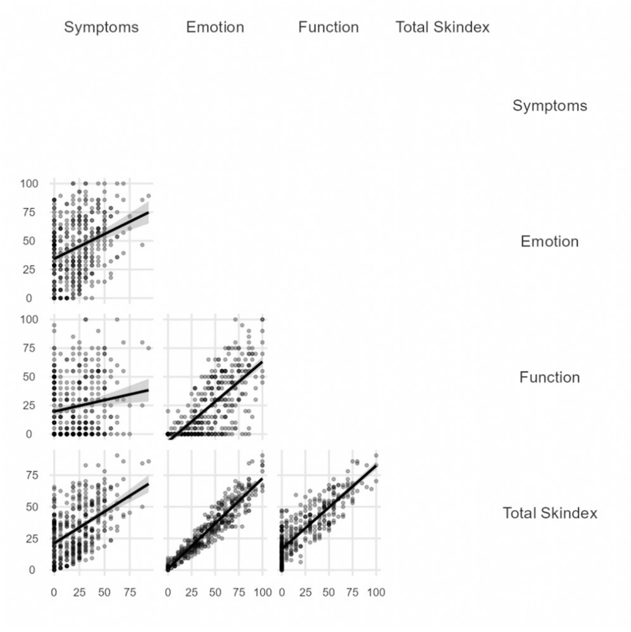

Figure 4. Scatterplot matrix of Skindex-16 subscales and their relationship to the total score. This scatterplot matrix visualizes the intercorrelations between the three Skindex-16 subscales: Symptoms, emotion, and function and the total Skindex-16 score. The emotion and function domains show strong and linear associations with the total score, suggesting that emotional and functional impairments are major contributors to patients' perceived dermatology-related quality of life

[OP-26]

State of Psycho Dermatology in Tunisia: Assessment and Future Perspectives

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Aim: Psychodermatology is an emerging field that emphasizes the complex interaction between skin diseases and mental health. Tunisian dermatologists are increasingly aware of the importance of integrating a psychosomatic approach into their practice. However, a lack of specialized training and limited collaboration between dermatologists and psychiatrists hinder the effective application of this approach. This study aims to evaluate the current state of psychodermatology in Tunisia by analyzing dermatologists' knowledge, experiences, and training needs to facilitate its integration in patient care.

Materials and Methods: A questionnaire was distributed to around 100 dermatologists in both public hospital and private practice settings to assess their understanding of psychodermatology and identify areas requiring additional training. The results showed that 55.8% of the respondents were between 31 and 50 years old, and most of them (73.6%) practiced in private clinics, while only 18.4% worked in public hospitals. Furthermore, more than half dermatologists that included psychodermatology in their practice (57.5%) had less than ten years of professional experience. This statement indicates that psychodermatology may be gaining more attention among younger dermatologists.

Results: Regarding clinical experience, 43.8% of dermatologists reported frequent exposure to psychodermatology cases, while 28.1% had occasional experience. Psychocutaneous disorders were found to be relatively common in dermatology practice. Indeed, 49% of dermatologist encountered between 10% and 25% of patients affected while 25% reported between 26% and 50% of cases. The most frequently encountered conditions (≥ 10 patients per month) included acne (51%), psoriasis (35.4%), atopic dermatitis (20.8%), alopecia areata (20.8%), vitiligo (18.8%), and hyperhidrosis (8.3%).

Conclusion: In terms of management, 46.4% of dermatologists felt somewhat comfortable treating patients with psychosomatic disorders, while only 19.6% were very comfortable. However, 43.3% referred patients to psychiatrists more than once a month, mainly for conditions such as trichotillomania, vitiligo, alopecia areata, and psoriasis. These findings highlight the need to enhance interdisciplinary collaboration to optimize patient care. Training in psychodermatology was found to be insufficient, with 36.8% of dermatologists reported receiving more than one formal training session (lectures or workshops), 29.5% having attended only one, and 33.7% declaring no training at all. However, interest in psychodermatology education was high, with 61.9% of dermatologists expressing a desire for further training. The most sought-after topics included depression related to skin disease (30.8%), trichotillomania (25.3%), anxiety due to skin disease (20.9%), self-injurious skin lesions (12.1%), delusion of parasitosis (6.6%), and body dysmorphic disorder (3.3%). These findings underscore the growing need to integrate psychodermatology into dermatological education and practice. Developing structured training programs and fostering stronger collaboration between dermatologists and psychiatrists would enhance patient management, ensuring a more comprehensive and holistic approach to psychocutaneous disorders.

Keywords: Psycho dermatology, dermatology and psychiatry collaboration, psycho dermatology training

[OP-27]

An Outline of Stress Management Techniques for Dermatology Patients

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Aim: Stress significantly impacts dermatological conditions such as psoriasis, eczema, and acne. The hypothalamic-pituitary-adrenal axis plays a key role in the stress response, releasing cortisol which can influence skin inflammation and immune function. Effective stress management improves outcomes and quality of life. This presentation highlights evidence-based techniques for integrating stress management into dermatological care.

Outline of key stress management strategies will be discussed:

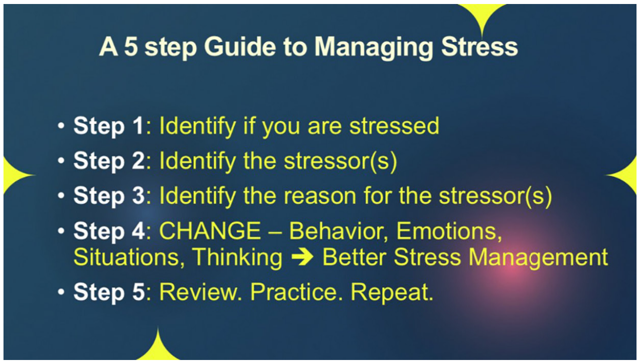
1. **Cognitive behavioral therapy:** Alters stress-related thought patterns. Specific techniques like cognitive restructuring and behavioral activation will be discussed.
2. **Relaxation techniques:** Practices like progressive muscle relaxation, mindfulness meditation, guided imagery, and autogenic training can effectively reduce muscle tension and promote relaxation. These techniques will be explained and their application in dermatological settings explored.
3. **Lifestyle modifications:** The importance of healthy lifestyle choices, including regular exercise, adequate sleep, and a balanced diet, in managing stress will be emphasized. The link between gut health and skin conditions, and the role of nutrition in stress management, will also be addressed..
4. **Patient education:** Empowering patients to manage stress effectively.
5. **Support systems:** Building social and therapeutic networks.

These methods are supported by clinical evidence and tailored for dermatology patients.

Conclusion: Integrating stress management techniques into dermatological care can significantly improve patient outcomes. By equipping patients with practical tools to manage stress, clinicians can enhance treatment efficacy, reduce disease flares, and improve quality of life. This presentation provides a practical framework for incorporating these techniques into routine dermatological practice.

Keywords: Psychodermatology, stress management dermatology, CBT, mindfulness, relaxation technique

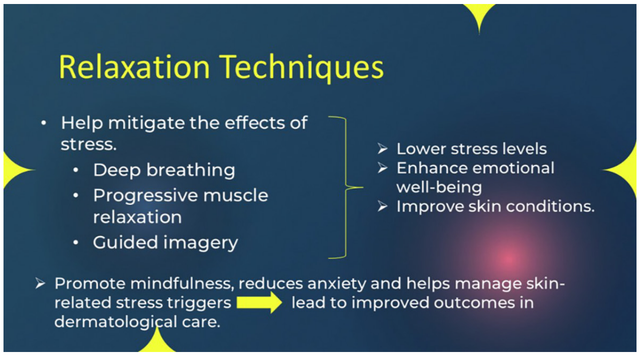
A 5 steps to managing stress



A 5 step Guide to Managing Stress

- **Step 1**: Identify if you are stressed
- **Step 2**: Identify the stressor(s)
- **Step 3**: Identify the reason for the stressor(s)
- **Step 4**: CHANGE – Behavior, Emotions, Situations, Thinking ➔ Better Stress Management
- **Step 5**: Review. Practice. Repeat.

Relaxation techniques



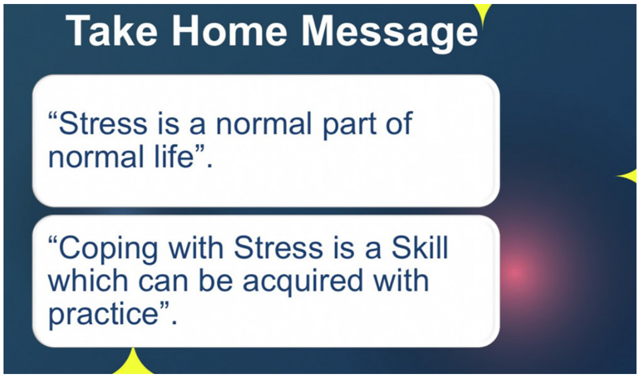
Relaxation Techniques

- Help mitigate the effects of stress.
  - Deep breathing
  - Progressive muscle relaxation
  - Guided imagery

➢ Lower stress levels
➢ Enhance emotional well-being
➢ Improve skin conditions.

➢ Promote mindfulness, reduces anxiety and helps manage skin-related stress triggers ➡ lead to improved outcomes in dermatological care.

Take home message



Take Home Message

“Stress is a normal part of normal life”.

“Coping with Stress is a Skill which can be acquired with practice”.

[OP-28]

Orthorexia Nervosa Among Psoriasis Patients: A Trend-chasing Psychological Comorbidity

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Aim: The identification of comorbidities that align with prevailing trends in healthcare is a crucial aspect of modern medicine. The mounting popularity and preoccupation with nutritionally balanced diets have given rise to a range of compelling inquiries from patients. The objective of this study was to investigate the occurence of orthorhexia nervosa in psoriasis patients and the underlying psychological mechanisms that may influence its manifestation.

Materials and Methods: A total of 103 psoriasis patients and 109 healthy volunteers were included in the study. Demographic and clinical features are recorded and participants were evaluated using the orthorexia nervosa (ORTO)-15, brief symptom inventory (BSI) and insight scale (IS). Contrary to the scores obtained from other instruments, a decline in ORTO-15 scores serves as an indicator of orthorexia nervosa.

Results: There is no statistically significant difference between patients and control group in terms of socio-demographic characteristics ($P > 0.05$ for each). The mean ORTO-15 score was found to be significantly lower in patient group (37.66±3.41), compared to the control group (40.83±5.37) ($P < 0.001$). The mean depression and negative self-concept subscale scores of the BSI were significantly higher in patient group ($P < 0.001$) while the mean holistic view and self-understanding subscale scores of IS significantly lower ($P = 0.026$, $P = 0.012$ respectively) than the control group. The mean self-acceptance subscale score of IS was significantly higher among male patients compared to female patients ($P = 0.044$). The cognitive-rational subscale scores of ORTO-15 negatively and the IS scores positively correlated with educational status among patient group ($P = 0.007$, $P = 0.028$ respectively). The mean holistic view subscale score of IS was found to be significantly higher in patients with a family history compared to those without ($P = 0.034$). The clinical subscale scores of ORTO-15 weakly and negatively correlated with disease severity ($r = -2.15$ $P = 0.029$). The ORTO-15 scores strongly and negatively correlated with IS scores ($r = 0.844$, $P = 0.001$). Besides the ORTO-15 scores negatively correlated with the depression, anxiety and negative self-concept subscale scores of BIS ($rho = -0.484$ $P < 0.001$, $rho = -0.209$ $P = 0.034$, $rho = -0.471$ $P < 0.001$ respectively). Linear regression analysis revealed that the most important determinant of ORTO was negative self-concept ($\beta = -0.567$ $P = 0.001$).

Conclusion: Reflecting the qualitative aspect of eating disorders, ORTO has been observed increasingly often in psychologically vulnerable populations, such as patients with psoriasis. It is imperative to be cognizant of this condition, especially in psoriasis patients with a negative self-concept, in order to provide patients with a multidisciplinary approach.

Keywords: Orthorexia nervosa, psoriasis, negative self-concept

[OP-29]

The Significance of Psychological Stress Factors in Patients Suffering from Telogen Effluvium

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Aim: Telogen effluvium (TE) is a non-scarring, diffuse type of hair loss triggered by physiological or psychological factors. Common triggers are well-known as hormonal changes, medications, iron deficiency, trauma, and inadequate protein intake. Recent evidence suggests that psychosocial stress may accelerate the transition from the anagen to the telogen phase of the hair cycle. However, controlled clinical studies exploring the relationship between stress and hair loss remain limited. This study aims to evaluate the psychological impact of TE and compare the levels of depression, anxiety, and stress with those in a control group.

Materials and Methods: A total of 300 participants were included in this study conducted between May 2023 and March 2024: 100 patients with clinical TE (group 1), 100 patients with hair loss complaints but no clinical findings as pseudo-effluvium (PE), (group 2), and 100 healthy controls (group 3). Data collection tools included the Sociodemographic Information Form and the Depression Anxiety Stress Scale-21 (DASS-21).

Results: Gender distribution and mean age showed no statistically differences between groups ($P > 0.05$). According to cut-off scores of DASS-21 the number of patients with depressive symptoms was statistically significantly higher in group 1 and group 2 compared to group 3. However, there was no statistically significant difference between group 1 and group 2 regarding the frequency of depression and anxiety symptoms ($P > 0.05$). Given the subgroups of DASS-21, severe depression ratio was significantly higher in group 2 (31%) compared to group 1 (17%) and group 3 (10%) ($P = 0.009$). Similarly, extremely severe anxiety symptoms were more prevalent in group 2 (19%) than in group 1 (7%) and group 3 (7%) ($P = 0.001$). Stress symptoms were higher in group 2 (56%) than in group 3 (35%) ($P = 0.004$). Within group 1, individuals with stress factors showed significantly higher scores for DASS 21-D, DASS 21-A, DASS 21-S ($P < 0.05$).

Conclusion: Patients with diffuse hair loss due to TE and PE demonstrated significantly higher rates of depression. Patients with PE had more severe depression symptoms and extremely severe anxiety symptoms compared to clinical TE and more stress symptoms than the control group. Patients with TE who reported a stress factor in their lives had higher levels of depression, anxiety, and stress. For this reason, in the diagnosis and management of patients with TE, it should be kept in mind that emotional stress may play an important role as a psychogenic comorbidity factor. Therefore, a multidisciplinary approach is essential.

Keywords: Anxiety, depression, pseudo-effluvium, stress, telogen effluvium

Table 1. Evaluation of groups by age

	Age	
	Mean ± SD	**Median**
Group 1	33.45±11.60	30
Group 2	33.45±11.60	30
Group 3	33.30±11.66	30
P	0.072	

SD: Standard deviation

Table 2. Evaluation of gender characteristics by groups

		Group 1 n (%)	**Group 2 n (%)**	**Group 3 n (%)**	***P***
Gender	Female	98 (98%)	97 (97%)	98 (98%)	1.00*
	Male	2 (2%)	3 (3%)	2 (2%)	

*Fisher Freeman Halton exact test, *$P < 0.05$

Table 3. Evaluation of groups by DASS 21-D, DASS 21-A, DASS 21-S

		Group 1 n (%)	**Group 2 n (%)**	**Group 3 n (%)**	***P***
DASS 21-D	Normal	40 (40%)	38 (38%)	54 (54%)	0.009*
	Mild	21 (21%)	16 (16%)	14 (14%)	
	Moderate	22 (22%)	15 (15%)	21 (21%)	
	Severe	17 (17%)	31 (31%)	10 (10%)	
	Extremely severe	0 (0%)	0 (0%)	1 (1%)	
DASS 21-A	Normal	66 (66%)	64 (64%)	47 (47%)	0.001*
	Mild	0 (0%)	0 (0%)	18 (18%)	
	Moderate	12 (12%)	5 (5%)	16 (16%)	
	Severe	15 (15%)	12 (12%)	12 (12%)	
	Extremely severe	7 (7%)	19 (19%)	7 (7%)	
DASS 21-S	Normal	55 (55%)	44 (44%)	65 (65%)	0.004*
	Mild	17 (17%)	17 (17%)	11 (11%)	
	Moderate	28 (28%)	37 (37%)	17 (17%)	
	Severe	0 (0%)	1 (1%)	6 (6%)	
	Extremely severe	0 (0%)	1 (1%)	1 (1%)	

*Chi-square test, *$P < 0.05$.
DASS: Depression Anxiety Stress Scale

Table 4. Evaluation of scores based on stress factor in group 1

Group 1		**DASS 21-D score**	**DASS 21-A score**	**DASS 21-S score**
		Mean ± SD (median)	**Mean ± SD (median)**	**Mean ± SD (median)**
Stress factor	Present	6.81±3.97 (6)	5.21±3.9 (5)	8.33±3.75 (9)
	Absent	5.14±4.02 (5)	3.77±3.41 (3)	6.54±4.22 (6)
	*P**	0.041*	0.048*	0.020*

*Mann-Whitney U test, *$P < 0.05$.
DASS: Depression Anxiety Stress Scale, SD: Standard deviation

[OP-30]

Psychosocial Impact of Pediatric Alopecia Areata on Patients and Their Families: A Multicenter Analysis

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Aim: Alopecia areata (AA) is an autoimmune disorder characterized by non-scarring hair loss with an unpredictable prognosis. It manifests in various forms and can lead to significant psychological distress, including anxiety, depression, low self-esteem, and social withdrawal. Due to its chronic and visibly apparent nature, AA can negatively impact both the quality of life (QoL) of affected children and the well-being of their family members. However, research on the QoL and the burden on family members in pediatric AA is limited. This study aims to evaluate these aspects in a multicenter setting.

Materials and Methods: This multicenter, survey-based study included 246 pediatric AA patients from 14 dermatology clinics across Türkiye between October 2024-February 2025. Patients underwent clinical examinations, and a detailed survey was administered to collect demographic data, family history, previous medical consultations for hair loss, and information on disease severity using the Severity of Alopecia Tool (SALT) scores. Additionally, alopecia subtypes, disease duration, and prior treatments were recorded. The patients completed the Children's Dermatology Quality of Life Index (CDLQI). Their parents filled out the Hospital Anxiety and Depression Scale (HADS) and the Family Impact Scale (FIS) questionnaires.

Results: Socio-demographic characteristics and the scores of the indexes are presented in Table 1. Patients who visited hospitals more frequently had higher SALT scores (2.76±1.90 vs. 1.17±0.52) ($P < 0.001$). As the duration of the disease increased, the HAD depression (8.2±4.1 vs. 6.4±3.8) and anxiety scores (10.66±7.81 vs. 8.14±5.84) decreased ($P < 0.05$ both). Parents of daughters reported higher FIS scores (15.11±10.9) compared to parents of sons (11.59±10.7) ($P = 0.013$). The parent's age, child gender, long disease duration, positive family history, and the parent's employment status significantly influenced the FIS. FIS scores are higher in families with working parents and girl patients (Table 2). As the FIS increased, the CDLQI scores also increased ($P < 0.001$).

Conclusion: This study highlights the significant psychosocial burden experienced by both families and children affected by pediatric AA. Parental HADS scores were found to be associated with acute disease onset and financial difficulties rather than disease severity or the frequency of hospital visits. This may suggest that the initial period following diagnosis may be particularly challenging for families that underscore the importance of early psychosocial support interventions targeting parents shortly after disease onset. Interestingly, parents of daughters reported significantly higher FIS scores compared to parents of sons, possibly reflecting socio-cultural expectations regarding appearance in girls. As the FIS score increased, the CDQLI score was also found to increase. The positive correlation between FIS and CDLQI scores suggests that the disease has a parallel psychosocial impact on both families and children. Overall, these results emphasize the need for a family-centered approach to managing AA, with particular attention to early-stage support and gender-sensitive interventions.

Keywords: Alopecia areata, psychodermatology, life quality, anxiety, depression, family

Table 1. Socio-demographic characteristics and the index scores

Patient age	Mean ± SD	11.70±3.87
	Min-max	3-18
Parent age	Mean ± SD	40.86±7.15
	Min-max	26-64
	Mean (month) ± SD	13.2±20.25
FIS	Mean ± SD	13.01±10.9
	Min-max	0-49
HAD Anxiety Score	Mean ± SD	10.01±7.43
	Min-max	0-25
HAD Depression Score	Mean ± SD	7.74±6.03
	Min-max	0-22
CDLQI Score	Mean ± SD	6.24±6.10
	Min-max	0-24
		n -%
Patient gender	Female	99-40.24%
	Male	147-59.76%
Parent gender	Female	173-70.33%
	Male	73-29.67%
Marital status	Married	230-93.5%
	Single	16-6.5%
Education level	High school or below	151-61.38%
	College degree or above	95-38.62%
Monthly income	600$ >	65
	600$ <	181
Occupational status	Employed	134
	Unemployed	112

HAD: Hospital Anxiety and Depression Scale, FIS: Family Impact Scale, CDQLI: Children's Dermatology Life Quality Index, min: Minimum, max: Maximum, SD: Standard deviation

Table 2. Relationships between family impact score and variables

Variables	**Correlation/t-statistic**	***P* value**
Patient age	-0.091	0.154
Parent age	-0.174	0.006
Disease duration	0.199	0.002
Child gender	2.502	0.013
Parent gender	1.909	0.058
Monthly income	0.592	0.555
Occupational status	2.813	0.005
Family history	-2.407	0.018

[OP-31]

Holistic Investigation of Skin Picking Disorder and Major Depression with Art Psychotherapy: A Case Report

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Aim: Excoriation disorder, characterized by repetitive and compulsive skin-picking behaviors that frequently adversely affect psychosocial functioning, is often observed in conjunction with anxiety disorders, obsessive-compulsive spectrum disorders, and major depression. In this study, the artistic expression of a 47-year-old female patient who was followed for major depressive disorder and excoriation disorder was examined in a holistic approach during her art psychotherapy process. Art therapy enables individuals to explore and process emotional conflicts that they cannot express verbally through symbols. Mrs. Ö was referred from the İstanbul University, İstanbul Faculty of Medicine, Department of Psychiatry, Division of Consultation-Liaison Psychiatry with diagnoses of major depressive disorder and excoriation disorder to the Social Psychiatry Service within the same clinic for art psychotherapy. She presented with complaints of anxiety, stress, bodily complaints, and difficulties in problem-solving. A 47-year-old primary school graduate housewife who has been married for 28 years and is the mother of three, she experiences severe conflicts with her husband and children. She reports that when she becomes angry or stressed, she experiences increased itching and the formation of scabs, which she unconsciously picks at.

Materials and Methods: The art therapy process was conducted in 10 weekly sessions, each lasting 2 hours and focusing on a different theme. Each session implemented structured art activities centered on a specific theme. Each session comprised an introduction, warm-up, main artistic work, sharing, and closing stages. The patient's emotional state was recorded at the beginning and end of each session, and the therapists documented the session proceedings. An expert therapist provided supervision.

Results: Recurring symbols - such as a heart, garden, box, snake, and tree - were prominent in the patient's artworks. These images indicate that her inner world encompasses both positive emotions (hope, attachment, and love) and negative emotions (anger, feelings of worthlessness, and fear of abandonment). In particular, relational traumas, familial conflicts, and the search for personal identity emerged as the primary themes expressed through art. Works titled "Communication Box" and "The Beacon of Hope in the Longing for the Father" illustrated art therapy's supportive role in restructuring her past traumas.

Conclusion: Art therapy assisted the patient in bringing emotional conflicts, which she had difficulty expressing verbally, from the unconscious to the conscious level. An increase in emotional awareness was observed; however, no significant reduction in skin-picking behavior was noted. The literature contains only a limited number of studies on the effectiveness of art psychotherapy in treating excoriation disorder. This case presentation demonstrates that art therapy is essential for exploring inner conflicts and facilitating emotional integration, especially for individuals who struggle with verbal expression. It is recommended that longer-term art therapy programs be planned and large-scale studies be conducted in this field.

Keywords: Art psychotherapy, painting, major depressive disorder, skin picking disorder

[OP-32]

The Psychosocial Burden of Primary Scarring Alopecia

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Aim: Primary scarring alopecias (PSA) are a group of rare disorders leading to permanent hair loss due to irreversible and progressive destruction of the hair follicles. Given the crucial role of hair in identity and social perception, PSAs significantly impact psychological well-being resulting in distress and reduced quality of life (QoL). Despite the clinical implications and chronic course of PSAs, their psychosocial burden remains underexplored. Assessment of QoL, anxiety, and depression in affected individuals is essential for comprehensive treatment approach.

Materials and Methods: A total of 44 patients [38 females; mean age 44.0 years, standard deviation (SD) ±14.6] with PSA were assessed. Diagnoses included lichen planopilaris (n = 24), frontal fibrosing alopecia (FFA) (n = 10), decalvans folliculitis (n = 5), discoid lupus erythematosus (n = 2), fibrosing alopecia in a pattern distribution (n = 2), and folliculitis and dissecting cellulitis of the scalp (n = 1). In 34 patients diagnosis was confirmed histologically; in 10 patients with FFA diagnosis was established on the basis of relevant clinical and trichoscopic picture. QoL was evaluated using the Dermatology Life Quality Index (DLQI) and Hair-Specific Skindex-29 (HS-Skindex-29). Depression and anxiety were screened with Hospital Anxiety and Depression Scale.

Results: QoL Impairment: 68.3% of patients reported reduced QoL (DLQI), with 27.3% mild, 29.6% moderate, and 11.4% severe impairment. The mean DLQI score was 4.6 (SD ±4.1) indicating mild impairment. HS-Skindex-29 global score was 38.0±19.1. Emotional Concerns: The most affected Skindex-29 domain was "Emotions" (59.5±28.9) compared to "Symptoms" (22.1±15.9) and "Functioning" (26.8±19.4). The highest score was set for 3 key concerns of the emotional domain: worrying about alopecia getting worse (№13, 84.4±25.2), worrying that it may be serious (№3, 68.8±32.4) and lead to scars (№9, 63.3±39.6). Psychological Impact: In general, anxiety was detected in 31.7% of cases and depression in 14.6% of the patients. Mean anxiety score: 6.3 (SD ±3.9), mean depression score: 4.5 (SD ±3.4).

Conclusion: PSA significantly affects patients' emotional well-being and their QoL. HS-Skindex-29 shows some advantages in assessing the QoL in PSA patients compared to the dermatological scale DLQI, as it allows to identify the most affected areas of psychosocial burden of patients with alopecia. According to HS-Skindex-29 the QoL decline is largely defined by an emotional impact of PSA with doubts about disease prognosis and possibilities of control. Identification of more worrying patient concerns by HS-Skindex-29 items may be used as a direction for psychological support by dermatologists and psychologists. This study highlights the need for integrating psychological screening and care to improve emotional concerns and patient outcomes.

Keywords: Primary scarring alopecia, quality of life, anxiety, depression, psychological burden

[OP-33]

The Diagnostic Dilemma in Psychodermatology: Trichotillomania or Dorian Gray Syndrome

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Aim: Disorders with hair autodestruction present a significant interdisciplinary diagnostic challenge, as they need the collaboration of both dermatologists and psychiatrists. Dermatologists can struggle to diagnose traumatic alopecia, as patients in lots cases conceal their autodestructive behaviors. It leads to misinterpretation of hair loss causes. Trichoscopy can aid in diagnosis by revealing character signs of hair destruction. However, the psychopathological interpretation of these behaviors remains equally complex. For example, trichotillomania (TTM) exemplifies this diagnostic ambiguity, as its classification has undergone substantial changes over time. Earlier categorized as an impulse control disorder in Diagnostic and Statistical Manual of Mental Disorders-4 (DSM-4), TTM was later reclassified under obsessive-compulsive and related disorders in DSM-5. In International Classification of Disease-10 (ICD-10), it was considered a habit and impulse disorder, while ICD-11 aligned it with obsessive-compulsive disorders. This instability in classification reflects ongoing challenges in defining the disorder's underlying mechanisms.

Case Report: A 70-year-old female patient presented with complaints of hair thinning and loss. Clinical presentation and trichoscopy examination with typical signs of hair shaft trauma (broken hairs with different lenth, black dots) pointed to self-inflicted etiology. However, the patient denied experiencing urges to pull hair or feelings of relief afterward. Upon further psychiatric evaluation, she reported persistent distress over the presence of grey hairs, which she frequently examined herself in mirrors and spent hours plucking grey hairs to maintain a "youthful appearance". The patient had a history of excessive concern about her appearance since her early twenties, particularly focused on aesthetic concerns, including eyebrow thinning and facial wrinkles, which she attempted to manage through self-administered treatments. She had no prior psychiatric diagnosis but had previously consulted dermatologists for hair loss. Despite reassurance, she remained convinced that grey hairs made her look older and unattractive. The symptoms intensified over the past year, correlating with increased life stressors. Given these concerns, the diagnosis of Dorian Gray syndrome (DGS) as a body dysmorphic disorder subtype with pseudotrichotillomania was established.

Conclusion: This case highlights the complexity of diagnosing psychodermatological conditions involving hair autodestruction. Dermatologists face difficulties in detecting self-inflicted alopecia due to patient concealment, while psychiatrists encounter challenges in categorizing pathological hair-pulling behaviors within diagnostic frameworks. The evolving classification of TTM across DSM and ICD underscores the need for a more nuanced understanding of these disorders. Clinically, hair loss in patient with DGS closely resembled TTM, which could have led to a misdiagnosis. This emphasizes the importance of caution in formulating psychodermatological diagnoses and the necessity of a multidisciplinary approach integrating dermatological examination, trichoscopic findings, and comprehensive psychiatric assessment for accurate diagnosis and effective treatment planning.

Keywords: Trichotillomania, pseudotrichotillomania, trichoscopy, body dysmorphic disorder, Dorian Gray syndrome

[OP-34]

Do Psoriasis Patients and Healthy-Skin Controls Differ in Their Desire to Socially Distance from Persons with Visible Psoriasis?

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Aim: Persons affected by psoriasis, a chronic inflammatory skin disease, often suffer from high psychosocial burden due to their skin condition. Psychosocial distress can occur due to stigmatization because of visible skin symptoms, including external stigmatization by society and self stigmatization by themselves. Psoriasis patients report more stigmatization experiences than persons without a skin disease. However, it remains unclear how psoriasis patients and healthy-skin controls differ in their attitudes towards other persons, who have visible psoriasis symptoms. Therefore, the main objective of this study was the comparison of psoriasis patients and healthy-skin controls regarding their desire to socially distance from persons with varying severity of facial lesions.

Materials and Methods: A quasi-experimental cross-sectional online study including 144 psoriasis patients and 144 healthy-skin controls was conducted. Each participant rated images depicting three different faces with no, mild, or severe psoriasis lesions. The primary outcome variable was the desire to socially distance from the depicted persons, assessed by self-report using the validated Social Distance Scale. It measures participants' willingness to socially interact with the depicted persons in various social situations, with values ranging from 1 = "definitely" to 5 = "definitely not". Regarding the presentation of images, participants were stratified by age and gender.

Results: A two-way ANOVA with repeated measures revealed two significant main effects of group and image: Across all images, psoriasis patients had a lower desire to socially distance from the depicted persons than healthy-skin controls ($P = 0.013$, η^2partial = 0.02). The desire to socially distance increased with the severity of depicted psoriasis symptoms across both groups ($P < 0.001$, η^2partial = 0.09). The interaction effect between group and image did not reach statistical significance ($P = 0.057$, η^2partial = 0.01). Moreover, among healthy-skin controls, males and 41-65 year olds reported a stronger desire to socially distance compared to females and 18-40 year olds, respectively. An increased desire for social distance was associated with a greater endorsement of psoriasis-related misconceptions, which were in general more prevalent among healthy-skin controls than psoriasis patients.

Conclusion: Both psoriasis patients and healthy-skin controls show a stronger desire to socially distance from persons with visible psoriasis symptoms as the visibility of these symptoms increases. However, healthy-skin controls, especially men and 41-65 years old persons, show a stronger tendency to socially avoid those affected by visible psoriasis than psoriasis patients. One possible explanation is that healthy-skin controls may know less about psoriasis than psoriasis patients. This highlights the need for more awareness-raising work and education about psoriasis among the general population as a way to reduce stigmatization of persons with psoriasis.

Keywords: Stigmatization, social stigma, social distance, psoriasis, psychodermatology

[OP-35]

Effectiveness of the HautKompass Online Programme in Reducing Self-Stigma in People with Chronic Skin Diseases - A Randomized Controlled Trial

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Aim: People living with chronic skin diseases are often at risk for self-stigmatisation and concerns about body appearance, which can substantially diminish quality of life and psychosocial well-being. We developed the online programme HautKompass for this target group to reduce self-stigma, based on cognitive behavioural therapy and self-compassion approaches. The aim of this parallel group-randomized controlled trial was to examine its effectiveness in five skin diseases. It was hypothesised that the intervention group (IG) would show a larger reduction in self-stigma, depression, anxiety, and avoidance, as well as greater increases in acceptance coping, self-compassion, quality of life and positive body image from pre- to post-intervention than the control group (CG).

Materials and Methods: German-speaking adults with alopecia areata, atopic dermatitis, hidradenitis suppurativa, psoriasis, and vitiligo not currently receiving psychiatric treatment or psychotherapy were eligible for participation. Participants (n = 298) were randomized into an IG, which worked through the eight programme modules on their own, or a non-intervention waitlist CG. Due to the nature of the study, participants were not blind to their group assignment. Self-stigma, self-compassion, acceptance, and other psychosocial variables were assessed by self-report questionnaires before (T0) and after the programme (8 weeks after T0 for the CG; T1) as well as at 6-months follow-up (T2).

Results: Recruitment was completed in October 2024; follow-up data collection is underway. In comparison to the CG (n = 124), the IG (n = 62) showed a significant reduction in self-stigma from pre- to post-test [IG: T0 = 39.08, T1 = 34.42; CG: T0 = 39.47, T1 = 39.10; F (1,185) = 11.58, $P < 0.001$, $\eta p^2 = 0.059$] and a significant increase in acceptance coping [IG: T0 = 11.92, T1 = 13.89; CG: T0 = 11.97, T1 = 11.82; F (1,184) = 8.06, $P = 0.005$, $\eta p^2 = 0.042$]. Furthermore, an increase in self-compassion was observed in the IG but it did not differ significantly from the CG [IG: T0 = 35.61, T1 = 37.42; CG: T0 = 37.72, T1 = 37.88; F (1,184) = 3.61, $P = 0.059$, $\eta p^2 = 0.019$]. Notably, dropout was high in the IG (60.7%; CG: 11.4%), in particular after the first two sessions, possibly due to a mismatch between users' expectations and the programme content.

Conclusion: HautKompass was effective in reducing self-stigma and improving self-compassion and acceptance in people with different chronic skin conditions. The follow-up data will show whether these changes persist over time. This free, self-guided programme offers a promising approach to improve the psychosocial well-being of those affected and represents a significant advance in psychosocial care in dermatology.

Trial registration: clinicaltrials.gov - NCT06324695. Source of funding, German Federal Ministry of Education and Research (01GY2105).

Keywords: Self-stigma, mental health, intervention, randomized controlled trial

[OP-36]

Therapeutic Effects of Topical Tramadol Liposomal Gel (TrLG) and Tramadol Hydrochloride Solution (TrHC) on Symptoms of Chronic Pruritus: BALB/c Mice Preclinic Model

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Aim: Pruritus is a chronic process that often accompanies inflammatory eczematous lesions. Substances such as nalfurafine, difelikefalin, and nalbuphine, which are also kappa opioid receptor (KOR) agonists, are currently used in clinical studies for treating chronic pruritus. In this study, we evaluated tramadol hydrochloride solution (TrHC) and tramadol liposomal gel (TrLG), another KOR agonist and centrally acting opioid analgesic used for treating moderate acute or chronic pain, on a murine model of chronic pruritus.

Materials and Methods: In this study, we evaluated TrHC and TrLG, another KOR agonist and centrally acting opioid analgesic used for treating moderate acute or chronic pain, on a murine model of chronic pruritus. Pruritus was induced by repeated application of 200 µL 0.6% 1-chloro-2,4-dinitro benzene acetone/olive (3:1) on the dorsal skin of 30 male BALB/c mice thrice weekly for two weeks. Mice with dermatitis scores (erythema, dryness, edema, and excoriation) over 4 were divided into five groups (n = 5) and treated with 200 µL each of topical betamethasone valerate (BMV) 0,1% BMV, vehicle (V- Carbopol gel 1%), TrLG and TrHC (10 mg/0.2 mL) once daily for three consecutive days, or were not treated (NT). The dermatitis score was measured daily, and scratching behavior was recorded after applications for 60 minutes. On the last day, dorsal skin biopsies were collected and analyzed histologically.

Results: After treatment, dermatitis improved significantly in the BMV, TrLG, and TrHC groups compared to the V and NT groups. Scratching behaviors were substantially lower in BMV, TrLG, and TrHC-treated mice. Immunohistochemical examination showed that BMV, TrLG, and TrHC reduced inflammatory changes and epidermal thickness compared with V and NT. Dermal inflammatory cells and eosinophils were significantly lower in BMV, TrLG, and TrHC-treated mice ($P < 0.05$). There were no significant differences in mast cell numbers among the groups.

Conclusion: Our study results demonstrate the utility of TrHC or TrLG as a promising topical agent for treating eczematous lesions and pruritus. *This research was supported by the Society of Turkish Dermatology - Scientific Research Project Support Scholarship.

Keywords: BALB/c, chronic pruritus model, 1-chloro-2,4-dinitrobenzene (DNTB), tramadol hydrochloride

[OP-37]

Mindfulness Meditation in Treatment of Dermatological Diseases

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Aim: Chronic inflammatory skin disorders either with visible stigmata or physical symptoms such as itching, burning and stinging reduce patients' life quality and may lead to psychological disorders like depression or anxiety. Otherwise these symptoms can further strengthen existing psychological symptoms of stress and anxiety. It is well known that immunological mechanisms which have been shown to play a role in the pathogenesis of diseases such as atopic dermatitis, alopecia areata, psoriasis, lichen planus and vitiligo, are directly related to psychology and neurology.

Materials and Methods: In the treatment of dermatological diseases, it is necessary to take into account the patients' quality of life and psychological burdens such as stress and sleep disorders. In conclusion it is only possible to resolve the relationship between psychiatric symptoms and dermatological findings with a multifaceted approach. These approaches consist of psychosocial treatments, psychotherapy, pharmacotherapy and dermatological interventions.

Results: Mindfulness as a term means to focus mental attention on the present moment consciously and without judgment. Mindfulness can provide positive changes in the activities of certain regions of the cerebral cortex and even cause changes in its structure and connections. It has been observed that people who practice mindfulness experience less the effects of inflammation-related psychological stress. Mindfulness based psychotherapies such as Mindfulness Based Stress Reduction, Mindfulness Based Cognitive Therapy have positive effects on anxiety, depression, burnout, quality of life, stress and distress. Clinical studies have shown the benefits of meditation and mindfulness for Atopic eczema. Meditation is a method by which awareness can be practically expressed and experienced. In mindfulness meditations, the individual practices the quality of mindfulness by monitoring his/her internal and external experiences in his/her own mind and body, clearly and without any obsession. Mindfulness and meditation help patients to approach eczema from a different perspective by focusing on their bodies. Besides reducing stress, inflammation-reducing effects of mindfulness meditations have also been shown. Psoriasis as a chronic, recurrent inflammatory skin disease is commonly associated with stress. Mindfulness with or without meditation is an important non-pharmacological method for managing stress in patients with psoriasis. Clinical trials demonstrated improvement in self-administered psoriasis and PASI after 8 or 12 weeks of guided meditation. Meditation improves both psoriasis skin severity and patient quality of life. A clinical study demonstrated that mindfulness based stress reduction meditation delivered with UV treatment increased the efficacy of treatment. It has been claimed that it would be interesting to investigate whether mindfulness meditation improves psoriasis without UV treatment.

Conclusion: Dermatologic symptoms such as pruritus, numbness and burning are accepted as somatization when they are medically unexplained. Mindfulness based therapies accompanied by a serotonin-norepinephrine reuptake inhibitor reduces somatic symptoms as well as the severity and number of physical symptoms in somatic disorders related with dermatology.

Keywords: Mindfulness meditation, dermatological diseases, stress

[OP-38]

Measuring the Influence of Skin Diseases on Personal Decisions: Creation and Validation of the Scars of Life Questionnaire

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Aim: Skin disorders can have a profound and lasting impact on the course of a person's life. Most inflammatory skin disease can have a subtle or significant impact on the choices one makes in life. Frustration, resentment, discouragement, stigmatization or resilience are feelings that can impact people with skin diseases depending on each individual personality. This project aimed to develop and validate a dermatological questionnaire that assess the impact of 6 chronic skin inflammatory diseases (vitiligo, psoriasis, atopic dermatitis, hidradenitis suppurativa, acne, and rosacea) on a person's life, thereby guiding short- or long-term decisions and daily choices.

Materials and Methods: Interviews with patients who declared having been diagnosed by a dermatologist for one of the 6 skin diseases highlighted the primary themes that should be addressed; namely education, work, emotional and love life. Semi-directed interviews were conducted until item saturation was reached. A steering committee involving dermatologists, public health experts, parents of children with skin disease, and patient associations representatives helped reach consensus and refining the questionnaire to a total of 11 items. Exploratory factor analysis was conducted on a sample of over 17,000 individuals with a history of skin disease to confirm the relevance of the 11 items. Internal consistency was determined by calculating Cronbach's alpha concurrent validity was determined by calculating the correlation between the "scars of life" (SOL) questionnaire and the Pressure Ulcer Scale for Healing-Diabetes (PUSH-D) questionnaire. Answers using a 5-point Likert scale. The overall score being a standardized score out of 100, using the same methodology as the EORTC QLQC30. The higher the score, the greater the impact.

Results: A total of 16,727 participants responded. Mean age was 40.86±14.13 years; 9,604 were women (57.4%) and 7,123 were men (42.6%). Inter-item Spearman's rank correlation coefficient ranged from 0.61 to 0.81, indicating strong correlation and suggesting that the 11 items measure a single concept. No redundant item pairs were identified, and consequently, no items were removed. The Kaiser-Meyer-Olkin values were $>$ 0.95 for all items, indicating a satisfactory fit of the data to the confirmatory factor analysis. With a comparative fit index of 0.96, a Tucker-Lewis Index of 0.95, and a root mean square error of approximation of 0.071, results indicate good model fit. Cronbach's alpha coefficient (0.966), indicates very good internal consistency. The Spearman's rank correlation between the standardized scores of the SOL questionnaire and those of the PUSH-D questionnaire is 0.828 (confidence interval: 95%, 0.821-0.834). These results indicate a strong correlation, without excessive redundancy, between the two questionnaires, suggesting that the SOL questionnaire could be complementary to the PUSH-D stigma questionnaire.

Conclusion: SOL questionnaire, which has demonstrated internal and external validity, provides a global view of the impact of skin diseases on people's life paths, as well as the comparability of these levels between different skin conditions.

Keywords: Skin conditions, questionnaire, life choices

[OP-39]

Impact of Atopic Eczema on Life Choices and Destiny: A Global Study

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Aim: Atopic eczema (AE) is a chronic inflammatory skin disorder affecting millions of people worldwide. AE can appear in adulthood but is more common in childhood and adolescence. However, there is no information regarding the impact of AE depending on its time of onset in life.

Materials and Methods: We mobilized more than 30,801 adults in 27 countries on five continents. People were divided into several groups according to the timing of onset of AE. Our results compare adult populations with AE according to whether it appeared in childhood [ECA (< age 10)] or in teenage (ETA). The questionnaire was developed in collaboration with multiple patient associations and international AE experts and included questions related to AE, and the "scars of life" (SOL) questionnaire, which assesses the impact of a disease on life choices. The project was reviewed by a French ethics committee. Given our objective of examining the long-term effects of a life trajectory, we deemed it appropriate to limit our study population to individuals aged 30 and above.

Results: A total of 7,840 participants with current AE were identified in 27 countries between February and May 2024. Once patients over 30 years of age were selected, 2025 people were identified as having ECA, while 3,800 were identified as having ETA. In their daily lives, 25.3% indicated that their AE posed an obstacle to becoming a parent, due to concerns about transmitting the disease. Additionally, 30% reported that their AE affected their love life or sexuality, 38.2% had a negative impact on their self-image and self-confidence, 28.9% reported had hindered their professional career. To address potential biases in baseline characteristics between groups, a 1:1 propensity score matching without replacement was performed. Propensity scores were calculated using a logistic regression model including the following normalized covariates: gender, severity and age. A total of 4036 matched individuals were identified, and two ECA and ETA comparable groups were constructed. Patients who had AE in childhood exhibited greater impact as measured by the SOL questionnaire (32.29 vs. 21.53; $P < 0.0001$). Atopic patients whose disease began in childhood were significantly more likely to report that their AE presented a barrier to becoming a parent, affected their love life or sexuality, had a negative impact on their self-image and self-confidence, and hindered their professional career.

Conclusion: Adults with AE whose eczema started during childhood had significantly more difficulties in several crucial areas, including occupational well-being, job adjustment, personal life, family relationships, and self-esteem compared to those whose AE started in teenage. These results highlight the importance of a proactive and preventive approach to managing AE in childhood.

Keywords: Skin conditions, questionnaire, life choices, childhood, destiny

[OP-40]

Differential Impact of Atopic Eczema by Age of Onset: Findings from the "Scars of Life" Project

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Aim: Atopic eczema (AE), is a chronic inflammatory skin disorder affecting millions of people worldwide. While the physical manifestations of eczema are extensively studied, its psychological and social implications remain less clear, especially in distinguishing between individuals with childhood-onset vs. adult-onset AE. The "scars of life" (SOL) project aimed to fill this gap by analysing how age onset of AE affects the severity of its symptoms and impact daily and occupational life.

Materials and Methods: The SOL project involved 30,801 adults in 27 countries on five continents. People were divided into several groups according to onset of AE. Initial results compared adult populations with AE according to whether it appeared in childhood [ECA (before age 10)] or exclusively in adulthood (EOA). The questionnaire was developed in collaboration with multiple patient associations and international AE experts and included questions related to AE, and Pressure Ulcer Scale for Healing-Diabetes (PUSH-D) questionnaire. The project was reviewed by a French ethics committee. To address potential biases in baseline characteristics between groups, a 1:1 propensity score matching without replacement was performed. Propensity scores were calculated using a logistic regression model including the following normalized covariates: gender, severity and age.

Results: A total of 10,258 participants with current AE were recruited between February and May 2024, including 5,931 (57.8%) women and 4,237 (42.2%) men. The mean ± standard deviation age was 41.84±14.70 years. A total of 2,875 individuals were identified as having ECA, while 7,883 were identified as EOA. In their daily lives, 31.6% of respondents indicated that, as a result of their EA, avoided shaking hands, while 29.1% reported experiencing discrimination in the workplace. 28.5% of respondents indicated that they had been rejected by their partner, while 39.2% admitted to experiencing a reluctance to present themselves or to conceal their condition. Additionally, 28.1% of those surveyed reported having already felt a sense of shame from their family or relatives. A total of 5,750 matched individuals were identified, and two ECA and EOA comparable groups were constructed. Patients who had AE in childhood exhibited greater stigma as measured by the PUSH-D score (23.0 vs. 18.1, $P < 0.0001$). ECA individuals were significantly more likely to report that their AE presented a barrier to becoming a parent, affected their love life or sexuality, had a negative impact on their self-image and self-confidence, and hindered their professional career.

Conclusion: ECA adults had significantly more difficulties in several crucial areas, including occupational relationship daily life (transportation, administrative procedures), personal life, and partner's or family's relationships, compared to EAO group. The strong correlation between early onset AE and its extensive stigma suggests that the atopic eczema affects not only physical health but also has a deep influence on psychological and social aspects throughout life.

Keywords: Atopic eczema, stigmatization, quality of life

[OP-41]

Investigation of Depression, Anxiety, Posttraumatic Stress Disorder, Suicidal Ideation, and Skindex-16 in Pemphigus and Pemphigoid Patients

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Aim: Autoimmune blistering diseases are rare diseases associated with autoantibodies against structural proteins in the skin and mucous membranes. This study aims to investigate depression, anxiety, post-traumatic stress disorder (PTSD), and suicide risk in patients with pemphigus and pemphigoid, and to explore the relationship between these disorders and the skindex-16 scale and other clinical data.

Materials and Methods: The study included 29 pemphigus and 21 pemphigoid patients diagnosed between October 2023 and October 2024 at the Blistering Diseases Unit, Department of Dermatology and Venereology, Akdeniz University. The sociodemographic and disease-related data of the patients, along with their Skindex-16, Pemphigus disease area index (PDAI), Bullous Pemphigoid disease area index (BPDAI), Hospital anxiety and depression scale (HADS), post-traumatic stress disorder checklist scale (PCL-5), and Suicide risk scale (SRS) scores, were recorded. The results were statistically analyzed using IBM SPSS 26.0 software.

Results: Among the patients, 52% were diagnosed with pemphigus vulgaris, 36% with bullous pemphigoid, 6% with pemphigus foliaceus, 4% with mucous membrane pemphigoid, and 2% with gestational pemphigoid. Mucosal involvement was observed in 62% of patients in the oral mucosa, 56% in the scalp, and 30% in the genital mucosa. The mean PDAI and BPDAI scores were 26.10±15.83 and 37.86±28.53, respectively. A positive correlation was found between PDAI and Skindex-16 symptom scores. Increased scores on PCL-5 were observed in pemphigus patients with anxiety symptoms, while increased SRS scores were observed in pemphigoid patients. Depression in pemphigus patients was associated with higher SRS-Hopelessness scores, while in pemphigoid patients, higher skindex-16 emotion and SRS-suicide ideation scores were found. PTSD symptoms in AIBD patients were associated with increased HADS-anxiety, skindex-16, and PCL-5 scores. The PCL-5 scale significantly affected both skindex-16 and SRS scores.

Conclusion: In conclusion, this study emphasizes the need for a holistic approach to address both the physical and mental health of AIBD patients. Collaboration between dermatology and psychiatry specialists to develop psychosocial evaluation and intervention methods may enhance the quality of life for these patients.

Keywords: AIBD, depression, anxiety, PTSD, suicidal ideation

[OP-42]

Mental Health of Individuals with Vitiligo in Germany - Analysis of a Nationwide Health Insurance Database and Internal Diagnostic Validation

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Aim: Persons with vitiligo experience a high level of psychological distress, as evidenced by primary data. However, as there is no common definition of mental health diseases (MHD) for statutory health insurance (SHI) data, the literature on this topic is limited in these data, and SHI data may have potential biases, validity testing is necessary to ensure reliable prevalence estimates.

Materials and Methods: A systematic literature review and a multistage consensus process involving various experts defined MHD in persons with vitiligo and different algorithms to extract data from SHI data. In addition to ICD-10 diagnosis codes, other inclusion criteria for MHD were considered (prescription of therapies and medications). Prevalence estimates of comorbidity of MHD in persons with vitiligo were compared with persons with (A) atopic dermatitis, (B) psoriasis and (C) persons without vitiligo.

Results: A total of 4,631 individuals (standardised prevalence: 0.19%, ~148,437 individuals in Germany) with vitiligo were included (mean age 57 years, woman were more exposed) and adjusted for group comparisons using 1:3 propensity score matching. Three case definitions for the detection of MHD in SHI data were identified through a multi-stage consultation process: case definition (1): ≥ 1 MHD ICD-10 diagnosis, case definition (2): (1) plus medication or therapy, case definition (3): (1) plus specific medication prescription. Effctive disorders (F30-F39) and neurotic, stress-related and somatoform disorders (F40-F49) consistently had the highest prevalence rates for (1) 19.80% (95% confidence interval 18.02-20.29) and 17.90% (95% confidence interval 16.80-19.29) respectively, but there were no differences between groups (A) and (B). Comparison of group (B) showed some significant differences in behavioural and emotional disorders with onset in childhood and adolescence [F90-F99, (1): emotional disorders of childhood: relative risk = 2.29, 95% confidence interval 1.14-4.61, hyperkinetic disorders: relative risk = 1.58, 95% confidence interval 1.01-2.46].

Conclusion: The results of the study illustrate the complex interaction between vitiligo and MHD. The greater visibility of vitiligo and the associated social stigma may explain the effects of the group comparisons (B). In general, chronic skin diseases correlate with MHD such as affective and somatoform disorders. Our results highlight the need for sensitivity analyses to validate case definitions, as well as further long-term studies to improve the classification criteria for mental disorders in persons with vitilig. This study was sponsored by Incyte Biosciences GmbH. The sponsor had no role in data collection, data analysis, data interpretation, or preparation of the abstract.

Keywords: Prevalence, statutory health insurance, routine data, chronic skin disease, psychological diseases

[OP-43]

Psychodermatological Approach for Successful Treatment of Acne: A Model of Integrated Approach with Laser Treatment and Habit Reversal Therapy

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Aim: Acne is recognized for its detrimental effects on self-esteem, self-worth, and impaired quality of life. Individuals with acne frequently exhibit psychiatric comorbidity. A preoccupation with facial appearance may drive them to engage in picking behavior.

Materials and Methods: Current acne therapies often show limited and short-term effectiveness, leading to the exacerbation of compulsive behaviors associated with acne. The psychological component in the etiology of acne is often neglected in dermatological practice. It is frequently overlooked that self-excoriation is a primary cause of obliteration and epithelialization of the hair-sebaceous apparatus's opening and the transformation of the sebaceous gland into a cyst.

Results: We present a new psychodermatological approach for the treatment of acne. The methodology demonstrates substantial therapeutic effectiveness. The clinical protocol combines CO_2 laser drainage of sebaceous glands (an unilateral tactic on one side of the face) with alternating therapeutic sessions of cognitive-behavioral therapy (CBT) and habit reversal training. This approach effectively addresses the psychological aspects of the condition and motivates the patient. Results indicate the approach helps in gaining awareness, stop the excessive cleaning and picking, changing habits, improving self-perception, and care for the skin.

Conclusion: Therapeutic effectiveness of the strategy utilizing laser therapy and CBT presents a new alternative for treating acne, which negatively affects the emotional well-being and quality of life of many individuals.

Keywords: Acne, psychodermatology, habit reversal therapy, CO_2 laser treatment, cognitive-behavioral therapy

Figure 1. Before and after treatment

Figure 2. Before and after treatment

Figure 3. Before and after treatment

Figure 4. Before and after treatment

Figure 5. Before and after treatment

[OP-44]

Permanent Skin Changes After Pregnancy and Breastfeeding Effects of Body Image on Quality of Life

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Aim: Many dermatologic symptoms that may occur during pregnancy such as stria gravidarum, hyperpigmentation, hair and vascular changes are often associated with hormonal changes. Some of the skin changes that occur during pregnancy and breastfeeding diminish/vanish over time, while others remain irreversible. Any change in skin can affect body perception. The imposition of perfect body, which has become more evident in recent years with the influence of social media, focuses especially on female body. This study was conducted to determine the permanent skin changes that occur/increase after pregnancy and breastfeeding and to examine the effect of these changes on the quality of life of body image.

Materials and Methods: The online questionnaire form prepared for data collection was sent to the e-mail addresses of the women who agreed to participate in the study, with each individual completing the questionnaire once (the questionnaire form was designed to start with the informed consent form and end when consent was not given). The study included 201 women aged 18-46 years, who had given birth at least once and at least 2 years after delivery, and who met the inclusion criteria. A questionnaire including sociodemographic and skin changes associated with pregnancy/lactation, the impact of body image on quality of life scale (IBIQL) and the hospital anxiety and depression scale (HAD) were used for data collection.

Results: It was determined that 87.6% of the participants were married and the mean age of the women was 37.1 years. It was found that 65.2% of the participants had cesarean section scars and skin changes frequently associated with pregnancy and breastfeeding (SCAPAB) were: sagging breasts 67.6%, stria gravidarum 59.7% and sagging abdomen 57.8%. Other skin conditions that occurred/increased and persisted in addition to SCAPAB included hair loss in 48.3% and red/brown mole-like lesions in 28.4%. The mean HAD anxiety and depression scores of the women were 8.4 and 7.8, respectively. There was a significant negative correlation between the IBIQL subscores and the number of SCAPAB, BMI and HAD anxiety and HAD depression scores; there was a significant positive correlation between HAD anxiety, HAD depression scores and the number of SCAPAB and BMI ($P < 0{,}05$; $r < 0$, $r > 0$).

Conclusion: In our study, it was found that skin changes that occur, increase and persist after pregnancy and breastfeeding negatively affect women's body image. These changes were also found to negatively affect the quality of life of body image. In recent years, it has been concluded that the imposition of modern life on the perfect appearance of the female body, which cannot be ignored, has increased the mother's dissatisfaction with her own body.

Keywords: Skin, breastfeeding, pregnancy

[OP-45]

Qualitative Interviews with Parents of Children with Epidermolysis Bullosa (EB), and Healthcare Professionals: Development of a Self-help Toolkit

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Aim: Epidermolysis bullosa (EB) refers to a group of rare disease that causes fragility of the skin and blisters all over the body. As there is no cure, management of the condition involves treating wounds and dressing the skin with bandages. For children with EB, care is usually the responsibility of a parent/carer, who will oversee dressing changes, medications, and provide daily assistance. Caring for a child with EB can be stressful and there can be a negative impact to mental health and quality of life. This study used a qualitative methodology following Medical Research Guidelines, and the Person Based Approach to investigate parent and healthcare professional experiences of care for childhood EB. The aim of this study was to gather in-depth data from experts-by-experience to inform the design of a self-help toolkit to reduce stress in parents of children with EB, as the need for psychosocial support for families has been previously highlighted.

Materials and Methods: Semi-structured interviews were held online with parent/carers of children diagnosed with EB, and healthcare professionals with experience working clinically with children affected by EB. Interviews lasted around 1.5 hours.

Results: Provisional analysis of interview data indicates that parents experience a complex range of emotions on a daily basis. These emotions included guilt and self-blame from the genetic nature of EB and from causing pain to their child during dressing changes, fear for the future, stress, sadness, and anger and frustration. Healthcare professionals reported similar observations in paediatric patients and their parents, and also highlighted the impact on siblings who might miss out on parental attention as the demands of care for the unwell child overtake routines. When discussing resource content, parents expressed desires for the inclusion of representative images, quotes or videos from real people, and interactive features such as videos and audio recordings that could be revisited anytime. Parents and healthcare professionals alike described the need for tailored psychological support resources, drawing on psychotherapeutic techniques such as mindfulness, self-compassion, acceptance and commitment therapy. However, barriers were highlighted in terms of the amount of parental time that could be allocated to engagement with a support resource, and emphasis was placed on the importance of making interventions short and relevant to the issues experienced for families affected by EB.

Conclusion: Findings will be used to guide the design of a self-help toolkit to support the psychological wellbeing of parents of children with EB. Content of the toolkit will include a range of psychotherapeutic approaches to target levels of parental stress, and will be delivered in an online format via DEBRA United Kingdom.

Keywords: Psychodermatology, quality of life, epidermolysis bullosa

[OP-46]

Choice of Antipsychotics in Delusional Infestation

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Aim: Little is known about the best first-line antipsychotic choice for the treatment of delusional infestation (DI). We examined the treatment responses associated with different antipsychotics in DI patients.

Materials and Methods: We undertook a multicentre, retrospective observational study using anonymised electronic patient records from two hospitals in the United Kingdom from Jan 1, 2011, to Jan 1, 2023. Eligible participants were adults (≥ 18 years) diagnosed with DI treated with an antipsychotic, and had both an assigned baseline and follow-up clinical global impression scale (CGI-S) score. The CGI-S is a validated psychiatric research tool. The last available CGI-S score was used as the final outcome score. The primary outcome was the response to each individual antipsychotic treatment, measured by the difference in the baseline and last available follow-up CGI-S scores. Differences in CGI-S changes between antipsychotic episodes were tested by analysis of variance (ANOVA).

Results: Four hundred and fourteen patient records were analysed, and data were extracted. The mean age was 61.8 years (standard deviation: 14.1). One hundred and seventy (41%) of 414 patients were men and 244 (59%) were women. In total, 156 (38%) of 414 patients were eligible, yielding a total of 315 antipsychotic prescribing episodes. The ANOVA, ranking in order of treatment response, showed that the highest mean score (expressing highest treatment response) was observed in amisulpride (67% had response or remission) and risperidone (57% response or remission), followed by some distance by quetiapine (36%), aripiprazole (28%), and olanzapine (25%).

Conclusion: Amisulpride, followed by risperidone were associated with a higher treatment response than quetiapine, aripiprazole, and olanzapine. Amisulpride should therefore be considered the first-line treatment options in DI patients.

Keywords: Delusional infestation, antipsychotics, amisulpride, efficacy

[OP-47]

Outcomes for Delusional Infestation in Multidisciplinary Clinics

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Aim: Delusional infestation (DI) patients have fixed delusional beliefs that they are infested with living or non-living pathogens that cause symptoms. Antipsychotic medication is the treatment of choice. Patient engagement is a challenge. Little is known about the best settings to treat DI. We examined outcomes for DI patients referred to the 2 multidisciplinary clinics in the United Kingdom, consisting of dermatologists or tropical medicine physicians and psychiatrists.

Materials and Methods: We used clinical global impression scale (CGI-S) score changes as our main outcome parameter. We report average CGI-S score changes for all groups. We did independent t-tests and an ANOVA analysis to measure differences between those who had a planned discharge and those who were lost to follow-up, separating each group between those who reported taking medication and those who did not. We used a Wilcoxon rank test to look at outcomes by baseline CGI-S score.

Results: Records from 465 patients were reviewed. 94 (20.2%) patients had no CGI-S data points (12.0% did not attend; 8.2% missing data). One hundred and fifty one (32.5%) were followed up and had a planned discharge. One hundred ninety three (41.5%) were lost to follow-up at some point, of which 63 patients (13.5%) attended only once and had their last observation carried forward. Of the 281 (60.4%) patients who attended the clinics at least twice, 108 (38.4%) had a response or remission (n = 69; 24.6%). The mean average CGI-S score change was -1.29, indicating clinically relevant improvement. Those who had a planned discharge and reported to have taken medication had an average CGI-S score change of -2.02, indicating significant improvement. Those who took medication but were lost to follow-up had an average CGI-S change of -0.63 (just below clinically relevant improvement); those lost to follow-up who did not take medication did not improve (CGI-S change: -0.07). Patients with higher baseline severity had significantly better outcomes.

Conclusion: DI patients who took medication did significantly better than those who did not. Patients who had a planned discharge did significantly better than those who were lost to follow-up. Multidisciplinary clinics have good clinical outcomes for patients with DI, especially where patient engagement was reasonable.

Keywords: Delusional infestation, multidisciplinary clinics, psychodermatology, outcomes

[OP-48]

When PASI is not Enough: Psychological Impairments Despite Improvements in Skin

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Aim: Psoriatic disease profoundly impairs patients' social, emotional, and physical area of life, impacting on their overall well-being. However, discordance between skin improvement and psychological wellbeing remains inadequately characterized. To analyse clinical characteristics and patient-reported outcomes of patients who exhibited persistent impaired well-being [World Health Organization-Five Well-Being Index (WHO-5) score ≤ 28) after 52 weeks of psoriasis treatment with tildrakizumab.

Materials and Methods: Positive is an ongoing 24-month, phase IV observational multinational study in adult patients with moderate-to-severe plaque psoriasis treated with tildrakizumab in a real-world setting. Outcome measurements included the WHO-5, psoriasis area and severity index (PASI), high impact areas (Physician's Global Assessment scalp, palmoplantar and nail), symptoms (dermatology life quality index-relevant (DLQI-R) and treatment satisfaction questionnaire for medication (TSQM-9). We report 52-week interim data (n = 400 patients). We examined the demographic and clinical characteristics, and the patient-reported outcomes of patients who despite improvement of the signs and symptoms of psoriasis, the wellbeing impairment remained high (WHO-5 ≤ 28).

Results: Among 400 patients receiving tildrakizumab, 68 (17.0%) had severe impaired well-being at baseline (WHO-5 ≤ 28). Of these, 13 (3.25%) reported persisted impairment up to week 52 (Table 2). These scores contrast with the WHO-5 evolution of the overall cohort: 53.8±21.8 at baseline and 65.2-66.0 in the following visits. These 13 patients reported similar characteristics to the overall cohort, with the exception of: currently smoking, fatty liver disease and neoplasia (Table 1). PASI in these 13 patients improved rapidly from 15.8±11.6 at baseline to 3.8±3.7 at week 16 and maintained over time (2.5±1.8 and 2.5±2.8 at weeks 28 and 52); with 53.8% and 75% of them reaching PASI ≤ 3 at weeks 16 and 52 and 15.4% and 41.7% PASI ≤ 1. Satisfaction levels with treatment across all three TSQM-9 domains (effectiveness, convenience and overall satisfaction with the treatment) were similar to the whole cohort. However, despite skin improvement and treatment satisfaction, these patients reported significantly worse DLQI-R scores compared to the whole cohort (Table 2). Notably, these patients had similar scalp affectation at baseline, however, the improvement was significantly lower than the rest of the population. Other high impact areas (palmoplantar and nails) showed similar frequency and improvement. Regarding symptoms, itch and skin pain improvements were similar to the general cohort, whilst joint pain and fatigue remained impaired throughout the 52 weeks (Table 2).

Conclusion: This analysis identifies a distinct subgroup of patients with psoriasis who experience ongoing psychological distress despite objective skin improvement. Thus, skin clearance alone may be insufficient for a comprehensive disease management in certain patients. Psychological wellbeing measures should be incorporated to guide individualized treatment approaches beyond skin-focused outcomes.

Keywords: Psoriasis, well-being, tildrakizumab, WHO-5

Table 1. Basal characteristics of the patients

	Statistics	**All cohort (n = 400)**	**13 patients with WHO-5 < 28 at week 52**
Age, years	Mean (SD)	46.5 (15.0)	45.5 (11.3)
Female	n (%)	147 (36.8%)	6 (46.2%)
BMI (kg/m^2)	Mean (SD)	28.39 (5.8)	30.33 (7.0)
Smoking habit	n (%)		
Current smoker		147 (36.8%)	8 (61.5%)
Ex-smoker		72 (18.0%)	2 (15.4%)
Non-smoker		165 (41.3%)	2 (15.4%)
Unknown		16 (4.0%)	1 (7.7%)
Alcohol consumption	n (%)		
Heavy drinker		12 (3.0%)	0 (0.0%)
Occasional drinker		241 (60.3%)	9 (69.2%)
Abstinent		119 (29.8%)	3 (23.1%)
Unknown		28 (7.0%)	1 (7.7%)
Employment status	n (%)		
Full time		248 (62.0%)	8 (61.5%)
Part time		26 (6.5%)	2 (15.4%)
Unemployed		25 (6.3%)	1 (7.7%)
Unknown		29 (7.3%)	2 (15.4%)
Retired		57 (14.3%)	0 (0%)
Student		10 (2.5%)	0 (0%)
Marital status	n (%)		
Married		184 (46.0%)	6 (46.2%)
In union		64 (16.0%)	2 (15.4%)
Single		98 (24.5%)	3 (23.1%)
Divorced		31 (7.8%)	0 (0%)
Widow		6 (1.5%)	1 (7.7%)
Unknown		17 (4.3%)	1 (7.7%)
Co-morbidities	n (%)	180 (45.0%)	7 (53.8%)
Diabetes mellitus		25 (6.3%)	1 (7.7%)
High blood pressure		84 (21.0%)	5 (38.5%)
MetS		12 (3.0%)	1 (7.7%)
IBD		2 (0.5%)	0 (0%)
Neoplasm		8 (2.0%)	2 (15.4%)
Depression		36 (9.0%)	1 (7.7%)
CV disease		17 (4.3%)	1 (7.7%)
Dyslipemia		30 (7.5%)	1 (7.7%)
Fatty liver disease		20 (5.0%)	3 (23.1%)
Kidney disease		5 (1.3%)	0 (0%)
PsA		48 (12.0%	1 (7.7%)
Other		109 (27.3%)	3 (23.1%)
Time since 1st diagnosis (years)	Mean (SD)	15.0 (13.0)	15.3 (8.7)
Severity of plaque psoriasis	n (%)		
Moderate		248 (62.2%)	9 (69.2%)
Severe		151 (37.8%)	4 (30.8%)
Previous biologic treatments	n (%)	110 (27.5%)	4 (30.8%)
Country	n (%)		
Austria		68 (17.0%)	1 (7.7%)
Belgium		15 (3.8%)	1 (7.7%)
France		88 (22.0%)	2 (15.4%)
Germany		100 (25.0%)	6 (46.2%)
Italy		12 (3.0%)	1 (7.7%)
The Netherlands		10 (2.5%)	0 (0%)
Spain		60 (15%)	1 (7.7%)
Switzerland		34 (8.5%)	1 (7.7%)
United Kingdom		13 (3.3%)	0 (0%)

SD: Standard deviation, WHO-5: World Health Organization-Five Well-Being Index, BMI: Body mass index, MetS: Metabolic syndrome, IBD: Inflammatory bowel disease, PsA: Psoriatic arthritis

Table 2. Outcomes of the patients, mean (SD)

	Baseline	Week 16	Week 28	Week 52
WHO-5				
13 patients	23.38 (16.96)	33.67 (17.01)	26.80 (17.69)	19.08 (8.66)
Whole cohort	53.79 (21.79)	65.20 (19.96)	66.03 (20.13)	65.67 (20.35)
PASI				
13 patients	15.78 (11.61)	3.84 (3.67)	2.51 (1.83)	2.47 (2.81)
Whole cohort	13.06 (7.87)	2.42 (3.01)	1.65 (2.76)	1.45 (2.27)
DLQI-R				
13 patients	16.26 (9.81)	6.10 (7.61)	4.66 (7.50)	5.91 (8.28)
Whole cohort	12.54 (7.55)	4.13 (5.00)	3.29 (5.00)	3.14 (4.41)
Scalp PGA 0/1[a]				
13 patients	-	3 (42.9%)	3 (50.0%)	4 (57.1%)
Whole cohort		172 (82.3%)	174 (87.0%)	162 (88.5%)
Palmoplantar PGA 0/1[b]				
13 patients	-	2 (100.0%)	2 (100.0%)	2 (100.0%)
Whole cohort		56 (84.8%)	57 (90.5%)	52 (94.5%)
Nails PGA 0/1[c]				
13 patients	-	2 (66.7%)	3 (100.0%)	3 (100.0%)
Whole cohort		52 (63.4%)	60 (77.9%)	54 (85.7%)
> 4 points itch NRS improvement[d]				
13 patients	-	5 (55.6%)	5 (71.4%)	5 (55.6%)
Whole cohort		140 (68.3%)	122 (69.3%)	91 (64.1%)
> 4 points skin pain NRS improvement[e]				
13 patients	-	7 (100.0%)	4 (80.0%)	7 (100.0%)
Whole cohort		103 (69.6%)	94 (74.0%)	74 (83.1%)
> 4 points joint pain NRS improvement[f]				
13 patients	-	1 (20.0%)	1 (25.0%)	1 (20.0%)
Whole cohort		45 (52.9%)	38 (52.1%)	28 (56.0%)
> 4 points fatigue NRS improvement[g]				
13 patients	-	2 (33.3%)	1 (25.0%)	3 (50.0%)
Whole cohort		82 (59.0%)	82 (65.6%)	57 (60.0%)
TSQM-9: effectiveness domain				
13 patients	-	68.2%	80.2%	70.8%
Whole cohort		71.0%	75.4%	77.4%
TSQM-9: convenience domain				
13 patients	-	76.8%	77.8%	71.3%
Whole cohort		81.7%	82.2%	81.5%
TSQM-9: global satisfaction domain				
13 patients		80.5%	76.2%	77.4%
Whole cohort		76.4%	77.3%	81.1%

[a] Only patients with scalp PGA > 1 at baseline were included: 7 (53.8%) and 233 (58.8%), respectively

[b] Only patients with palmoplantar PGA > 1 at baseline were included: 2 (15.4%) and 70 (17.7%), respectively

[c] Only patients with nail PGA > 1 at baseline were included: 3 (23.1%) and 90 (22.7%), respectively

[d] Only patients with itch NRS > 4 at baseline were included: 9 (81.8%) and 247 (70.5%), respectively

[e] Only patients with skin pain NRS > 4 at baseline were included: 7 (63.6%) and 180 (54.1%), respectively

[f] Only patients with joint pain NRS > 4 at baseline were included: 5 (45.5%) and 103 (30.9%), respectively

[g] Only patients with fatigue NRS > 4 at baseline were included: 6 (54.5%) and 170 (51.1%), respectively

SD: Standard deviation, PASI: Psoriasis area and severity index, DLQI-R: Dermatology life quality index-relevant, PGA: Physician's Global Assessment, NRS: Numeric rating scale, TSQM-9: Treatment satisfaction questionnaire for medication

[OP-49]

Psycholag in Moderate-to-Severe Psoriasis: Insights from the POSITIVE Study on Psychological Well-being and Treatment with Tildrakizumab

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Aim: Moderate-to-severe psoriasis can profoundly impact mental health. In a recent editorial, Bewley described the delay between physical and psychological improvement in patients with skin disease as a "psycholag"; however, this term has been barely explored using biologic therapies. In addition, mental health encompasses both absence of psychopathology and presence of well-being, often overlooked in clinical practice. To evaluate whether moderate-to-severe psoriasis patients treated with tildrakizumab experience psycholag by comparing improvements in skin versus psychological well-being during 52 weeks treatment.

Materials and Methods: POSITIVE is an ongoing 24-month phase IV observational study in adult patients with moderate-to-severe plaque psoriasis treated with tildrakizumab in a real-world setting. A Well-being Index (WHO-5) score of 64 (European population average) indicated well-being control, whilst a Psoriasis Area and Severity Index (PASI) score of ≤ 3 indicated skin control. We analysed the subgroup of patients with baseline WHO-5 < 64 and PASI > 3 from the 52-week interim data.

Results: Of in total 400 patients at baseline, 80 patients reported WHO-5 < 64 and PASI > 3. Of those, four distinct subgroups emerged at week 16. Of them, 39 patients (48.8%) achieved both well-being and skin control (WHO-5: 42.5±9.8 at baseline to 72.4±7.6 at week 16; PASI: 15.2±5.3 to 1.2±0.8), and 9 patients (11.3%) achieved good well-being despite not reaching skin control (WHO-5: 46.2±8.4 to 67.8±6.5; PASI: 14.2±4.3 to 5.9±2.1). Interestingly, 24 patients (30%) achieved skin control but maintained impaired well-being (WHO-5: 36.4±9.6 to 48.7±6.3; PASI: 16.8±5.9 to 1.8±0.9); whilst the remaining 8 patients (10%) achieved neither well-being nor skin control (WHO-5: 31.8±11.2 to 43.6±9.8; PASI: 20.4±7.1 to 6.5±2.7) (Figure 1). Amongst the 24 patients with only skin control at week 16, 9 (37.5%) exhibited psycholag: 6 improved well-being by week 28 (WHO-5: 69.8±6.8) and 3 by week 52 (WHO-5: 72.6±3.5). Surprisingly, the remaining 15 maintained skin control but showed no well-being improvement over 52 weeks (WHO-5: 53.5±2.1).

Conclusions: The POSITIVE study demonstrates that tildrakizumab improves, in only 16 weeks, both physical symptoms and psychological well-being in most of the patients. However, psycholag was exhibited by some patients. Also, a few patients showed no psychological improvement during the 52-week period and are reported elsewhere. When evaluating treatment success in skin disease, psychological parameters should be measured alongside physical outcomes. Future research should identify predictors of psycholag and interventions to accelerate psychological recovery.

Keywords: Psoriasis, psycholag, well-being, WHO-5, tildrakizumab

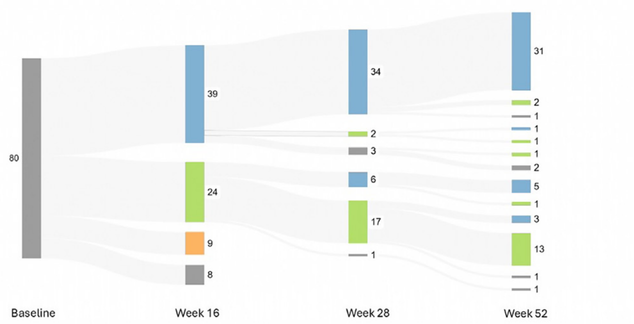

Figure 1. Sankey plot representing the change between categories in the different time-points. Grey: patients with no skin (PASI > 3) nor well-being control (WHO-5 < 64), blue: patients with both skin and well-being control, orange: patients with only well-being control and green: patients with only skin control.

PASI: Psoriasis Area and Severity Index, WHO-5: World Health Organization-five well-being index

[OP-50]

Atypical Autonomous Self Mutilating Disorder in Psychodermatology

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Aim: Self-mutilation behaviours, including skin picking, represent a wide range of conditions which lead to a variety of different cutaneous presentations. They are typically categorised under excoriations disorder, factitious disorder, or psychotic excoriation. However, some cases do not align with these classifications, presenting with unique often severe behavioural, and cutaneous features. This study examines 12 patients exhibiting a novel pattern of non-syndromal severe self-inflicted skin damage that does not fit existing diagnostic criteria.

Materials and Methods: A retrospective analysis was conducted on 12 patients referred for severe non-syndromal self-mutilating behaviour. All underwent psychiatric and dermatological assessments, and data was collected on behavioural patterns.

Results: All 12 patients demonstrated autonomous, ritualistic, or cognitively detached self-mutilation. Unlike excoriation disorder, their behaviours lacked compulsivity or tension-relief cycles. Unlike factitious disorder, there was no external motivation. Patients described their actions as sensory-driven or stemming from an undefined internal urge with no reported distress or emotional relief post-mutilation. These findings suggest a distinct pattern.

Conclusion: Based on these findings, we propose a new classification - atypical autonomous skin mutilation disorder, characterised by self-inflicted skin damage without compulsivity, delusions, or external factors, yet driven by an intrinsic, repetitive process. Identifying atypical autonomous skin mutilation disorder as a distinct disorder may improve diagnostic clarity and treatment approaches. Further research is needed to explore its underlying mechanisms.

Keywords: Self-mutilation, skin picking, atypical excoriation, psychodermatology, neuropsychology

[OP-51]

The Use of Habit Reversal Therapy in Trichotillomania

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Aim: Trichotillomania is a psychodermatological condition characterised by recurrent, compulsive hair pulling, often resulting in noticeable hair loss and significant distress. This case report details the management of a young female patient who exhibited habitual hair touching and pulling, particularly during periods of cognitive stress or passive waiting.

Case Report: An eight-year-old girl attended her initial dermatology appointment, having already implemented self-directed strategies to reduce hair touching. With the support of her parents, these included various hairstyles, hairbands, and the use of fiddle toys. To establish a baseline, she undertook a weeklong monitoring exercise, documenting the frequency and context of hair-touching episodes. Her diary revealed an increased tendency to touch her hair during challenging mathematical tasks at school and periods of passive waiting, such as at her drama club. In contrast, no instances were recorded during playtime, when she was engaged in enjoyable activities. As eliminating these stressful or idle periods from her routine was impractical-given their inevitability in a school setting-a structured habit reversal approach was introduced. This involved employing competing responses, such as gently clenching her hands for a slow count of thirty whenever she felt the urge to touch her hair, followed by assessing whether the compulsion persisted. She continued using fiddle toys and maintaining her preferred hairstyles, reinforcing her existing coping strategies. Throughout the intervention period, the frequency of hair touching remained relatively stable, with a slight decrease in episodes. However, a marked improvement in hair regrowth was observed, suggesting a reduction in hair pulling. Additionally, increased self-awareness and the use of alternative strategies contributed to better behavioural management. Peer support, particularly reminders from a close school friend, also played a role in reducing episodes.

Conclusion: This case demonstrates the effectiveness of habit reversal training in managing trichotillomania, even when significant environmental modifications are not feasible. The integration of self-monitoring, competing responses, and supportive strategies facilitated behavioural change. Further management, including psychological support for underlying anxiety, is anticipated to provide additional benefits for this patient. This case highlights the importance of a multimodal approach in addressing both the behavioural and emotional aspects of trichotillomania.

Keywords: Habit reversal therapy, trichotillomania, paediatrics

[OP-52]

The Relationship Between Acne Vulgaris, Eating Disorders, and Difficulties in Emotion Regulation: A Survey Study

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Aim: Acne vulgaris (AV) is a prevalent dermatological condition worldwide. AV can negatively impact individuals' self-esteem, social interactions, and psychological well-being. It has been associated with depression and anxiety. AV is not merely a dermatological condition but also a disease with substantial psychiatric implications. This study aimed to investigate the relationship between acne quality of life (AQL), difficulties in emotion regulation (DER), and eating disorders (ED) in AV patients.

Materials and Methods: This study included 100 AV patients aged 12 years and older who presented to the dermatology outpatient clinic of Adana City Training and Research Hospital between November 2024 and January 2025. Patients with known psychiatric disorders or those using psychiatric medication were excluded from the study. Disease severity was assessed using the Grading Acne Severity Scale (GAGS). The Turkish version of the AQL Scale (AQLS) was administered to evaluate patients' quality of life. Additionally, the Turkish Version of the DER Scale-Brief Form (DERS-16) and the Turkish version of the Eating Disorder Examination Questionnaire (EDE-Q-13) were applied.

Results: The demographic and clinical characteristics of the patients are summarized in Table 1. A statistically significant positive correlation was identified between AQLS, DERS-16, EDE-Q-13, and EDE-Q-13-Binge Eating Disorder (EDE-Q-13-BED) subscales ($P<0.01$) (Table 2). AQLS scores were significantly higher in patients who had used systemic isotretinoin compared to other groups ($P<0.05$). EDE-Q-13 and EDE-Q-13-BED scores differed significantly based on body mass index (BMI) groups ($P<0.05$). Among patients with severe GAGS scores and AQLS ≤16, DERS-16 score means were significantly lower than in other groups ($P<0.05$).

Conclusion: Our study observed that AV patients with DER exhibited a more significant reduction in acne-related quality of life. No direct relationship between acne severity and DER was identified. If AV patients with DER can be identified early, psychotherapeutic interventions could be implemented, potentially preventing future psychopathologies. Our study demonstrated a significant association between ED, BMI, and AQL. However, no direct relationship between ED and acne severity was observed. Additionally, our study uniquely found that ED was more prevalent among AV patients with DER. Our study demonstrated that BED was more common in patients with high BMI, impaired AQL, and DER. To date, no previous studies have investigated the relationship between BED and AQL. For patients with low AQL, a multidisciplinary approach involving both dermatologists and psychiatrists, regardless of acne severity, may significantly improve treatment outcomes. Assessing AV patients for DER and ED and implementing early psychotherapeutic interventions in identified cases could play a crucial role in preventing future psychopathologies. A multidisciplinary approach is essential to maintaining the quality of life of AV patients and preventing social isolation and self-esteem issues.

Keywords: Acne vulgaris, binge eating disorder, difficulties in emotion regulation, eating disorders

Table 1. Demographic and clinical characteristics in patients with acne vulgaris

Gender	Female		80 (n)	80.0 (%)
	Male		20 (n)	20.0 (%)
Age	19.84 (average)	5.167 (SD)	12 (min.)	46 (max.)
Duration of disease (years)	3.69 (average)	3.936 (SD)	1 (min.)	30 (max.)
BMI	22.53 (average)	4.098 (SD)	16 (min.)	35 (max.)
Previous treatments	None		43 (n)	43.0 (%)
	Topical treatment		20 (n)	20.0 (%)
	Systemic antibiotic treatment		18 (n)	18.0 (%)
	Systemic isotretinoin treatment		19 (n)	19.0 (%)
Educational status	Illiterate		2 (n)	2.0 (%)
	Primary school		8 (n)	8.0 (%)
	Secondary school		15 (n)	15.0 (%)
	High school		51 (n)	51.0 (%)
	Higher education		24 (n)	24.0 (%)
Settlement location	Rural		12 (n)	12.0 (%)
	Urban		88 (n)	88.0 (%)
Profession	Student		46 (n)	46.0 (%)
	Employee		24 (n)	24.0 (%)
	Unemployed		30 (n)	30.0 (%)
Marital status	Married		8 (n)	8.0 (%)
	Single		92 (n)	92.0 (%)
Income status	Low		34 (n)	34.0 (%)
	Middle		52 (n)	52.0 (%)
	High		14 (n)	14.0 (%)
Disease severity	Mild		20 (n)	20.0 (%)
	Middle		54 (n)	54.0 (%)
	Severe		25 (n)	25.0 (%)
	Very severe		1 (n)	1.0 (%)

BMI: Body mass index, min.: Minimum, max.: Maximum, SD: Standard deviation

Table 2.

	AQLS	**DERS-16**	**EDE-Q-13**	**EDE-Q-13-BED**
AQLS	-			
DERS-16	R=0.591* ($p<0.01$)	-		
EDE-Q-13	0.343** ($p<0.01$)	0.410* ($p<0.01$)	-	
EDE-Q-13-BED	0.418* ($p<0.01$)	0.468* ($p<0.01$)	0.626* ($p<0.01$)	-

*A statistically significant positive relationship at medium level,

**A statistically significant positive relationship at low level in acne vulgaris patients

AQLS: Correlation of Acne Quality of Life Scale, DERS-16: Difficulties in Emotion Regulation Scale-Brief Form, EDE-Q-13: Eating Disorder Examination Questionnaire, EDE-Q-13-BED: Eating Disorder Examination Questionnaire-Binge Eating Disorder Subscale

[OP-53]

The Psychodermatological Problems Faced by Transgenders in the Process of Gender Affirmation

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Aim: The aim of the study is to understand the psychodermatological problems faced by transgenders in the process of gender affirmation and why these has happened.

Materials and Methods: In this study, a qualitative research design was used to assess 14 participants consisting of 7 trans women and 7 trans men, who were identified through a purposive and criterion sampling method. In accordance with the phenomenological design, the experiences of transgenders were revealed. Semi-structured interviews were used as a data collection tool and the data obtained were analysed using content analysis.

Results: The psychodermatological problems experienced by transgenders were psychophysiological disorders such as acne vulgaris and secondary psychiatric disorders such as anxiety, depression and social phobia. Problems included discomfort with physical appearance scarring after mastectomy, acne breakouts during hormone replacement therapy, and face blushing in social situations. The reasons for the psychodermatological problems experienced by transgenders were the side effects of hormone replacement, gender-affirming surgeries and negative affects on the psychological process.

Conclusion: In order to reduce the psychodermatological problems experienced in this process, the importance of developing new social perspectives to meet the needs of transgender, changing the health system, policy makers and social perceptions was emphasised.

Keywords: Transgender, psychodermatological problems, gender affirmation, hormone replacement therapy, gender-affirming surgery

[OP-54]

The Association Between Acne Vulgaris and Social Anxiety Mediating by Anxiety Sensitivity

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Aim: Acne vulgaris can affect people's social relationships and self-esteem and cause increased risk for depression and anxiety. There is a specific relationship between social anxiety disorder and acne vulgaris. Therefore, anxiety sensitivity may play a mediating role in the development of social anxiety disorder. In this study, while investigating the relationship between acne vulgaris and social anxiety disorder, we also wanted to investigate the mediating role of anxiety sensitivity.

Materials and Methods Eighty-nine acne vulgaris patients and 81 healthy controls, aged between 18-40, were included in the study. Sociodemographic and clinical data form, Global Acne Rating Scale, Liebowitz Social Anxiety Scale (LSAS), Anxiety Sensitivity Index 3 (ADI-3) were applied to the patients and the control group.

Results: There was a significant difference between patients and controls in terms of LSAS-Avoidance subscale ($P = 0.043$). There was no significant difference between LSAS-Anxiety subscale and ADI-3 scores. ADI-3 scores and both LSAS subscales showed a positive and statistically significant association. After adjusting for anxiety sensitivity, there was no longer a statistically significant difference in the LSAS avoidance subscale between the patient and the controls [F (1.167) = 3.098, $P = 0.08$)].

Conclusion: This study offers an alternative interpretation of the relationship between social anxiety and acne vulgaris. Sensitivity to anxiety may play a significant role in modulating this relationship. Early identification of individuals with acne vulgaris and increased anxiety sensitivity may be crucial in preventing social anxiety disorder, which has a significant negative impact on the quality of life for those who suffer from it.

Keywords: Acne, anxiety, anxiety sensitivity, social anxiety

Demographic data of sample

	Patient	Patient	Control	Control	Statistics	Statistics
	Mean	**SD**	**Mean**	**SD**	**t**	***P***
Age	22.74	3.82	23.43	5.79	-0.924	0.357
Education (year)	14.42	1.49	14.81	0.99	-1.978	0.051
	n	**%**	**n**	**%**	**X^2**	***P***
Gender (M/F)	30/59	33.7/66.3	29/52	35.8/64.2	0.774	0.872

SD: Standard deviation, M: Male, F: Female

Comparison of scale scores

	Patient	Patient	Control	Control	Statistics	Statistics
	Mean	**SD**	**Mean**	**SD**	**t**	***P***
LSAS-fear/anxiety subscale	46.62	10.78	44.32	10.96	1.383	0.169
LSAS-avoidance subscale	43.50	10.61	40.24	10.15	2.040	0.043
Anxiety Sensitivity Index-3	23.42	13.72	20.87	14.71	1.167	0.245

SD: Standard deviation, LSAS: Liebowitz Social Anxiety Scale

Correlation between LSAS subscales and Anxiety Sensitivitiy Index-3

	LSAS-fear/anxiety subscale	LSAS-avoidance subscale
LSAS-fear/anxiety subscale		
LSAS-avoidance subscale	0.677**	
Anxiety Sensitivity Index-3	0.346**	0.307**

LSAS: Liebowitz Social Anxiety Scale

ANCOVA Results and descriptive statistics for LSAS-avoidance subscale by groups and anxiety sensitivity

Groups	**LSAS-avoidance subscale**	**LSAS-avoidance subscale**	**LSAS-avoidance subscale**	**LSAS-avoidance subscale**	**LSAS-avoidance subscale**
	Observed mean	**Adjusted mean**	**SD**	**n**	
Patient	43.50	43.24	10.61	89	
Control	40.24	40.53	10.15	81	
Source	SS	dF	MS	F	*P*
Anxiety sensitivity	1617.95	1	1617.95	16.317	<0.001
Groups	307.18	1	307.18	3.097	0.08
Error	16559.35	167	99.15		

Note: R Squared = 0.111 (Adjusted R Squared = 0.100) Homogeneity of regression tested and not significant: F = 0.590, *P* > 0.05
LSAS: Liebowitz Social Anxiety Scale, ANCOVA: Analysis of variance, SD: Standard deviation

[OP-55]

Navigating the Intersection Between Dermatology and Psychiatry: A Case of Pathological Skin Picking with Personality Disorder

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Aim: Body dysmorphic disorder (BDD) is characterised by excessive preoccupation with perceived flaws in ones appearance. Pathological skin picking (PSP) is recognised as a symptom of BDD and involves repetitive picking of normal skin, leading to dermatologic complications. Many patients seek dermatologic treatment for visible skin lesions, leaving the underlying psychiatric disorder undiagnosed. Furthermore, co-morbid personality disorders have been found to have an adverse effect on treatment response in patients of BDD. While studies have reported Cluster C (anxious, dependant, obsessive-compulsive) to be associated with BDD, we report a case of Cluster B (dramatic, erratic, impulsive) personality disorder with BDD.

Case Report: A 50-year-old female, previously misdiagnosed and treated for acne, presented with a discrete (0.5 cms-2 cms) healed hyperpigmented plaques, papules and scars but also recent excoriations, crusting and dry skin on her face (Figure 1). She denied skin picking but expressed wanting to "rip her skin out" when looking in the mirror. Emotional distress was evident during outpatient department visits with frequent crying, dramatic narration of life events including sexual encounters and repeated requests for procedures to make her look "normal". She had a history of poor sleep, social isolation, strained familial relationships and was divorced. Her Yale-Brown Obsessive Compulsive Scale Modified (YBCOS) for BDD score was 28. Despite counselling, she was not interested in understanding the psychiatric nature of her problem. As a psycho-dermatology clinic we started Tab Fluvoxamine 50 mg daily, lesion taping and habit reversal therapy. After one month new lesions reduced, allowing initiation of intralesional steroids, depigmenting creams and Q-switched laser toning. Improvement was noted over two months (Figure 2). However, she relapsed after discontinuing Fluvoxamine citing concerns of weight gain concerns (Figure 3). Later, she presented with self-inflicted cuts on her arm after a conflict with her daughter (Figure 4). The Structured Clinical Interview DSM-5-Personality Disorders (SCID-5-PD) Scale confirmed a Cluster B personality. She persistently requested more dermatological procedures, which were denied. Following an aggressive outburst over consultation fees, she was advised to seek psychiatric care before further dermatologic interventions.

Conclusion: This case underscores the challenges of managing BDD with a co-morbid Cluster B personality disorder which can create setbacks in treatment. While such a patient may approach a dermatologist, multiple psychiatric disorders could be contributing to the visible pathology. Therefore setting firm treatment boundaries and prioritising psychiatric care along with dermatological management are essential to effectively manage these complex disorders.

Keywords: Pathological skin picking, personality disorder, body dysmophic disorder

Figure 1. Discrete hyperpigmented papules and plaques following skin picking excoriations over the face-attempted to be concealed with make up

Figure 2. Improvement after 3 months on tab fluvoxamine 50 mg daily, taping of lesions every night, habit reversal therapy, intralesional steroid for hypertrophic plaques, Qswitch toning once in 2-3 weeks for diffuse hyperpigmented patches and depigmenting creams for home care.

Figure 3. Relapse with new lesions and worsened pigmentation due to skin picking after stopping all treatment

Figure 4. Self inflicted cuts on left arm healing with hyperpigmentation and mild hypertrophy

[OP-56]

Dermatology and Phenomenology: How Lived Experiences of Dermatological Conditions Should Shape our Practice

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Aim: Dermatological conditions significantly impact patients' self-esteem and mental well-being, yet their psychological dimensions are frequently overlooked in clinical practice. Chronic conditions such as eczema, psoriasis, acne, and alopecia can result in considerable emotional distress, driven by unmet clinical expectations and societal stigma. Care opinion United Kingdom (UK), a platform allowing patients to share anonymous feedback, provides valuable insights into how patients experience healthcare interactions and the broader societal perception of skin conditions. Drawing on Edmund Husserl's phenomenology-a philosophical framework for exploring subjective experience-this study examines how patient narratives highlight the often-unacknowledged psychological and emotional burden of living with visible skin conditions. Furthermore, the emerging field of psychodermatology, which integrates dermatology with psychiatry and psychology, offers a promising framework for addressing these multidimensional challenges in dermatological care.

1. Investigate patient dissatisfaction and emotional impact during dermatology consultations.

2. Analyse the role of societal norms and stigma in shaping self-perception and mental health.

3. Demonstrate the potential of phenomenology to enhance empathetic, patient-centred care in dermatology.

Materials and Methods: A systematic thematic analysis was performed on five patient narratives sourced from care opinion UK. These narratives focused on individuals with visible dermatological conditions, such as eczema, alopecia, acne, and psoriasis. Husserl's phenomenological principles were employed to explore the lived experiences of patients and uncover their deeper emotional and psychological dimensions. Foucault's sociological framework of normalisation provided additional context for analysing societal pressures, disciplinary mechanisms, and their interplay with clinical encounters.

Results: Three key themes emerged:

1. Dissatisfaction with clinical encounters-patients frequently reported feelings of dismissal, emotional distress, and dissatisfaction during consultations. Many described clinicians as prioritising efficiency over empathy, leaving patients feeling unheard and unsupported.

2. Societal stigma and self-esteem-visible skin conditions often led to experiences of stigma, alienation, and shame. These feelings were exacerbated by societal beauty standards that emphasise the ideal of "normal" skin.

3. Impact on mental health-chronic dermatological conditions were strongly associated with anxiety, depression, and lowered self-esteem, with societal judgment and unsupportive clinical responses further intensifying this distress.

Conclusion: This study highlights the importance of adopting a phenomenological approach in dermatology to address the emotional and psychological aspects of living with dermatological conditions. The integration of psychodermatology into clinical practice provides a means to bridge the gap between physical symptoms and mental health. By incorporating patients' lived experiences into the treatment process, clinicians can promote holistic, empathetic care that improves emotional well-being, enhances patient satisfaction, and fosters better adherence to treatment plans.

Keywords: Phenomenology, psychodermatology, mental health, self-esteem, eczema, acne

[OP-57]

The Role of Psych Dermatology in Patients Undergoing Treatment for Autoimmune Bullous Dermatoses: A Neglected Domain

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Aim: Autoimmune bullous dermatoses (ABD), including pemphigus vulgaris and bullous pemphigoid, are associated with significant physical and psychological distress. The chronic nature of these conditions, coupled with the adverse effects of long-term immunosuppressive treatment, places a considerable burden on mental health. This abstract reviews the role of psychodermatology in the holistic management of ABD patients and the need for integrated psychological support.

Materials and Methods: A literature review was conducted using PubMed and Scopus databases to analyze studies evaluating the psychological impact of ABD. Research on anxiety, depression, and quality-of-life measures in patients undergoing long-term immunosuppressive therapy was included. The review also assessed interventions such as psychotropic medications, cognitive-behavioral therapy, and patient support groups.

Results: Findings indicate a high prevalence of psychiatric comorbidities among ABD patients, including depression (35%-50%) and anxiety (30%-45%). Psychological distress contributes to reduced treatment adherence and worsened disease prognosis. Evidence suggests that integrating psychodermatological care, including psychotherapy and psychiatric evaluation, improves patient-reported outcomes and treatment compliance.

Conclusion: Despite the significant psychological burden in ABD patients, psychodermatology remains underutilized in their management. Future research should explore standardized screening for psychiatric distress in ABD and assess the long-term benefits of psychodermatological interventions. Dermatologists should consider integrating mental health support into routine care to enhance patient well-being.

Keywords: Autoimmune bullous dermatoses, psychodermatology, psychological burden, immunosuppressive therapy, dermatology-psychiatry ıntegration

[OP-58]

Hidradenitis Suppurativa: Addressing the Hidden Psychological Burden Beyond Skin Lesions

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Aim: Hidradenitis suppurativa (HS) is a chronic inflammatory skin disorder with profound psychological consequences. Patients experience significant social stigma, depression, and reduced quality of life due to recurrent painful lesions and scarring. This abstract reviews the current literature on the psychological burden of HS and the importance of incorporating mental health care in disease management.

Materials and Methods: A review of published studies from PubMed and Embase was conducted to assess the psychological impact of HS. Research on depression, anxiety, social withdrawal, and dermatology life quality index scores in HS patients was analyzed. The review also explored potential benefits of psychodermatological interventions.

Results: Studies highlight that 40%-50% of HS patients experience moderate-to-severe depression, with a high incidence of anxiety and social isolation. HS is associated with an increased risk of suicidal ideation compared to other dermatological conditions. Multidisciplinary management incorporating dermatologists, psychologists, and pain specialists has shown promise in improving patient outcomes.

Conclusion: The psychological burden of HS is often overlooked in standard dermatological care. Early screening for mental health conditions and the inclusion of psychotherapeutic support should be prioritized in HS management. Future research should focus on the efficacy of integrated psychodermatology approaches to improve quality of life in HS patients.

Keywords: Hidradenitis suppurativa, psychological burden, depression, social stigma, psychodermatology, multidisciplinary care

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[OP-59]

The Role of Neuroinflammation in Chronic Dermatological Disorders: A Psychodermatological Perspective

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Aim: Chronic dermatological conditions such as psoriasis, atopic dermatitis, and hidradenitis suppurativa exhibit a complex interplay between neuroinflammation and psychological distress. The bidirectional relationship between cutaneous inflammation and psychiatric morbidity suggests that systemic inflammatory mediators play a pivotal role in exacerbating both dermatological and psychiatric symptoms. This abstract explores existing literature on neuroinflammation in psychodermatology, highlighting its impact on disease progression and mental health comorbidities.

Materials and Methods: A comprehensive review of peer-reviewed literature from PubMed, Scopus, and Embase was conducted to assess the role of neuroinflammatory pathways in dermatological conditions. Studies analyzing inflammatory biomarkers, neuroimmune interactions, and psychodermatological interventions were included. The review focused on the correlation between inflammatory markers and psychiatric distress in patients with chronic skin disorders.

Results: Existing studies indicate a significant association between elevated inflammatory markers (interleukin-6, tumor necrosis factor-alpha, C-reactive protein) and increased psychiatric distress in chronic skin conditions. Psychological interventions such as cognitive-behavioral therapy and stress-reduction techniques demonstrate potential in modulating inflammation and improving patient-reported outcomes. Emerging therapeutic approaches targeting the neuroimmune axis, including biologic agents and psychoneuroimmunological interventions, are also discussed.

Conclusion: This review highlights the integral role of neuroinflammation in psychodermatology and underscores the need for a multidisciplinary approach to managing chronic dermatological disorders. Future research should explore targeted neuroimmune therapies and integrative mental health interventions to optimize patient care and quality of life in psychodermatology.

Keywords: Neuroinflammation, psychodermatology, chronic skin disorders, psychiatric comorbidities, inflammatory biomarkers, cognitive-behavioral therapy

[OP-60]

Trichotillomania and Psychogenic Hair Loss: A Review of İntegrated Treatment Strategies

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Aim: Trichotillomania (TTM) and stress-related hair loss significantly impact quality of life and are often resistant to conventional dermatological treatments. Understanding the psychological mechanisms underlying compulsive hair-pulling and stress-induced alopecia is essential for improving patient outcomes. This abstract presents a review of literature on integrated treatment approaches for TTM and psychogenic alopecia.

Materials and Medhods: A literature review of PubMed and Cochrane databases was conducted, focusing on treatment modalities combining dermatological and psychological interventions. Studies assessing cognitive-behavioral therapy (CBT), mindfulness-based therapies, and pharmacological interventions for TTM were included. The review also examined adjunctive dermatological therapies such as low-level laser therapy and platelet-rich plasma.

Results: Studies indicate that CBT and habit-reversal training are among the most effective psychological treatments for TTM. Emerging evidence suggests that mindfulness techniques and pharmacological agents, such as selective serotonin reuptake inhibitors, can complement dermatological therapies. Integrated management strategies, incorporating both psychiatric and dermatological interventions, show superior outcomes compared to monotherapy.

Conclusion: Multimodal treatment approaches addressing both the psychological and dermatological aspects of TTM and psychogenic hair loss yield better patient outcomes. Dermatologists should consider collaborative care models incorporating psychiatric support to optimize treatment efficacy. Further research into novel therapeutic interventions is warranted.

Keywords: Trichotillomania, psychogenic alopecia, cognitive-behavioral therapy, mindfulness, dermatology-psychiatry integration, hair loss treatment

[OP-61]

Quality and Engagement Analysis of Turkish-Language YouTube Videos on Trichotillomania

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Aim: YouTube has become a widely used platform for accessing health information, yet the quality and accuracy of videos related to trichotillomania remain unclear. This study aimed to evaluate the content quality, engagement metrics, and potential misinformation risk in Turkish-language YouTube videos on trichotillomania.

Materials and Methods: Videos were retrieved using the YouTube Data API v3 with the keyword “trikotillomani”. After applying inclusion criteria, 53 unique videos were selected. Each video was assessed using the Global Quality Scale (GQS). Additional variables included source of upload, professional background of the informant, content type, video duration, and engagement metrics such as views, likes, comments, and daily interaction rates.

Results: The median GQS score was 3.0, and 45.3% (n = 24) of videos were classified as high quality (GQS ≥ 4). Videos uploaded by physicians had significantly higher GQS scores than those from non-physicians ($P = 0.033$). Dermatologist-uploaded videos had significantly more likes ($P = 0.030$), daily likes ($P = 0.029$), and daily views ($P = 0.046$) compared to non-physicians. Among specialties, GQS scores were highest in psychiatrists and dermatologists and lowest in non-healthcare providers ($P = 0.005$). “Experience sharing” videos received more daily views ($P = 0.050$) and likes ($P = 0.034$) than other content types, despite showing no difference in quality. A significant positive correlation was observed between video duration and GQS ($P = 0.002$). Videos of moderate length (300-500 seconds) were associated with the highest quality scores. Notably, some high-quality videos had low views, while several low-quality videos reached large audiences.

Conclusion: The quality of trichotillomania-related content on YouTube is highly variable. Physician-generated videos and those of optimal length tend to be higher in quality, while popular videos are not always reliable. Increasing the visibility of scientifically accurate content and promoting the active involvement of healthcare professionals in digital media is essential.

Keywords: Trichotillomania, Youtube, video analysis, hair-pulling disorder, psychiatry

[OP-62]

Bridging the Gap in Alopecia Areata Care: A Delphi Survey and Expert Insights on Psychosocial Consequences

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Aim: Alopecia areata (AA) is a chronic autoimmune condition affecting hair follicles, leading to inflammation and hair loss. Beyond its physical effects, AA profoundly impacts psychological well-being, often causing distress and reducing quality of life. In the United Kingdom (UK), AA is under-prioritised by health services, resulting in long waiting times for treatment and limited access to necessary psychosocial support. This study assessed factors that may exacerbate the psychological burden of AA and explored potential solutions to support patients in the United Kingdom National Health Service (NHS) context.

Materials and Methods: A mixed-methods approach was employed to gain a comprehensive understanding of the impacts of delayed management on patient psychosocial health in AA patients in the UK. Data were acquired from three sources: in-depth interviews with 3 AA patients and 7 healthcare providers (HCPs) involved in AA treatment; a Delphi survey conducted among HCPs (n = 96 in round 1) working in primary and secondary care to achieve expert consensus (≥ 70%); and an advisory board meeting with 7 experts and 2 patient representatives to gain advice on the findings and potential actionable solutions. Thematic analysis was applied to qualitative data, while survey responses were analysed for consensus trends.

Results: An unmet need was observed for access to timely psychosocial support in AA patients (73% Delphi consensus). Targeted psychosocial support was deemed highly valuable, with a strong preference for providers with expertise in psychodermatology who understood the specific burdens associated with conditions that can sometimes be considered “cosmetic” in nature (3/3 patients, 7/7 HCPs). Patients reported being advised to seek psychosocial support help through charities rather than their health service (3/3 patients). Interviewed HCPs (5/7) reported that NHS support was often only accessible for those in crisis, like those experiencing suicidal ideation, while Delphi respondents acknowledged that extended waits for specialist support negatively impact patients (84% consensus). The time between referral from primary care and secondary care consultations varied between interviewees, with reports of 3 months to 3 years, depending on geographic location. During this period, HCPs reported, and patients agreed, that there was a lack of responsibility for the patient’s care with either service, leaving patients with no treatment or support. These delays in access to secondary care (both general and specialist dermatology) and uncertainty regarding treatment progression were thought by Delphi respondents (92% consensus), interviewed HCPs and patients to further exacerbated patient distress.

Conclusion: AA imposes a substantial burden, extending beyond hair loss to significant emotional and mental health challenges. Delayed treatment amplifies distress, highlighting the urgent need to develop improved care pathways. Findings emphasise integrating psychosocial care into AA treatment plans, advocating for timely interventions, reduced wait times, and enhanced access to effective therapies.

Keywords: Alopecia areata, psychological burden, access and equity, patient burden, care pathways

Funding: Pfizer sponsored, funded and conducted this work.

[OP-63]

Shugan Yangxue Jiedu Decoction Inhibited the Inflammatory Reaction Induced by the Over-activation of the Gut-brain-skin Axis and Ameliorated the Psoriasis-Like Lesions Induced by Imiquimod in Rats

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Aim: Psoriasis is a chronic disease that significantly impairs the psychosocial functioning of patients, and it is recognized as a severe psychosomatic disease. The main clinical manifestations of psoriasis are erythema and scaly skin with severe pruritus, which significantly impacts the quality of life of patients. Shugan Yangxue Jiedu decoction (SGYXJD) has been used to treat psoriasis in China for several decades, but its therapeutic mechanism is still unclear. In this study, we investigated the effects of SGYXJD on the hyperactivation of the hipotalamus-pituiter-adrenal (HPA) axis and intestinal microflora disturbance in an imiquimod (IMQ)-induced psoriasis rat model, as well as its potential mechanisms and possible immunomodulatory effects.

Materials and Methods: Wistar rats model of psoriasis with depression induced by IMQ and chronic unpredictable mild stress was established and treated with fluoxetine, methotrexate, and SGYXJD. The depression level was assessed through behavioral experiments, while the severity of psoriasis-like lesions was evaluated using the Psoriasis Area and Severity Index (PASI)and Baker score. HPA axis-related hormones and inflammatory factors were measured using Enzyme-Linked Immunosorbent Assay and Western blot techniques. Microglia activation was assessed through immunohistochemistry. Additionally, bioinformatics analysis of the intestinal flora was conducted through metagenomic sequencing.

Results: SGYXJD ameliorated depressive symptoms, decreased PASI and Baker scores, and inhibited the hyperactivation of the HPA axis. In psoriasis combined with depression, rats treated with SGYXJD showed decreased levels of hormones associated with the HPA axis, reduced levels of inflammatory cytokines, decreased microglia activation in the hippocampus, and relief from the disturbance of intestinal flora.

Conclusion: SGYXJD can not only treat psoriasis but also relieve depression by affecting intestinal flora, regulating the HPA axis, and down-regulating the expression of inflammatory factors. SGYXJD may represent a new direction in developing immunomodulatory drugs for psoriasis, which has achieved good clinical results.

Keywords: Psoriasis, depression, HPA axis, intestinal flora, Traditional Chinese Medicine, decoction

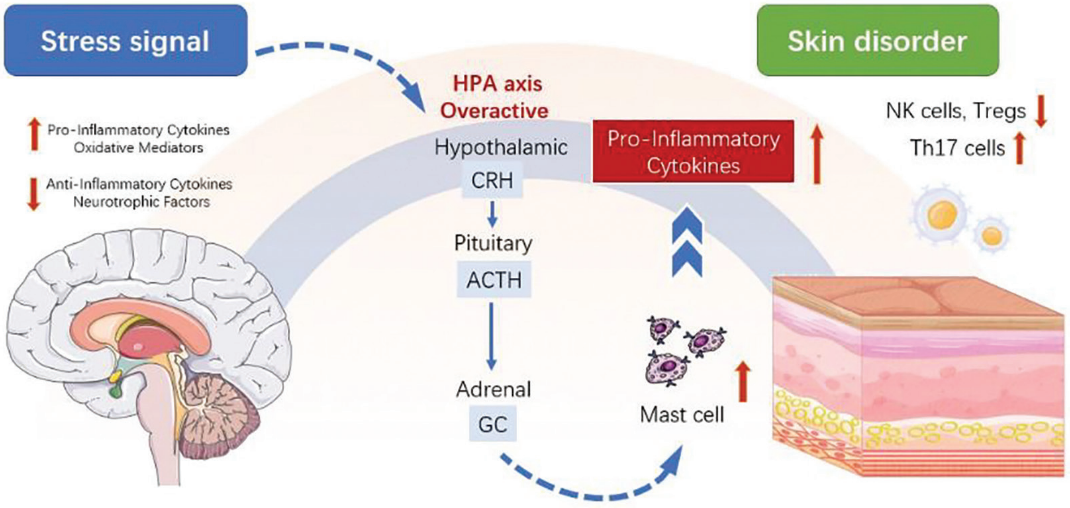


Figure 1. Hypothesis diagram of the mechanism of stress-mediated dermatosis

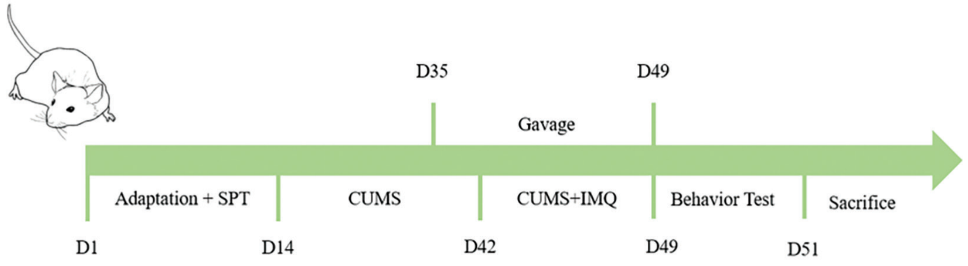
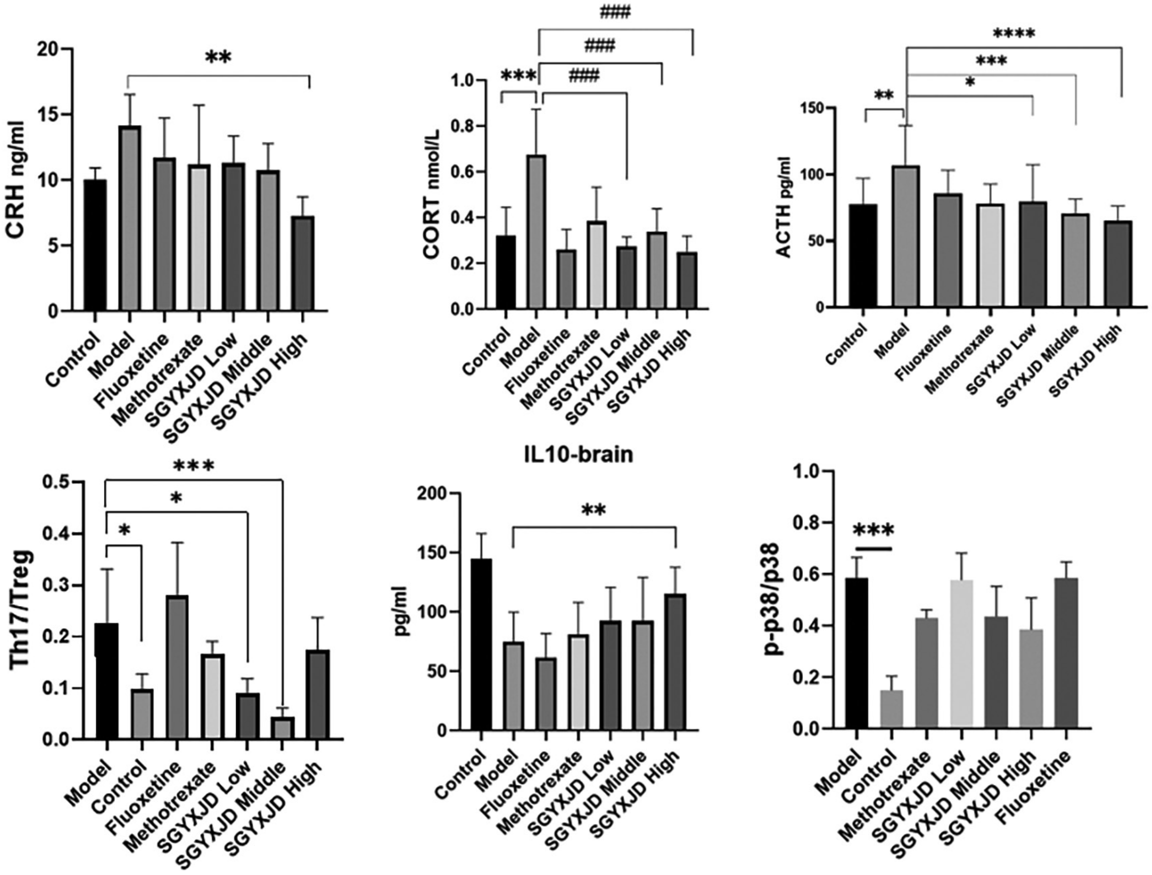


Figure 2.


CRH ng/ml
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10
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Control
Model
Fluoxetine
Methotrexate
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SGYXJD Middle
SGYXJD High
CORT nmol/L
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0.2
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0.6
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ACTH pg/ml
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Th17/Treg
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IL10-brain
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Figure 3.

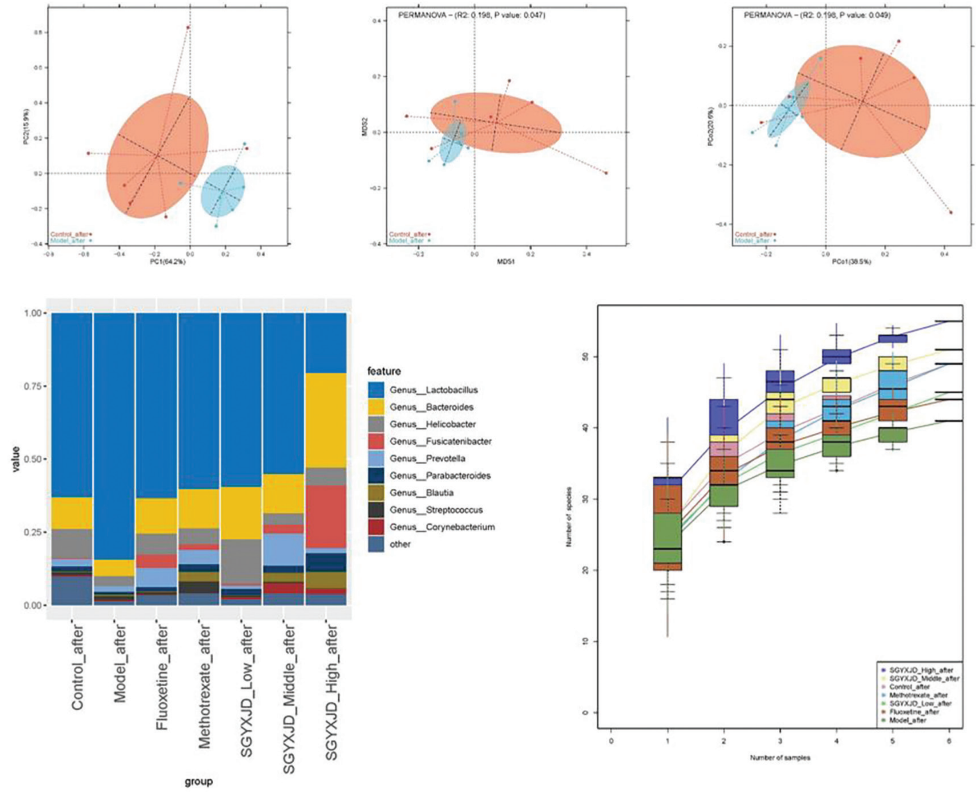

Figure 4.

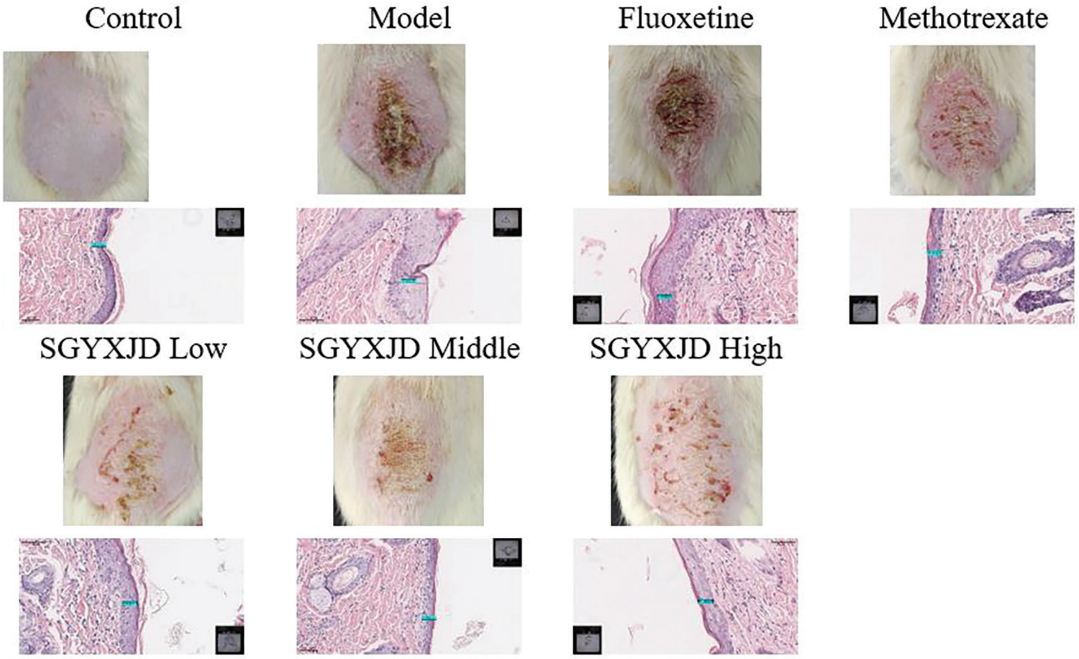

Figure 5. Result-skin

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21st Congress of the European Society of Dermatology and Psychiatry & 1st World Congress of Psychodermatology

May 28-31, 2025

POSTER PRESENTATIONS

[PP-01]

Beyond Skin Deep: A Decade of Patient Voices Through Novel Patient-Reported Outcomes in Dermatology

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Aim: The past decade has witnessed a paradigm shift toward patient-centred outcomes that better capture the multidimensional impact of skin diseases on patients' lives. Here we review and discuss innovative patient-reported outcomes (PROs) implemented in dermatology during the last decade (2014-2025).

Materials and Methods: A literature review was conducted using PubMed and Google Scholar including "innovative endpoint", "novel endpoint", "new endpoint", "alternative endpoint", "patient-reported outcome", "PRO", "dermatology", "skin disease" and "cutaneous disorder" for articles published in the last decade.

Results: Several key innovations were identified:

1. The Psoriasis Symptoms and Impacts Measure captures both signs, symptoms, and impacts of psoriasis.

2. The World Health Organization-5 Well-being Index, though developed decades ago, has been newly implemented as a primary endpoint in the POSITIVE study to assess the impact of tildrakizumab in moderate-to-severe psoriasis.

3. The FamilyPso questionnaire was developed to assess the burden on partners of patients with psoriasis. Recently it has been adapted for atopic dermatitis (AD) (Eczema partner).

4. The Scratching Behaviour Questionnaire is a new 12-item tool developed to assess scratching patterns in both diseases. It evaluates triggers, techniques, frequency, emotional responses, and coping strategies.

5. The AD control tool and RECAP questionnaires represent a significant innovation in measuring long-term patient-perceived disease control (symptoms, flares, sleep problems, daily function, emotional effects and treatment satisfaction).

6. Consensus on a new patient-centred definition of AD flare through a modified eDelphi with 631 participants. It aims to address a critical communication gap for improving shared decision-making, treatment evaluation, and personalized care.

7. Xerosis AD and dyspigmentation AD specifically for patients with skin of colour. Both questionnaires showed strong initial validity, filling an important clinical gap.

8. Validation of the peak-pruritus numerical rating scale for prurigo nodularis.

9. The Expert Panel Questionnaire (EPQ), developed for the PROSES study, evaluates emotional and social functioning impacts of acne vulgaris.

10. The actinic keratosis EPQ represents a similar approach to assessing both patient and clinician perspectives on treatment-related local skin reactions and clinical and cosmetic outcomes.

11. The Patient-Reported Impact of Dermatological Diseases measure, comprehensively assesses impact across five domains including daily activities, personal relationships, and emotional well-being.

12. The DermCLCI-r and DermCLCI-p questionnaires represent significant advances in assessing cumulative life course impairment in chronic skin diseases, capturing both retrospective disease burden and identifying patients at risk for future impairments.

In addition, the future of PROs in dermatology shows promise with technology-enabled data collection. Mobile apps and new devices facilitate real-time monitoring of disease activity.

Conclusion: The past decade has witnessed remarkable advancement in PROs in dermatological research. By incorporating them, clinicians can better understand the full impact of skin diseases and treatments on patients' lives, ultimately leading to more personalized and effective care strategies.

Keywords: Patient-reported outcomes, dermatology, patient-centred endpoints, skin diseases, patient voice

[PP-02]

Are We Ready to Use the WHO-5 Questionnaire in Dermatology?

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Aim: Since its first publication in 1998, the 5-item World Health Organization-well-being index (WHO-5) has become one of the most widely used questionnaires to assess psychological well-being. In this systematic review, we provide an overview of its use in dermatology compared to other disease areas.

Materials and Methods: Studies reporting the use of WHO-5 were searched on the MEDLINE database and classified using the 11th version of the International Classification of Diseases (ICD). The WHO-5 items recall the previous two-week period and include the following domains: (1) "cheerful and in good spirits"; (2) "calm and relaxed"; (3) "active and vigorous"; (4) "I woke up fresh and rested"; and (5) "daily life filled with things that interest me". The answers range from 5 (all the time) to 0 (never), and the resulting score (multiplied by 4) ranges from 0 (well-being absence) to 100 (maximal well-being).

Results: A total of 552 studies belonging to 11 ICD groups were included (Table 1). However, only seven studies reported the use of WHO-5 in dermatology: four studies in patients with psoriasis, two in women with lichen sclerosus, and another study included patients with various skin conditions. The first psoriasis study to use WHO-5 in moderate-to-severe patients treated with conventional systemics reported an overall WHO-5 score of 53.8±27.0. A second study from China found significant differences in well-being depending upon the severity of the disease: 58.2±10.7 in patients with mild Psoriasis Area Severity Index (PASI < 7) versus 47.8±12.0 in severe disease (PASI > 12). In a larger study performed in Germany and including patients with controlled psoriasis (PASI 2.4±4.2), WHO-5 at baseline and 12 weeks later were 62.4±11.2 and 65.6±10.8, respectively. A recent study conducted in Italy reported on the improvement in well-being among patients with moderate-to-severe psoriasis treated with two different doses of the biologic tildrakizumab (100 mg and 200 mg), an IL-23p19 inhibitor. At baseline, patients exhibited significant well-being impairment, with scores of 17.5 and 18.0 for the 100 mg and 200 mg doses, respectively. However, after 28 weeks of treatment, all patients reported well-being scores exceeding the average score of the Italian population (59.6): specifically, 73.9±6.3 for the 100 mg dose and 88±5.0 for the 200 mg dose. Overall, these studies show that the impact of moderate-to-severe psoriasis upon psychological well-being is of a similar level to other diseases with distress, such as breast cancer (52.0), uncontrolled diabetes (51.4) and idiopathic pulmonary fibrosis (52.4).

Conclusion: WHO-5 is a short questionnaire widely used in several disease areas to detect when a disease impairs psychological well-being. Despite a very few number of studies, data suggest that moderate-to-severe psoriasis has a profound impact on the psychological well-being of patients and warrants further research.

Keywords: WHO-5, well-being, dermatology

Table 1. Use of WHO-5 across disease areas

Disease-related area	No. of studies
COVID-19 pandemic	161
Mental, behavioural, or neurodevelopmental disorders	141
Endocrine, nutritional, and metabolic diseases	120
Diseases of the circulatory system	26
Neoplasms	20
Diseases of the genitourinary system	16
Diseases of the musculoskeletal system or connective tissue	15
Diseases of the nervous system	14
Diseases of the respiratory system (excluding COVID-19)	7
Diseases of the skin	7
Diseases of the visual system	5
Others	20
Total	552

WHO-5: 5-item World Health Organization-well-being index, COVID-19: Coronavirus disease-2019

[PP-03]

A Rare Psychodermatology Case: The Co-occurrence of Trichotillomania and Trichodynia

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Aim: Psychodermatology explores the relationship between the skin and the mind in a holistic way. In this case, we aim to highlight psychodermatological conditions by discussing the diagnosis and treatment of a patient presenting with both symptoms of trichotillomania and trichodynia.

Case Report: A 58-year-old divorced woman with a middle school education was referred by dermatology clinic to the consultation-liaison psychiatry unit due to complaints of hair-pulling. Her symptoms had started nine months prior, about a month after receiving the second dose of the Pfizer-BioNTech vaccine. The behavior, primarily occurring at night, involved itching and hair-pulling without full awareness. She expressed shame about her behavior, which led her to shave her head and begin wearing a headscarf. Additionally, she reported symptoms of sadness, lack of motivation, insomnia, and irritability. During the mental status examination, she was observed to have short, uneven hair, localized areas of alopecia, depressive thought content, and a depressed mood. Blood tests revealed no pathological findings. With a preliminary diagnosis of trichotillomania, she was prescribed fluoxetine 20 mg/day, along with behavioral recommendations. During a four-month period of follow-up, despite sequential treatment with fluoxetine, sertraline, escitalopram, and mirtazapine, the patient showed no response to therapy. Upon further detailed history-taking, she described an indescribable discomfort in the areas where her hair touched her face and scalp, including sensations of burning, stinging, tingling, and pain. She pulled her hair to relieve these sensations, which were also triggered by contact with various fabrics. Given a new preliminary diagnosis of trichodynia accompanying trichotillomania, hydroxyzine 25 mg/day was added to her treatment alongside escitalopram 10 mg/day. After starting hydroxyzine, her itching, hair-pulling, and sensory complaints significantly decreased, and she began to grow her hair again.

Conclusion: Trichotillomania is characterized by hair-pulling behavior that leads to impaired functioning and hair loss. As seen in this case, depressive symptoms often accompany the disorder, with an incidence of around 50%. In terms of pharmacotherapy, there is limited evidence supporting the use of various antipsychotics and dronabinol, while selective serotonin reuptake inhibitors have shown no significant effect. Trichodynia is a cutaneous sensory syndrome characterized by abnormal skin sensations, such as itching, burning, stinging, and tingling on the scalp. Treatment options for trichodynia include pregabalin, gabapentin, doxepin, sertraline, amitriptyline, topical steroids, and hydroxyzine. In this case, the patient benefited from the addition of hydroxyzine after the detection of trichodynia symptoms that triggered her hair-pulling behavior. Given the frequent coexistence of psychodermatological disorders, a thorough evaluation is essential to establish an effective treatment plan.

Keywords: Psychodermatology, trichodynia, trichotillomania

[PP-04]

Itch in Acne is not Related to Psychological Characteristics but to Clinical Parameters: Results of Cross-sectional Study in 17 European Countries

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Aim: Itch in acne is reported to be rather frequent phenomenon but its association with psychological variables still remains controversial and underinvestigated as a limited number of studies provided conflicting results. The objective of the study was to analyze the association of itch with psychological variables and/or other clinical parameters in acne patients.

Materials and Methods: This multicenter study is observational and cross-sectional. It was conducted in 22 dermatological clinics across 17 European countries (ESDaP-study II). Among 3,530 dermatological outpatients, there were 221 acne subjects (mean age-29.5±12.5 years, 70.6% female) that were examined clinically and psychometrically. Outcome measures were itch [presence in the last 24 hours, frequency, duration, severity measured with numeric rating scale (NRS)], acne severity measured by study dermatologists as “mild”, “moderate” or “severe”, comorbid conditions (dermatological, cardiological, pulmonological etc.), depression (PHQ-2), anxiety (GAD-2), perceived stigmatization (PSQ), perceived stress (PSS), dysmorphic concerns (DCQ).

Results: Results showed that point prevalence of itch in acne was 52.9% (n = 117). Itch intensity mean score according to NRS was 3.8±2.2 [median=3.5 (interquartile range 2-5)]. Acne severity was predominantly mild (n = 97, 43.9%) and moderate (n = 85, 38.5%). Only 28 subjects (12.7%) were labeled as severe (severity missing data-n = 11, 5.0%). The occurrence of itch did not differ significantly between acne self-reported severity subgroups: mild (49.5%), moderate (59.3%), and severe acne (54.5%). Itch intensity (NRS) also did not differ significantly ($P = 0.118$) between acne severity subgroups: 3.0 (2.0-5.0) vs. 4.0 (2.0-5.0) vs. 4.5 (3.0-7.5) in mild, moderate and severe acne respectively. Logistic regression models failed to find any psychological predictors of itch, as none of measured psychological variables (PHQ-2, GAD-2, PSQ, PSS, DCQ) were included in the equation in a stepwise procedure (Method: forward LR). Acne patients with itch had significantly lower frequency of chronic respiratory diseases (0.0% vs. 3.9%, $P = 0.031$) and higher frequency of diabetes mellitus (4.3% vs. 0.0%, $P = 0.034$) and other dermatoses (7.7% vs. 1.9%, $P = 0.049$). Acne patients with itch had lower frequency of flares on the face/neck (74.4% vs. 88.3%, $P = 0.008$) and a higher frequency of flares on hands/arms and legs/feet (27.4% vs. 11.8%, $P = 0.004$ and 23.1% vs. 11.8%, $P = 0.026$, respectively).

Conclusion: To conclude, itch in acne seems to be unrelated to psychological variables but associated with such clinical variables as acne localization, comorbid skin and general medical conditions.

Keywords: Acne itch, psychological characteristics, acne localization, comorbid dermatoses, general medical conditions

[PP-05]

Analysis of Itch Prevalence and its Characteristics Among Acne Patients

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Aim: Acne is a common chronic inflammatory disease of the sebaceous hair follicle. Permanent inflammation plays a leading role in its pathogenesis. Currently, when treating patients with acne, attention is paid to the impact of dermatosis on the quality of life and psychoemotional state. Previously, it was believed that patients with acne do not complain on itching in the affected area, but there are studies confirming the presence of this symptom. The aim of the study was to study the prevalence of itching among patients with acne, as well as to assess its impact on their quality of life and psychoemotional status.

Materials and Methods: The study included 249 patients diagnosed with acne aged 12 to 50 years, including 143 women (57.4%) and 106 men (42.6%). The average age of patients was 19±2.3 years. The diagnosis was established based on complaints, anamnesis data, and clinical picture of the disease. To assess the psychoemotional state and quality of life of patients with acne, the Assessment of the Psychological and Social Effects of Acne (APSEA) scale, the Dermatological Life Quality Index (DLQI), the Cardiff Acne Disability Index (CADI), the Rosenberg self-esteem scale and the visual analogue scale (VAS) for itching were used.

Results: The prevalence of itching among 249 patients with acne was 26%, with a predominance of older individuals (mean age 29.6±4.9 years), female gender (70.3%) and moderate acne (78.1%). It was found that patients with itching in acne often had obesity (23.4%), impaired carbohydrate tolerance (15.6%), and hyperprolactinemia (10.9%). When analyzing psychopathological problems due to itching in acne, anxiety was found in 39.1% of patients, and impaired concentration in 25%. Patients compared the sensation of itching with a tickling sensation (12.5%), tingling (46.9%), and a mosquito bite (40.6%). It was found that itching was most often aggravated by stress (39.1%). In patients with itching, its intensity according to the average VAS values was 7±1.6 points, in patients without itching, the average value was 4.5±1.2 points.The impact on the quality of life, personal relationships, social activity in patients with acne and concomitant itching according to the DLQI (Me-21), APSEA (Me-120), CADI (Me-10) was significantly stronger than in patients without itching. The Rosenberg self-esteem scale was statistically significantly higher in patients without itching, indicating lower self-esteem in patients with acne who also complain of itching.

Conclusion: The study allows us to expand our understanding of the role of subjective sensations in the development of acne, as well as to assess the impact of this dermatosis on the quality of life, also it can help to discover new therapeutic models to reach the reduction of itch and increase patient adherence to therapy and accelerate the onset of improvement.

Keywords: Acne, itch, quality of life, psychoemotional status, anxiety

[PP-06]

Development and Validation of the Dermatology Social Comparison (DSC) Scale

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Aim: Social comparison, the process of evaluating one's characteristics in relation to others, influences individuals' self-perception and behaviour. However, there is a scarcity of instruments for assessing social comparison in the medical setting. The purpose of this study is to develop and validate a new scale for assessing social comparison.

Materials and Methods: Seven statements were developed encompassing the perceived normality of having rashes, tendency to compare their situation with others, and emotional response when seeing someone better or worse off than themselves. The instrument was piloted in 15 patients for readability and face validity, then prospectively validated using modern psychometric methods in 1053 adult patients with eczema or psoriasis from three tertiary dermatological centres in Singapore.

Results: Of 1053 adult patients, 802 (76.2%) had eczema, and 251 (23.8%) had psoriasis. Exploratory factor analysis (using a 70% sample split) showed a single factor model comprising three questions (Eigenvalue: 1.4). Confirmatory factor analysis with the remaining 30% of the sample confirmed good model fit. Cronbach's alpha was 0.7 and inter-item correlations ranged 0.42-0.46. In the Rasch analysis, item fit statistics and item characteristic curves showed appropriate discrimination between response options although reliability was suboptimal with a person separation reliability of 0.63.

Conclusion: Comprising 3 questions, the newly derived social comparison scale showed acceptable psychometrics as a measure of social comparison for clinical and research purposes in dermatology. It's brief nature likely results from its brevity and its applicability to conditions beyond eczema and psoriasis warrants further investigation.

Keywords: Social comparison, eczema, psoriasis, scale validation

[PP-07]

The Relationship Between Itch Area and Severity and Anxiety and Depression Levels in Patients with Psychogenic Pruritus

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Aim: Chronic pruritus has been reported to be associated with depression in at least 30% of patients, and unexplained pruritus has also been found to be related to depression. Psychogenic causes may be effective in increasing and maintaining the severity of itch. In this study, we examined the relationships between pruritus severity, pruritus locations, and Hamilton Anxiety Rating Scale (HARS) and Hamilton Depression Rating Scale (HDRS) scores. The findings indicate that nocturnal pruritus and multi-regional involvement have a significant impact on quality of life and disease severity.

Materials and Methods: This preliminary study included 28 patients with an equal gender distribution. The mean nocturnal pruritus severity was 7.2/10, while daytime pruritus severity averaged 3.2/10. The mean HDRS score was 13.5, and the mean HARS score was 7.6. A positive correlation was found between depression scores and nocturnal pruritus severity. Higher nocturnal pruritus severity was observed in women, elderly patients, those with lower education levels, and those with higher depression scores. Patients with nocturnal pruritus and elevated depression scores exhibited generalized pruritus. The most frequently affected body regions were the arms (78.6%), legs (71.4%), and abdominal area (64.3%).

Results: Our study revealed a statistically significant positive correlation between nocturnal pruritus severity and depression scores. This finding supports the hypothesis that nocturnal pruritus may exacerbate disease severity by impairing sleep quality. Consistent with the literature, sleep disturbances in chronic pruritus patients have been reported to increase depression scores. This study demonstrates that depression severity significantly influences pruritus intensity and distribution. Nocturnal pruritus and multi-regional involvement can substantially impair patients' quality of life. The majority of patients had low education levels (53.6% primary education) and were unemployed (35.7%), suggesting that socio-economic factors may play a role in itch management. The low health literacy of individuals with limited education may reduce their ability to manage pruritus effectively. Additionally, it should be considered that unemployed individuals may experience higher levels of stress and anxiety caused by itching. For patients with low education levels, patient education about itch management should be provided in a simple and understandable manner. In patients with nocturnal pruritus, sleep hygiene and itch-reducing treatments should be prioritized.

Conclusion: Consequently, a comprehensive approach to pruritus management should be adopted, with treatment strategies personalized according to patients' socio-demographic characteristics. Due to the small sample size of our study, larger-scale investigations are needed to enhance the generalizability of these findings.

Keywords: Depression, pruritus severity, pruritus locations, nocturnal pruritus

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[PP-08]

Misconception and False Ideation of Public Toward Dermatology Diseases, a Narrative Review

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Aim: This review examines the perception, knowledge and attitudes of the public towards individuals with skin diseases, exploring the impact of stereotypes, stigma, media influence, and cultural factors on public perception and discussing the implications for health care practices and patient outcomes. This article highlights the importance of understanding public perception to enhance empathy, reduce stigma, and improve quality of life for individuals with skin conditions.

Materials and Methods: To conduct the review, a thorough literature review was conducted of the main databases available for health research - PubMed, Scopus, and Google Scholar - using keywords related to public perception, knowledge, attitudes, stigma, and skin diseases. To ensure the reliability of the extracted data, two reviewers conducted the review independently and combined their findings. To analyse the collated data, thematic analysis was then employed so that the key themes from the selected studies could be rigorously identified and explored.

Results: Key findings include different levels of awareness among the public, the influence of information sources such as healthcare providers, the media, and personal experiences. These attitudes towards individuals with skin conditions range from sympathy and support to discrimination and social isolation, with notable changes observed over time. Factors such as education, socio-economic status, personal experiences, and the influence of the health care providers also play important roles in shaping perception, knowledge, and attitudes. This review recommends further future research studies, including those that take a longitudinal approach, to examine changes in attitudes, interventional research on cognitive modification, and cross-cultural comparative studies to inform target populations and plan health promotion strategies.

Conclusion: This review underscores the need for collaborative efforts across different sectors aimed at promoting accurate knowledge, empathy, and inclusivity toward individuals with skin diseases.

Keywords: Skin diseases, public perception, health promotion, health care practices

[PP-09]

Turkish Adaptation of the Psychosomatic Symptom Scale (PSSS): Preliminary Findings on Validity and Reliability

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Aim: The Psychosomatic Symptom Scale (PSSS) is a brief, valid, and reliable 26-item measure that assesses both psychiatric and somatic symptoms. The PSSS is available in Chinese, English, and Urdu and serves as an easy-to-use tool for both patients and clinicians in evaluating psychosomatic symptoms. Given its utility, there was a need to translate and adapt the scale into Turkish. The Turkish adaptation will facilitate the assessment of psychosomatic symptoms in both psychiatric and general hospital patients. This study aims to examine the psychometric properties of the Turkish version of the PSSS and to investigate its validity and reliability in Turkish populations and clinical settings.

Materials and Methods: 270 participants over the age of 18 voluntarily agreed to participate and were recruited from the general hospital and psychiatric outpatient clinic. Participants were asked to complete the socio-demographic information form, the Turkish version of the PSSS, the Symptom Checklist-90, the Somatic Symptom Scale (PHQ-15), the Generalized Anxiety Disorder Scale-7, and the Patient Health Questionnaire-Depression Scale (PHQ-9). Exploratory and confirmatory factor analyses were conducted to assess its validity. Reliability was evaluated using internal consistency tests and test-retest analysis. Approval was obtained from the Clinical Research Ethics Committee (decision no: 2023-1088).

Results: Among the 270 participants, 139 (51.5%) were female, and 131 (48.5%) were male. The mean ages were 40.07 and 39.17 years, respectively. Of the 194 patients, 32.9% were regularly followed in psychiatry, 30.9% in internal medicine, 10.8% in neurology, 9.7% in dermatology, 6.7% in surgical branches, 6.1% in physical therapy and rehabilitation, 2.5% in cardiology, and 1.03% in pulmonology. A psychiatric history was reported by 41% of participants. Diagnoses included anxiety disorders (32.4%), depression (28.8%), obsessive-compulsive disorder (10.8%), psychotic disorders (7.2%), attention deficit hyperactivity disorder (5.4%), bipolar disorder (4.5%), insomnia (2.5%), other conditions (3.6%), and unknown diagnoses (7.2%). According to the exploratory factor analysis results, a two-factor, 26-item model for the Turkish version of the PSSS explained 48.9% of the variance. The first factor accounted for 41.63% of the variance, while the second factor accounted for 7.27%. Confirmatory factor analysis results indicated a good fit (comparative fit index =0.901; goodness of fit index =0.851; root mean square error of approximation = 0.067). Cronbach's alpha coefficient was 0.921 for the total score, 0.903 for the psychiatric factor, and 0.916 for the somatic factor.

Conclusion: The results of this study indicate that the Turkish version of the PSSS is a valid and reliable measurement tool for use in general hospital populations.

Keywords: Psychosomatic, reliability, validity, Turkish

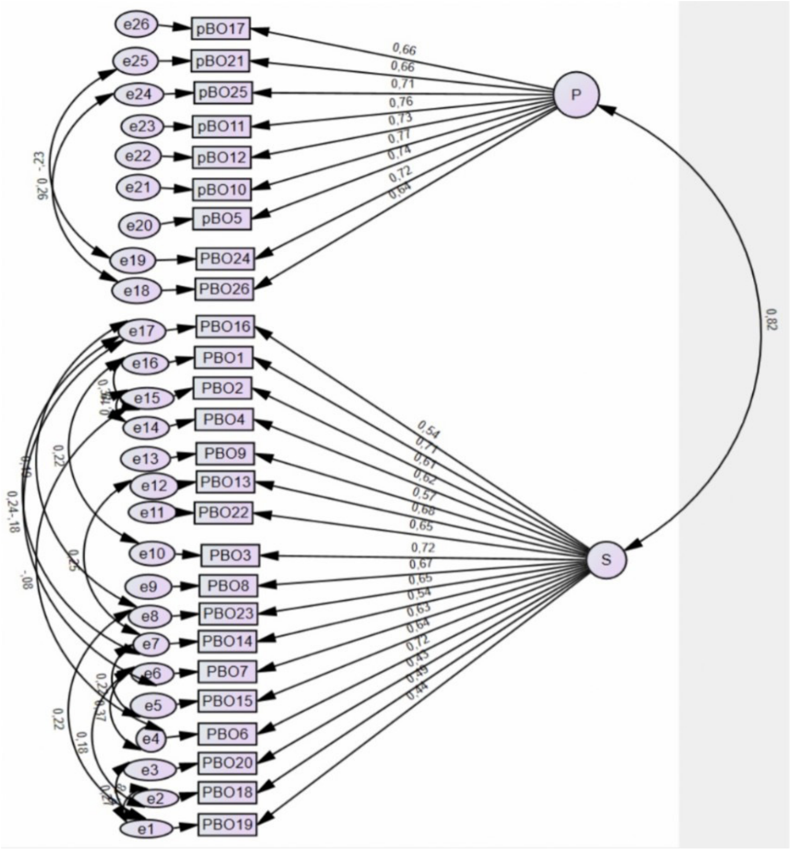
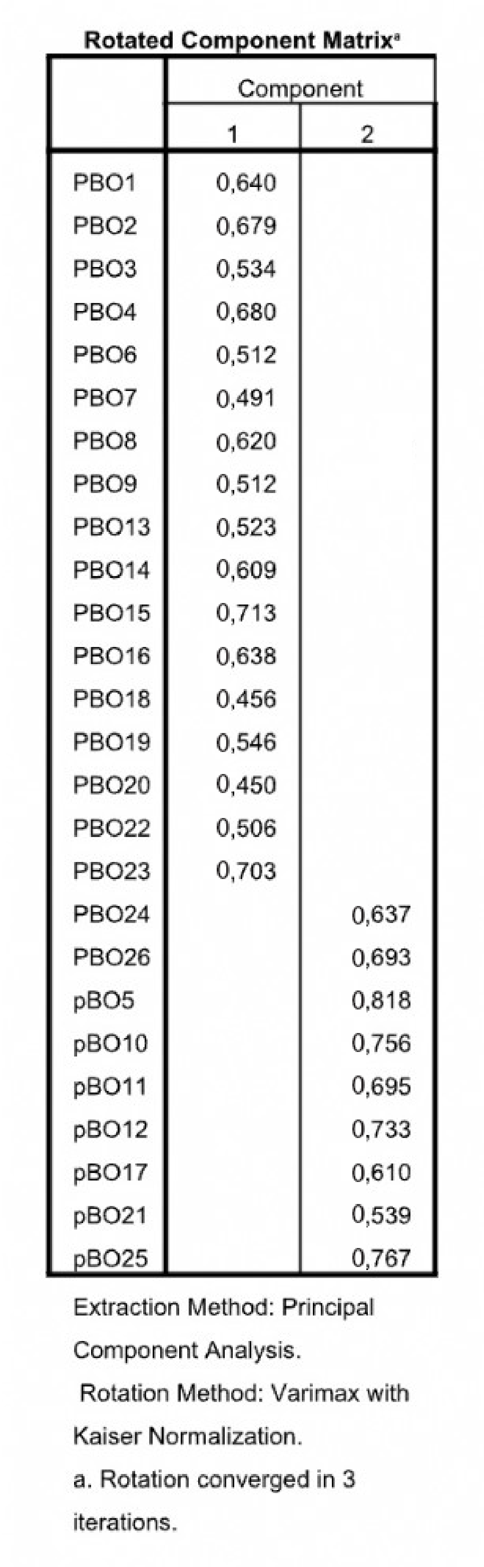


Figure 1. Confirmatory factor analysis



Rotated Component Matrix[a]

	Component	
	1	2
PBO1	0,640	
PBO2	0,679	
PBO3	0,534	
PBO4	0,680	
PBO6	0,512	
PBO7	0,491	
PBO8	0,620	
PBO9	0,512	
PBO13	0,523	
PBO14	0,609	
PBO15	0,713	
PBO16	0,638	
PBO18	0,456	
PBO19	0,546	
PBO20	0,450	
PBO22	0,506	
PBO23	0,703	
PBO24		0,637
PBO26		0,693
pBO5		0,818
pBO10		0,756
pBO11		0,695
pBO12		0,733
pBO17		0,610
pBO21		0,539
pBO25		0,767

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.
a. Rotation converged in 3 iterations.

Figure 2. Exploratory factor analysis

[PP-10]

Psychodermatology in Latvia: A Missing Link in Dermatological Care

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Psychodermatology recognizes the complex interplay between skin and mental health. While this interdisciplinary field is advancing across Europe, Latvia lacks any formal psychodermatology infrastructure-no integrated services, education, or clinical pathways.

At the same time, clinical data in Latvia confirm a major psychological burden among dermatology patients, especially those with chronic inflammatory diseases like atopic dermatitis and psoriasis. Children with atopic dermatitis, e.g., suffer from impaired life quality, sleep disturbances, and increased family and emotional stress. Data from the Latvian National Health Service (NHS) from 2015 to 2020 show a psoriasis annual incidence rate of 2.1-2.2 cases per 1000 person-years. Besides, the Latvian Clinical Guideline for Psoriasis mentions comorbid mental health issues in psoriasis patients but fails to address and suggestion on how to include psychodermatologic protocol in the treatment.

Current challenges in Latvia

- Lack of interdisciplinary clinics or referral systems
- Absence of psychodermatology in medical education
- Mental health stigma and long waiting times for care

Existing professional resources in Latvia

- Latvian Psychological Association
- Latvian Dermatovenerology Association
- At Riga Stradins University, both the Psychology Department and the Department of Dermatology and Venereology (LDVA)

Proposed action plan for Latvia

- Establish an international network (e.g., through ESDaP)
- Train psychologists and dermatologists in psychodermatology
- Learn from international best practices (e.g., psychodermatology clinics in Germany)
- Develop a research program in cooperation with LDVA
- Offer psychodermatology modules for medical and psychology students at Riga Stradins University

Conclusion: Psychodermatological conditions are real, under-treated, and significantly impact patient well-being in Latvia. Establishing formal training, interdisciplinary collaboration, and systematic patient care pathways is essential. These steps will align Latvian dermatology with European standards and improve outcomes for patients with chronic skin conditions.

Keywords: Psychodermatology, interdisciplinary, healthcare, mental health

[PP-11]

The Relationship Between Acne Severity and Cyberchondria: A Cross-Sectional Study

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Aim: Acne vulgaris is one of the most common dermatological disorders, affecting individuals of various age groups and often leading to significant psychological distress. In parallel, the increasing use of the internet for health-related information has contributed to the emergence of cyberchondria, a phenomenon characterized by excessive online searching for medical information, resulting in heightened health anxiety. This study aims to investigate the relationship between acne severity and cyberchondria levels, hypothesizing that individuals with more severe acne exhibit higher levels of cyberchondria.

Materials and Methods: This cross-sectional study included 150 patients diagnosed with acne vulgaris. Acne severity was assessed using the Global Acne Grading System (GAGS), the Food and Drug Administration-recommended global staging system, and patients' self-assessment of acne severity (PA). Cyberchondria was evaluated using the Short Form Cyberchondria Severity Scale (CSS-SF). Pearson correlation analysis was performed to explore the associations between acne severity and cyberchondria levels.

Results: The mean age of participants was 22.65±4.91 years, and 63.3% were female (Table 1). The mean GAGS score was 29.32±11.13, and the mean cyberchondria score (CSS-SF) was 33.91±13.14 (Table 2). Correlation analysis demonstrated statistically significant positive associations between acne severity and cyberchondria levels across all assessment methods ($P < 0.01$) (Table 3). Patients who perceived their acne as more severe exhibited the highest cyberchondria scores. Additionally, acne severity assessed by clinical grading also correlated significantly with cyberchondria, suggesting that both objective and subjective acne severity play a role in online health-related anxiety.

Conclusion: This study demonstrates a significant positive relationship between acne severity and cyberchondria, indicating that as acne severity increases, so does the tendency for excessive online health-related searches and anxiety. The strongest correlation was observed between patients' subjective acne severity perception and cyberchondria ($r = 0.779$, $P < 0.01$), suggesting that self-perceived acne severity may be more influential in driving cyberchondria than clinical grading alone. Similar findings have been reported in dermatological conditions such as psoriasis and atopic dermatitis, where increased disease severity correlates with heightened health anxiety and online medical information-seeking behavior. Given that cyberchondria can lead to excessive worry, self-diagnosis, and decreased adherence to prescribed treatments, it is crucial to address this issue in acne management. Healthcare professionals should incorporate psychological assessment and digital health literacy education into acne treatment protocols, ensuring that patients receive accurate information and are guided towards evidence-based dermatological care. Cognitive-behavioral interventions and structured educational programs may help mitigate the negative impact of cyberchondria, improving patient outcomes. Future research should focus on longitudinal studies to explore the causality between acne severity and cyberchondria, as well as investigate the role of social media and online dermatological self-diagnosis platforms in amplifying this behavior. By adopting a holistic, patient-centered approach, clinicians can improve treatment adherence, reduce psychological distress, and enhance overall patient satisfaction.

Keywords: Acne, cyberchondria, psychodermatology

Table 1. Clinical and demographic data of acne patients

Age	Mean: 22,65±4,91 (15-42)		
Gender	Female	95	%63,3
	Male	55	%36,7
Disease Duration (Months)	Mean: 14,35±12,41 (1-72)		
Family History	No	108	%72
	Yes	42	%28
Therapy	Systemic therapy	77	%51,3
	Topical therapy	73	%48,7
Comorbidity	No	122	%81,3
	Yes	28	%18,7
History of Psychiatric Illness	No	133	%88,7
	Depression	10	%6,7
	Anxiety disorder	6	4
	Obsessive compulsive disorder	1	%0,7
Psychotropic Use	No	136	%90,7
	Yes	14	%9,3
Acne Severity Classification According to the GAGS	Mild	24	%16
	Medium	52	%34,7
	Severe	51	%34
	Very Severe	23	%15,3
Acne severity staging according to the FDA Recommended Global Staging System	Very few lesions	7	%4,7
	Mild	44	%29,3
	Medium	78	%52
	Severe	21	%14
	Total	150	100

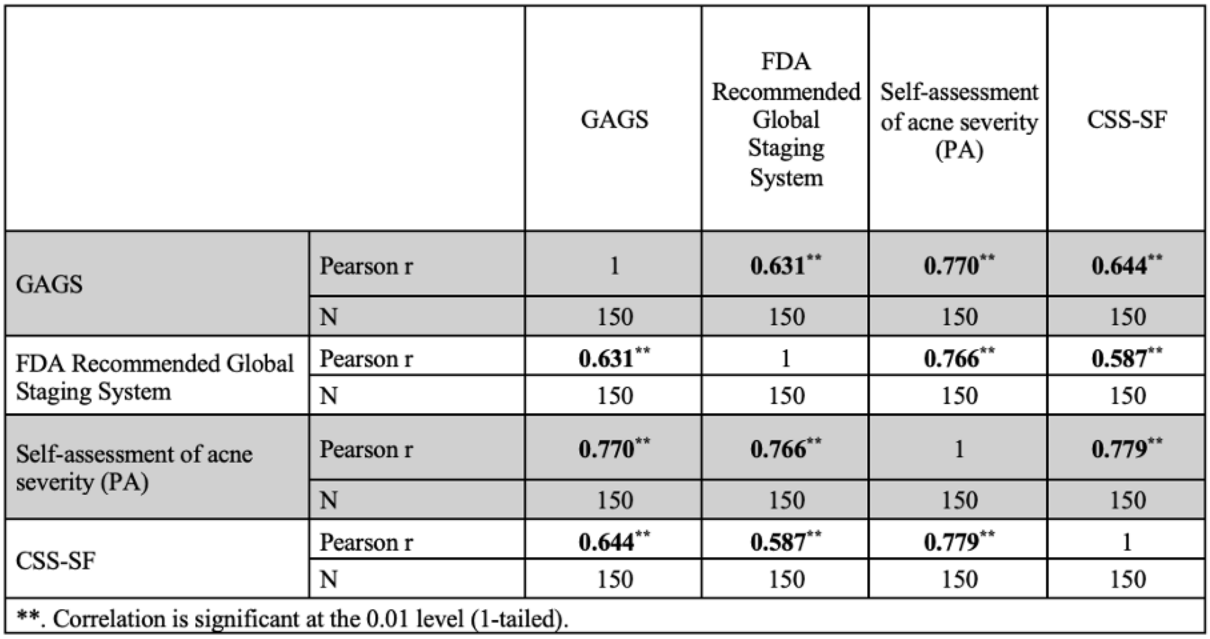
GAGS: Global Acne Grading System

Table 2. Data related to acne disease severity

	N	Minimum	Maximum	Mean	Std. Deviation
GAGS Score	150	6	64	29,3267	11,1304
Self-assessment of acne severity (PA)	150	1	10	5,9533	2,46679
CSS-SF Score	150	12	60	33,9067	13,14113

GAGS: Global Acne Grading System; CSS-SF: Cyberchondria Severity Scale-Short Form

Table 3. Table showing correlations between cyberchondria severity scale and acne severity scales



		GAGS	FDA Recommended Global Staging System	Self-assessment of acne severity (PA)	CSS-SF
GAGS	Pearson r	1	**0.631****	**0.770****	**0.644****
	N	150	150	150	150
FDA Recommended Global Staging System	Pearson r	**0.631****	1	**0.766****	**0.587****
	N	150	150	150	150
Self-assessment of acne severity (PA)	Pearson r	**0.770****	**0.766****	1	**0.779****
	N	150	150	150	150
CSS-SF	Pearson r	**0.644****	**0.587****	**0.779****	1
	N	150	150	150	150

**. Correlation is significant at the 0.01 level (1-tailed).

[PP-12]

Can We Stay Resilient When Our Skin Suffers? A Cross-Sectional Study on Factors Affecting Resilience in Patients with Hidradenitis Suppurativa

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Aim: Hidradenitis suppurativa (HS) is an important skin disease with a burden of mental illness. To reduce this burden, it is important to develop psychological resilience as a protective factor. We aimed to determine the effects of emotion regulation difficulties, self-perception and stigmatization, which are important conditions in HS patients, on psychological resilience and to examine them according to the stage of the disease.

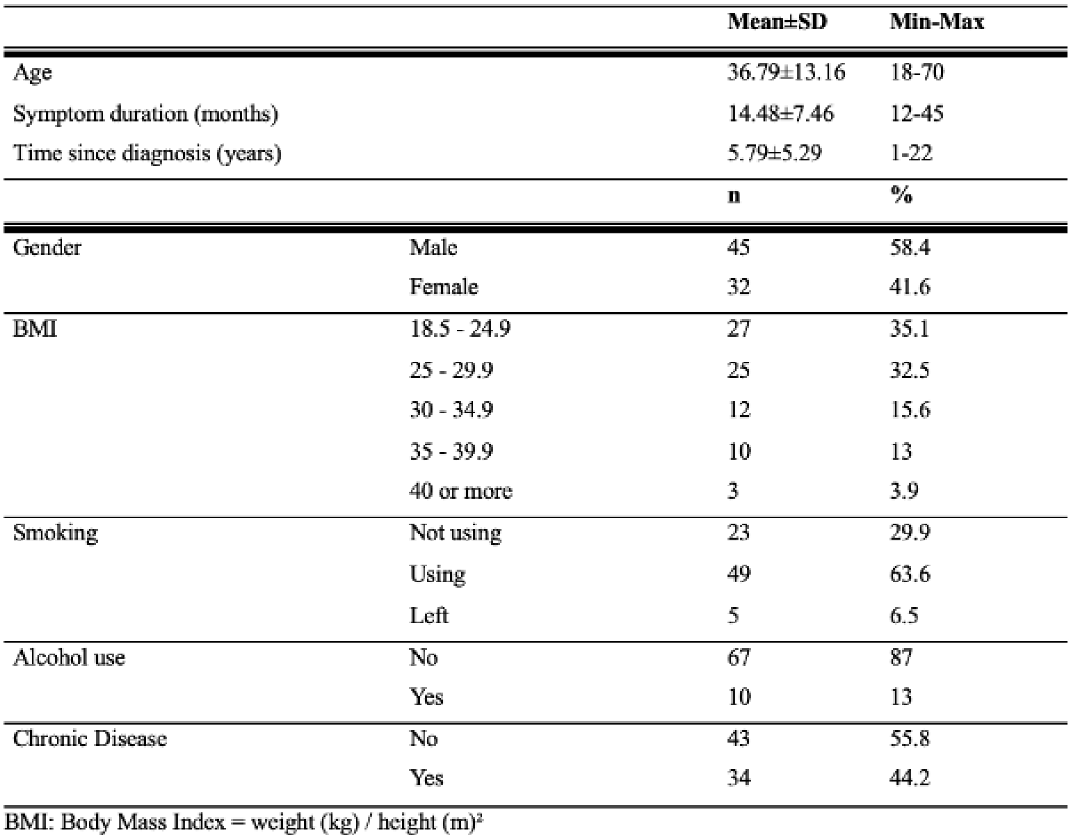
Materials and Methods: This cross-sectional study included 77 patients with HS attending a psychodermatology clinic between August and December 2024. Inclusion criteria were age ≥18 and absence of severe mental or physical disability. Data were collected using validated instruments: Difficulties in Emotion Regulation Scale Short Form, Brief Resilience Scale, 6-Item Stigmatization Scale, Social Comparison Scale, and Hurley staging for disease severity. Statistical analyses included one-way ANOVA, Pearson correlations, and multiple linear regression using SPSS 22, with significance set at $P < 0.05$.

Results: The participants were 58.4% male, with a mean age of 36.79±13.16 years and a mean symptom duration of 9.48±7.46 years. As the severity of the disease increased, difficulty in emotional regulation and stigmatization worsened, while psychological resilience decreased. There was a significant negative correlation between resilience and both emotional dysregulation and stigmatization. Emotional regulation, stigmatization and self-perception scores accounted for 31.8% of the change in resilience ($P < 0.001$).

Conclusion: The study identifies difficulties in emotion regulation and perceived stigma as significant predictors of reduced psychological resilience in patients with HS. While self-perception was correlated with resilience, its independent effect was not significant in multivariate analysis. Findings highlight the importance of addressing emotional coping skills and stigma in clinical interventions. Multidisciplinary strategies involving dermatology and mental health professionals are essential for the psychophysiological management of HS. Enhancing resilience through targeted psychosocial support may improve patient well-being and treatment outcomes.

Keywords: Hidradenitis suppurativa, emotion regulation, stigmatisation, self-perception, psychological resilience

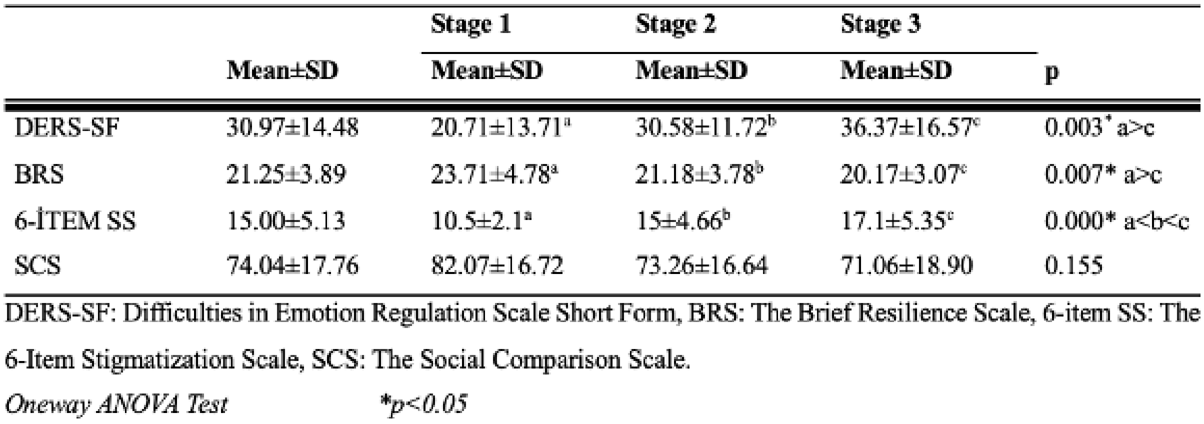
Table 1. Distribution of demographic information (n = 77)



		Mean±SD	Min-Max
Age		36.79±13.16	18-70
Symptom duration (months)		14.48±7.46	12-45
Time since diagnosis (years)		5.79±5.29	1-22
		n	%
Gender	Male	45	58.4
	Female	32	41.6
BMI	18.5 - 24.9	27	35.1
	25 - 29.9	25	32.5
	30 - 34.9	12	15.6
	35 - 39.9	10	13
	40 or more	3	3.9
Smoking	Not using	23	29.9
	Using	49	63.6
	Left	5	6.5
Alcohol use	No	67	87
	Yes	10	13
Chronic Disease	No	43	55.8
	Yes	34	44.2

BMI: Body Mass Index = weight (kg) / height (m)²

Table 2. Difficulty in emotion regulation, psychological resilience, stigma and self-perception evaluation of scale scores according to Hurley stages (n = 77)

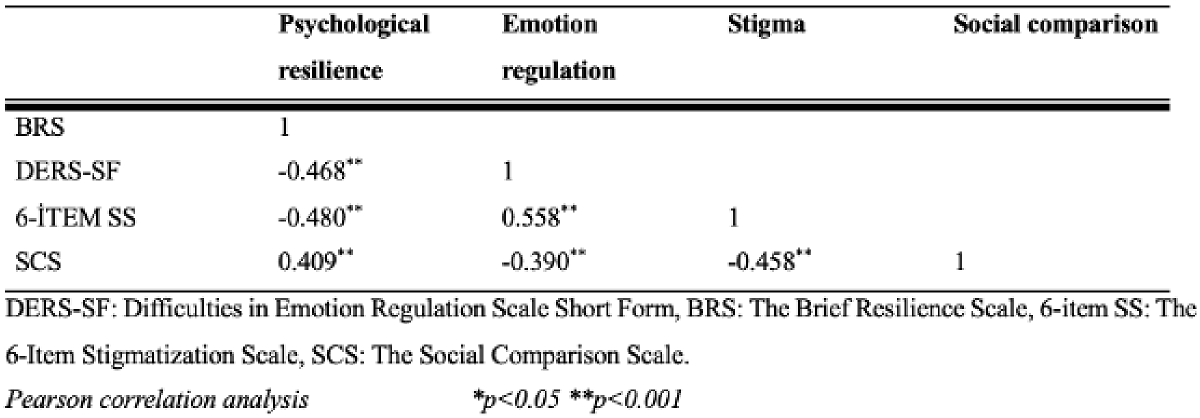


		Stage 1	Stage 2	Stage 3	
	Mean±SD	**Mean±SD**	**Mean±SD**	**Mean±SD**	**p**
DERS-SF	30.97±14.48	20.71±13.71^{a}	30.58±11.72^{b}	36.37±16.57^{c}	0.003* a>c
BRS	21.25±3.89	23.71±4.78^{a}	21.18±3.78^{b}	20.17±3.07^{c}	0.007* a>c
6-İTEM SS	15.00±5.13	10.5±2.1^{a}	15±4.66^{b}	17.1±5.35^{c}	0.000* a<b<c
SCS	74.04±17.76	82.07±16.72	73.26±16.64	71.06±18.90	0.155

DERS-SF: Difficulties in Emotion Regulation Scale Short Form, BRS: The Brief Resilience Scale, 6-item SS: The 6-Item Stigmatization Scale, SCS: The Social Comparison Scale.

Oneway ANOVA Test *$p<0.05$

Table 3. Relationship between psychological resilience, difficulty in emotion regulation, stigma and self-perception (n = 77)



	Psychological resilience	**Emotion regulation**	**Stigma**	**Social comparison**
BRS	1			
DERS-SF	-0.468**	1		
6-İTEM SS	-0.480**	0.558**	1	
SCS	0.409**	-0.390**	-0.458**	1

DERS-SF: Difficulties in Emotion Regulation Scale Short Form, BRS: The Brief Resilience Scale, 6-item SS: The 6-Item Stigmatization Scale, SCS: The Social Comparison Scale.

Pearson correlation analysis *$p<0.05$ **$p<0.001$

[PP-13]

Psychiatric Evaluation for Patients, Before and During Apremilast Treatment

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Apremilast is an oral immunomodulator belonging to the group of phosphodiesterase-4 (PDE-4) enzyme inhibitors. It is approved to reduce inflammation in moderate to severe psoriasis plaques, psoriatic arthritis and to reduce the severity of oral ulcers in Behçet's disease.

In clinical trials, some patients taking apremilast reported increased depressive symptoms, some developed insomnia and changes in sleep patterns, and more cases of suicide attempts were reported compared to the placebo group. The risk of developing depression may be higher, especially in individuals with a history of psychiatric illness.

Prior to the use of apremilast, patients' past psychiatric history should be obtained and their current mental status should be evaluated. Patients should be asked whether they have previous diagnoses such as depression, bipolar disorder, anxiety disorder, psychosis; whether they have a history of suicide attempt or current suicidal ideation; whether they have used any psychiatric medication in the past or currently. Any significant mood changes or sleep changes in the last weeks should also be recorded.

Relatives of patients using apremilast and their dermatologists should also be informed about any potential psychiatric conditions that may emerge during treatment. If a new psychiatric complaint is detected during the treatment, the patient psychiatrist should be referred to a psychiatrist as soon as possible.

At İstanbul University İstanbul Faculty of Medicine, patients who are planned to start Apremilast treatment by dermatology are routinely referred to the Division of Consultation-Liaison Psychiatry. After a comprehensive mental status examination, the Patient Health Questionnaire-Somatic, Anxiety, and Depressive Symptoms Scale is administered as the time of evaluation (Time: 0). Psychiatric evaluations will be performed and scale will be applied at the 3rd, 6th and 12th months. In this prospective procedure, we will be monitoring whether the patients will have any mental symptoms in one-year- interval during apremilast treatment.

Keywords: Apremilast, psychiatric evaluation, depression, suicide risk, psychodermatology

[PP-14]

Development and Feasibility Testing of “MindMySkin”: a Psychodermatological Intervention to Reduce Symptom Burden of Dermatology Patients

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Aim: Psycho-behavioural factors significantly impact the burden of inflammatory skin diseases, yet psycho-behavioural interventions are rarely delivered in clinical dermatology and not readily accessible. This study develops and tests MindMySkin, a digital self-administered psycho-behavioural intervention mobile app.

Materials and Methods: MindMySkin was developed by a multidisciplinary team involving three steps: identification of patients’ needs; development of the intervention based on existing evidence and theory, and feasibility assessment. Participants with skin diseases were interviewed to determine their needs and to provide feedback on module content. Structured quantitative feedback assessed level of interest, ease of understanding, usefulness, time required for completion and recommendation for including that module in the app. Qualitative feedback was also gathered. Each module was tested by a minimum of 3 patients and iteratively modified. MindMySkin was subsequently hosted on Intellect, an existing mobile app developed by our industry partner Intellect Inc.

Results: Twenty five patients with conditions including eczema, psoriasis and chronic urticaria were recruited through outpatient clinics or by word of mouth for qualitative interviewing and module testing between June 2023 and February 2024. Feedback scores were high with a median score of 4 or 5 across various domains. Positive qualitative feedback highlighted the content’s practicality, informativeness and ease of understanding, appreciating its conversational and casual tone. However, concerns were raised regarding the value of reflection exercises and self-assessments, and oversimplification of challenges patients faced. Modules were edited or removed following iterative feedback and the final interventional covered 5 aspects of disease management - illness coherence, symptom management, functional impairment, the patient-physician relationship and emotional impairment, delivered over 74 modules. A challenge was aligning what patients find engaging with what is felt to be beneficial for them (e.g. self-introspection and building awareness). Additionally, tailoring MindMySkin to patient preferences proved difficult due to wide variations in individual preferences and current limitations in personalization. To enhance usability, all modules are made optional and available on demand, allowing users to engage with content that interests them.

Conclusion: Symptom burden is the result of the objective disease and the cognitive and behavioral response of the patient. MindMySkin seeks to deliver structured psychodermatological care alongside standard dermatological care to reduce the burden of skin diseases. Plans to test MindMySkin in a randomized controlled trial is ongoing, and will provide data on efficacy as well as retention and usage rate. Limitations include a lack of a complete module review by any single patient and the fact participants were actively given modules to review. This limits our ability to assess the intervention as a whole and the adherence and voluntary engagement rate.

Keywords: Mhealth, psychotherapeutics, digital, eczema, psoriasis

[PP-15]

Well-being in German Patients with Vitiligo in Sexually-Sensitive and Visible Body Areas

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Aim: Vitiligo is a skin disorder with an estimated global prevalence between 1.1% and 1.3%. Only few studies exist on the psychosocial impact of vitiligo in German patients, in particular those affected in sexually-sensitive and visible body areas as emphasized in a recent position paper. Regarding treatment, patients with vitiligo in the facial area only are eligible for the Janus kinase 1/2 inhibitor ruxolitinib as first vitiligo-specific topical therapy. However, genital and hand lesions might be associated with severe impairments in quality of life and well-being, too. This study aimed to assess the impact of vitiligo on health-related well-being in general and in comparison between patients with and without sexually sensitive (genital), and visible (facial and hand) involvement.

Materials and Methods: This monocentric cross-sectional study included German patients aged ≥ 18 years with any type of vitiligo. The physicians assessed type of vitiligo, body surface area (BSA), disease duration, body area affected and comorbidities. The patients reported on their health-related quality of life using the Dermatology Life Quality Index (DLQI) and well-being measured by the World Health Organization (WHO)-5 questionnaire. Besides socio-demographic data such as age and sex was assessed. Descriptive statistics and one-way univariate analyses of covariance were performed.

Results: In total, n = 110 patients [mean age ± standard deviation (SD): 47.45±14.65 years; 54.5% females; 95.5% with non-segmental vitiligo] were included. The majority of patients (60.0%, n = 66) had a skin phototype III. 84.5% (n= 93) had an involvement of the face and 72.7% (n=80) of the hands. Involvement of genital area was noted in 47.3% (n = 52). 78.2% of patients had concomitant involvement of sexually sensitive and visible areas. The mean BSA was 13.59% (SD: 17.10). 45.87% (n=50) of patients had an extensive vitiligo with a BSA > 6.45%. The mean disease duration was 12.36 years (SD: 11.62). The WHO-5 mean score was 13.29 with 42.20% (n = 46) having a score of < 13 indicating impaired well-being. 14.68% (n = 16) of the patients had a WHO-5 score of < 7 indicating a high probability of depression. Mean DLQI score was 7.40 (SD: 6.33). Correlation analyses showed that the WHO-5 was negatively correlated with age (r = -0.281; *P* = 0.003). In addition, DLQI was moderately correlated with age (r = 0.402; *P* ≤ 0.001) and BSA (r = 0.312; 0.003). No significant differences neither in the WHO-5 nor in the DLQI were found between patients with vs. without genital, facial and hand involvement, indicating that people with vitiligo suffer, independent of the body areas affected.

Conclusion: In this study, we have addressed for the first time health-related well-being in German patients suffering from vitiligo. Our findings emphasize the psychosocial impact of vitiligo in German patients and underlines the importance of screening for psychological comorbidity under routine care in order to maintain mental health.

Keywords: Vitiligo, psychological comorbidity, wellbeing, quality of life, visibility

[PP-16]

The Impact of Seborrheic Dermatitis on Quality of Life: A Systematic Review of Disease Burden, Treatment Outcomes, and Environmental Factors

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Aim: Seborrheic dermatitis (SD) is a common inflammatory skin condition that significantly impacts patients' quality of life (QoL). Symptoms such as erythema, scaling, and pruritus contribute to discomfort, social embarrassment, and reduced self-esteem. Despite its prevalence, particularly among older adults and individuals with dermatological comorbidities, SD remains underrecognized in terms of its burden on daily life. This systematic review evaluates the relationship between SD and QoL by analyzing recent studies on disease severity, treatment efficacy, environmental factors, and healthcare accessibility.

Materials and Methods: A systematic literature review was conducted using the PubMed database to identify original peer-reviewed studies published between 2015 and 2025. The search was performed using relevant keywords and MeSH terms related to SD and QoL, employing Boolean operators ("AND," "OR") to refine results. Studies were included if they were written in English, focused on SD, and assessed QoL as a primary or secondary outcome. Exclusion criteria comprised non-original research, studies unrelated to QoL, and articles without accessible full texts. After an initial screening of 21 studies, a total of 8 met the inclusion criteria and were analyzed in detail.

Results: The selected studies were conducted in various countries, including China, the USA, Italy, the UK, Nigeria, and Brazil, with one study encompassing multiple nations (Thailand, Israel, USA, France, and Australia). The sample sizes varied widely, with some studies including fewer than 50 participants and others exceeding 150,000. Findings revealed that SD significantly reduces QoL, particularly in severe cases. Environmental factors such as air pollution were associated with increased disease incidence and worsening symptoms. Studies from China and the USA emphasized the need for improved healthcare provider awareness and patient education to enhance SD management. Research on treatment effectiveness showed that antifungals, pimecrolimus, and isotretinoin improved symptoms, though long-term QoL benefits remain unclear. Low-dose isotretinoin demonstrated effectiveness in reducing sebum production and improving patient-reported outcomes, yet further high-quality studies are needed to evaluate its sustained impact. Additionally, SD frequently coexists with other dermatological conditions, particularly psoriasis, further exacerbating its effect on QoL. Infantile SD treatments remain poorly studied, with limited evidence on efficacy and safety. The increasing global burden of SD, particularly among aging populations, underscores the urgent need for targeted public health strategies addressing environmental risk factors and improving patient care.

Conclusion: SD has a profound impact on QoL, necessitating a comprehensive management approach. Improved treatment strategies, environmental risk reduction, and enhanced healthcare provider awareness are essential to alleviating the burden of SD. Further high-quality research is required to develop evidence-based interventions that optimize patient outcomes.

Keywords: Dermatitis seborreica, quality of life, systematic review

[PP-17]

The Association Between Atopic Dermatitis and ADHD Subtypes

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[2]*San Juan Bautista School of Medicine, Caguas, Puerto Rico; University of California San Francisco, San Francisco, USA*

[3]*La Roche-Posay Laboratorie Dermatologique, Levallois-Perret, France*

Aim: Multiple studies have identified an association between atopic dermatitis (AD) and attention deficit hyperactivity disorder (ADHD). However, findings have been inconsistent and children with AD may be more likely to be characterized as having hyperactive behaviors due to itching and sleep loss. Because ADHD is a heterogenous condition with different subtypes that may require different treatments, it is important to investigate whether there are subtype differences in the association with AD. The objective of this study was to determine whether the association of childhood AD and ADHD varies by ADHD subtype.

Materials and Methods: We performed a search to identify cohorts that measured both AD and ADHD subtypes in childhood. We identified 9 studies that met the inclusion criteria, but data were available for only 2 cohorts with concurrent measures of AD and ADHD subtypes: the ALSPAC birth cohort from the United Kingdom with 13,988 participants followed up to age 17 and the GUSTO cohort from Singapore with 1247 participants followed up through age 8.

Results: We acquired individual-level participant data from the 2 cohorts available and developed linear regression models that were adjusted for potential confounders including mother's highest education, maternal age at delivery, household income, sex, stress during pregnancy, and maternal smoking. We then combined the estimates using a random effects meta-analysis and found small non-significant elevations in both subtypes: for participants with AD, the adjusted mean difference standard deviation (SD) in the hyperactivity subscale score was 0.13 (-0.13, 0.39, I-squared 56%) and the adjusted mean difference SD in the inattention subscale was 0.21 (95% confidence interval -0.22, 0.63, I-squared 79%).

Conclusion: We found weak associations between AD and both subtypes of ADHD, but our findings were limited by the small number of studies that measured ADHD subtypes, inconsistency in measurement, and poor overlap with dates of AD measurement. Given the limitations in data availability and heterogeneity in both conditions, future research should include measures of ADHD subtype and AD severity to better understand and optimize treatment for patients.

Keywords: Atopic dermatitis, ADHD, ADHD subtypes

[PP-18]

Developing a Self-Help Toolkit for Supporting Wellbeing in Parents of Children with Epidermolysis Bullosa

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Aim: Epidermolysis bullosa (EB) is a group of rare genetic conditions. In EB, the skin is fragile, and the smallest impact results in painful blisters forming on the body (DEBRA UK, 2024a). As there is no cure, management of EB focuses on wound care with frequent dressing changes and pain relief. Living with EB can be challenging for people of all ages; however, the impact of childhood EB can be far-reaching. Childhood EB does not just affect the child, but the wider family unit. Parents caring for a child with EB can experience significant stress, associated with the condition itself, and from overseeing care. Recommendations produced by Martin et al., (2019) and the most recent “EB insights study” (DEBRA UK, 2024b) highlight the need to support parents and carers, and the importance of psychosocial support for the whole family. However, there is a lack of accessible support available for people with dermatological conditions.

Materials and Methods: Previous research surrounding the impact of skin conditions on children and their parents has identified the need to provide families with interventions that can be easily accessible and fit into daily routines of care. This is particularly relevant for those affected by EB, as in some cases, it has been reported that dressing changes can take 4 hours per day. In January 2024, DEBRA UK awarded funding to a team of researchers in Cardiff University (Wales, UK; DEBRA UKc) to develop a self-help toolkit to reduce stress in parents of children with EB. Informed by a person-based approach and Medical Research Council guidelines, the design of the toolkit will be based on needs identified by consulting with an expert steering group panel of parents and multidisciplinary clinicians, as well as from interventions recommended in existing literature. Qualitative interviews were held with parents and healthcare professionals to understand the impact on families, barriers to engagement, and views on which psychotherapeutic approaches should be included, such as mindfulness and self-compassion-based techniques, as these have already shown some success with parents of children with other skin conditions. Finally, the toolkit will be tested to determine feasibility and acceptability.

Conclusion: More needs to be done to address the psychological wellbeing of parent carers of children with EB. With funding from DEBRA UK, we intend to fill a gap in current available support interventions and produce a lasting resource that can be made available on-demand to parents via charity website, to reduce stress.

Keywords: Psychodermatology, quality of life, epidermolysis bullosa

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[PP-19]

The Psychological Factors Affecting Fabric Selection on Atopic Eczema compared to Healthy Skin

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Aim: Atopic eczema is a common chronic inflammatory skin condition affecting 2-10% of adults in the United Kingdom. The fabric materials on close contact with the skin is long been known to aggravate atopic eczema. Cotton, Silk, Bamboo viscose are generally believed less irritant compared to wool and polyester. People often aid visual and tactile cues to select good fabrics. The study aims to explore the changes in clothes preference in healthy versus eczema skin and the psychological factors influencing fabric selection.

Materials and Methods: This is an interview-based, observational, case control study, using stratified sample of 20 participants to each group. Adults and the parents of children with mild to moderate eczema for more than 6 months (cases) were compared to non-inflamed healthy skin (controls). The opening interview evaluated the participant’s opinion if fabrics in contact matter skin health, their preferred method to select a good fabric (general look and feel vs. information on label) and their perceived qualities in a good fabric (texture/comfort, breathable, thickness, durability, aesthetic appeal). All participants were given unnamed samples of Cotton, Polyester, Viscose, Satin, Silk and Wool to look and feel and decide if each sample is good or bad for skin. The samples were all white, pattern free, similar thickness and size to avoid bias. Finally, they were asked if look and feel is reliable indicator in deciding the appropriate fabric.

Results: In the opening questions, we observed a disparity of only 55% in the control sample believing type of fabric matters for skin health compared to 90% in the cases group. Nearly all participants of both groups agree cotton is good for skin, whereas majority of cases believe wool and polyester are not good (90% and 75%). Comfort and smoothness of the fabric were preferred by both groups similarly (95% vs. 90% in cases vs. controls), although the perceived value of aesthetic appeal declined markedly from control group to cases (70% to 20%). Both groups showed poor accuracy in visual and tactile perception of fabrics averaging 51%. Interestingly 50% of eczema group felt visual and tactile perception is reliable compared to the 20% in the control group.

Conclusion: Eczema and pruritus have a psychological influence on clothes selection. Eczema shifts the selection behaviour to prioritises texture, comfort and breathability of clothes over aesthetic appeal. It also influences people to be attentive on the importance of fabric material. Nevertheless, the judgement of appropriate and non-appropriate fabrics by visual and tactile cues is highly unreliable

Keywords: Atopic eczema, clothes, fabric, psychological factors

[PP-20]

The Use of Habit Reversal Therapy for Lip Licker's Dermatitis

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Aim: Lip licker's dermatitis is a common dermatological condition characterised by erythema and irritation around the perioral region due to excessive lip licking. This behaviour is often habitual and exacerbated by environmental factors such as cold weather. Conventional dermatological treatments, including emollients and topical immunomodulators, can be effective but may not address the underlying behavioural component. Habit reversal therapy (HRT) is a behavioural intervention designed to replace the habit with an alternative response, minimising recurrence and promoting lasting behavioural change.

Materials and Methods: This case report demonstrates the effectiveness of HRT in a paediatric patient with lip licker's dermatitis. An eleven-year-old girl presented with persistent perioral dermatitis, first noted during winter. Initial management included tacrolimus 0.3% ointment and frequent application of a greasy emollient. The patient's condition improved but recurred with the return of colder weather. A structured HRT programme was introduced, incorporating awareness training by keeping a tally of lip-licking episodes and competing response exercises, such as gentle fist clenching and a slow count to 30 upon recognising the urge to lick her lips. This was followed by relaxation and, if dryness persisted, the application of a greasy emollient.

Results: Over the course of HRT sessions, daily lip-licking episodes decreased from an average of 80 per day to 52. The perioral skin showed noticeable improvement, with fewer episodes of irritation. The patient reported increased awareness of the behaviour and was able to implement alternative responses successfully. Emollient application continued as part of supportive dermatological management. The patient's mother also noted improved self-regulation and engagement in the intervention.

Conclusion: HRT proved to be an effective adjunct to dermatological treatment in managing lip licker's dermatitis in this paediatric patient. The behavioural approach addressed the habitual nature of the condition, reducing recurrence and improving skin integrity. This case emphasises the role of HRT as an effective psychodermatological approach for managing habit-driven conditions in dermatology.

Keywords: Habit reversal therapy, lip licker's dermatitis, paediatrics

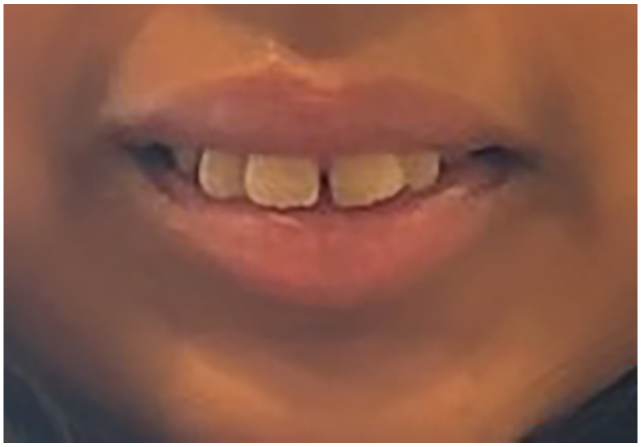

Figure 1. Post-habit reversal therapy

Figure 2. Pre-habit reversal therapy

[PP-21]

Refactory Rosacea and the Use of the Bio-Psycho-Social Model

Sandra Johansson

ESDaP student

Aim: A case of chronic, worsening rosacea, refractory to pharmacological & laser treatments. Lifestyle changes already implemented. How the Bio-pyscho-social model can access and influence a wider range of exacerbating factors.

Case Report:

Biological influences:

57-year-old male

Diagnoses:

- Rosacea:

Erythematotelangiectatic (severe)

Papulopustular (severe)

Timeline: Debut at 28, persistent thereafter. Worsening in mid 40's & again 50's

Triggers:

Nutrition, sun, exercise.

Treatment History:

Pharmacological:

Doxycyclin 2x year, 10 years

Soolantra 1,5 years

Skinoren

Metronidazole

Laser

IPL

Skin Care:

Anti-redness primer

Make-up

Day cream

Sun protection

Psychological Influences:

Testing:

HADS:19 abnormal

GAD-7: 7 mild anxiety + made life very difficult.

PHQ-9: 4 mild depression + makes life somewhat difficult

DLQI: 10 significant effects

Lacking coping mechanisms for stress, especially work related from late 20's.

Hopelessness. Doesn't feel taken seriously by doctors.

Social influences:

Middle class Scandinavian engineer. High stress levels, fears of not being good enough.

Social: Minimal social contact. Conflict with neighbours lasting 4 years, in mid 40s. Corresponds to increased symptoms.

Family: Divorced. 3 children. Corresponds with 3rd increase in symptoms.

Sport: worsening afterwards

Life events corresponding to when each phase of Rosacea developed to a new level: Starting a new job, new responsibilities at work, a long social conflict with neighbours and his divorce.

Bio-psycho-social Diagnosis:

Primary: Dermatological disorder: Rosacea -severe

Secondary: Psychological comorbidities: Depression -mild

Anxiety -mild

Bio-psycho-social Treatment:

Biological: patient choice to not continue with antibiotics & Soolantra.

Psychological & Social:

Education: Role of stress in skin. Recognition of sources in family, work & socially. Emotional recognition and regulation.

Lifestyle: trigger avoidance

Psychotherapy: declined by patient.

Mind-Body techniques: Mindfulness, mediation, conscious Breathing techniques, structure in the day.

Education and analysis allowed new insight into areas of psychosocial stress

Mind-Body techniques gave new stress coping skills.

Significant decrease of daily flares & of the permanent papules, pustules, and erythema. New skin acceptance and confidence.

Anxiety and depression subsided.

Socially more confident and enjoying new level of interactions and acceptance at work and privately.

Experiences more energy and joy in life in general.

Conclusion: Stress can worsen both inflammation and vascular reactivity in Rosacea. Education for insight and management techniques can have long lasting and profound biological, psychological, and social effects.

As this patient did not have any more pharmacological or devise interventions, and lifestyle factors were stable, this case uniquely shows the empowering results from simple education and stress management techniques on the skin, psyche, and social life. The Biopsychosocial Model allows a more comprehensive diagnosis and treatment options.

Keywords: Rosacea, psychodermatology, stress, bio-psycho-social model

[PP-22]

Psychosocial Burden of Trichotillomania: A Systematic Review of Psychiatric Implications

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Aim: Trichotillomania (TTM) is an impulse control hair-pulling disorder resulting in hair loss. TTM is often disabling, leading to significant distress, impaired functioning and significantly low quality of life, associated with a high degree of comorbidity, particularly psychiatric conditions such as anxiety disorders, depression, and attention-deficit/ hyperactivity disorder.

Materials and Methods: A comprehensive literature search is conducted using PubMed, employing the search terms “TTM” AND “Hair Pulling disorder” AND “depression” OR “psychological” OR “psychosocial” OR “self-esteem”. Studies published from January 2014 - June 2024, in English over the last ten years were included based on predefined inclusion and exclusion criteria.

Results: A total of 23 studies were included in the final analysis after the initial process. Research indicates that individuals with TTM frequently experience functional impairments across various domains, including social interactions, academic performance and overall quality of life. The presence of comorbid conditions exacerbates the severity of TTM symptoms, creating a complex interplay that complicates treatment.

Conclusion: This study underscores the importance of recognizing TTM as a multifaceted disorder requiring holistic management strategies, addressing both the psychological and physical aspects of the disorder. Given the high levels of comorbidity and the significant impact on quality of life, there is a critical need for increase awareness, early intervention and tailored treatment plans that incorporate both therapeutic and supportive measures.

Keywords: Psychodermatology, trichotillomania, hair-pulling disorder, psychosocial, comorbidities

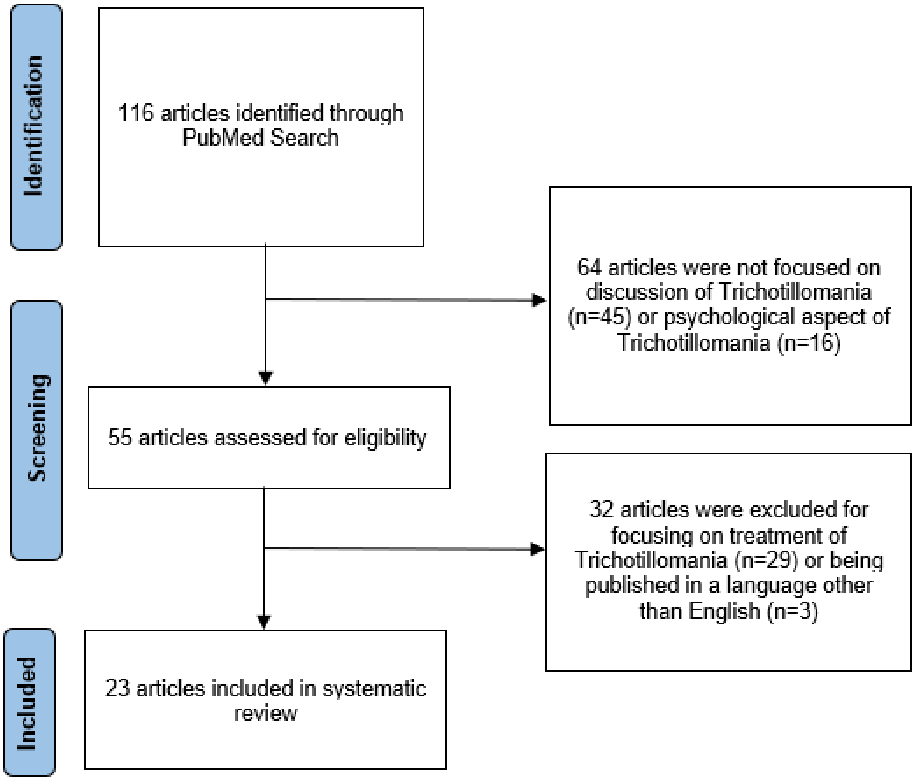

Figure 1. Flowchart of literature search and retrieval process

[PP-23]

Satisfaction with life among patients with hidradenitis suppurativa: a cross-sectional study

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Aim: Hidradenitis suppurativa (HS) can negatively impact patients' satisfaction with life (SWL). The objective was to thoroughly analyze the SWL of the patients with HS in relation to the disease severity, sociodemographic factors, depressive and anxiety symptoms, the presence of psychopathological symptoms as well as the quality of life.

Materials and Methods: One hundred fourteen patients with HS (53.1% females; mean age 36.6±13.1 years) were enrolled. Severity of the disease was measured using Hurley and IHS4 scales. The assessment of: SWL was based on the Satisfaction with Life Scale; depressive symptoms measured with Patient Health Questionnaire-9 (PHQ9); anxiety symptoms with Generalized Anxiety Disorder-7 (GAD7); psychopathological symptoms with General Health Questionnaire (GHQ-28) and quality of life with Hidradenitis Suppurativa Quality of Life Scale (HiSQoL).

Results: Low SWL was found among 36 (31.6%) subjects. Moreover, 48 patients (42.1%) presented average SWL and the remaining ones showed high SWL-30 patients (26.3%). No statistical significance was found in SWL between HS severity groups (Hurley, IHS4). Additionally, there was no correlation between SWL and IHS4. SWL of both male and female participants with HS were much alike (male: 19.7±5.7; female: 19.8±5.7). Therefore, no statistical significance was found in comparison of SWL in both groups. SWL did not correlate with the age, number of hospitalizations, and the duration of the disease. A strong, negative correlation between SWL and depressive symptoms (PHQ9) among our HS patients ($r = -0.603$ $P < 0.001$) was found. Moreover, a strong, negative correlation was established between SWL scores and anxiety symptoms (GAD7) of HS participants ($r = -0.579$ $P < 0.001$). Additionally, there was a strong, negative correlation between SWL scores and psychopathological symptoms, measured by the (GHQ-28) ($r = -0.651$ $P < 0.001$). SWL correlated weakly, negatively with symptoms measured by HiSQoL experienced by the patients ($r = -0.331$ $P = 0.011$). SWL compared with the psychosocial part of HiSQoL questionnaire presented moderate, negative correlation among all patients ($r = -0.478$ $P < 0.001$). Lastly, SWL of our participants correlated negatively, weakly with problems with everyday activities measured by HiSQoL, such as: walking, sport, sleep, hygiene and dressing up ($r = -0.366$ $P < 0.001$).

Conclusion: SWL is low in reasonable number of patients with HS. No relation was found between SWL and Hurley as well as IHS4 scores. Similar results were obtained between male and female groups in relation to the SWL. Factors related to the underlying disease and sociodemographic factors didn't affect the level of SWL reported by patients. Patients with low SWL presented depressive and anxiety symptoms. We noted that participants with low SWL were at risk of developing psychiatric disorders. Finally, the HS patients with low SWL had low quality of life.

Keywords: Hidradenitis suppurativa, acne inversa, satisfaction with life, coping, coping mechanisms

[PP-24]

Ulysses Syndrome: The Migrant's Extreme Stress Disorder

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Aim: The chronic and multiple stress syndrome, commonly referred to as "Ulysses Syndrome", comprises a set of clinical manifestations resulting from extreme stress associated with the migratory process. One of the most significant contributing factors is the lack of financial resources, a common reality for many individuals forced to leave their home countries. The term "Ulysses Syndrome" draws on the figure of Odysseus-known as Ulysses in Roman mythology-a central character in the Iliad and the Odyssey, epic texts attributed to Homer. Ulysses symbolizes prolonged struggle, adversity, and resilience, which metaphorically mirror the experience of extreme migration. The symptoms associated with Ulysses Syndrome vary among individuals, but generally fall into four psychological categories: generalized anxiety, depressive symptoms, dissociative phenomena (disconnection from physical and emotional experience), and somatoform disorders (physical symptoms of psychological origin without a medical explanation). This syndrome is closely related to the process of migratory grief, defined as the psychological adaptation to multiple significant losses, including separation from family, friends, cultural environment, and national identity. It represents a partial, prolonged, and complex form of grief involving various overlapping losses.

Materials and Methods: We present our clinical experience with 50 patients diagnosed with "chronic and multiple stress syndrome in migrants" (Ulysses Syndrome).

Results: Key psychological and social factors that may predispose individuals to Ulysses Syndrome-often interacting with one another-include:

- Social isolation and loneliness due to the absence of close interpersonal relationships in the host country.
- Difficulty understanding the cultural codes and value system of the receiving society.
- Loss or separation from loved ones who remain in the country of origin.
- Perception of disconnection from the homeland due to cultural changes observed during occasional visits.
- Identity crises stemming from the instability or loss of cultural reference points.
- Lack of social support from family and old friends in the country of origin.

This work outlines the syndrome's main clinical features, with a particular focus on migratory grief and the sustained exposure to extreme stress. Additionally, we explore the impairment of various areas of personal functioning, noting parallels with psychological grief processes, which may manifest in up to seven different forms depending on the individual circumstances and social factors associated with both the home and host countries.

Conclusion: In any immigrant patient exposed to extreme conditions, the following evaluations should be conducted:

- A comprehensive assessment of all potential stressors.
- A thorough evaluation of clinical signs and symptoms, considering the possibility that they may overlap with or obscure underlying dermatological conditions.
- An appropriate differential diagnosis of the presenting symptoms, to distinguish between psychosomatic manifestations and primary dermatological diseases.

Keywords: Ulysses syndrome, stress, mourning, migration

[PP-25]

Psychosocial Challenges in an Adolescent Girl Diagnosed with Epidermolysis Bullosa: A Case Report

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Abstract

Aim: Epidermolysis bullosa (EB) is a genetic disorder characterized by the formation of bullae and erosions following friction or minor trauma (Has & Fischer, 2018). In addition to physical symptoms such as itching, pain, and acute/chronic wounds, individuals with EB often experience psychosocial difficulties that negatively impact their quality of life. Disruptions in peer and family relationships, anxiety, and depressive symptoms are frequently reported in the literature. This case report presents the psychiatric comorbidities and social challenges experienced by an adolescent girl with EB, her follow-up and treatment in a day clinic.

Case Presentation: A 17-year-and-10-month-old girl diagnosed with EB in the neonatal period was referred due to persistent sadness and suicidal thoughts. Described as extroverted and talkative during early childhood, the patient began to socially withdraw after being excluded by peers at school due to visible skin lesions. She experienced her first suicide attempt at the age of 8 by ingesting medication after being mocked about her appearance. Multiple suicide attempts continued throughout her academic life. At age 17, she was diagnosed with depression and prescribed fluoxetine (40 mg/day) and olanzapine (5 mg/day). Following another suicide attempt during the third month of treatment, her family brought her to the emergency department. Clinical observation revealed widespread bullous erythematous lesions, sparing only the face, and intense pruritus. Due to non-adherence in outpatient care, her treatment was continued in a day clinic. Interventions included milieu therapy, cognitive behavioral approaches targeting major depressive disorder, chronic illness adaptation, treatment adherence, as well as specific strategies for managing insomnia and pain. Although the patient had previously refused EB treatment, her adherence improved during this period, and topical therapy was initiated. Due to persistent pruritus and pain, systemic treatment with omalizumab injections was introduced. While itching improved significantly, skin lesions showed no notable regression. As depressive symptoms persisted despite sertraline titration to 100 mg/day, the regimen was switched to venlafaxine (75 mg/day), with subsequent clinical improvement. Feniramine maleate (22.7 mg, twice daily) was also prescribed, leading to reduced sleep-onset difficulties. At discharge, the patient was 18 years and 1 month old and was referred to the adult psychiatry outpatient clinic.

Conclusion: Adolescents with chronic medical conditions are at increased risk for depression, suicidal ideation, anxiety, and behavioral disorders. Those with psychiatric comorbidities face greater challenges in managing their health, which may lead to poor treatment adherence and worse health outcomes. In this case, stigma and bullying related to physical appearance exacerbated psychological stress and contributed to treatment refusal. The case underscores the importance of integrating psychosocial support into the medical management of adolescents with chronic dermatological conditions.

Keywords: Epidermolysis bullosa, stigma, adolescence, depression, suicide

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[PP-26]

Assessing Quality of Life in Patients with Atopic Dermatitis: A Case-Control Study

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Aim: Atopic dermatitis is a chronic inflammatory pruritic disease that significantly impacts quality of life (QoL). This condition affects various aspects of daily life, including emotional well-being, social interactions, and academic or professional performance. Fully understanding this impact is crucial for improving disease management and the QoL of affected individuals.

Materials and Methods: To evaluate the impact of atopic dermatitis on the QoL of patients and their families, while exploring factors that may modulate this impact, we conducted a case-control study in the Dermatology Department of Monastir over four months (from September 1, 2022, to December 31, 2022). Our sample included 100 patients with the disease and 100 controls. To assess patients' QoL, we used the DLQI questionnaire for those over 15 years old, the Children's Dermatology Life Quality Index (CDLQI) for patients aged 5 to 15 years, the IDQOL for children under 5 years old, and the DNA fragmentation index (DFI) to evaluate the impact of atopic dermatitis on the QoL of the patients' families. The median age of patients and controls was 13.5 years, with a female predominance (female/male sex ratio: 1.32). The median age of disease onset was 5 years. QoL evaluation revealed a significant impairment among patients with atopic dermatitis and their families compared to controls. Moderately positive correlations were observed between the CDLQI score and the disease severity score (SCORAD) ($P = 0.004$; $r = 0.434$), as well as between the DLQI and SCORAD ($P = 0.033$; $r = 0.322$), indicating that the QoL impact increases with disease severity. Similarly, a significant positive correlation was found between the DFI and SCORAD ($P < 0.001$; $r = 0.575$), emphasizing that the QoL of families with children under 15 is profoundly disrupted. In addition to the direct relationship between atopic dermatitis severity and its impact on QoL, other factors were identified, including pruritus intensity, socioeconomic status, environmental influences, and the appearance, extent, and location of eczema.

Conclusion: Atopic dermatitis is a disease that significantly impairs not only the QoL of patients but also that of their families. The use of specific scales dedicated to measuring QoL is thus an essential tool for better management of this chronic dermatosis.

Keywords: Atopic dermatitis, DLQI, quality of life

[PP-27]

Atopic Dermatitis-the Domination of Pruriceptive or Psychogenic Pruritus

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The dominant symptom in patients with atopic dermatitis (AD) is pruritus. It elicits a scratch response, initiating the itch-scratch cycle, which in turn aggravate the inflammatory response and exacerbate disease severity. Thus activated, the pathological mechanism seriously disrupts the patient's quality of life, directly affecting his daily activities and sleep phases.

The aim of this study is to elucidate which type of pruritus has a predominant role in pathogenesis of AD by investigating changes in skin barrier functions and evaluating patients psychopathology. We compare the results from the tests of skin barrier and evaluation of psychiatric scales HAD-A and HAD-D observing 43 adults with diagnosis AD.

The results showed no correlation between hydration levels and transepidermal water loss-an objective measure of impaired skin barrier, and psychosomatic changes in patients with AD.

The obtained results give us reason to conclude that disorders in the barrier function of the skin initially trigger episodes of relapse, but then the psychological state of the patient turns out to be the leading factor in the disease

Keywords: Atopic dermatitis, skin barrier evaluation, anxiety

[PP-28]

The Impact of Psychosocial Factors on Acne and Rosacea During War and the Role of Relocation in Disease Exacerbation and Remission

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Aim: Acne and rosacea are chronic inflammatory dermatoses influenced by genetic, environmental, and psychosocial factors. Psychological stress is a well-documented trigger for disease exacerbation, mediated through neuroimmune interactions, hormonal dysregulation, and disruption of skin barrier function. War is an extreme stressor, inducing profound psychological and physiological changes that may lead to disease flares. This study aims to investigate the impact of war-related psychosocial factors, including stress levels, relocation, adaptation, and psychological support, on the course of acne and rosacea. The study also seeks to identify key factors influencing disease remission and exacerbation, contributing to improved dermatological and psychological care strategies.

Materials and Methods: A total of 96 patients diagnosed with acne and/or rosacea participated in a cross-sectional study. Participants were recruited from conflict-affected regions, with inclusion criteria requiring a history of stress exposure due to war-related events.

Data collection included:

- Psychological assessment: Pre- and post-war stress levels were evaluated using the generalized anxiety disorder-7 (GAD-7) scale.
- Dermatological quality of life assessment: The Dermatology Life Quality Index (DLQI) measured the impact of skin disease on daily activities and psychological well-being.
- Environmental and psychosocial factors: Data on relocation, adaptation, sleep disturbances, and access to psychological support were collected.
- Statistical analysis: Pearson's correlation coefficient assessed relationships between variables, while paired t-tests evaluated changes in stress levels. A $P < 0.05$ was considered statistically significant.

Results:

- Post-war stress levels were significantly higher than pre-war levels ($P = 0.00001$), with many patients experiencing anxiety, sleep disturbances, and depressive symptoms.
- A strong correlation was found between GAD-7 and DLQI ($r = 0.39$, $P < 0.001$), confirming that increased stress negatively impacts dermatological quality of life.
- Relocation had no statistically significant effect on disease exacerbation ($P > 0.05$), suggesting that other stress-related factors, such as limited access to dermatological care, played a greater role.
- Factors contributing to remission included medical therapy (53%), stress reduction (37%), and improved living conditions (25%).
- Only 12% of patients sought psychological support, indicating a lack of integration between dermatology and mental health care.
- Patients with worsened sleep quality exhibited significantly higher DLQI scores ($P = 0.003$), highlighting the role of circadian dysregulation in disease severity.

Conclusion: This study highlights the profound influence of psychosocial factors on acne and rosacea in war-affected individuals. Elevated stress levels significantly correlate with lower dermatological quality of life, while

relocation itself does not independently exacerbate disease. Psychological support remains underutilized despite its potential role in disease remission.

Clinical Implications

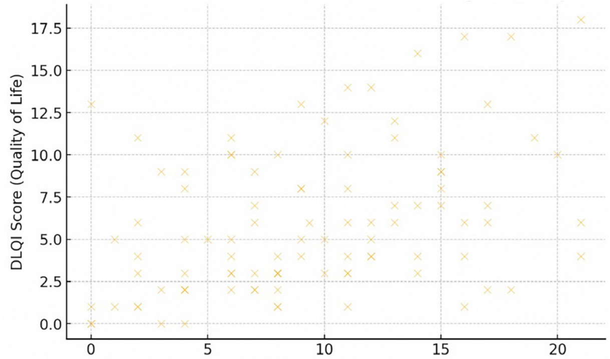
1. Routine psychological screening in dermatology to address stress-related exacerbations.

2. Incorporation of stress reduction strategies (e.g., mindfulness, CBT) into treatment plans.

3. Targeting sleep disturbances as a modifiable risk factor for worsening symptoms.

Keywords: Psychosocial factors, acne, rosacea, stress, war-related health effects, DLQI and GAD-7

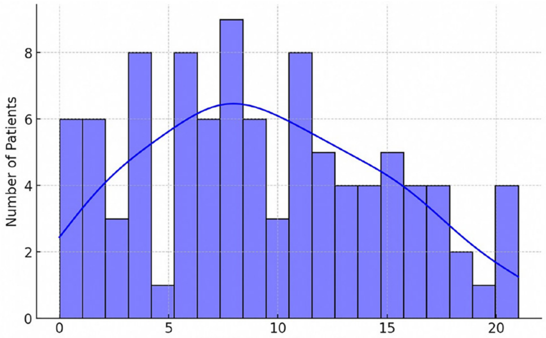
Correlation Between Stress Levels and Dermatological Quality of Life (DLQI Score vs. GAD-7 Score)



This scatter plot depicts the relationship between stress levels (GAD-7 Score) and dermatological quality of life (DLQI Score). A positive correlation is observed, indicating that higher stress levels are associated with worse dermatological quality of life. This aligns with prior research suggesting that psychological stress exacerbates inflammatory skin conditions such as acne and rosacea

GAD-7: Generalized anxiety disorder-7, DLQI: Dermatology Life Quality Index

Distribution of Post-War Stress Levels (GAD-7 Score)



This histogram illustrates the distribution of post-war stress levels among study participants, measured using the GAD-7 scale. The data indicate a wide range of anxiety scores, with a notable proportion of individuals experiencing moderate to severe stress. The presence of a right-skewed distribution suggests that a significant portion of participants reported heightened stress levels, potentially influencing their dermatological conditions

GAD-7: Generalized anxiety disorder-7

[PP-29]

Bridging Mind and Skin: A Retrospective Review of a UK Paediatric Psychodermatology Service

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Children and young people (CYP) with skin and hair conditions are at an increased risk of mental health problems; furthermore, those presenting to dermatology may have a skin or hair condition that is predominately psychologically driven. This may not be adequately managed in busy general dermatology clinics and requires greater psychological support. It is recognised that embedding a psychological approach within all services treating CYP with skin disease is likely to improve health outcomes. To address this unmet need in our service, a paediatric complex (psychodermatology) clinic was established in 2020 and is one of the few dedicated paediatric psychodermatology services in the United Kingdom (UK). This utilises a unique bimodal model involving a dermatologist and a clinical psychologist.

Further to our initial analysis, (1) a retrospective review of all cases attending the paediatric complex clinic was performed. Data collection involved evaluating cases referred to the service, patient demographics, average number of appointments and the impact of the psychodermatology service on patient outcomes.

Demographic data illustrated a predominance of female CYPs (87%), with an average age of 12 years (age range 2-17 years). Ethnicities were varied, with a predominance of White British (45%), followed by White Other (17%) and Mixed Other (14%). The most common presentations were dermatitis artefacta (35%), followed by trichotillomania (24%), eczema/other rashes (18%), skin picking (16%), alopecia (4%) and facial lesions (3%). The average number of psychodermatology appointments was 2, with an additional 3 psychology appointments needed on average before discharge. The DNA rate was 10%.

As we have received referrals from across the UK, adopting a hybrid model of both F2F and online consultations has been essential. Our data demonstrates successful outcomes from our clinic, with relatively few appointments needed to achieve discharge to resolve typically complex presentations. As well as increased efficiency, this enables greater cost-effectiveness. MDT cohesivity has been pivotal to address patient concerns holistically, whilst maintaining efficient service provision. Fostering the expertise of the right people at the right time reduces the requirement for multiple appointments and repeated re-visiting of the timeline of events leading to the patient's presentation. Moreover, cases have emphasised the importance of treating the skin first in an efficient and timely manner, whilst ensuring patient and family engagement with treatment plans.

We continue to optimise our working practices such that this service may be a model for further paediatric complex (psychodermatology) clinics across the UK.

Keywords: Psychodermatology, paediatric, dermatology, mental health, services

[PP-30]

The Interplay of Pigmentation Disorders and Phototype in Shaping Perceived Stigmatization: Findings from the I'SPOT Survey

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Aim: Skin diseases present a significant challenge to patients' well-being, impacting not only their physical health but also their psychological and social experiences. The visible nature of many skin conditions can make individuals susceptible to stigmatization, leading to feelings of shame, social isolation, and discrimination. The I'SPOT study investigated the prevalence and impact on quality of life and stigmatization of 6 main pigmentary disorders (PD). We then looked at the interplay between PD, phototype, and perceived stigmatization, aiming to shed light on the unique challenges faced by individuals with darker skin tones.

Materials and Methods: An international survey was conducted in 34 countries from all continents with 48,000 respondents. We gathered, among others, self-declared data on presence of PD (e.g.: melasma, vitiligo, PIH, solar lentigo) and individuals' perceived stigmatization. The survey incorporated the validated Push-D questionnaire, which assesses two key dimensions of stigmatization: avoidance behaviors and negative feelings/experiences. For relative risks estimation, phototype was classified to lighter (I to III) and darker (IV to VI).

Results: Twenty-three thousand seven hundred and sixty-seven respondents declared suffering from at least one PD (49.5%). PD prevalence was similar between phototypes I-III (49.6%) and IV-VI (49.1%). Among this population, the analysis revealed a consistent pattern: individuals with darker skin tones reported significantly higher levels of perceived stigmatization across all dimensions of the PUSH-D questionnaire compared to those with lighter skin tones. This finding was evident in both avoidance behaviors and negative feelings/experiences. Individuals with darker skin tones were more likely to engage in avoidance behaviors. For instance, they were 1.16 times more likely to report "avoiding appearing in family photos" ($P < 0.001$) and 1.24 times more likely to "avoid some people" ($P < 0.001$) compared to individuals with lighter skin tones. Furthermore, the data indicated a greater prevalence of negative feelings and experiences of discrimination among individuals with darker skin tones. They were 1.21 times more likely to report feeling "less loved by family and friends" ($P < 0.001$) and 1.27 times more likely to feel "pushed away by their partner" ($P < 0.001$) compared to individuals with lighter skin tones. This underscores the increased emotional and social impact of perceived stigmatization on individuals with darker skin tones.

Conclusion: While individuals with PD across all skin tones may encounter stigma, those with darker skin tones appear to face a higher burden. This disparity may stem from societal beauty standards, cultural biases, and to disease-specific factors leading to pronounced, lasting marks, amplifying self-consciousness and drawing unwanted attention. Self-reported PD without severity assessment is a limitation of the study. This study highlights the urgent need for culturally sensitive and inclusive approaches to dermatological care.

Keywords: Pigmentation disorders, Push-D, international survey, skin of color

[PP-31]

Disease Burden in Patients with Atopic Dermatitis and Psoriasis-Comparative Analysis of the National Healthcare Study Series in Germany

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Aim: Psoriasis (PSO) and atopic dermatitis (AD) are among the most common chronic diseases in Germany. They can have a significant impact on health-related quality of life (HRQoL), with symptoms such as pruritus, visible skin changes and mental health consequences-among others according to experiences of stigmatization and cumulative life course impairments. Indicators for quality of healthcare have been published for PSO and AD. These overlap in patient reported outcomes like HRQoL and treatment benefits. The treatment of PSO has benefited from the implementation of a national S3 guideline and modern systemic therapeutics in the last decade, which have led to lower disease burden and better healthcare quality on a national level. A comparison of patients with AD and PSO could therefore help to better assess the subjective disease burden and healthcare quality.

Materials and Methods: The Germany-wide multicentre cross-sectional studies AtopicHealth1-2 and Pso-Health1-4 were conducted in random samples of dermatological centres. They recorded clinical data, disease severity, HRQoL impairment [Dermatology Life Quality Index (DLQI)], and patient-defined treatment benefit.

Results: Between 2004/05 and 2019, 6,590 patients with PSO (mean age: 51.2 years, 43.7% female) and 2,969 patients with AD (mean age: 39.5 years, 55.8% female) undergoing dermatological specialist treatment were included. With regard to disease burden indicators such as HRQoL impairment and disease severity, patients with PSO showed a decreasing disease burden between the first study Pso-Health 1 (2004/05) and the most recent study Pso-Health 4 (2015-17). In the AD studies, no decrease in disease burden was seen between AtopicHealth1 (2010) and AtopicHealth4 (2017-19). Comparing the two most recent studies with patients of both skin diseases, patients with AD had higher burden scores than patients with PSO (e.g. DLQI 6.1 in PSO vs. 8.5 in AD).

Conclusion: These results underline the need for therapeutic innovation for patients with AD that is currently emerging.

Keywords: Disease burden, atopic dermatitis, psoriasis, health-related quality of life, healthcare quality, patient-reported outcomes

[PP-32]

Prevention and Education in Atopic Dermatitis - Interim Analysis of the “AtopicHealth3” Study 2024/2025 in Germany

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Aim: A high level of adherence to suitable preventive measures can influence the course of the disease. It also promotes patient participation and empowerment. AtopicHealth2 was the second cross-sectional, multicentre study conducted between 2017-2019 with patients with atopic dermatitis (AD) in dermatological care in Germany. Compared to AtopicHealth1 from 2010, self-reported use of evidence-based preventive measures was more frequent in 2017-19, but important measures were insufficiently established.

Materials and Methods: The Germany-wide multicentre cross-sectional study “AtopicHealth3” records clinical data, the severity of AD, quality of life impairment, therapies, prevention behaviour and patient-defined treatment benefit. The analysis is based on an interim status with data from 300 patients. It is planned to include 1,000 patients with AD.

Results: Since May 2024, 107 dermatological practices and outpatient clinics throughout Germany have been recruited and by mid-March 2025, 300 fully completed, valid questionnaire sets from 35 dermatological practices were returned to the study centre, on which the present analysis is based. Among the patients, 58% described themselves as female, 41.7% as male and 0.3% as diverse. The mean age was 43 years. Most patients applied regular skin care (99.3% stated “partially” or “completely”), avoided skin irritants (92.2%) and did not smoke at home (81.4%). Fewer patients used relaxation techniques (42.1%), took advice on self-help measures (35.2%) and attended AD patient education programmes (24.3%). In AtopicHealth3 interim, the frequency of use of preventive measures was similar to patients in 2017-19 and more frequent than in 2010. All six preventive measures categorised as mandatory were carried out by 13.0% of patients (AtopicHealth2: 13.9%; AtopicHealth1: 6.7%).

Conclusion: The interim results of the third nationwide survey on the prevention behaviour of patients with AD indicate that the implementation of guideline-oriented preventive measures is still inadequate in some areas. Further research into the supportive and inhibiting factors of guideline-orientated prevention in AD could help to increase adherence to evidence-based preventive measures.

Keywords: Prevention, patient education, adherence, atopic dermatitis, healthcare quality, patient-reported outcomes

[PP-33]

Initial Impressions and Data from the Psychodermatology Department of National and Kapodistrian University of Athens Medical School

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Aim: Access to appropriate training in Psychodermatology and the availability of specialist clinics is very limited in several countries based on research. Recognizing the knowledge gaps and unmet needs of the field, the first Psychodermatology Clinic in Greece was established in April 2021, as well as the Psychodermatology Interconnection Service. It concerns the collaboration of the 1st Department of Dermatology-Venereology, Medical School, National and Kapodistrian University of Athens, Andreas Sygros Hospital and the 1st Department of Psychiatry, Medical School, National and Kapodistrian University of Athens, Eginition Hospital. We are going to present the operation of the Clinic and the Service, initial data, conclusions, first impressions.

Materials and Methods: Are accepted patients with:

- Primary psychiatric disorders with cutaneous manifestations/symptoms,
- Primary dermatological conditions with secondary psychiatric symptoms,
- Primary dermatological conditions that deteriorate with stress and
- Patients with psychiatric symptoms due to medication side effects.

Results: Between April 2021 and December 2024:

- 210 patients in total were referred,
- 149/210 were seen at least once,
- 61/210 missed their first appointment,
- 22/149 missed their second appointment,
- 39/149 did not need a second appointment,
- 44/149 had at least 3 sessions,
- 13/149 had at least 6 sessions,
- 9/149 had at least 9 sessions,
- 6/149 had at least 12 sessions.

The patients receive dermatological treatment alongside with psychiatric monitoring and psychodynamic psychotherapy. Some cases will be referred further to the Psychoanalytic Psychotherapy Unit of Eginition Hospital for long-term psychodynamic psychotherapy.

The Psychodermatology Interconnection Service contributes to the diagnosis of mental illness and the determination of psychiatric treatment during the hospitalization of patients with dermatological diseases. There is a monthly supervision meeting among the mental health professionals and a remote supervision meeting conducted by the Psychoanalyst Marilia Aisenstein, eminent member of the Psychosomatic School of Paris.

Conclusion: The psychodermatological patient suffers from both the skin and the psyche. Often, these two elements are completely disconnected from each other, because he cannot understand that “the skin suffers because the soul suffers”. The team is called upon to connect these two parts, not only within the meeting with the patient, but also outside it, through its own function. That is, to achieve functional communication between the specialties, which remain different, but at the same time are connected. Many do not have completely recognised the importance of the psychological aspect on the treatment of dermatological conditions and how crucial a psychodermatological service, that would be reachable and available to everyone, is. We have a long journey to educate patients and professionals for the best possible quality of medical service on the one hand and an improved quality of life for the patient on the other hand. What’s left is the need for eradication of the stigma of seeking professional treatment for mental health issues.

Keywords: Psychodermatology, psychodermatological patient, psychodermatology clinic, psychodermatology interconnection service, psychoanalytic psychotherapy

[PP-34]

Acne Vulgaris and Body Dysmorphic Disorder: A Psychodermatology Case of Emotional Distress and Social Impairment

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Aim: Acne vulgaris is a common dermatological condition that can impact an individual's quality of life, particularly when it becomes chronic or severe. In some cases, acne exacerbates psychological disorders such as body dysmorphic disorder (BDD) and social anxiety. This case highlights the interplay between acne and its psychological impact, emphasizing the ultimate need for an integrated, multidisciplinary approach in psychodermatology.

Materials and Methods: A 25-year-old male with a 10-year history of acne vulgaris presented with severe cystic acne on his face, chest, and back, accompanied by scarring. Despite several previous treatments, including oral antibiotics and topical therapies, his condition worsened over the past year, leading to emotional distress and marked social withdrawal. The patient exhibited excessive mirror checking and anxiety about his appearance, consistent with BDD. Additionally, he showed symptoms of generalized anxiety disorder (GAD), marked by chronic irritability. Psychological assessment confirmed BDD, severely impairing his daily functioning and quality of life. Acne severity was classified as very severe using the Global Acne Grading System (GAGS), with inflamed cystic lesions and scarring. Psychological distress, including negative body image and social isolation, exacerbated the acne, creating a cycle of worsening symptoms.

Treatment aproach:

- Psychiatric intervention: The patient was referred for Cognitive Behavioral Therapy to address body image distortion and anxiety. Selective serotonin reuptake inhibitors, specifically sertraline, were prescribed to manage BDD and GAD.
- Dermatological management: Oral isotretinoin was initiated due to acne severity, and adjunctive treatments including retinoids and benzoyl peroxide were continued. Scar management involved silicone gels.
- Social support: The patient was educated on the relationship between acne and psychological distress and referred to a support group for chronic dermatologic conditions to address social isolation.

Results: After 3 months of combined treatment:

- Dermatological outcomes: Acne severity decreased by 60%, as indicated by the GAGS score, with fewer lesions and improved scarring.
- Psychological outcomes: BDD symptoms improved, with a reduction in BDD questionnaire scores. Anxiety symptoms also decreased, as measured by the GAD-7 scale.
- Functional improvement: The patient resumed previously avoided activities, including social and work-related events.

Conclusion: This case underscores the importance of an integrated treatment approach for acne vulgaris. As well as the importance of early recognition and management of both dermatologic and psychological components for improving clinical outcomes and quality of life.

Keywords: Acne vulgaris, body dysmorphic disorder, generalized anxiety disorder, cognitive behavioral therapy, isotretinoin, social anxiety

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[PP-35]

Recurrent Painful Bruises: A Case of Gardner-Diamond Syndrome

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Aim: Gardner-Diamond Syndrome (GDS), also known as psychogenic purpura, is a rare psychodermatological condition primarily characterized by recurrent painful ecchymoses (bruises) and normal coagulation profiles. Emotional stress and underlying psychiatric factors -such as anxiety, depression, or somatization- play a critical role in the manifestation of these bruises. In most cases, all laboratory findings remain within normal ranges, and the diagnosis is established after excluding other potential bleeding diatheses in conjunction with a psychiatric evaluation.

Case Report: A 52-year-old married female patient with two children presented with a two-year history of recurrent painful bruises, primarily on the lower extremities, occasional mild joint pain, and high levels of anxiety. The lesions typically appeared after minor trauma, regressed within a few days, and coincided with periods of intense emotional stress. Her medical history included seronegative undifferentiated arthritis and fibromyalgia-like symptoms, for which she had been treated with sulfasalazine, corticosteroids, and immunosuppressive agents at various times. However, hematological and dermatological evaluations (including complete blood count, coagulation tests, and skin biopsies) were all normal. GDS was therefore considered; after ruling out coagulopathies and factitious disorders, the diagnosis was confirmed. Psychiatric assessment revealed high levels of anxiety related to sleep disturbances and familial conflicts, along with a marked tendency toward somatization. During treatment, duloxetine 60 mg/day along with an additional 50 mg/day of trazodone led to improvements in anxiety and sleep disturbances, and the painful ecchymoses partially subsided as well.

Conclusion: GDS should be considered in patients presenting with recurrent painful bruises of unknown organic origin, particularly when emotional stress and psychiatric symptoms are prominent. Early diagnosis and a multidisciplinary approach are crucial in preventing unnecessary investigations and inappropriate treatments, and in improving patients' quality of life. Identifying psychosocial factors and employing a combination of appropriate pharmacotherapy and psychotherapy are key components in the management of this syndrome.

Keywords: Anxiety, Gardner-Diamond Syndrome, painful bruising, psychogenic purpura

[PP-36]

Psychosocial Impact and Treatment Approaches in Topical Steroid Withdrawal (TSW): A Retrospective Review

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Aim: Topical steroid withdrawal (TSW) is an increasingly recognised, yet controversial, condition with a significant psychological burden. Patients report distressing physical symptoms alongside severe emotional and social repercussions. This study evaluates the psychosocial impact of TSW.

Materials and Methods: A retrospective notes review of 16 patients diagnosed with TSW in a tertiary dermatology clinic in the United Kingdom was conducted. Patient demographics, previous and current dermatological treatments, mood descriptors, and psychiatric interventions were analysed.

Results: The cohort consisted of 16 patients (13 female, 3 male) with a mean age of 34 years. The most common primary dermatological diagnosis was atopic dermatitis in 15 patients (94%), followed by dyshidrotic eczema. A history of potent or super-potent topical steroid use was reported in 10 (62.5%) cases, moderate potency in 2 (12.5%) cases, while the remaining cases were unsure of potency used. Previous diagnosis with a mood disorder was common, with eight (50%) patients reporting previous anxiety or stress disorders, three (18.8%) reporting depression, and one (6.3%) diagnosed with post-traumatic stress disorder. Patients described significant emotional distress, including low self-esteem, social withdrawal, and in severe cases, suicidal ideation. Patients with TSW experienced a significant disease burden, with a high average Dermatology Life Quality Index score of 21.4, reflecting severe impairment in quality of life. The mean Eczema Area and Severity Index score of 19.03 indicates moderate-to-severe skin involvement, highlighting the need for comprehensive dermatological and psychological management. Given the severity and chronicity of TSW symptoms, systemic therapies were trialled in several patients. Ciclosporin was prescribed in five patients. One of these patients had previously been on methotrexate but discontinued due to liver function abnormalities before switching to ciclosporin. Tralokinumab was trialled unsuccessfully in one patient with primary failure. This patient proceeded to upadacitinib, as they had failed to respond to conventional immunosuppressive therapies. Mental health interventions were common: 5 (31.3%) patients had consultations with psychiatry, and 4 (25%) were referred for, or were undergoing psychological therapy. Pharmacological intervention for mood occurred in 5 (31.3%) patients, who were prescribed amitriptyline, duloxetine or sertraline. Non-pharmacological strategies such as lifestyle modifications, psychotherapy, and stress management techniques were frequently recommended.

Conclusion: TSW is a distressing and poorly defined condition with a profound psychosocial impact. The high prevalence of pre-existing psychiatric conditions in this cohort, with 50% reporting prior anxiety or stress disorders, suggests a complex relationship between mental health and TSW. Whether psychiatric comorbidities contribute to its development or emerge because of the condition remains unclear. The sudden and severe nature of TSW symptoms likely exacerbates emotional distress, but some individuals may also have a predisposition to both dermatological and psychological conditions. Further research is needed to better understand this interplay and its implications for patient care.

Keywords: Topical steroid withdrawal, psychological, atopic dermatitis

[PP-37]

Body Dysmorphic Disorder in Aesthetic Plastic Surgery: Evidence of Heterogeneity of the Disorder

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Aim: Body dysmorphic disorder (BDD) is characterized by persistent preoccupation with one or more perceived defects or flaws in appearance that are either unnoticeable or only slightly noticeable to others. In aesthetic plastic surgery, BDD patients actively seek interventions to alter or “correct” their appearance. Along with typical BDD, there are scarce reports about BDD-related condition called “Dorian Grey Syndrome” (DGS). DGS is characterized by an excessive preoccupation with defects or flaws in appearance related to aging. There are no studies that directly compare BDD with DGS. Thus, objective is to distinguish DGS from BDD in order to find-out if DGS is a BDD subtype.

Materials and Methods: The study sample (22 subjects, mean age-30.9 years, 20 females, 2 males) was enrolled at a metropolitan aesthetic clinic. BDD was diagnosed according to criteria of International Classification of Diseases, 11th revision. All patients were consulted by a psychiatrist and underwent psychometric evaluation with the Dysmorphic Concerns Questionnaire (DCQ).

Results: DGS seemed to be a subtype of BDD that shared common criteria of BDD: preoccupation with appearance and seek for cosmetic interventions. In a psychiatric clinical interview typical BDD subjects (n = 17) were labeled “reactive” as behaviors were primarily driven by the desire to correct “already existing” (inborn or early acquired) appearance defects. The later included nose shape (n = 7/20), breast size (n = 3/20), body shape (n = 3/20). Cosmetic surgery procedures were rhinoplasty (n = 5/7), breast augmentation (n = 2/3), body lift and liposuction (n = 3/3). In a psychiatric clinical interview DGS subjects (n = 5) were labeled “preventive” as behaviors were primarily driven by the desire to avoid just emerging or potential signs of aging or an acquired age related imperfection. The later included excess skin from the eyelids and bags under the eyes (n = 4/5), periorbital wrinkles (n = 4/5), loose skin (n = 4/5), nasolabial folds (n = 2/5), breast size (2/5). Cosmetic surgery procedures were blepharoplasty (n = 3/4), botulinum toxin injections (n = 4/4), RF Morpheus 8 (n = 3/4), bichectomia (n = 1/2), breast augmentation (n = 2/2). DCQ total mean score was significantly higher (*P* = 0.042) in typical BDD subjects [13.53, standard deviation (SD): 5.76; median: 15.0] as compared to DGS subjects (7.20, SD: 1.64; median: 8.0).

Conclusion: This study highlights the heterogeneity of BDD in the context of aesthetic plastic surgery by identifying two distinct subtypes. The two identified subtypes appear to differ in dysmorphic concern severity. BDD-DGS distinction may have important implications for surgical decision-making and postoperative satisfaction. Further research with larger samples is warranted to validate these findings and to explore their implications for clinical practice in aesthetic surgery.

Keywords: Body dysmorphic disorder, aesthetic plastic surgery, Dorian Grey Syndrome

[PP-38]

Psychometric Evaluation of Patients with Psoriasis

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Aim: The onset, progression and recurrence of psoriasis is believed to be related to mood and psychological disorders, such as depression. Psoriasis affects the personal, social and sexual life of patients resulting in psychological stress. The purpose of the research is the psychometric evaluation of patients with psoriasis.

Materials and Methods: Seventy one patients with psoriasis were enrolled in the study. The measurement of the severity of psoriasis in the patients was implemented through specific indicators, the Psoriasis Area and Severity Index (PASI). Beck's Depression Inventory (BDI) was used to measure the intensity of depressive symptoms. In addition, the Eysenck Personality Questionnaire, the self-completed scale Brief Symptom Inventory (SCL-90), and the Hostility and Direction of Hostility Questionnaire (Psychometric Hostility and Direction of Hostility Questionnaire) were given.

Results: Females with psoriasis have on average significantly higher scores in the BDI depression scale (13.5±10.0 vs. 7.9±8.3, $P = 0.009$), as well as in the SCL-90 depression scale (13.64±10.18 vs. 7.00±5.45, $P = 0.003$). The severity of psoriasis affects the urge to act out hostility scale. In particular, psoriatic patients with higher values on the PASI (>5) score statistically significantly lower in the hostility scale than the patients with lower levels of severity of psoriasis (4.0±1.1 vs. 4.7±1.3, $P = 0.016$).

Conclusion: Psoriasis exerts a direct influence on the social daily life of the individual, at a functional and behavioral level. It is essential to emphasize the importance of addressing the psychological effects of psoriasis along with its physical aspects for better outcomes.

Keywords: Psoriasis, psychosomatic, personality, depression, hostility

[PP-39]

Vortioxetine Induced Acneiform Eruption: A Case Report

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Aim: Vortioxetine is a multimodal antidepressant molecule that shows an antagonistic effect to the 5HT1D, 5HT3, and 5HT7 receptors, a partial agonistic effect to the 5HT1B receptor and a fully agonistic effect to the 5HT1A receptor, and also is an inhibitor to the serotonin transporter. The most common adverse effects are nausea, and more rarely diarrhoea, constipation, dizziness, abnormal dreaming, flushing, general pruritus, bruxism, and night sweats can also be observed. I will present a case of acneiform eruption due to the use of vortioxetine.

Materials and Methods: A 30-year-old male patient applied to my outpatient clinic with unhappiness, reluctance and anhedonia. He was working as a banker and had been experiencing attention and focus problems at work, especially for the last month. His sleep was irregular. He had no known disease. There was no smoking, alcohol or substance use. On mental status examination, his mood was depressed. Blood tests were requested for differential diagnosis. Blood test results were reported as normal. With the preliminary diagnosis of depressive disorder, vortioxetine 10 mg/day treatment was started. The patient was called for a check-up 1 month later and applied again 2 months later. He stated that 3 weeks after the drug treatment, he complained of acne on his face and consulted dermatology. He stated that the acne on his face was found to be related to the medication and that his complaint resolved after stopping the medication.

Results: Dermatologic side effects due to vortioxetine are redness of the face, neck, arms, and occasionally, upper chest, red or purple spots on the skin, itching skin. Acne cases associated with vortioxetine are extremely rare. Additionally, there are cases associated with sertraline, duloxetine and escitalopram. Two possibilities are emphasized for dermatological adverse effects arising from selective serotonin reuptake inhibitors (SSRI). The first possibility is that individuals with hypersensitivity may develop these adverse effects due to an increase in serotonin concentration in the blood; however, the other possibility is that may be these adverse effects are associated with increased serotonergic activity in the dermal and epidermal range rather than hypersensitivity. The mechanism of dermatologic adverse effects caused by vortioxetine was not fully understood but can be explained by serotonin. Despite the fact that they are accepted as alternatives to SSRIs and are a novel multimodal antidepressants, they may be similar to SSRIs in terms of dermatologic adverse effects.

Keywords: Vortioxetine, acne, psychodermatology

[PP-40]

Psoriasis: A Field for Obssesive-compulsive Disordes (OCD) to Cling Into

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Aim: Psoriasis is an inflammatory cutaneous disease which causes skin descamation, pruritus and pain. Psoriasis burden extends beyond physical symptoms, and from a psychological perspective, affects mental health, making patients prone to sleeping disorders, stigmatization and occupational problems. These factors cause an increase in the prevalence of anxiety and depression rates in psoriasis patients compared to the rest of the population.

Case Report: E. is a 48 year old woman, diagnosed with psoriasis at 19. E refers psoriasis has had a deep impact on her self-esteem, self-image and socialization skills. Due to the visual aspect of psoriasis, E has carried the worry that people would reject her, thinking her skin is "repulsive". This has led to prevent herself from interacting in a wide range of situations, including going to summer trips or practicing sports outdoors. She describes herself as "insecure, introverted", prone to worries and anxiety, feeling as she has to "hide a secret" in regards to her lesions.

When asked about how she copes with these worries, she confesses she has rituals to prevent them from becoming true, mainly closing her front door 3 times before going to a social situation or going to the rest room to check on her lesions. She is hesitant to confess to these rituals, as she feels "this is crazy people behaviour". She feels a degree of relieve when she does them but has started to feel discomfort as she feels she might be "going crazy".

Cognitive-behavioural therapy was recommended, focusing on preventing compulsions and reducing the obsessions regarding psoriasis and the need to hide her skin. For this, cognitive restructuration + exposure with response prevention was done.

Results: Results from initial evaluation and post 9-month intervention are provided in Table 1.

Initial evaluation Post intervention (9 months)

NRS Pruritus 8 NRS Pruritus 3

NRS Insomnia 8 NRS Insomnia 0

DLQI 21 DLQI 5

HADS 21 (Anxiety 15, Depression 6) HADS 13 (Anxiety 9, Depression 4).

Conclusion: Psoriasis usually promotes concern and anxiety in patients, making them more prone to the development of obssesive-compulsive disordes-like behaviours. To manage worries related to psoriasis and prevent them, cognitive-behavioural therapy could be a beneficial tool. Addressing this symptoms results on a decreased level of anxiety in most cases and may improve skin lesions as well.

Keywords: Psoriasis, anxiety, obsessive compulsive disorder, quality of life, psychodermatology, psychotherapy

[PP-41]

Multidirectional Relationship Between Chronic Pruritus, Attention-deficit/Hyperactivity Disorder, and Skin Picking Disorder

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Chronic pruritus (CP), attention-deficit/hyperactivity disorder (ADHD), and skin picking disorder (SPD) are medical conditions that involve both somatic and psychosocial dimensions, posing unique challenges in clinical management. While CP and SPD are often observed together, the link between ADHD and these conditions is less recognized. Based on clinical observations in three women treated at our specialized psychodermatological pruritus clinic, we assume a bidirectional, triangular relationship between CP, ADHD, and SPD. To support this assumption, we propose two hypotheses: (1) a neurodevelopmental hypothesis, emphasizing that ADHD as an underlying neurodevelopmental disorder, might present with symptoms like dysfunction of sensory processing, impulsivity, and attention deficits as shared features that reinforce CP and SPD, and (2) a neuroinflammatory hypothesis, suggesting that similar neuroinflammatory signatures promote the co-occurrence of CP, ADHD, and SPD. Elucidating the interplay between these three conditions might help develop personalized treatment strategies and improve outcomes.

Keywords: Pruritus, ADHD, skin picking, itch, psychodermatology

[PP-42]

Resolving Refractory Yellow Sweating (Huanghan) Through Mind-body Integration: A Traditional Chinese Medicine Case Report in Psychodermatology

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Aim: Yellow sweating (Huanghan), a rare psychodermatological disorder, manifests as yellow-stained sweat with profound psychosocial impacts. Rooted in Ying-Wei (nutritive-defensive systems) disharmony and "defensive deficiency with damp-heat stagnation" in Traditional Chinese Medicine (TCM), it exemplifies the intricate mind-body interplay central to psychodermatology. Modern medicine attributes chromhidrosis to apocrine gland dysfunction or bacterial activity but lacks targeted therapies. TCM, however, emphasizes holistic regulation of emotional stress and physiological imbalances, offering unique advantages for psychocutaneous conditions. This case demonstrates how TCM's dynamic syndrome differentiation and herbal strategies resolved yellow sweating while addressing emotional distress, highlighting its role in integrative psychodermatology.

Case Report: A 31-year-old woman presented with a decade-long history of yellow sweating, exacerbated by emotional stress and seawater exposure. Symptoms included axillary/chest sweat staining, fatigue, cold intolerance, and irritability. Physical examination revealed a pale tongue with a yellow greasy coating and wiry-thin pulse. Laboratory tests excluded thyroid dysfunction or infection. TCM diagnosis: Ying-Wei disharmony with damp-heat accumulation and liver-spleen imbalance.

Treatment Phases:

Stage 1 (Weeks 1-2): Huangqi Shaoyao Guizhi Kujiu Tang (Astragalus 25 g, Peony 15 g, Cinnamon Twig 15 g + rice vinegar) consolidated Wei Qi (defensive energy), reducing sweat volume and anxiety.

Stage 2 (Weeks 3-4): Integration of Fangji Huangqi Tang addressed spleen deficiency-induced fatigue, aligning with TCM's "treating the root via spleen fortification".

Stage 3 (Weeks 5-8): Banxia Xiexin Tang harmonized middle Jiao (digestive axis), resolving cold extremities and constipation, while Chaihu Guizhi Ganjiang Tang stabilized liver-spleen interaction, alleviating emotional irritability.

Outcomes:

By Week 8, yellow sweating ceased, with normalized sweat odor and improved mood. Three-month follow-up confirmed sustained remission, highlighting TCM's durability in mind-body regulation.

Conclusion: This case underscores TCM's efficacy in psychodermatology through its dual focus on somatic symptoms and emotional well-being. The strategy-"Strengthen Defensive Qi-Resolve Dampness-Harmonize Viscera"-reflects the Huangdi Neijing's principle: "When Yin and Yang are balanced, disease dissipates"

Key advantages include:

1. Dynamic adaptation: Formula adjustments mirrored the patient's shifting mind-body states, exemplifying personalized medicine.

2. Emotional regulation: Herbs like Chaihu (Bupleurum) and Baishao (Peony) modulated stress responses, bridging neuroendocrine and immune pathways.

3. Prevention of relapse: Addressing constitutional weakness (e.g., spleen deficiency) reduced vulnerability to stress-triggered recurrence.

Keywords: Yellow sweating, psychodermatology, Traditional Chinese Medicine, mind-body therapy

[PP-43]

Duloxetine in the Management of Chronic Pruritus in Plasma Cell Dyscrasias: A Case Series of Monoclonal Gammopathy of Undetermined Significance and Multiple Myeloma

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Aim: Generalized pruritus without apparent skin lesions may signal underlying plasma cell dyscrasias, such as monoclonal gammopathy of undetermined significance (MGUS) and multiple myeloma (MM). Chronic pruritus significantly diminishes patient quality of life, causing anxiety, discomfort, and sleep disruption. The proposed pathways include neuropathic processes, inflammatory mediators, or paraprotein deposition. Effective treatments remain inadequately defined. We present two cases of refractory generalized pruritus in MGUS and MM managed successfully with duloxetine.

Case Report

Case 1: A 71-year-old male with MGUS, giant cell arteritis, polymyalgia rheumatica, prurigo nodularis, and chronic myelomonocytic leukemia presented with an 8-year history of severe generalized pruritus unresponsive to treatments including topical steroids, calcineurin inhibitors, phototherapy, antihistamines, gabapentin, topical JAK inhibitors, dupilumab, and tralokinumab. Examination revealed excoriated nodules on upper extremities, diffuse facial erythema with ectatic vessels, and bruising due to chronic corticosteroid use. Initial treatments with mid-potency steroids, pramoxine lotion, antihistamines, dilute bleach baths, and tralokinumab yielded minimal improvement. Duloxetine initiated at 60 mg daily provided significant relief. Increasing the dose to 120 mg daily worsened symptoms and induced sexual side effects, prompting a return to 60 mg daily with sustained improvement. Eight months post-tralokinumab discontinuation, duloxetine remained highly effective, supplemented by dilute bleach baths, antihistamines, and occasional betamethasone lotion.

Case 2: A 59-year-old female with relapsed MM following CAR T-cell therapy presented with a 10-year history of progressive generalized pruritus without rash, refractory to multiple treatments including phototherapy, topical steroids, antihistamines, and oral steroids. Initial dermatologic examination revealed only mild dermatographism. Duloxetine started at 30 mg daily and increased to 60 mg, alongside fexofenadine, pramoxine lotion, and diphenhydramine, provided modest temporary relief. Persistent severe pruritus led to the addition of naltrexone, offering transient improvement. Subsequent symptom exacerbation despite stable myeloma prompted multimodal adjustments, including duloxetine 20 mg TID, gabapentin, and montelukast, resulting in substantial symptom control. Intermittent flare-ups were effectively managed with diphenhydramine. Concurrent myeloma treatment included teclistamab, intravenous immunoglobulin, acyclovir, apixaban, bactrim, omeprazole, and quarterly zometa.

Conclusion: Our case series underscores duloxetine's potential utility in managing chronic pruritus associated with plasma cell dyscrasias, particularly MGUS and MM, where conventional therapies have failed. Duloxetine's efficacy likely derives from its modulation of central neuropathic and serotonergic pathways involved in pruritus perception. The variability in patient response emphasizes the need for individualized, multimodal therapeutic approaches, incorporating adjunct treatments like gabapentin and montelukast to address concurrent neuropathic and inflammatory components. However, side effects at higher doses necessitate careful dose titration for optimal patient tolerability. Further research is warranted to establish clear guidelines regarding duloxetine use, dosing strategies, and identification of patients most likely to benefit.

Keywords: Chronic pruritus, plasma cell dyscrasias, multiple myeloma, monoclonal gammopathy of undetermined significance, duloxetine

[PP-44]

Impact of Lebrikizumab in Combination with Topical Corticosteroids in the Psychological Wellbeing of Patients with Moderate-to-severe Atopic Dermatitis: A Randomized Phase 3 Clinical Study (ADvantage)

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Aim: Atopic dermatitis (AD) can have a substantial impact on psychological wellbeing. Lebrikizumab (LEB) has demonstrated efficacy and safety in adults and adolescents with moderate-to-severe AD. To assess the impact of AD on psychological wellbeing of patients and to describe the improvement after LEB + topical corticosteroids (TCS) intervention at week (W) 16 and W52 of the ADvantage study.

Materials and Methods: Eligible patients were adults and adolescents (≥ 12 to < 18 years) with moderate-to-severe AD who were not adequately controlled or ineligible for cyclosporine. Patients were randomized 2:1 to LEB 250 mg or placebo (PBO) every two weeks (Q2W). After a 16-W, randomized, double-blind, PBO-controlled, induction period, all patients received LEB 250 mg Q2W during an open-label 36-W maintenance period. All patients were to receive concomitant mid-potency TCS through W16; from W16 to W52, TCS use was at investigator discretion. Wellbeing was assessed through the 5-item World Health Organization (WHO) well-being index (WHO-5; range 0-100, where 100 = maximal well-being; mean WHO-5 score in the general population of the countries participating in the ADvantage study was calculated to be 64.7 and was 52.2/51.4 in women with breast cancer/ patients with diabetes with distress). Analyses were performed in the full analysis set.

Results: Three hundred and thirty one patients were randomized (220 LEB + TCS and 111 PBO + TCS). Mean ± standard deviation (SD) WHO-5 score increased from 40.9±20.1 and 39.1±20.0 at baseline to 61.4±20.6 and 52.2±21.0 at W16 in the LEB + TCS and PBO + TCS+ arms, respectively. At W52, mean ± SD WHO-5 score was 66.0±20.2 and 67.1±18.3 for LEB + TCS/ LEB ± TCS (n = 180) and PBO + TCS/LEB ± TCS arms (n = 87), respectively.

Conclusion: At baseline, patients with moderate-to-severe AD showed a significant impairment of their psychological wellbeing, lower than other impacting diseases, such as breast cancer or diabetes with distress. In only 16 weeks of treatment, LEB improved the psychological wellbeing of these patients to similar levels than the general population, and the wellbeing was maintained after 52 weeks.

Keywords: Atopic dermatitis, lebrikizumab, psychological well-being

[PP-45]

The Unexpected Turn: Cannabis-induced Psychosis in the Context of Hidradenitis Suppurativa

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Aim: Hidradenitis suppurativa (HS) is a chronic inflammatory skin condition characterized by painful lumps, boils, and abscesses that typically occur in areas with sweat glands, such as the armpits, groin, and under the breasts. Beyond the significant physical discomfort and potential for scarring and disfigurement, HS can profoundly impact a person's mental health. The visible nature of the condition, often accompanied by drainage and odor, can lead to feelings of shame, embarrassment, and social isolation. Many individuals with HS experience anxiety and depression due to the unpredictable nature of flare-ups, the chronic pain, limitations in daily activities, and concerns about how others perceive them. This emotional burden can significantly diminish their quality of life and make it challenging to maintain relationships, pursue hobbies, and engage in social situations.

Case Report: A 25-year-old male presented to our inpatient psychiatric unit with a diagnosis of cannabis-induced psychosis and a past medical history of HS. During evaluation, it was revealed that he used cannabis as a maladaptive coping mechanism. This was driven by two primary factors: the chronic pain associated with his HS, and the profound shame and embarrassment he experienced as a young male living with the condition. Specifically, his HS contributed to feelings of hopelessness, guilt, and anhedonia. He discussed the pain of his boils as a constant burden, significantly impacting his physical functioning, sleep, mood, and overall quality of life. The increased pain associated with inflammation and boils led him to escalate his cannabis use, ultimately culminating in cannabis-induced psychosis.

Conclusion: This case of a young male with HS and cannabis-induced psychosis powerfully illustrates the significant and often overlooked interplay between dermatological and psychiatric health. The patient's reliance on cannabis as a maladaptive coping mechanism was directly fueled by the chronic pain and profound psychosocial distress stemming from his HS, including feelings of shame, embarrassment, hopelessness, and anhedonia. This underscores the substantial psychiatric burden associated with visible and symptomatic chronic skin conditions like HS. Therefore, a holistic approach to patient care is crucial, integrating dermatological and mental health assessments and interventions to effectively address both the physical and emotional sequelae of HS and prevent the development of maladaptive coping strategies and comorbid psychiatric conditions. Recognizing and treating the psychiatric overlay in dermatology is essential for improving the overall well-being and quality of life for individuals living with conditions like HS.

Keywords: Hidradenitis suppurativa, psychosis, cannabis

[PP-46]

ACNEdisk: An Innovative Visual Tool to Assess the Psychodermatological Burden of Acne

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Aim: Acne is a common dermatological disease that affects individuals' quality of life both physically and psychosocially. Existing assessment scales are inadequate in addressing these effects holistically. Therefore, the Aknedisk scale was developed, which combines the disciplines of dermatology and psychiatry to comprehensively evaluate the symptoms and psychosocial effects of acne patients. The items of the scale were determined in line with expert opinions and structured with scientific methods.

Materials and Methods: The Delphi consensus method was employed to develop the scale, incorporating a multidisciplinary approach with input from dermatology and psychiatry experts. Initially, a panel of four dermatologists and four psychiatrists was assembled, and through two iterative rounds, 40 items were formulated under 10 key domains reflecting the potential effects of acne, ensuring expert consensus. Following this phase, the preliminary scale was administered via an online survey to two independent expert groups, each comprising 25 dermatologists and 25 psychiatrists. Participants evaluated each item on a 1-5 Likert scale, rating their appropriateness. Statistical analyses were conducted to determine consensus levels, and the highest-scoring item within each domain was selected, resulting in the final 10-item Aknedisk scale.

Results: As a result of the data analysis, 10 items that experts agreed on the most among 40 items determined under 10 headings were selected and included in the scale. The selected items cover areas such as general health status of acne, physical appearance, symptoms, mental health, sexual health, social life, work/daily activities, sleep, shame/stigma and disease control. A high consensus was reached on the effects of acne especially on physical appearance, mental health and social life, and it was observed that patients experienced loss of self-confidence and difficulty in social relationships. In addition, it was determined that acne-related symptoms negatively affected daily life and caused restlessness, tension and loss of self-confidence in patients' mental health.

Conclusion: Developed within the scope of this study, Aknedisk is a holistic scale that evaluates the physical and psychosocial effects experienced by acne patients and is shaped by the common opinions of dermatologists and psychiatrists. This scale can be used in clinical practices to evaluate the quality of life of patients and to guide treatment processes. Aknedisk can also be used during the treatment process; by following the changes in the scale scores of the patients, the psychosocial improvement obtained from the treatment can be observed. In addition, the observed reduction in disc area may be an indicator that the treatment provides both physical and psychosocial benefits. In future studies, it is recommended that the scale be tested in larger patient groups by conducting validity and reliability analyses.

Keywords: Acne, scale, psychodermatology

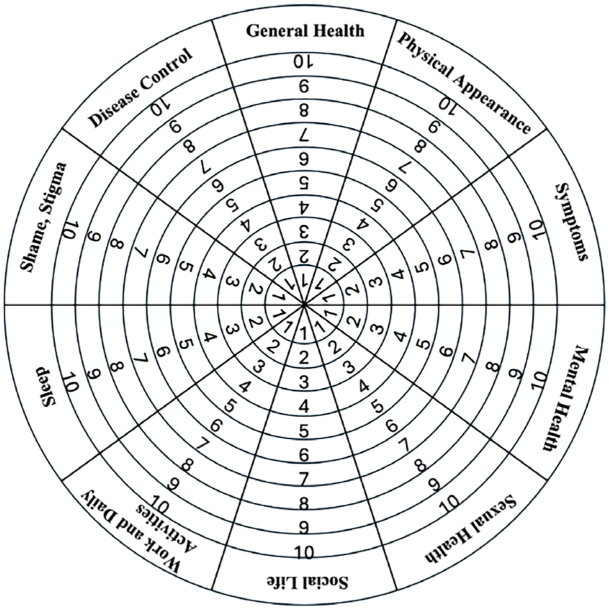

Figure 1. AKNE disk, with related questions. General health status: I am afraid that the medications I use for my acne will affect my general health; physical appearance: my acne causes an unpleasant appearance; symptoms (pain, ıtching, etc.): The wounds, pain, itching, and spots caused by my acne bother me a lot; mental health: my acne negatively affects my mood; sexual health: The opposite sex does not find me attractive or like me because of my acne; social life: my acne seriously affects my social life (going out, meeting with friends, etc.); work and daily activities: my acne prevents me from eating what I want, wearing what I want, wearing the makeup I want, and cleaning my face the way I want; sleep: my acne and the creams I use to treat it prevent me from sleeping the way I want at night, affecting my general sleep health; shame, stigma: I feel like I have to hide my acne; disease control: I am worried that my acne may leave permanent scars

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[PP-47]

Psychodermatology in Mycosis Fungoides: A Call for Assessing the Physical and Emotional Burdens of Pruritus

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Aim: Mycosis fungoides (MF), the most common form of cutaneous T-cell lymphoma, is characterized by a progressive course from patches to plaques and tumors, with pruritus being a hallmark symptom that worsens with disease progression. Pruritus in MF impairs quality of life (QoL), often preceding visible skin lesions by years. In this report, we present a case of MF with accompanying pruritus, both of which exemplify the need for psychodermatological management due to their profound impact on QoL.

Materials and Methods: A 52-year-old female patient with no known comorbidities presented to our clinic with complaints of progressively worsening pruritus resistant to antihistamine treatments for approximately five years and an erythematous rash on the trunk for three years. Multiple erythematous infiltrated plaques of varying shapes and sizes were observed on the posterior trunk and flexor surfaces of the upper extremities. Histopathological examination revealed morphological and immunohistochemical findings consistent with early-stage MF.

Results: Initially mild and localized, pruritus worsened, disrupting sleep and daily functioning as the patch lesions evolved into plaques. Using a visual analog scale, she rated her pruritus intensity at 6/10. Although the patient did not initially report psychiatric symptoms, her emotional distress was evident through the Beck Depression Inventory and Beck Anxiety Inventory scores, which indicated heightened anxiety and depression. The SF-36 results showed significantly lower scores in general health perception, emotional functioning, and social functioning. The Dermatology Life Quality Index (DLQI) revealed moderate impairment across physical, emotional, and social domains. Additionally, the Family Dermatology Life Quality Index (FDLQI), completed by the patient's husband, highlighted the emotional burden on the family. Despite minimal relief from topical corticosteroids, systemic treatments, including narrowband ultraviolet B and acitretin, were initiated, and the patient was also referred for a comprehensive psychological intervention.

Conclusion: This case illustrates key characteristics of pruritus in MF: its progressive course correlating with disease advancement, its impact on QoL, and its refractory nature. Pruritus in MF often begins as mild itching localized to lesional areas but intensifies as the disease progresses to advanced stages or Sézary syndrome. The patient's experience aligns with findings that severe pruritus disrupts sleep and contributes to emotional distress. This case highlights the importance of psychodermatologic assessment in providing holistic care for patients with MF, emphasizing the need for dermatologists to evaluate the psychological issues and needs of psychodermatology patients.

Keywords: Mycosis fungoides, cutaneous T-cell lymphoma, pruritus, psychodermatology, Dermatology Life Quality Index

[PP-49]

Dermatitis Artefacta Presenting with Recurrent Hematomas

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Aim: Dermatitis artefacta (DA) is a factitious disorder in which patients deliberately create skin lesions but deny responsibility. DA is commonly associated with underlying psychiatric comorbidities, including depression, personality disorders, and history of childhood trauma. Due to its variable presentation and patients' reluctance to disclose self-inflicted behaviors, DA often poses a diagnostic and therapeutic challenge.

Case Report: We report the case of a 54-year-old woman who presented with recurrent, generalized hematomas. She had a history of neuropathic pain in her legs which prevented her from walking, autoimmune hypothyroidism, and recurrent urinary tract infections. A psychiatric evaluation, conducted two years after the onset of her skin symptoms, revealed depression and insomnia, for which she was receiving duloxetine (150 mg/day) and trazodone (100 mg/day). The patient described erythematous and edematous lesions that evolved into hematomas and resolved spontaneously within a week. Notably, these lesions appeared upon waking up in the morning, whereas they were absent the previous night. She provided photographic evidence of dark ecchymoses and hematomas affecting the face, abdomen, and thighs (Figures 1, 2). The lesions were well-demarcated, asymmetrical, and exclusively located in areas reachable by the patient. Over the past five years, the patient had been consulting a dermatologist at another hospital, where she underwent an extensive diagnostic workup. A skin biopsy revealed hemorrhagic extravasation without angiopathy or inflammation. Blood tests, capillaroscopy, and additional investigations ruled out autoimmune and hematologic etiology. Based on clinical presentation, patient history, and exclusion of organic pathology, a diagnosis of DA was established. Management and outcome: A multidisciplinary approach was employed, integrating dermatological care with psychiatric support. The patient was encouraged to continue her psychiatric medication and follow-up in a private clinic. Dietary supplements with omega-3 and probiotics were recommended to provide a holistic care of her skin and urinary symptoms. Emphasis was placed on non-confrontational communication and addressing the underlying psychological distress. She occasionally consulted due to excoriated papules on her arms which resolved with topical corticosteroids. She remained under dermatologic follow-up at our center, with no recurrence of hematomas after 10 months of treatment.

Conclusion: This case highlights the diagnostic complexity of DA, presenting with recurrent, well-demarcated hematomas in self-accessible areas and an extensive negative workup. Early recognition, exclusion of organic pathology, and a multidisciplinary approach integrating dermatologic and psychiatric care are essential for effective management and improved patient outcomes.

Keywords: Dermatitis artefacta, hematoma, psychotherapy

Figure 1. A) Well-demarcated hematoma on the face and neck. Images provided by patient

Figure 1. B) Well demarcated hematoma on the face and neck. Images provided by patient

Figure 2. Well-demarcated fading ecchymosis on the leg. Images provided by patient

[PP-50]

Cosmetic Dermatology and Body Dysmorphic Disorder: A Clinical Review of Screening and Management Strategies

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Aim: Body dysmorphic disorder (BDD) is a psychiatric condition with a significant impact on cosmetic dermatology. The increasing accessibility of aesthetic procedures has led to concerns regarding undiagnosed BDD in patients seeking cosmetic enhancements. This abstract explores the literature on the prevalence, screening methods, and management strategies for BDD in cosmetic dermatology settings.

Materials and Methods: A systematic review of literature from PubMed and Embase was conducted to evaluate validated screening tools for BDD in dermatological practice. Studies examining the psychological impact of aesthetic interventions on BDD patients were analyzed. The review also assessed proposed multidisciplinary management strategies incorporating psychiatry and dermatology.

Results: Findings suggest that BDD is underdiagnosed in dermatology settings, with prevalence rates ranging between 9-15% in cosmetic patients. Psychological distress often worsens post-intervention in untreated BDD cases. Screening tools such as the BDD Questionnaire and structured psychiatric assessments can improve early detection. Multidisciplinary collaboration between dermatologists and mental health professionals is essential for optimizing patient outcomes and preventing unnecessary procedures.

Conclusion: Recognizing BDD in cosmetic dermatology is crucial to avoid worsening psychological distress in vulnerable patients. Implementing routine screening and referral pathways for psychiatric assessment can improve patient care. Future research should focus on standardized screening protocols and therapeutic interventions tailored to dermatology patients with suspected BDD.

Keywords: Body dysmorphic disorder, cosmetic dermatology, psychological screening, aesthetic medicine, mental health, multidisciplinary management

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[PP-51]

Generation Z and Alpha Adolescents with Mild/Moderate Acne: Psychosocial and Psychological Challenges in Body Image and Mental Health

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Aim: Acne vulgaris affects over 85% of adolescents and often persists into adulthood. This study aimed to evaluate the impact of mild to moderate acne on body image, self-esteem, depression, and potential body dysmorphic disorder in generation Z and alpha adolescents.

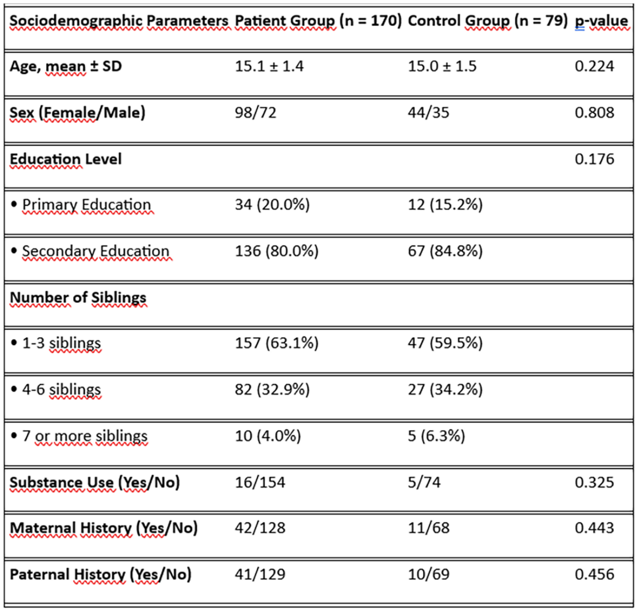
Materials and Methods: One hundred-seventy acne patients and 79 healthy controls, aged 12-17, were recruited. Acne severity was assessed using the Global Acne Grading System and Visual Analog Scale. Participants completed the Rosenberg Self-Esteem Scale, Children's Depression Inventory, Body Image Scale, and Turkish Acne Quality of Life Index.

Results: Significant negative correlations were found between acne severity and both quality of life ($r = -0.372$, $P < 0.05$) and body image scores ($r = -0.586$, $P < 0.05$). Depression scores were higher in the patient group (13.36 ± 7.30, $P < 0.001$), showing a positive correlation with acne severity ($r = 0.560$). Social appearance anxiety emerged as the strongest predictor of quality of life. No significant differences in self-esteem were noted between groups.

Conclusion: Mild to moderate acne negatively impacts psychological well-being in adolescents, emphasising the importance of addressing not only physical symptoms but also psychosocial effects. Multidisciplinary approaches integrating dermatological and psychological care are recommended.

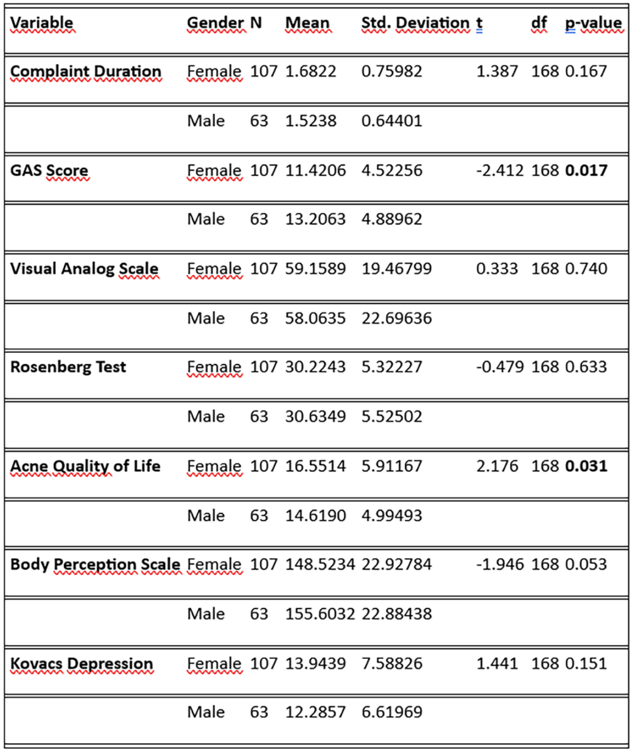
Keywords: Acne vulgaris, adolescent mental health, body image dissatisfaction, self-esteem

Table 1. Socio-demographic and behavioural characteristics of patients and controls



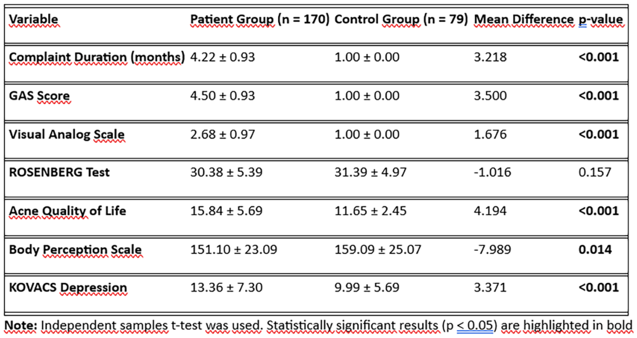
Sociodemographic Parameters	Patient Group (n = 170)	Control Group (n = 79)	p-value
Age, mean ± SD	15.1 ± 1.4	15.0 ± 1.5	0.224
Sex (Female/Male)	98/72	44/35	0.808
Education Level			0.176
• Primary Education	34 (20.0%)	12 (15.2%)	
• Secondary Education	136 (80.0%)	67 (84.8%)	
Number of Siblings			
• 1-3 siblings	157 (63.1%)	47 (59.5%)	
• 4-6 siblings	82 (32.9%)	27 (34.2%)	
• 7 or more siblings	10 (4.0%)	5 (6.3%)	
Substance Use (Yes/No)	16/154	5/74	0.325
Maternal History (Yes/No)	42/128	11/68	0.443
Paternal History (Yes/No)	41/129	10/69	0.456

Table 2. Comparison of variables by gender in the patient group



Variable	Gender	N	Mean	Std. Deviation	t	df	p-value
Complaint Duration	Female	107	1.6822	0.75982	1.387	168	0.167
	Male	63	1.5238	0.64401			
GAS Score	Female	107	11.4206	4.52256	-2.412	168	**0.017**
	Male	63	13.2063	4.88962			
Visual Analog Scale	Female	107	59.1589	19.46799	0.333	168	0.740
	Male	63	58.0635	22.69636			
Rosenberg Test	Female	107	30.2243	5.32227	-0.479	168	0.633
	Male	63	30.6349	5.52502			
Acne Quality of Life	Female	107	16.5514	5.91167	2.176	168	**0.031**
	Male	63	14.6190	4.99493			
Body Perception Scale	Female	107	148.5234	22.92784	-1.946	168	0.053
	Male	63	155.6032	22.88438			
Kovacs Depression	Female	107	13.9439	7.58826	1.441	168	0.151
	Male	63	12.2857	6.61969			

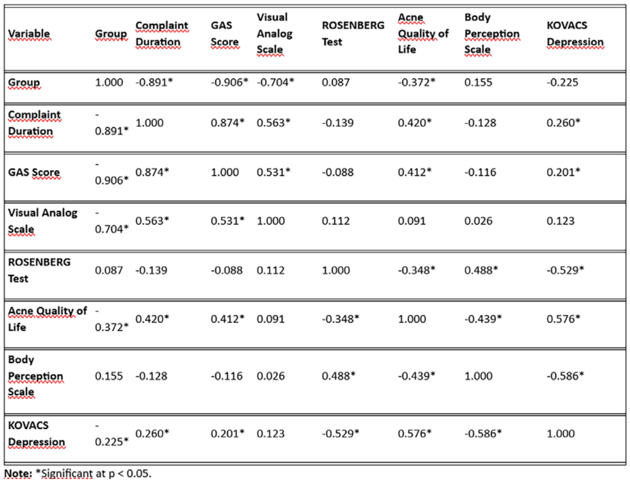
Table 3. Health indicators comparison between patient and control groups



Variable	Patient Group (n = 170)	Control Group (n = 79)	Mean Difference	p-value
Complaint Duration (months)	4.22 ± 0.93	1.00 ± 0.00	3.218	**<0.001**
GAS Score	4.50 ± 0.93	1.00 ± 0.00	3.500	**<0.001**
Visual Analog Scale	2.68 ± 0.97	1.00 ± 0.00	1.676	**<0.001**
ROSENBERG Test	30.38 ± 5.39	31.39 ± 4.97	-1.016	0.157
Acne Quality of Life	15.84 ± 5.69	11.65 ± 2.45	4.194	**<0.001**
Body Perception Scale	151.10 ± 23.09	159.09 ± 25.07	-7.989	**0.014**
KOVACS Depression	13.36 ± 7.30	9.99 ± 5.69	3.371	**<0.001**

Note: Independent samples t-test was used. Statistically significant results (p ≤ 0.05) are highlighted in bold

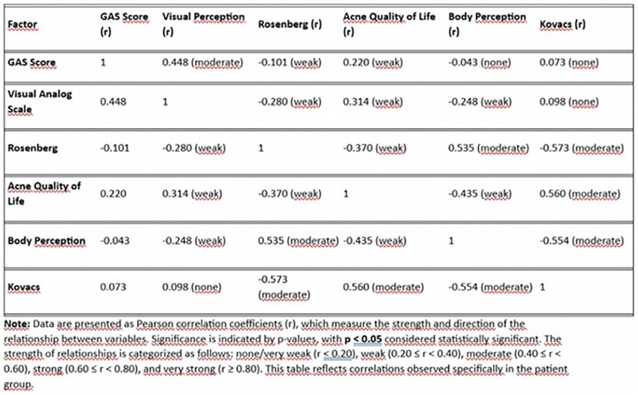
Table 4. Pearson correlation analysis of health indicators



Variable	Group	Complaint Duration	GAS Score	Visual Analog Scale	ROSENBERG Test	Acne Quality of Life	Body Perception Scale	KOVACS Depression
Group	1.000	-0.891*	-0.906*	-0.704*	0.087	-0.372*	0.155	-0.225
Complaint Duration	-0.891*	1.000	0.874*	0.563*	-0.139	0.420*	-0.128	0.260*
GAS Score	-0.906*	0.874*	1.000	0.531*	-0.088	0.412*	-0.116	0.201*
Visual Analog Scale	-0.704*	0.563*	0.531*	1.000	0.112	0.091	0.026	0.123
ROSENBERG Test	0.087	-0.139	-0.088	0.112	1.000	-0.348*	0.488*	-0.529*
Acne Quality of Life	-0.372*	0.420*	0.412*	0.091	-0.348*	1.000	-0.439*	0.576*
Body Perception Scale	0.155	-0.128	-0.116	0.026	0.488*	-0.439*	1.000	-0.586*
KOVACS Depression	-0.225*	0.260*	0.201*	0.123	-0.529*	0.576*	-0.586*	1.000

Note: *Significant at p < 0.05.

Table 5. Relationship between GAS score, visual perception, Rosenberg, acne quality of life, body perception, and Kovacs (patient group)



Factor	GAS Score (r)	Visual Perception (r)	Rosenberg (r)	Acne Quality of Life (r)	Body Perception (r)	Kovacs (r)
GAS Score	1	0.448 (moderate)	-0.101 (weak)	0.220 (weak)	-0.043 (none)	0.073 (none)
Visual Analog Scale	0.448	1	-0.280 (weak)	0.314 (weak)	-0.248 (weak)	0.098 (none)
Rosenberg	-0.101	-0.280 (weak)	1	-0.370 (weak)	0.535 (moderate)	-0.573 (moderate)
Acne Quality of Life	0.220	0.314 (weak)	-0.370 (weak)	1	-0.435 (weak)	0.560 (moderate)
Body Perception	-0.043	-0.248 (weak)	0.535 (moderate)	-0.435 (weak)	1	-0.554 (moderate)
Kovacs	0.073	0.098 (none)	-0.573 (moderate)	0.560 (moderate)	-0.554 (moderate)	1

Note: Data are presented as Pearson correlation coefficients (r), which measure the strength and direction of the relationship between variables. Significance is indicated by p-values, with **p ≤ 0.05** considered statistically significant. The strength of relationships is categorized as follows: none/very weak (r ≤ 0.20), weak (0.20 ≤ r < 0.40), moderate (0.40 ≤ r < 0.60), strong (0.60 ≤ r < 0.80), and very strong (r ≥ 0.80). This table reflects correlations observed specifically in the patient group.

[PP-53]

Trichotillomania: From Mental Struggles to Remission - A Case Report Filled with Hope for the Future

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Aim: Trichotillomania is a psychodermatological condition characterized by repetitive hair-pulling behaviors, resulting in hair loss and functional impairment. Classified under "Obsessive-Compulsive and Related Disorders" in DSM-5, it typically manifests in childhood or adolescence, though adult-onset cases do occur. Individuals with this disorder report increased anxiety and tension before hair-pulling, followed by relief or gratification. The condition often coexists with other psychiatric disorders, including depression, obsessive-compulsive disorder (OCD), anxiety disorders, and body dysmorphic disorder. A multidisciplinary approach, involving both dermatology and psychiatry, is essential for effective management. Diagnosis is based on the presence of focal hair loss, typically on the scalp, eyebrows, or eyelashes, although other body areas may also be affected. Treatment commonly includes behavioral therapies, especially Habit Reversal Training, and pharmacotherapy, though pharmacotherapy provides only partial symptomatic relief.

Materials and Methods: A 34-year-old female patient presented to the psychiatry outpatient clinic in March 2024 with complaints of hair-pulling, unhappiness, and anhedonia. Her psychiatric history revealed that hair-pulling began in childhood but was not formally assessed at that time. The most recent psychiatric consultation occurred in 2022, due to persistent hair-pulling, anxiety, and low mood. On examination, the patient was alert and oriented, with a depressive mood and appropriate affect. Her thoughts focused primarily on health and family issues, without perceptual disturbances. Psychomotor activity was slowed, and social functioning was impaired, but memory and attention were intact. Laboratory results and neuroimaging did not reveal any abnormalities. Psychometric assessments yielded a Hamilton Depression Rating Scale (HAM-D) score of 43, Hamilton Anxiety Rating Scale (HAM-A) score of 16, and a Massachusetts General Hospital (MGH) Hair Pulling Scale score of 27, indicating significant impairment.

Results: After confirming diagnoses of "trichotillomania" and "mixed anxiety and depressive disorder", the patient was prescribed fluoxetine 20 mg/day and bupropion 150 mg/day, along with psychotherapy. One month later, partial improvement in hair-pulling behavior was observed. Over the next six months, both depressive symptoms and hair-pulling behavior significantly decreased, as reflected in her post-treatment scores: HAM-D 4, HAM-A 3, and MGH Hair Pulling Scale 3. At the six-month follow-up, bupropion was discontinued, and the patient was considered to be in remission, with continued fluoxetine treatment.

Conclusion: Trichotillomania is a psychodermatological disorder, often presenting with focal hair loss on the scalp. It commonly co-occurs with psychiatric conditions such as depression, OCD, and body dysmorphic disorder. Treatment typically combines pharmacotherapy and cognitive-behavioral therapies. Antidepressants, like fluoxetine, and behavioral interventions are effective in managing the disorder. Psychometric evaluations, including HAM-D, HAM-A, and MGH Hair Pulling Scale, are essential in tracking symptom severity and treatment progress. Early diagnosis and personalized treatment are key to improving prognosis, emphasizing the importance of a multidisciplinary approach between psychiatry and dermatology.

Keywords: Trichotillomania, psychodermatology, psychiatry

[PP-54]

The Hairdex Quality of Life Instrument - A Translation and Psychometric Validation in Patients with Alopecia Areata

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Aim: The German Hairdex quality of life (QoL) instrument is specific to hair and scalp diseases, developed for self-rating and consists of 48 statements divided into five domains: Symptoms, Functioning, Emotions, Self-confidence and Stigmatisation. There was a need of a Swedish reliability tested, validated hair and scalp specific QoL instrument why the German Hairdex was chosen to be translated and reliability tested in a systematic way. To make a translation, a reliability test of stability, and validation of the German Hairdex QoL instrument among 100 Swedish patients with a dermatological International Classification of Diseases-10 diagnosis of alopecia areata (AA).

Materials and Methods: An eight-step method by Gudmundsson was used as a model with a forward and backward translation and with comments from an expert panel. A statistical test-retest [ICC (2,1)] analysis was made, followed by an internal consistency analysis. A comparison between the German and Swedish Hairdex-S constructs by a principal component analysis was performed.

Results: The Hairdex-S was very well accepted by patients. The ICC (2,1) test-retest showed a good to excellent correlation of 0.91 (confidence interval 0.85-0.95). Internal consistency was $\alpha = 0.92$. Like the original Hairdex, Hairdex-S showed good factorability with a Kaiser-Meyer-Olkin measure of 0.82 and with one component explaining 70% of the variance: original Hairdex instrument (69%). When tested on patients with AA, the domains Functioning and Emotions had the strongest loadings, followed by Stigmatisation and Self-confidence. Younger AA patients at self-assessment and patients who reported to be younger at the onset of AA, scored statistically significantly higher on the Hairdex-S, indicating an overall lower QoL on domains Emotions and Functioning, respectively.

Conclusion: The Hairdex-S is very well accepted by AA patients, shows very good psychometric properties, and a very good agreement with the original Hairdex. The Swedish Hairdex instrument can be recommended for evaluation of patients QoL as well as for research purposes.

Keywords: Alopecia areata, hair loss, psychodermatology, quality of life, stigmatization

[PP-55]

The Burden of Sensitive Skin Questionnaire: From Assessment to Identifying Country-Specific Differences

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Sensitive skin (SS) is estimated to affect 70% of the population, with prevalence appearing to rise over time. This syndrome is not necessarily associated with objective clinical signs. However, affected individuals report unpleasant sensations - burning, pain, pruritus, and/or tingling - triggered by lifestyle and environmental factors that should not normally elicit a reaction. Those affected tend to modify their behaviour, limit activities, and often suffer from sleep disturbance, stress, and psychological distress, all of which further impair their well-being and quality of life.

As SS relates to sensations, objective evaluation is unsuccessful, and subjective assessment remains a method of choice. Consequently, numerous questionnaires have been developed to assess SS, but few have undergone validation. We contributed to the development of the burden of sensitive skin (BoSS) questionnaire. After a verbatim analysis of SS, a semi-structured questionnaire enabled identifying body image, self-care, daily life, renouncement, social relationships, and the environment as primary concerns. Based on these results, the 14-question BoSS questionnaire was designed. It is structured around self-care (seven questions), daily life (four questions), and appearance (three questions), generating a score ranging from 0 (no impact) to 56 (maximal impact). The initial evaluation of the BoSS questionnaire involved 6,474 participants. It was subsequently assessed in 4,614 individuals reporting slightly to extremely SS to validate its correlation with self-reported skin sensitivity, the Dermatology Life Quality Index and the 12-item Short Form survey. Test-retest reliability was evaluated in 25 subjects, demonstrating excellent reproducibility.

Beyond measuring the burden of SS, which correlates with disease severity, the BoSS questionnaire can also serve diagnostic purposes. Since the initial study conducted in France in 2018, the BoSS questionnaire has been translated and adapted to various languages, undergoing cultural and linguistic validation. It has become a reference mentioned in review articles and has been employed in 16 studies encompassing a total of 5,179 subjects from France, Poland, Portugal, Spain, Brazil, USA, Argentina, Mauritius, Thailand, and China.

Interestingly, a comparative evaluation of SS in Thai and Polish subjects (40 and 50 subjects, respectively) revealed notable differences between these two populations. While all subjects had SS (BoSS score > 20), Polish participants exhibited higher levels of redness and dryness and reported a greater burden due to facial redness. Conversely, Thai subjects consistently rated clinical (dryness, roughness, and scaling) and functional signs (tingling, pain, and itching) more severely. These differences observed between Thai and Polish subjects may be attributed to variations in skin pigmentation, environmental exposure, and lifestyle. Cultural factors, though poorly understood, are also likely to have influenced subjective evaluations.

Therefore, the BoSS questionnaire, with its robustness in assessing ethnic differences in the perception of SS, may help improve our understanding of SS worldwide.

Keywords: Sensitive skin, burden, quality of life, questionnaire

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[PP-56]

A Case of Skin Picking Disorder Misdiagnosed as Pyoderma Gangrenosum

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Aim: Skin picking disorder (SPD), also known as excoriation disorder or dermatillomania, is classified as an obsessive-compulsive and related disorder. It is considered a psychogenic condition characterized by repetitive skin-picking behaviors, leading to skin lesions. Early diagnosis is crucial, as only a small percentage of patients seek medical treatment, often leading to misdiagnosis. In this report, we present a patient with SPD who was previously misdiagnosed as pyoderma gangrenosum.

Case Report: A 57-year-old male patient was presented to the dermatology clinic with multiple itchy ulcers with sharp borders and central depressions surrounded by erythema and hemorrhagic crusts on his arms and legs, lasting about four years. The patient's medical records revealed that he was diagnosed as pyoderma gangrenosum that was refractory to multiple treatments given by numerous dermatology outpatient clinics.

The ulcers had been triggered after his mother's health problems initially and got worse in any stressful condition. The laboratory tests were within normal limits, including complete blood counts, liver, kidney, and thyroid function tests, and levels of complement 3, complement 4, cryoglobulin, and prostate-specific antigens. The histopathological examination of the lesions demonstrated ulceration with non-spesific lymphocytic and eosinophilic superficial perivascular dermatitis compatible with artificial irritation. Direct immunofluorescence examinations did not show any pathological deposits.

A psychiatry consultation was recommended as the patient's lesions did not align with any dermatological condition. However, initially, the psychiatric evaluation was suboptimal due to the patient's defensive attitude. The patient was primarily focused on the clinical appearance of the skin lesions. The lesions were itchy and bothersome, and to relieve this sensation, he scratched them until they bled, providing emotional and physical relief. Although the patient did not make a persistent effort to stop picking, he stated that he wore long-sleeved clothing in an attempt to stop the behavior and that he did not feel any regret or guilt after causing the lesions to bleed. In detail, we could have learned that sertraline 50 mg/day had been prescribed to him a few months ago at a psychiatry clinic. The psychiatric evaluation did not determine any accompanying obsessive-compulsive behavior. Based on both dermatological and psychiatric assessments, SPD was primarily considered, and 2.5 mg/day aripiprazole treatment was added to sertraline therapy to help with impulse control and strengthen the antidepressant treatment. Topical emollients and short-term topical moderate potent corticosteroid therapy were administered. After about one month, skin ulcers almost totally healed. Psychodermatological follow-up was recommended.

Conclusion: Diagnosis of SPD may be challenging in patients having chronic ulcerations and may be misdiagnosed as a primary skin disorder such as pyoderma gangrenosum.

Keywords: Psychodermatology, excoriation disorder, dermatological misdiagnosis

[PP-57]

Anxiety and Paranoia Associated with the Use of Isotretinoin

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Aim: Acne vulgaris is a common dermatological condition, particularly prevalent among adolescents and young adults. Isotretinoin, a retinoid derivative, is highly effective in treating severe acne. However, concerns regarding its potential psychiatric side effects, especially anxiety, depression, and the risk of suicide, have led to significant limitations on its use. This report aims to present a case of mood changes following isotretinoin treatment, highlighting a rare but notable psychiatric side effect.

Case Report: The 23-year-old Turkish female patient, with no history of chronic diseases or prior medication use, presented to our clinic for the continuation of isotretinoin treatment. The patient had been on daily dose of 30 mg of isotretinoin for two months. Following this, the patient reported a significant increase in anxiety, paranoia, and feelings of guilt. Despite a history of previously manageable anxiety disorder, she developed heightened reactivity to external stimuli, intense paranoia, anxiety, and a reduced oral intake after initiating the treatment.

Following this, the patient's psychiatrist discontinued isotretinoin and initiated treatment with alprazolam and olanzapine. Upon presentation, the patient had not used isotretinoin for five days, and a partial resolution of psychiatric symptoms was observed. During the initial evaluation, the decision was made to temporarily discontinue isotretinoin while continuing psychiatric follow-up. Fifteen days later, during the follow-up, it was found that the patient had remained under psychiatric care. Alprazolam had been discontinued, while olanzapine treatment was maintained.

The patient showed clinical improvement, and a low dose (20 mg/day, 0.3 mg/kg) of isotretinoin was reintroduced. By the fourth month of treatment, the patient remained on isotretinoin with a stable psychiatric condition.

Conclusion: Isotretinoin is highly effective in treating severe acne; however, ongoing debates persist regarding its psychiatric safety profile. Acne-related stigmatization and body image disturbances can contribute to increased psychiatric comorbidities, while the effects of isotretinoin on mental health may vary. While isotretinoin can have positive psychological effects by improving body image, but in some cases, psychiatric deterioration may occur during the treatment. Given the complex nature of this relationship, it is crucial to carefully assess the psychiatric history of patients planned for isotretinoin therapy to prevent potential adverse effects.

Keywords: Acne vulgaris, depression, psychodermatology, isotretinoin

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[PP-58]

Psychosomatic Characteristics of Patients with Skin Toxic Reactions Compared to Chronic Dermatosis and Skin Neoplasms

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Aim: To evaluate the prevalence of symptoms of anxiety and depression in patients with dermatoses, melanocytic skin neoplasms and skin toxic reactions and to analyze their association with itching.

Materials and Methods: A cross-sectional observational controlled study of patients with itchy and "non-itchy" dermatoses, melanocytic skin neoplasms were conducted. The frequency of itching and its relationship to anxiety and depression were evaluated.

Results: The main group included patients with itchy (atopic dermatitis, n = 106) and non-itchy (psoriasis, n = 101, acne, n = 104) dermatoses; benign and malignant melanocytic neoplasms (melanoform nevi, n = 105, melanoma, n = 88); skin toxic reactions on the background of antitumor therapy (chemotherapy, n = 93); the control group included 216 healthy volunteers. Patients with chronic inflammatory dermatoses were more likely to report suicidal thoughts. The average total scores on the GAD-2 anxiety and PHQ-2 depression scales differed significantly in the intergroup comparison ($P < 0.0001$). Screening indicators of anxiety were highest in patients with acne and atopic dermatitis. Depression was most common in patients with chronic itchy rashes (atopic dermatitis) and visible skin lesions (acne). A significant positive correlation of the intensity of itching with the total score on the PHQ-4 scale was shown.

Conclusion: The study showed a strong association between itching and psychological disorders in dermatological patients. These nosologies are associated with high levels of anxiety, depression, and suicidal thoughts, which underscores the need for a comprehensive approach to patient treatment.

Keywords: Pruritus, anxiety, depression, psychodermatology, suicidal ideation

[PP-59]

Morgellons Urethritis - A New Entity?

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Aim: Morgellons disease is a controversial skin condition that comprises a belief that that the skin is infected with agents of unknown origin causing skin lesions and sensations of crawling, biting and stinging. In contrast to delusional parasitosis the causative agent in morgellons disease is accepted as inanimate form.

Case Report: A 26 years old male caucasian presented with complaints of pain, burning and feeling of crawling in the urethra. The patient had already been consulted with venereologist several times and had been prescribed antibiotics with no significant improvement. Upon admittance the patient had no physical signs of inflammation on the external urethral orifice with no discharge.

We screened for sexually transmitted infections such as gonorrhea, chlamydiasis, mycoplasma infection, trichomoniasis, genital herpes, candidiasis, human immunodeficiency virus and syphilis with negative results. Routine culture from sterile urine portion did not give any bacterial growth. Peripheral blood count and markers of inflammation such as C-reactive protein and erythrocyte sedimentation rate were within normal ranges. The patient was consulted with urologist who found no evidence for renal and or bladder disease and calculosis.

Upon every meeting the patient was bringing an examination cap with urine showing us the “causative agents” that he blamed for his disease. Upon examination we found several pieces of flocculent material. According to the patient these were inanimate agents of an unknown origin that crawl and cause the discomfort in his urethra. The patient was unable to understand our explanation that these were most probably remnants of clothing. He strengthened his belief by founding information on the world web for morgellons disease and he was strongly confident that his disease was caused by morgellons. The patient refused psychological and psychiatric help.

Conclusion: As far as we are aware no case has been reported for urethritis believed to be caused by morgellons.

Keywords: Inanimate infestation, parasite, venereophobia

[PP-60]

Assessment of Validity and Reliability for the Turkish Version of the Patient Benefit Index in Patients with Psoriasis

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Aim: Psoriasis is a chronic, visible inflammatory disease requiring long-term follow-up, with a fluctuating course varying among individuals. In clinical practice, several measures are used to determine disease severity and its impact on patients; however, they do not fully reflect patient needs or capture all relevant treatment outcomes from the patient’s perspective. The Patient Benefit Index (PBI), developed by Augustin et al., is a standardized, patient-relevant questionnaire designed to assess individual treatment needs and evaluate the extent to which these needs are fulfilled through therapy, with each benefit weighted according to the patient’s stated needs. In addition to the global score, its subscales cover physical, psychological, social, and therapy-related aspects and confidence in healing, making a more comprehensive evaluation possible. We aimed to determine whether the Turkish Version of PBI is a valid and reliable questionnaire for psoriasis patients.

Materials and Methods: A prospective, single-center study was conducted on 127 psoriasis vulgaris patients aged 18-67. Demographic and clinical data were collected. (Table 1) patients completed the patient needs questionnaire (PNQ) pre-treatment (T1) and the patient benefit questionnaire (PBQ) post-treatment (T2). Disease severity [Psoriasis Area Severity Index, (PASI)] and quality of life [(Dermatology Life Quality Index (DLQI); EQ-5D-3L; Visual Analog scale (VAS)] were assessed at T1 and T2. PBI reliability was evaluated using Cronbach’s alpha and intraclass correlation coefficient. Validity was tested by correlating changes in PASI, DLQI, EQ-5D-3L, and VAS scores from T1 to T2 with PBI global scores using Spearman’s rank correlation analysis ($P < 0.05$). Two yes/no questions were also asked at T2 to assess patients’ satisfaction and perceived benefit, and their responses were included in the analysis. The relationship between PBI scores and special area involvement was also examined.

Results: The total Cronbach’s alpha was 0.918 for PNQ and 0.914 for PBQ. Test-retest reliability for the PBI global score was 85.4%. PBI global score showed statistically significant correlations with PASI ($r = -0.231$), DLQI ($r = -0.325$), EQ-5D-3L ($r = 0.342$), and VAS ($r = 0.273$). PBI scores were significantly higher in patients whose expectations were met and those who found their skin condition satisfactory. A significant difference in PBI global scores was also found in relation to scalp involvement.

Conclusion: With its subscales, the Turkish version of the PBI proved to be a reliable and valid tool for evaluating patient-centered outcomes in psoriasis. Beyond its moderate correlations with clinical severity and quality of life measures, the PBI offers a practical, patient-aligned approach to assessing treatment effectiveness, especially in meeting expectations and achieving satisfactory skin improvement.

Keywords: Psoriasis, validity and reliability, patient-reported outcome measures

Table 1. Distribution of demographic and clinical data

		n	%
Sex	Male Female	79 48	62.2 37.8
Education	Primary education Secondary education Licence Master's degree	44 41 37 5	34.6 32.3 29.1 3.9
Smoking	Yes No	68 59	53.5 46.5
Smoking (pack/year) min-max, mean ± SD (median)		1-62	15.93±11.18 (11)
Clinical form of the disease	Chronic plaque Guttat Palmo-plantar plaque Inverse Pustular	114 17 10 10 4	89.8 13.4 7.9 7.9 3.1
Duration of illness	1-5 years 6-10 years 11-15 years 16 years and over	44 21 26 36	34.6 16.5 20.5 28.3
First-degree family history	There is None	39 88	30.7 69.3
BMI	Weak Normal weight Overweight 1st degree obese 2nd degree obese Morbidly obese	3 44 35 37 6 2	2.4 34.6 27.6 29.1 4.7 1.6
Special area involvement	Nail involvement Arthralgia Scalp Face Axillary region Genital	77 30 105 52 25 48	60.6 23.6 82.7 40.9 19.7 37.8
Comorbidity	Present None	35 92	27.6 72.4
Receiving treatment for comorbidity (n = 35)	Yes No	29 6	82.9 17.1
Treatment agent	Apremilast Acitretin 25 mg Phototherapy Guselkumab Twinisumab Methotrexate 12.5 Methotrexate 15 mg Risankizumab Sekukinumab Sertolizumab	5 1 2 16 10 3 48 27 11 4	3.9 0.8 1.6 12.6 7.9 2.4 37.8 21.3 8.7 3.1
PASI min-max, mean ± SD (median)		0.2-32	6.28±5.51 (4.6)

SD: Standard deviation, BMI: Body mass index, PASI: Psoriasis Area and Severity Index, min.: Minimum, max.: Maximum

Table 2. Reliability analysis results

	Number of items	PNQ	PBQ
Cronbach's alpha	25	0.918	0.914
	ICC	95% confidence interval	*p*
PBI global	0.854	0.682-0.937	0.001*

PBI: Patient Benefit Index, PNQ: Patient needs questionnaire, PBQ: Patient benefit questionnaire, ICC: Intraclass correlation coefficient

Table 3. Correlation of PBI global score total and sub-dimension scores and changes in post-treatment scores compared to pretreatment

		PASI	DLQI	EQ 5D 3L	VAS
PBI global	r	-0.231	-0.325	0.342	0.273
	P	0.009*	0.001*	0.001*	0.002*
	n	127	127	127	127

Spearman's rank correlation test *$P < 0.05$, PBI: Patient Benefit Index, PASI: Psoriasis Area Severity Index, DLQI: Dermatology Life Quality Index, VAS: Visual analog scale, Euroqol EQ-5D-3L

Table 4. Evaluation of PBI global score total according to disruption in the treatment process, fulfilment of expectations with treatment and adequacy of the skin condition achieved with treatment

		PBI global Mean ± SD Median (min-max)
Disruption in the treatment process	Yes	2.35±1.08 2.4 (0.3-3.7)
	No	3±0.79 3.1 (0.7-4)
	P	0.020*
Meeting expectations with treatment	Yes	3.06±0.76 3.1 (0.6-4)
	No	2.04±0.92 1.9 (0.3-3.6)
	P	0.001*
Adequacy of the condition of the skin achieved by treatment	Yes	3.16±0.78 3.3 (0.6-4)
	No	2.66±0.84 2.8 (0.3-4)
	P	0.001*

Mann-Whitney U test *$P < 0.05$, PBI: Patient Benefit Index, SD: Standard deviation, min: Minimum, max: Maximum

Table 5. Evaluation of PBI Global score total according to special are involvement

		PBI global Mean ± SD Median (min-max)
Scalp involvement	None	3.04±0.87 3.1 (1.4-4)
	Response	3±0.76 3.1 (0.6-4)
	No response	2.16±1.15 2.4 (0.3-3.6)
	P	0.049*

Kruskal-Wallis test *$P < 0.05$. A statistically significant difference in PBI global scores was observed only for scalp involvement, while no significant difference was found for nail, joint, facial, axillary, or genital involvement, PBI: Patient Benefit Index, min.: Minimum, max.: Maximum

[PP-61]

Drug-Induced Depressive Symptoms and Suicidal Thoughts in Patients Using Apremilast: A Prospective Study

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Aim: Apremilast is a phosphodiesterase-4 inhibitor widely used in the treatment of psoriasis and psoriatic arthritis. While its dermatological efficacy is well established, concerns have emerged regarding its potential psychiatric side effects, including depressive symptoms and suicidal ideation. This prospective study aims to evaluate the changes in depressive symptoms and suicide risk in patients treated with apremilast over a 12-month follow-up.

Materials and Methods: This ongoing observational study includes adult patients diagnosed with psoriasis or psoriatic arthritis who were initiated on apremilast treatment. Psychiatric evaluations were scheduled at 0,1,6, and 12 months using the following tools: Hamilton Depression Rating Scale, Hospital Anxiety and Depression Scale (HADS), Suicide Probability Scale, and the SF-36 Health Survey. Sociodemographic data were also collected. To date, 0- and 1-month data from 8 patients have been analyzed. Additionally, 6-month follow-up data were available for 3 patients. One participant was withdrawn from the study at the 4th month due to a clinically significant increase in depressive symptoms. During clinical assessment, the patient exhibited objectively depressive features, and apremilast treatment was discontinued. The patient was referred for psychiatric treatment.

Results: Among the 8 patients included in the preliminary analysis, 5 were female and 3 were male. The mean age of the participants was 50.4 years. From baseline to the first month, depressive symptoms showed a mild decrease: the Hamilton Depression Score decreased from 4.0 to 3.0, the HADS Depression Subscale from 3.0 to 2.0, and the HADS Anxiety Subscale from 4.0 to 3.0. Quality of life measures improved slightly, with the SF-36 Physical Health Score increasing from 90.0 to 92.0 and the SF-36 Mental Health Score from 85.0 to 88.0. The Suicide Probability Score decreased from 25.0 to 20.0. However, none of these changes reached statistical significance ($P > 0.05$ for all comparisons).

At the time of this analysis, 6-month follow-up data were available for 3 participants. These cases are currently being monitored and will be included in the final analysis as the study progresses.

Conclusion: Apremilast represents a novel and promising treatment option for patients with chronic inflammatory dermatological conditions. However, psychiatric evaluation is recommended in terms of depressive symptoms and suicide risk. Our limited preliminary data suggest that there was no statistically significant change in these parameters during the short-term follow-up. Larger and long-term studies are needed to confirm the psychiatric safety of apremilast in clinical use.

Keywords: Apremilast, depression, suicide risk, psoriasis, SF-36, hamilton

[PP-62]

A Case of Refractory Neurogenic Rosacea: Navigating Psychosocial Impact and Treatment Challenges

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Aim: Rosacea is traditionally classified into four subtypes: erythematotelangiectatic, papulopustular, phymatous, and ocular. However, a subgroup of patients primarily experiences neurological symptoms, such as burning and stinging pain, first described by Scharschmidt et al., who coined the term “neurogenic rosacea.” This subgroup of patients has a higher incidence of neurological and neuropsychiatric comorbidities. Additionally, conventional rosacea treatments are often of limited effectiveness in this group. There is some evidence in the literature suggesting that neuroleptic agents, antidepressants, and immunosuppressants may play a role in managing these patients. We present a case of refractory neurogenic rosacea with profound psychosocial impact.

Case Report: A 30 year old male reports a 15-year history of rosacea, which began during adolescence, initially presenting as facial flushing. By his early twenties, it had evolved into a tingling sensation accompanied by intense warmth, triggered by factors such as cold weather, physical exertion, and emotional distress. Conventional rosacea treatments proved ineffective, therefore his general practitioner referred him for specialist dermatology opinion, where he was diagnosed with neurogenic rosacea. To manage his symptoms, he was trailed on multiple pharmacological therapies such as clonidine, sertraline, gabapentin, propranolol and topical brimonidine. Additionally, he underwent endoscopic thoracic sympathectomy with T2-T3 sympathetic chain transection. However, none of these treatments provided sufficient symptom control, and he continued to experience daily flares, significantly impacting his psychosocial well-being. Subsequently, he was referred to our tertiary psychodermatology service. The patient has no known psychiatric diagnosis but reports significant anxiety due to his neurogenic rosacea symptoms, which have led to avoidant behaviours impacting his professional and social life. As a result, we explored alternative treatment options. Recent literature suggests that immunosuppressants, such as ciclosporin, may be effective in patients who have not responded to neuroleptics or antidepressants. Consequently, the patient has been started on ciclosporin, with regular monitoring.

Conclusion: Neurogenic rosacea is an emerging subtype and finding effective treatment options remains a significant challenge. Suboptimal management can lead to significant psychosocial distress in these patients.

Keywords: Refractory neurogenic rosacea, psychosocial impact, management

[PP-63]

Recurrent Self-inflicted Skin Lesions Leading to Bilateral Leg Amputation in a Patient Claiming Paraplegia and Blindness: A Case of Factitious Disorder

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Aim: Factitious disorder is a psychiatric condition characterized by the intentional production or exaggeration of symptoms to assume the sick role, driven by psychological needs rather than external incentives. Dermatological manifestations, such as self-inflicted skin lesions, often mimic inflammatory or infectious diseases, complicating diagnosis and management. This case highlights a challenging presentation of factitious disorder with atypical skin lesions and incongruous systemic symptoms, emphasizing the importance of a multidisciplinary approach.

Materials and Methods: We report a 48-year-old bilateral transfemoral amputee who presented with recurrent malar skin lesions, claimed blindness in the right eye, and paraplegia. The patient was admitted in December 2023 with non-healing malar lesions and visual loss. His symptoms reportedly began in June 2023 with mild visual impairment and right malar lesions, progressing to bilateral lesions and complete right-eye blindness by August. On examination, sharply demarcated erythematous plaques with yellowish crusts and atrophic areas were noted on the malar region, more prominent on the left side (Figure 1). Cribriform scars were observed on the right arm and chest, attributed to previous self-reported ulcerations. The patient's medical history revealed paraplegia following a 2008 work accident. He developed gangrenous wounds on both lower extremities in 2020, resulting in bilateral amputations in 2023. Peripheral artery computed tomography angiography in 2022 revealed femoral and popliteal artery stenosis, but no definitive cause for the chronic wounds was identified despite multiple surgical interventions.

Results: Following the amputations, the patient developed new complaints, including facial lesions and blindness. Extensive evaluations, including laboratory tests, biopsies, and imaging, failed to reveal a specific underlying condition. A punch biopsy of the malar lesion showed fibrosis, neovascularization, and mononuclear cell infiltration, consistent with non-specific chronic inflammation. Neurological and ophthalmological assessments revealed discrepancies; cranial and spinal magnetic resonance images showed no abnormalities, and visual evoked potential testing indicated normal bilateral latency and amplitudes despite reported blindness. A psychiatric evaluation raised concerns about factitious disorder due to inconsistencies between reported symptoms and clinical findings. The patient's wife disclosed reliance on financial aid, suggesting possible secondary gain. Confronted with these findings, the patient reported symptom improvement and requested discharge. This case underscores the diagnostic challenges posed by factitious disorders, particularly when presentations mimic conditions like pyoderma gangrenosum (PG). PG, an inflammatory disorder characterized by painful, rapidly progressing ulcers, can be confused with factitious dermatitis due to overlapping features such as necrotic lesions, delayed healing, and pain. However, factitious dermatitis persists despite standard treatments, unlike PG, which typically responds to immunosuppressive therapy.

Conclusion: Early recognition of factitious disorder is crucial to prevent unnecessary interventions and ensure appropriate management. A multidisciplinary approach, integrating dermatological and psychiatric expertise, is essential for addressing the complex needs of these patients and optimizing outcomes.

Keywords: Amputation, blindness, factitious disorder, malingering

[redacted]

[redacted]

Figure 1. Physical examination revealed sharply demarcated, irregularly shaped erythematous plaques with yellowish crusts, eczematized and occasionally atrophic areas on the bilateral malar region, more prominent on the left side

[PP-64]

Quality of Life in Patients with Chronic Urticaria

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Chronic urticaria (CU) is a condition characterized by the recurrent appearance of hives or welts on the skin, lasting for six weeks or longer. The impact of CU on patients' quality of life (QoL) can be profound, influencing physical, emotional, and social well-being. The persistent symptoms of pruritus (itching), skin lesions, and the unpredictability of flare-ups often result in significant discomfort and distress. This condition can lead to sleep disturbances, anxiety, depression, and limitations in daily activities, negatively affecting work performance and social interactions. Various QoL assessment tools have been developed to quantify the degree to which CU impairs patients' overall functioning. Studies show that individuals with CU experience a significantly reduced QoL compared to the general population. Additionally, the severity of the condition and the response to treatment are key factors influencing the degree of QoL impairment. Management strategies, including antihistamines, corticosteroids, and biologic therapies, aim to alleviate symptoms and improve patients' QoL. However, the chronic nature of the condition often requires long-term treatment, making sustained improvement in QoL a continuous challenge. This review explores the impact of CU on the QoL of affected individuals and highlights the importance of a comprehensive approach to management that not only targets symptom relief but also addresses the emotional and social consequences of the disease.

Keywords: Chronic urticaria, quality of life, symptoms, psychological impact

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[PP-65]

Dermatitis Artefacta: A Case with Widespread Atypical Hemorrhagic Crusts

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Aim: Dermatitis artefacta, or factitial dermatitis, is a rare psychocutaneous condition in which individuals intentionally damage their skin, hair, nails, or mucosa to satisfy psychological needs, garner attention, or evade responsibilities. Patients typically seek help from a dermatologist, often unaware of the psychiatric origins of their skin lesions or feeling embarrassed by the stigma attached to mental health disorders. Dermatologists must recognize these cases and promptly refer the patients to a psychiatrist.

Case Report: A 19-year-old male patient presented with extensive wounds and crusts on his face and legs that had persisted for approximately seven months. Upon admission, he was in a wheelchair, with his exposed legs covered by a blanket. The patient had had all lesions abruptly overnight on previously healthy skin, and he had not washed his face for several months due to the painful wounds. Notably, he struggled to provide a clear and consistent medical history. He had administered at several healthcare facilities, but the wounds had not healed with various medications. A dermatological examination revealed the presence of hemorrhagic crusts covering the entire forehead and malar region, accompanied by areas of erosion. On the lower extremities, bilaterally symmetrical, sharply demarcated, thick hemorrhagic crusts of similar size and linear shape were noted, extending from the dorsum of the feet to the upper parts of the thighs, affecting only the extensor surfaces. During examination, we observed the patient's discomfort and resistance to having his wounds cleaned. In contrary, we saw an intact and healthy epidermis beneath, which was incompatible with the pain he expressed. Additionally, when asked to stand, the patient could move quickly without any motor deficits. He preferred to sit in a wheelchair due to the pain caused by the wounds on his legs. The histopathological and direct immunofluorescence examinations of the wounds indicated non-specific inflammation without evidence of vasculitis or pathological deposits. Laboratory analyses, including total blood count, kidney, liver, and thyroid function tests, urinary analyses, and complement levels, were all within normal limits. Based on the patient's history, dermatological assessment, pathological findings, and laboratory results, a diagnosis of dermatitis artefacta was established. Treatment was initiated with topical skincare, including emollients and topical corticosteroids. We recommended a psychiatric consultation; however, the patient refused the referral. He accused the drugs given by psychiatrists, to whom he had been referred previously, of increasing his skin lesions.

Conclusion: Diagnosing and managing dermatitis artefacta is usually challenging due to unreliable patient history and atypical skin presentations. Dermatologists play a crucial role in diagnosing and guiding these patients, as they should also focus on the psychological states of people with skin lesions incompatible with skin disease.

Keywords: Dermatitis artefacta, factitious disorder, psychodermatology

[PP-66]

Digital Media, Acne Dysmorphia and Social Anxiety: The Emerging “Filter Dysmorphia” Epidemic

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Aim: The increasing prevalence of social media has contributed to heightened appearance-related anxiety and unrealistic beauty standards, leading to a phenomenon known as “filter dysmorphia”. This abstract explores existing literature on the impact of digital media on acne dysmorphia, social anxiety, and dermatological self-perception.

Materials and Methods: A literature review was conducted on studies examining the psychological impact of social media exposure on skin-related concerns. Research on acne dysmorphia, social anxiety disorder, and the influence of digital filters on self-image was analyzed.

Results: Evidence suggests that excessive social media engagement correlates with increased acne-related anxiety, negative self-perception, and a higher likelihood of seeking unnecessary dermatological interventions. Filter dysmorphia appears to contribute to an increase in perceived acne severity, despite objective clinical findings remaining unchanged.

Conclusion: Dermatologists should be aware of the psychological influence of digital media on patient self-perception and incorporate screening tools for acne dysmorphia and social anxiety in clinical practice. Future research should explore the role of media literacy programs and psychological interventions in mitigating the negative impact of digital media on dermatological concerns.

Keywords: Acne dysmorphia, social media, filter dysmorphia, dermatology, social anxiety, digital beauty standards

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[PP-67]

Understanding the Impact of Genital Hyperpigmentation on Quality of Life Among Moroccan Women

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Aim: Female genital hyperpigmentation is a common concern, particularly in regions with darker phototypes like Morocco. Influenced by societal beauty standards, this condition can significantly affect a woman’s quality of life, often leading to psychological distress. This study aims to evaluate the impact of genital hyperpigmentation on quality of life in Moroccan women, using the dermatology life quality index (DLQI). To assess the impact of genital hyperpigmentation on quality of life among Moroccan women and explore factors such as age, phototype, marital status, and partner remarks that may influence the DLQI score.

Materials and Methods: A total of 170 participants were surveyed using an anonymous questionnaire that collected data on age, marital status, perception and location of genital pigmentation, partner remarks, and interest in genital whitening. The DLQI was used to measure the impact of genital hyperpigmentation on quality of life. Data were organized using Excel and analyzed with Jamovi.

Results: The average age of participants was 29.2 years, with extremes ranging from 17 to 62 years. Among the participants, 48.2% were phototype III, while 37.6% were phototype II. Regarding marital status, 37.1% were single, 36.5% were married, and the remainder were in a relationship. 87.1% of our participants reported noticing genital pigmentation of which 21.8% reported receiving remarks from their partners, with 43.2% of these remarks being negative. A significant inverse relationship was found between age and DLQI ($P = 0.021$), with younger women experiencing a greater impact on their quality of life. The location of pigmentation at the thigh roots was most strongly associated with impaired quality of life ($P < 0.001$), likely due to its greater visibility. This was followed by pigmentation at the labia majora ($P < 0.030$). Partner remarks were also significantly correlated with a greater deterioration in quality of life ($P < 0.01$). 43.7% of participants expressed interest in genital whitening, with 45.8% citing personal preference and 22% influenced by media representations.

Conclusion: Genital hyperpigmentation is associated with a significant reduction in quality of life, particularly for younger women and those with pigmentation in prominent areas like the labia majora and thigh roots. Negative partner remarks further exacerbate this effect. This study also highlights the role of media and societal beauty standards in shaping women’s attitudes toward genital whitening. Distress related to genital pigmentation in women should not be endured in silence, and as dermatologists on the front line, we must be equipped with the right tools to address this issue with sensitivity and expertise.

Keywords: Female genital hyperpigmentation, quality of life, DLQI

[PP-68]

Lichen Sclerosus: Decoding the Multidimensional Biopsychosocial Burden and Pathways to Holistic Care

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Aim: Lichen sclerosus (LS), a chronic inflammatory dermatosis with bimodal onset in prepubescent girls and postmenopausal women, manifests as porcelain-white sclerotic papules progressing to atrophic plaques.

Materials and Methods: Predominantly affecting anogenital regions, its vulvar subtype drives epithelial remodeling, anatomical distortion, and malignant potential, culminating in dyspareunia, urogenital dysfunction, and biopsychosocial morbidity. Male patients frequently exhibit balanopreputial involvement, with analogous functional impairments.

LS imposes a tripartite disease burden:

- **Physiological:** Intractable pruritus-pain cycles, dyspareunia, and structural deformities impair daily function.
- **Psychological:** Chronic symptoms fuel anxiety-depressive disorders, exacerbated by treatment-delaying shame and body image distress.
- **Sociological:** Sexual dysfunction and visible lesions disrupt social engagement and occupational performance.

Standardized psychometric tools reveal LS's hidden morbidity:

- PHQ-9/BDI quantify depressive burden
- Beck anxiety inventory maps anxiety trajectories
- Dermatology life quality index measures dermatological life-quality impairment
- Patient Health Questionnaire-15 deciphers symptom somatization

Despite growing recognition, critical knowledge gaps persist. Current studies inadequately stratify outcomes by disease severity, relying on diagnostic status rather than phenotypic progression. This undermines the establishment of quality-of-life-centric therapeutic benchmarks. Furthermore, limited sample sizes and cross-sectional designs obscure longitudinal morbidity patterns.

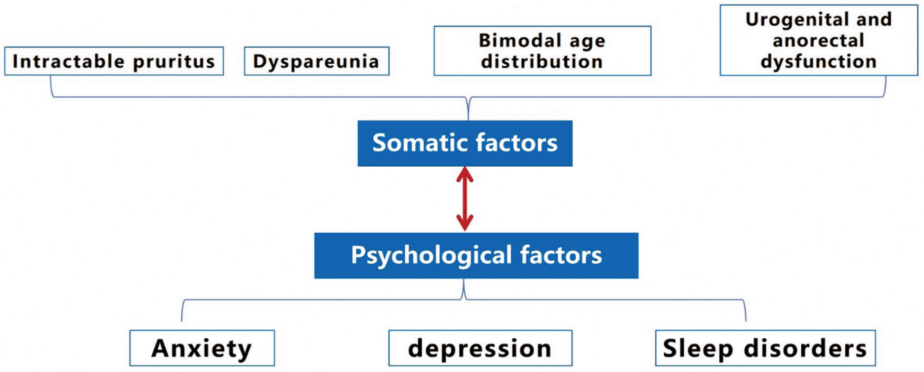
Research priorities must address:

- **Mechanistic clarity:** Elucidate neuroimmunological pathways linking inflammation, stress axes, and psychosexual dysfunction.
- **Methodological rigor:** Develop severity-indexed cohorts using LS-specific scoring systems and biomarkers.
- **Holistic metrics:** Validate multidimensional endpoints encompassing symptom control, psychological rehabilitation, and social reintegration.

Results: Clinically, integrating these insights enables personalized biopsychosocial strategies. Early psychometric screening, combined with targeted therapies, may disrupt the itch-stress-dysfunction cycle. Longitudinal data will inform evidence-based benchmarks for interventions, from topical regimens to psychosexual counseling.

Conclusion: Ultimately, redefining LS management requires bridging the translational gap between dermatological pathology and its psychosocial sequelae. Only through robust, patient-centered research can clinicians mitigate this complex disease's true morbidity burden.

Keywords: Vulvar Lichen sclerosus, physiological, psychological, sociological, standardized psychometric tools



[PP-69]

Patient-reported Impact of Frontal Fibrosing Alopecia: A Cross-sectional Observational Study

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Aim: Frontal fibrosing alopecia (FFA) is a chronic, scarring alopecia of increasing global prevalence, with rates estimated as high as 5.7% in specialised hair clinics. While clinical assessments of disease activity are well established, the psychosocial and functional impact of FFA remains underexplored. To overcome the limitations of generic dermatology scoring tools an adapted dermatology life quality index (DLQI) was employed, focusing on aspects most relevant to patients with FFA. This study aimed to evaluate the effect of FFA on patients' daily quality of life and identify the most significantly affected domains.

Materials and Methods: We conducted a cross-sectional observational study from January to March 2025 at the Outpatient Dermatology Clinic of Kingston Hospital, following institutional review board approval. Adult patients (≥ 18 years) with a confirmed diagnosis of FFA were invited to complete a self-administered, 10-item questionnaire adapted from the DLQI. Each item assessed the extent of physical discomfort, emotional distress, social activities, and functional limitations using a 4-point Likert scale (0 = not at all, 3 = very much). Inclusion criteria required participants to have no concomitant scalp disorders and sufficient English proficiency to independently the survey. A total of 32 completed questionnaires were included for analysis. Descriptive statistics were calculated for each item and for the overall adapted DLQI score (range: 0-30). Patients were stratified into tertiles based on their total scores to explore differences in severity. One-way analysis of variance was used to compare item-level scores across tertiles, with $P < 0.05$ deemed significant.

Results: The mean adapted DLQI score was 5.2 (standard deviation = 4.25), with a median of 5.0 and range from 0 to 20, indicating a mild to moderate burden of disease overall. Interference with morning and nighttime routines (mean = 1.34) and emotional distress related to appearance (mean = 1.28) emerged as the most affected dimensions. Work or study prevention (mean = 0.00), sports/outdoor limitations (mean = 0.25), and intimacy issues (mean = 0.25) were least impacted. Although the majority reported lower scores, participants in the highest tertile exhibited significantly elevated emotional distress compared with those in the lowest tertile. Statistically significant differences ($P < 0.05$) were observed among severity groups across multiple dimensions, underscoring the variability in patient experience.

Conclusion: This study demonstrates that while FFA may not universally impair physical or social functioning, it can have considerable impact on patient's daily routines and emotional wellbeing. Statistically significant variation among severity groups emphasises the importance of individualised care, tailored interventions, and regular holistic assessments. Limitations include the relatively small sample size and reliance on self-reported data. Future longitudinal research correlating adapted DLQI scores with clinical severity and treatment outcomes will further clarify the broader implications of FFA and support a more well-rounded management approach.

Keywords: Frontal fibrosing alopecia, quality of life, patient-reported outcomes, symptom burden, dermatology

[PP-70]

Patient Information Leaflet for Delusional Infestation

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Aim: Delusional infestation, also known as Ekbom syndrome, is a poorly understood condition often surrounded by misinformation. Patients and their families frequently encounter skepticism regarding their experiences. This research aimed to create a patient information leaflet (PIL) with a patient centred approach and to gather feedback on its usefulness for sharing information and validating their experiences. To evaluate patient feedback on a newly developed PIL designed for individuals with delusional parasitosis, assessing its perceived usefulness and impact.

Materials and Methods: A survey was administered to 18 patients before their appointments, incorporating the new PIL. The survey included questions on the leaflet's clarity, usefulness, ability to validate patient experiences and other pointers, measured on a 10-point Likert scale (0 = no answer, 1 = strongly disagree, 10 = strongly agree). Data was analysed using descriptive statistics and factor analysis. Additionally, the final question allowed for written feedback, which was examined through thematic analysis.

Results: The survey results revealed that the majority of patients were satisfied with the new PIL. Specifically, 94% agreed or strongly agreed that the leaflet was logical and easy to follow, 72% found it useful for understanding their condition, and 89% felt it validated their experiences. Mean scores for these concepts were 8.83, 7.61, and 7.78, respectively. Thematic analysis of written feedback highlighted themes of improved understanding but uncertainty around acknowledgement of experiences.

Conclusion: This new patient-centered PIL for delusional infestation was well-received, indicating its potential as a valuable tool for patients and their support networks. By addressing the specific needs and experiences of patients, the leaflet can improve communication and reduce the stigma associated with the condition. Future research should explore long-term impacts and the effectiveness of similar resources in other patient populations.

Keywords: Delusional infestation, patient information sheet, patient centred care, tactile hallucinations

[PP-71]

Quality of Life in Vitiligo Patients in N. Macedonia

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Aim: Vitiligo is an acquired depigmentation deficit with a high prevalence, ranging from 0.5% to 7.8%. The aim of the study was to measure the quality of life (QL) of patients with vitiligo, expressed through the dermatological quality of life index (DLQI).

Materials and Methods: This cross-sectional study was realized in a period of 1 year. Two questionnaires were used in the study. The first questionnaire contains data from the DLQI, designed for use in adults over 16 years of age, taken from the Cardiff University in the United Kingdom. The second questionnaire contains demographic and clinical characteristics of patients (age, gender, place of residence, marital status, education), activity, comorbid diseases and body mass index (BMI), age at onset, site of onset of lesions, duration of disease, family history, type, activity, natural course, BMI and therapy.

Results: Among 71 subjects included in the study, the total score of the DLQI ranged from 0 to 28 (from a maximum of 30 points), and the average was 11.70±5.7. Female patients had greater QL impairment (total mean value of 8.03) than men (5.99); there was a statistically significant difference between both sexes ($P = 0.019$). The total score of QL in terms of symptoms related to the condition in the six domains strongly affected QL of 45.1% of patients. The QL was significantly worse in the studied group of 16-30 years (13.85±5.3) compared to the population of 51-60 and over 60 years (6.75±5.7, and 7.0±2.3). As the age of patients advanced, the QL improved. Subjects with higher education had a higher score (14.41±6.6; $P = 0.001$).

Conclusion: Female patients with vitiligo have impaired QL in comparison to male. With age, the QL in patients with vitiligo improves. Patients with a lower degree of education have a better QL.

Keywords: Vitiligo, quality of life index, psoriasis, alopecia areata, body surface area measurement index

[PP-72]

Psycho-derma Case From Real Practice

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Aim: A 26-year-old woman presented with generalized hyperhidrosis for the past year, with more pronounced sweating in both axillae. She described feeling "hot all over" reporting that her sweating episodes were severe enough to soak through her clothes and bedsheets. Several antiperspirant medication had been prescribed by multiple previous providers without success, and laboratory workup was unremarkable. She came asking for botulinum toxin injection as a solution for her condition.

Materials and Methods: During the physical examination, her skin was dry to touch despite reporting active sensations of sweating. Minor's iodine-starch test was performed with a score of 0, showing anhidrosis.

Results: The patient refused to accept the test results and remained insistent on her complaint. To demonstrate the function of the starch-iodine test, several photographs showing positive results in other cases were presented to her. The distinction between the sensation of sweating and objectively measurable sweating was explained in detail, with an emphasis that her perception of hyperhidrosis was acknowledged and not being dismissed.

Conclusion: Finally, perceived (delusional hyperhidrosis) as a manifestation of other stressors was proposed, and she was referred to psychiatry. She fulfilled the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition criteria for a delusional disorder with some elements of body dysmorphic disorder.

Keywords: Delusions, hyperhidrosis, psychocutaneous

[PP-73]

Psychosocial Implications of Topical Steroid Withdrawal

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Aim: Topical steroid withdrawal (TSW) remains a debated condition in dermatology, with ongoing discussions on whether it represents a withdrawal flare of atopic dermatitis or a distinct disease. TSW poses distinct physical, mental, and psychosocial challenges, thereby significantly affecting patients' lives. Currently, TSW still has no consensus and clear diagnostic criteria, complicating its identification and treatment, and management. Given the increasing interest in TSW. Further research are needed to clarify its status and address related psychosocial issues. This review aimed to evaluate the current studies on TSW and its psychosocial implications, determine the need for TSW to be classified as a distinct disease, identify gaps in existing research, particularly concerning TSW's psychological and social aspects of TSW, and provide recommendations to guide future studies.

Materials and Methods: A comprehensive literature review was conducted, focusing on studies examining the relationship of TSW with other dermatological conditions and psychosocial factors. This review also assessed the neuropsychiatric effects of corticosteroid use and described limitations in existing research.

Results: This literature review indicates no consensus that TSW is a distinct disease entity, but recurring pathologies in patients with TSW suggest the need for a separate classification. TSW is linked to significant mental health issues, including depression and suicidal thoughts, though these associations are often inferred from studies on similar skin conditions. The neuropsychiatric effects of corticosteroids, particularly the oral ones, remain unclear, requiring further research. Additionally, TSW's psychosocial impacts, especially in children, remain poorly studied, revealing a gap in understanding the unique challenges faced by this population and a need for further research and establishment of best practices.

Conclusion: TSW may be a distinct disease entity with significant psychosocial implications. However, the current literature is insufficient. Further research is required to establish clear diagnostic criteria, understand TSW-related psychiatric disorders, and develop effective management strategies. Moreover, future studies should particularly focus on paediatric patients and explore psychological interventions to reduce TSW's long-term impact of TSW on mental and social well-being.

Keywords: Topical, steroid, withdrawal

[PP-74]

Cost-effectiveness and Quality-of-Life Association of Psoriasis Treatment Modalities in a Tertiary Public Hospital in the Philippines

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Aim: Psoriasis is a chronic inflammatory disorder in patients with genetic predisposition that leads to significant morbidity. Due to its chronic nature, the cost of treatment is of serious concern to patients. Non-compliance may be attributed to this and would greatly affect patient outcomes. It is thus needed to identify the most cost-effective treatment modalities for psoriasis vulgaris that clinicians can prescribe to patients. The study aimed to identify the cost-effectiveness of psoriasis treatment modalities namely, 1) topical and phototherapy (TP), 2) topical and systemic treatment (TS), 3) TP and systemic treatment (TPS), and 4) topical and biologic therapy (TB), and their quality-of-life (QoL) association.

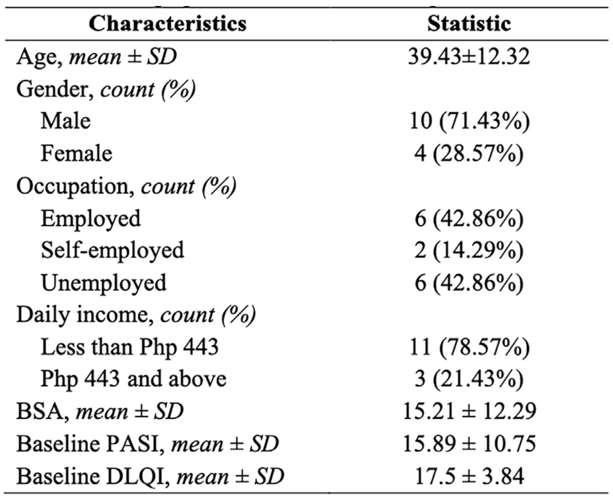
Materials and Methods: Patients with mild to moderate psoriasis were enrolled and allocated to the four treatment groups according to clinical assessment, without randomization. Routine clinical assessment, diagnostics, and treatment plan, including the follow-up schedule, was according to standard clinical practice. Patients were instructed to keep a journal of expenses to be updated on every follow-up. The primary outcome measure was cost-effectiveness measured by dividing the total cost by the number of participants who achieved PASI-75 and/or body surface area < 5 and/or dermatological quality of life index ≤ 5 for each treatment regimen. The secondary outcome measure was the dermatologic QoL score.

Results: A total 14 participants were analyzed in the study, after 10 participants dropped-out. The mean age of the patients was 39.43 years old (standard deviation: 12.32) and majority were male (71.43%). In terms of employment status, there were 6 (42.86%) respondents each who are either employed or unemployed while about 14.3% are self-employed; eleven (78.57%) of them were earning below the daily minimum wage. No patient was given the regimen of TPS. For the remaining three regimens, the cost-effectiveness was 22, 559.17 for TP, 23,575.32 for TS, and 124,966.50 for TB. There is a significant improvement in the QoL among patients treated with TP and TB while there was deterioration among TS patients that could be due to the experienced side effects of methotrexate. This decrease in QoL however was not statistically significant.

Conclusion: The most cost-effective therapy is the combination of TP, followed by topical and systemic, then topical and biologic. In terms of QoL association, TB is ranked first then TP and TS. The results of this study may be of benefit to clinicians and public health workers who take care of psoriasis patients as well as government officials who are involved in policy-making to ensure that these medications be given appropriate budgetary considerations for the benefit of our patients.

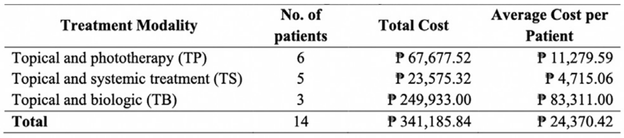
Keywords: Psoriasis, cost-effectiveness, quality-of-life, phototherapy, biologic therapy, topical corticosteroids

Table 1. Demographic profile of the participants



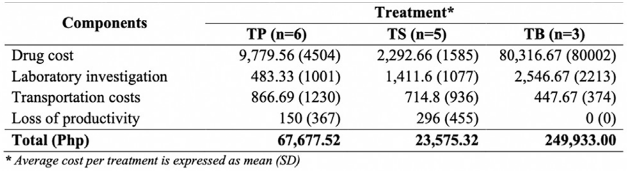
Characteristics	Statistic
Age, *mean ± SD*	39.43±12.32
Gender, *count (%)*	
Male	10 (71.43%)
Female	4 (28.57%)
Occupation, *count (%)*	
Employed	6 (42.86%)
Self-employed	2 (14.29%)
Unemployed	6 (42.86%)
Daily income, *count (%)*	
Less than Php 443	11 (78.57%)
Php 443 and above	3 (21.43%)
BSA, *mean ± SD*	15.21 ± 12.29
Baseline PASI, *mean ± SD*	15.89 ± 10.75
Baseline DLQI, *mean ± SD*	17.5 ± 3.84

Table 2. Overall cost associated with the management of moderate to severe psoriasis



Treatment Modality	No. of patients	Total Cost	Average Cost per Patient
Topical and phototherapy (TP)	6	₱ 67,677.52	₱ 11,279.59
Topical and systemic treatment (TS)	5	₱ 23,575.32	₱ 4,715.06
Topical and biologic (TB)	3	₱ 249,933.00	₱ 83,311.00
Total	14	₱ 341,185.84	₱ 24,370.42

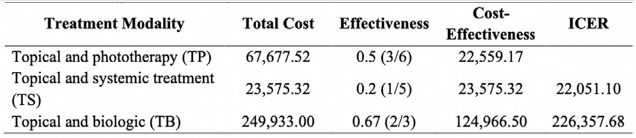
Table 3. Average cost of psoriasis management per component and per treatment modality



Components	Treatment*		
	TP (n=6)	TS (n=5)	TB (n=3)
Drug cost	9,779.56 (4504)	2,292.66 (1585)	80,316.67 (80002)
Laboratory investigation	483.33 (1001)	1,411.6 (1077)	2,546.67 (2213)
Transportation costs	866.69 (1230)	714.8 (936)	447.67 (374)
Loss of productivity	150 (367)	296 (455)	0 (0)
Total (Php)	**67,677.52**	**23,575.32**	**249,933.00**

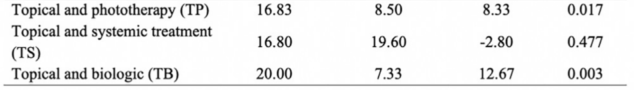
* *Average cost per treatment is expressed as mean (SD)*

Table 4. Cost-effectiveness analysis



Treatment Modality	Total Cost	Effectiveness	Cost-Effectiveness	ICER
Topical and phototherapy (TP)	67,677.52	0.5 (3/6)	22,559.17	
Topical and systemic treatment (TS)	23,575.32	0.2 (1/5)	23,575.32	22,051.10
Topical and biologic (TB)	249,933.00	0.67 (2/3)	124,966.50	226,357.68

Table 5. Quality-of-life improvement of patients with moderate to severe psoriasis



Treatment Modality	Baseline DLQI	Post-treatment DLQI	Mean Difference	p-value
Topical and phototherapy (TP)	16.83	8.50	8.33	0.017
Topical and systemic treatment (TS)	16.80	19.60	-2.80	0.477
Topical and biologic (TB)	20.00	7.33	12.67	0.003

[PP-75]

Delusional Infestation: A Case Series

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Aim: Delusional infestation is a delusional psychiatric disorder where patients have an unshakeable and false belief that their body is infested with parasites. This condition is relatively less common, with a global prevalence of less than 40 per million in the general population.

Materials and Methods: Three patients with delusional infestation, aged 70, 39, and 64, presented with symptoms that lasted 2 months, approximately 4 months and 12 months respectively.

Results: Patient 1, a 70-year-old female, felt bugs crawling on her scalp, ears, mouth and skin, and combs and picks on her skin, subsequently leading to frustration and low mood. A possible trigger was that her nephew that she stayed with had an episode of hair lice the previous year, although that was treated and resolved. Diagnosis was that of delusional infestation, and she was treated with risperidone 0.5 mg initially, and 1 mg subsequently. Her family members were also counselled to support her by affirming her experiences without propagating her beliefs. Relevant investigations conducted were normal. At 3 months review, the patient's symptoms were resolved completely. Patient 2, a 39-year-old female, felt bugs crawling on her skin and mites crawling on her hair, and brought tissue containing skin and scalp flakes and hair to show the presence of "mites". Anecdotally, she believed that the itch was caused by her neighbours trying to harm her, and denied any psychiatric or mood issues. Provisional diagnosis was severe atopic dermatitis and ichthyosis vulgaris with primary delusional infestation. She was prescribed various antipsychotics at various stages, but was never compliant. She was still fixated on the idea of parasites, and brought in insects like worms, ants and mosquitoes during review visits. Improved compliance would be required while monitoring her symptoms upon follow-up review. Patient 3, a 64-year-old female, felt itchiness, paraesthesia and bugs crawling on her scalp since one year ago after visiting a hair salon for hair trimming. She saw dark brown coloured lice upon combing, but these brown dots were likely blood stains from excoriations on physical examination. She also presented her collected skin samples during the consultation. Relevant investigations conducted were normal, including a skin scrape and microscopy for mites. Provisional diagnosis was primary delusional infestation. Quetiapine 6.25 mg and a psychiatric review was provided as treatment, together with topical treatment. Upon review, the patient had reduced delusions, but treatment was changed to aripiprazole 5 mg as the patient reported drowsiness from quetiapine.

Conclusion: Delusional infestation, though rare, remains an important diagnosis in patients presenting with complaints of skin infestations. Importantly, an individualized holistic treatment regime should be given for patients. Other than antipsychotics, medical comorbidities should be treated, and multi-disciplinary support can be given through medical social worker referral, psychiatric referral or familial support.

Keywords: Delusional infestation, psychiatric, psychiatry

[PP-76]

Post-scabietic Delusional Infestation: A Case Series from a Single Centre and Literature Review

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Scabies is a highly contagious parasitic skin infestation that has seen a resurgence in recent years, both in Türkiye and worldwide. It often requires multiple treatment cycles due to resistance, reinfestation, and incomplete eradication. Although primarily a dermatological condition, scabies can have significant psychological implications, especially in cases of persistent pruritus, known as post-scabies itch, which can last for weeks or months. In such cases, rarely, some patients may complain of sensations of crawling, biting, and itching due to the perceived burrowing of parasites, insects, or bugs under the skin. They may even bring skin samples or alleged parasites with them, a phenomenon known as the “specimen sign”. In fact, these patients have delusional infestation (DI), a form of psychosis in which individuals firmly believe they are infested with parasites, despite a lack of medical evidence. While DI is generally considered a primary psychiatric condition, it may also develop as a secondary phenomenon following dermatologic conditions, particularly those associated with chronic pruritus. With the rise in scabies infections, more patients tend to wrongly attribute their symptoms to scabies in recent years. Therefore, dermatologists should be aware of post-scabies pruritus induced DI. Here, we present a case series of six patients who developed DI after successfully being treated for scabies. Our findings highlight the potential psychodermatological consequences of scabies, emphasizing the need for early recognition, interdisciplinary collaboration, and timely psychiatric intervention to optimize patient outcomes.

Keywords: Delusional infestation, psychodermatology, post-scabies itch, post-scabies induced delusional infestation, scabies

Table 1. Key clinical features of patients diagnosed with post-scabietic DI

Patient	Age/gender	Scabies treatment	DI onset	Primary symptoms	Psychiatric history	Treatment and outcome
1	52/M	+	2 years	Persistent itching, excoriations	None	Risperidone 1 mg, quetiapine 25 mg; remission
2	56/F	+	8 months	“Something is crawling under my skin”	None	Risperidone 1 mg, sertraline 25 mg; partial response
3	89/F	+	3 months	“Itchy wounds from insect bites”	None	Clonazepam 0,5 mg switched to sertraline 25 mg after 1 week; partial response
4	51/M	+	5 months	“Persistent itching and bugs coming out of the nose and ear”	None	Aripiprazole 5 mg, sertraline 50 mg; partial response
5	55/F	+	2 years	Excoriations	None	Risperidone 1 mg, remission
6	32/F	+	2 years	Persistent itching	None	Not started yet

M: Male, F: Female, DI: Delusional infestation

[PP-77]

Successful Treatment of Refractory Prurigo Nodularis with Dupilumab

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Aim: Itching is a common dermatological symptom that may indicate underlying dermatoses dermatological, systemic or psychiatric conditions. Chronic lesions and nodules may develop as a consequence of prolonged scratching. Prurigo nodularis (PN) is a chronic skin disorder that can be associated with atopic dermatitis, xerosis, and various systemic diseases. Management of PN is challenging and involves a range of therapeutic approaches, including topical corticosteroids, topical doxepin, oral antihistamines, antidepressants such as mirtazapine, and narrow-band ultraviolet B (UVB) phototerapy. This case report emphasizes the efficacy of dupilumab in treating refractory PN, particularly in patients who do not respond to conventional therapies or in those with comorbidities that limit the use of other biologic treatments.

Case Report: A 69-year-old female patient with a known history of hypertension and diabetes mellitus presented to our clinic with a complaint of itching that had been ongoing for approximately 3 years. On dermatological examination, erythematous, itchy nodules were observed bilaterally on the arms, legs, and around the abdomen. Topical corticosteroid treatment was initiated; however, no clinical improvement was observed. A punch biopsy was performed and the histopathological findings were consistent with PN. Histopathological examination revealed hyperortokeratosis on the surface, acanthosis in the epidermis, rete ridges elongation, and perivascular interstitial lymphocytic infiltration in the dermis. The complete blood count and basic metabolic panel were unremarkable. The patient had been using amlodipine, clopidogrel and vildagliptin. She had received narrow-band UVB therapy in addition to topical corticosteroids, but no response was observed. Upadacitinib could not be initiated due to existing comorbidities and medications. Therefore, dupilumab treatment was started. After 3 months of dupilumab therapy, a noticeable improvement in symptoms and lesions was observed (Figure 1, 2). On her current dermatological examination, pruritic erythematous nodules present had regressed, and macules compatible with post-inflammatory hyperpigmentation were observed.

Conclusion: PN is a chronic inflammatory condition characterized by intense pruritus. The management of PN is remains challenging due to the absense of standardized treatment protocol. The pathogenesis of PN is not yet fully understood, however, it is believed to involve type 2 inflammation. Biological agents targeting type 2 cytokines, including interleukin (IL)-4, IL-13, IL-31 have demonstrated significant efficacy in alleviating PN symptoms. Conventional treatment approaches encompass such as topical corticosteroids, calcineurin inhibitors, capsaicin, gabapentin, antidepressants. Among biological theapies, dupilumab is only agent approved by the Food and Drug Administration for treatment of PN. It is a recombinant human monoclonal antibody of the IgG4 subclass that inhibits IL-4/IL-13 signaling pathways. By disrupting the abnormal neuroimmune itch cycle in the skin, dupilumab provides symptomatic relief. In summary, dupilumab is an effective therapeutic option for refractory PN, particularly in patients who do not respond to conventional treatments or in cases where the use of alternative biologic agents is limited due to comorbid conditions.

Keywords: Prurigo nodularis, dupilumab, itchMacules compatible with post-inflamatory hyperpigmentation in the periumbilical area

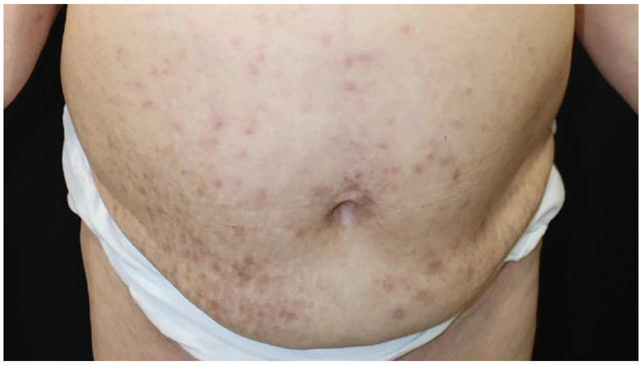

Figure 1. Macules compatible with post-inflamatory hyperpigmentation in the periumbilical area

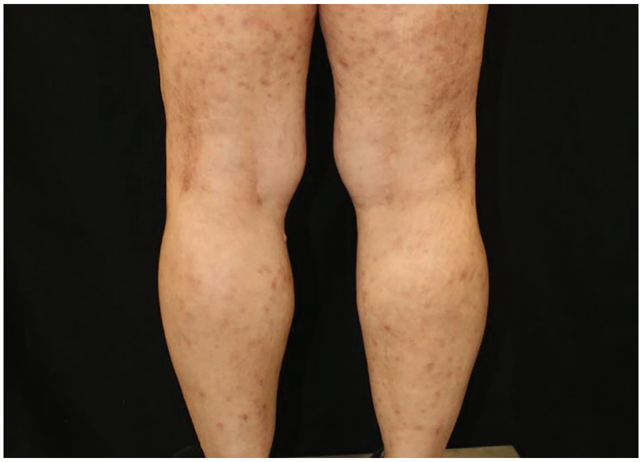

Figure 2. Hyperpigmented macules were observed on the posterior aspect of the lower extremities

[PP-78]

A Literature Review on Topical Steroid Withdrawal Syndrome

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Aim: Topical steroid withdrawal syndrome (TSWS) is an emerging dermatological condition that has gained increasing recognition in recent years. It manifests following the discontinuation of prolonged topical corticosteroid (TCS) use, particularly in individuals with atopic dermatitis and other chronic inflammatory dermatoses. The syndrome is characterised by erythema, burning, pruritus, and skin barrier dysfunction, with no established diagnostic criteria or standardised treatment protocol. Despite growing patient-reported cases and social media discourse, the condition remains under-researched and controversial within the dermatological community. This literature review aims to summarise the current evidence regarding the causes, symptoms, management, and challenges associated with TSWS.

Materials and Methods: A comprehensive literature search was undertaken using MEDLINE, PubMed, EMCARE, and Google Scholar. The review included 25 relevant sources published within the last ten years, focusing on the pathophysiology, clinical presentation, diagnostic challenges, and treatment options for TSWS. Case reports and systematic reviews were included to compensate for the limited availability of high-quality clinical research. Studies exploring social media perspectives on TSWS were excluded to maintain a focus on clinical evidence.

Results: The review identified that TSWS primarily affects individuals who have used medium- to high-potency TCS for extended periods. Symptoms often mimic an exacerbation of the underlying dermatological condition, leading to misdiagnosis and prolonged steroid use. Key findings included two major subtypes of TSWS: an erythematous type, presenting with severe redness and burning, and a papulopustular type, resembling rosacea. Several studies highlighted the lack of formal diagnostic criteria, making clinical recognition challenging. Management strategies were largely supportive, including cessation of corticosteroids, emollient therapy, and symptomatic relief using antihistamines, immunosuppressants, or emerging therapies such as ruxolitinib cream. Case series demonstrated prolonged recovery times, with some patients experiencing symptoms for over two years post-withdrawal. Additionally, concerns regarding steroid phobia and misinformation were noted, necessitating improved patient education and clinician awareness.

Conclusion: TSWS is an under-recognised condition that poses significant diagnostic and therapeutic challenges. The limited availability of clinical trials and objective biomarkers requires further research to establish validated diagnostic criteria and effective treatment protocols. Dermatologists and other allied health professionals must be aware of TSWS to facilitate early recognition and appropriate management while balancing the risks and benefits of TCS therapy. Increased patient-clinician dialogue and further studies into alternative treatments, such as microbiome-targeted therapies, may improve outcomes for affected individuals. Addressing these gaps through well-designed clinical studies will be essential in improving management strategies and mitigating the burden of TSWS on patients.

Keywords: Topical corticosteroids, topical steroid withdrawal, topical steroid addiction, atopic dermatitis

[PP-79]

Assessment of the Psychological Functioning of a Patient with Congenital Vitiligo Using Projective Tests

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Vitiligo is an autoimmune skin disorder characterized by white patches of skin losing functional melanocytes, the pigment-producing cells of the skin (Krüger & Schallreuter). While not life-threatening, vitiligo significantly impacts patients' quality of life, leading to psychological distress, social stigmatization, and reduced self-esteem. Congenital vitiligo and presentation at birth is an infrequent entity, but cases in infancy have been reported. Rosenfeld establishes an essential relationship between skin and identity (Rosenfeld). For Anzieu, skin diseases have a very close relationship with narcissistic failures and the lack of strupcturing of the ego. The skin performs the same functions from a physical perspective as those about the ego when seen from a psychological perspective, and certain patients with narcissistic or borderline pathologies who present failures in the ego functions also tend to suffer from skin diseases (Anzieu). The severity of the skin changes is related to the quantitative and qualitative importance of the ego-skin deficiencies (Ulnik). In particular, the relationship between skin and identity, the importance of distance and the configuration of space, the role of identification, and the elaboration of grief are critical factors in understanding psychological dynamics (Ulnik). For this purpose, after the semi-structured psychoanalytic interview, the Rorschach and Thematic Apperception Test was administered to the patient. The results are evaluated by psychoanalytic interpretation according to the French School of Projective Methods and by content analysis. In conclusion, the Rorschach findings focused on body and identity images. The deformed contents accompanying the static and non-libidinal body images were remarkable in terms of depressive and narcissistic problems. The problem of non-separation and the prominence of the intense anxiety caused by the need for contact was outstanding in the Thematic Perception Test in terms of lack of investment in object relations, failure to give story endings, therefore the failure of separation and individuation, and damage to mourning capacity.

Keywords: Vitiligo, skin, identity, ego-skin, projective tests

[PP-80]

Improving Dermatological Care Within a General Psychiatry Inpatient Ward

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Psychiatric patients are at a greater risk of dermatological disease with schizophrenia patients more likely to suffer from psoriasis than the general population. Potential mechanisms include the hypothalamic pituitary adrenal axis dysfunction resulting in increased cortisol, and also raised systemic inflammation leading to dermatological disease manifestations.

Psychiatric patients are also less able to comply with complex treatment plans relating to dermatology when unwell. This is compounded by inexperience of many psychiatrists in prescription of topical treatments and knowledge of dermatology.

Within our inpatient psychiatric unit patients clinical notes were reviewed to ascertain if they were known to dermatology and were receiving treatment. Data was collected to ascertain if topicals were continued while a psychiatric inpatient and if the correct topical was prescribed.

Conditions captured included vitiligo, acne, atopic dermatitis, hidradenitis suppurativa, psoriasis, and lichen planus. From review patients still had signs of active disease and PASI scores/EASI scores were higher than recorded when out patients known to dermatology. Topical treatments were prescribed in only 25% of patients and the correct topical previously suggested by dermatology in only 12.5% (1 in 8 patients). Overall 75% of patients with active dermatological disease were receiving no treatment.

To combat this we undertook a multifaceted approach; increased education of physician colleagues, charts with common dermatology topicals were created to increase familiarity with treatment modalities and a stock of common topicals obtained from pharmacy to create “grab bags” in ward stocks so if a topical was selected treatment could begin.

Eighty patients were captured within our audit; following the above measures the % of patients receiving continued correct topical treatment was improved to 57.5% and overall 70% of patients with active disease were receiving an appropriate topical therapy.

The importance of treating patients in a holistic manner was a key point of our intervention; to ensure they had an improvement in their psychiatric presentation and also their dermatological conditions. Challenges with treatment include active psychosis with significant agitation making topicals challenging to apply however from our audit only 15% of patients had documented challenges regarding this.

Physician confidence with dermatology was also increased following this intervention and was assessed via a survey providing qualitative data.

The importance of physical health is established in the field of psychiatry; the use of second generation antipsychotics are known to promote metabolic syndrome and as such psychiatrists should have an awareness of medical conditions which coexist in their patient population.

Keywords: Dermatology, treatment, comorbidity, holistic

[PP-81]

The First 2-year Data of the Türkiye's First Psychodermatology Unit

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Aim: The field of psychodermatology, an interdisciplinary branch combining psychiatry and dermatology, addresses the complex interplay between skin diseases and psychological or psychiatric conditions. A significant portion of dermatology patients have psychiatric or psychological issues that complicate their skin conditions. Undiagnosed and untreated psychocutaneous disorders lead to poor treatment adherence, increased morbidity, and a decline in quality of life. Furthermore, psychological factors associated with skin diseases are directly linked to greater resource utilization and impose a financial burden on both patients and healthcare providers. Surveys have shown that enhancing collaboration between dermatologists and psychiatrists reduces the frequency of patients returning for consultations and generally increases patient satisfaction. Hence, psychodermatology appears to be a critical subspecialty to incorporate into the treatment process for patients in the interdisciplinary field of psychiatry and dermatology. In Türkiye, the first psychodermatology unit represents a pioneering step in integrating mental health and dermatological care. This study aimed to present the demographic and clinical characteristics of patients examined in Türkiye's first psychodermatology unit.

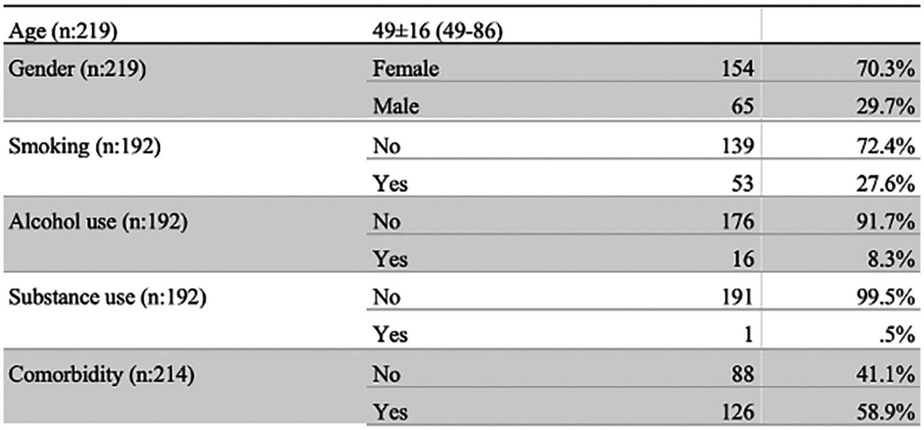
Materials and Methods: This retrospective study includes data from 219 patients who applied to our psychodermatology clinic over a 2-year period. Clinical characteristics of the patients, including demographic data, dermatological and psychiatric diagnoses, were examined. Data were obtained from the hospital registry system and evaluated with statistical analyses.

Results: 70.3% of the patients were female and 29.7% were male. The mean age was 49, and the age range of the patients was between 19-86. The most common dermatological diseases were pruritus (32.4%), neurodermatitis (20.8%) and psoriasis (9.3%). While 54.2% of the patients had no previous psychiatric diagnosis, 29.6% were diagnosed with depression and 14.4% with anxiety. Psychotropic treatment was recommended for 63.5% of the patients, and psychotherapy was recommended for 19.4%. The classification of psychodermatological diseases was based on the Lee and Koo and Koblenzer classifications. According to the Lee and Koo classification, 43% of the patients had psychophysiological diseases, 38% had dermatological symptoms due to psychiatric diseases, and 8.3% had dermatological diseases together with psychiatric symptoms. In the Koblenzer classification, 25.9% of the patients were included in the group of conditions in which psychological etiology was dominant, 42.5% in dermatoses strongly influenced by psychogenic factors, and 20.8% in the group of dermatoses that were genetic and environmental and affected by stress.

Conclusion: The establishment of Türkiye's first psychodermatology unit marks a significant advancement in addressing the biopsychosocial aspects of skin diseases. The initial results demonstrate the unit's potential to improve patient outcomes through interdisciplinary collaboration. Future efforts should focus on expanding such models, reducing stigma, and integrating psychodermatology into standard medical training to ensure sustainability and broader accessibility.

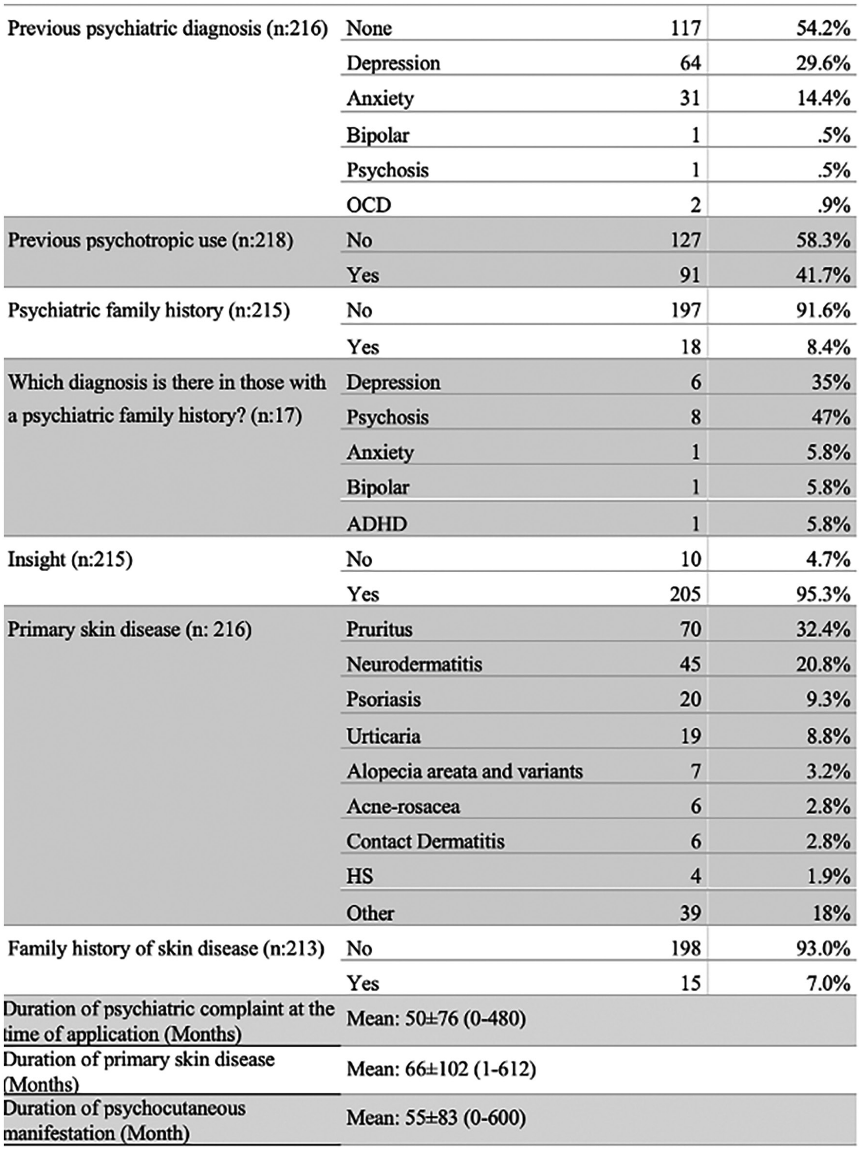
Keywords: Psychodermatology, skin diseases, psychiatric conditions

Table 1. Demographic data of the patients examined in the psychodermatology unit



Age (n:219)	49±16 (49-86)		
Gender (n:219)	Female	154	70.3%
	Male	65	29.7%
Smoking (n:192)	No	139	72.4%
	Yes	53	27.6%
Alcohol use (n:192)	No	176	91.7%
	Yes	16	8.3%
Substance use (n:192)	No	191	99.5%
	Yes	1	.5%
Comorbidity (n:214)	No	88	41.1%
	Yes	126	58.9%

Table 2. Clinical data of patients examined in the psychodermatology unit



Previous psychiatric diagnosis (n:216)	None	117	54.2%
	Depression	64	29.6%
	Anxiety	31	14.4%
	Bipolar	1	.5%
	Psychosis	1	.5%
	OCD	2	.9%
Previous psychotropic use (n:218)	No	127	58.3%
	Yes	91	41.7%
Psychiatric family history (n:215)	No	197	91.6%
	Yes	18	8.4%
Which diagnosis is there in those with a psychiatric family history? (n:17)	Depression	6	35%
	Psychosis	8	47%
	Anxiety	1	5.8%
	Bipolar	1	5.8%
	ADHD	1	5.8%
Insight (n:215)	No	10	4.7%
	Yes	205	95.3%
Primary skin disease (n: 216)	Pruritus	70	32.4%
	Neurodermatitis	45	20.8%
	Psoriasis	20	9.3%
	Urticaria	19	8.8%
	Alopecia areata and variants	7	3.2%
	Acne-rosacea	6	2.8%
	Contact Dermatitis	6	2.8%
	HS	4	1.9%
	Other	39	18%
Family history of skin disease (n:213)	No	198	93.0%
	Yes	15	7.0%
Duration of psychiatric complaint at the time of application (Months)	Mean: 50±76 (0-480)		
Duration of primary skin disease (Months)	Mean: 66±102 (1-612)		
Duration of psychocutaneous manifestation (Month)	Mean: 55±83 (0-600)		

ADHD: Attention deficit hyperactivity disorder, OCD: Obsessive compulsive disorder, HS: Hidradenitis suppurativa

[PP-82]

Refractory Chronic Urticaria Responding to Escitalopram Therapy

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Aim: Urticaria is a chronic skin condition characterized by the involvement of autoimmunity and type I hypersensitivity mechanisms in its pathogenesis. Clinically, it presents with erythematous, edematous papules and plaques accompanied by pruritus, typically resolving within 24 hours. Emotional stress is a well-recognized trigger for urticaria episodes, and the resulting symptoms may increase patient anxiety, creating a cycle that exacerbates the condition. In addition to antihistamines, the use of selective serotonin reuptake inhibitors (SSRI) and anxiolytic agents has been shown to reduce stress levels and consequently decrease the frequency of urticaria flares. This case report aims to underscore the importance of screening for and managing stress-related disorders in patients with refractory chronic urticaria, by presenting a case that responded favorably to SSRI therapy.

Case Report: A 24-year-old Turkish male with no known medical history presented to our clinic with pruritic, erythematous, raised skin lesions that had first appeared three years earlier. The patient was diagnosed with urticaria and initiated on oral antihistamines. Despite receiving antihistamines at maximum recommended doses for six months, his symptoms didn't completely resolve, and omalizumab 300 mg every four weeks was initiated. Over a two-year follow-up, intermittent flares were observed. During these episodes, the patient used additional oral antihistamines. A detailed medical history revealed that these flares were frequently stressful events, and the resulting skin lesions, further amplified his stress levels, creating a reinforcing cycle. All the laboratory findings were within normal ranges. The patient was receiving omalizumab and bilastine for the management of urticaria. Three months prior, he had consulted psychiatry due to anxiety, and was started on escitalopram 10 mg daily. During follow-up, a marked reduction in urticaria flares was observed, accompanied by significant improvement in disease-related anxiety and stress. Within three months, his need for additional oral antihistamines decreased substantially.

Conclusion: Chronic urticaria is a common dermatological condition, often, classified as idiopathic when no specific trigger is identified. It is primarily mediated by mast cells and histamine. When symptoms are not adequately controlled with antihistamines, immunomodulatory or immunosuppressive agents, such as the biologic omalizumab, are considered. However, some patients may continue to experience symptoms despite omalizumab therapy. In patients with chronic urticaria, comorbid anxiety and depression can increase systemic inflammation, contributing to disease exacerbation. SSRIs exert their effects by inhibiting serotonin reuptake, inducing receptor downregulation over time, which may help mitigate these inflammatory responses. This case underscores the role of psychological stress as a significant trigger of urticaria. Therefore, patients with chronic spontaneous urticaria should be screened for anxiety and stress disorders, and SSRIs should be considered as an adjunctive therapy in those reporting elevated stress or anxiety levels.

Keywords: Urticaria, stress, SSRI

[PP-85]

Sexual Disfunction Among Women and Men with Psoriasis

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Aim: Psoriasis is associated with feelings of stigmatization, diminished social interactions, and a reduced quality of life. It can also impact sexual activity; however, research on this aspect remains limited. This study aimed to explore the relationship between psoriasis and sexual dysfunction, focusing on the influence of disease severity, lesion location, and extent of skin involvement.

Materials and Methods: The study included 109 patients (45 women and 64 men) aged 18 to 73 years who were hospitalized due to psoriasis exacerbations. Disease severity was assessed using the Psoriasis Area and Severity Index (PASI), with scores ranging from 0.2 to 65 (mean: 17.0±14.9). Participants provided demographic and clinical data and completed the Dermatology Life Quality Index, the 11-item Sexual Life Questionnaire, and, for men, the International Index of Erectile Function.

Results: Over 90% of patients reported feeling at least slightly unattractive due to psoriasis. Skin lesions negatively affected sexual life in approximately 80% of participants, with over 50% avoiding sexual contact at least occasionally. Lesion location significantly influenced sexual dysfunction, particularly when present in the genital area ($P = 0.01$), on the face ($P = 0.03$), or hands ($P = 0.05$). Psoriasis had a substantial impact on quality of life (QoL), and a decline in QoL strongly correlated with sexual dysfunction ($r = 0.6$, $P < 0.001$), PASI scores ($r = 0.36$, $P < 0.001$), self-perceived disease severity, and lesion distribution.

Conclusion: Psoriasis imposes significant limitations, particularly in sexual well-being. Affected individuals often experience stigma, reduced self-esteem, and consequent sexual difficulties. Recognizing the psychological burden of psoriasis and incorporating validated assessment tools in dermatological practice may facilitate early identification and management of sexual dysfunction in these patients.

Keywords: Psoriasis, sexual disfunction, stigma, low quality of life

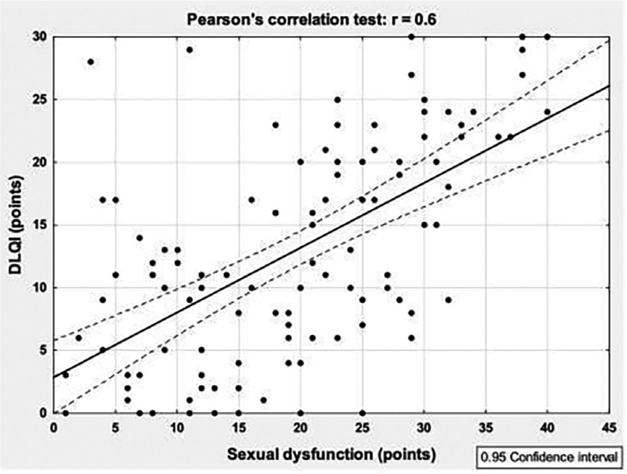

Figure 1. Correlation between QoL and sexual disfunction
Quality of life (QoL) was highly correlated with sexual dysfunction

[PP-86]

The Emerging Field of Psychodermatology in Nepal: Challenges, Practices, and Future Direction

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Aim: Psychodermatology explores the intricate link between the mind and skin. In Nepal, it is still emerging.

Materials and Methods: A review of literature was done from the all the published articles on quality of life in dermatological diseases and psychological morbidities associated with dermatological conditions in Nepal.

Results: Overall, mean Dermatology Life Quality Index (DLQI) in skin diseases = 10.7. Prevalence of skin diseases was found to be 12.8%. The mean total patient health questionnaire score was significantly higher in the leprosy-affected group than in the reference group. The prevalence of psychiatric disorders in psoriasis patients was found to be 66.35%. Among the psychiatric disorders, 29.8% were dependent on substances, 18.27% were found to be suffering from depression, 15.38% with anxiety disorder and 2.88% with psychotic disorders. A significantly higher incidence of infective dermatoses was seen in patients with primary psychiatric disorders. Chronic urticaria, DLQI = 8.30±0.55. In melasma, mean DLQI = 5.24±4.97 to 10.9±5.9. Hirsutism had very large effect on quality of life. Dermatophytosis mean DLQI has ranged from 9 to 12. Vitiligo: Median DLQI = 4. Chronic pruritus: 67% had severe impact on quality of life. Scabies: mean DLQI was observed to be 12.9±5.93. Non-genital wart: mean DLQI = 8.0±5.15. Alopecia areata: Depression was seen in 66.7%; and anxiety in 73.3%

Conclusion: There is relative paucity of publications related to psychodermatology in Nepal. Various degrees of quality of life impairment and psychological morbidities were seen in various dermatological conditions. This highlights the importance of integrating psychodermatological practices in an individualized manner.

Keywords: Nepal, depression, anxiety

[PP-87]

Skin Picking and Its Association with Anxiety and Depression in Dermatological Disorders: Cross-sectional Analysis from Beijing, China

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Aim: Skin picking disorder is an independent disease that has only been listed in the mainstream disease classification of psychiatry in the last 10 years. In the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, it is listed in the category of compulsive and related disorders. Skin picking disorder is often accompanied by a variety of skin diseases, which can occur at any age in life, resulting in reduced functioning and emotional distress in important areas of life. Although the patient has made many efforts to overcome it, the skin picking behavior continues to occur repeatedly, often accompanied by emotional problems such as anxiety and depression. However, at present, there are limited research reports on the characteristics of skin picking disorder in patients with different skin diseases and its association with psychiatric symptoms. This study analyzed the emotional state of patients with common skin diseases associated with skin picking behavior (including nodular prurigo, acne, neurodermatitis, pruritus and artificial dermatitis, etc.) and initially explored the relationship between depression, anxiety and skin picking behavior.

Materials and Methods: In this study, a cross-sectional survey was used to collect data from 53 patients who visited the Dermatology Department of Xuanwu Hospital from November 2020 to August 2023, including patients with acne, pruritus, artificial dermatitis, neurodermatitis, and nodular pruritus. The Chinese version of skin picking scale was used to assess the symptoms of skin picking, while the degree of anxiety and depression was assessed by the general hospital anxiety and depression scale.

Results: First nodular prurigo (100%) was the most common skin disease, followed by acne (85%), artificial dermatitis (83%), neurodermatitis (72%) and pruritus (66%). Second patients with anxiety state (16) accounted for 30% of the total sample, among which the proportion of artificial dermatitis patients was the highest (50%), followed by neurodermatitis (38%), pruritus (33%), acne (14%) and nodular pruritus (13%); the patients with depression (28) accounted for 52.8% of the total sample, among which neurodermatitis accounted for the largest proportion (72%), pruritus (66%), acne (57%), nodular pruritus (50%) and artificial dermatitis (41%). Third the depression level of patients with skin picking disorder was significantly higher than that of those without skin picking disorder ($P < 0.05$); However, there was no significant difference in anxiety level ($P > 0.05$).

Keywords: Skin picking disorder, itching, depression, anxiety, psychocomorbidity

[PP-88]

Morgellons Disease in a Long-term HIV Patient: A Neuropsychiatric Manifestation

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Morgellons disease is a rare and controversial condition, often classified as a subtype of delusional parasitosis, characterized by sensations of crawling or creeping under the skin and the belief that fibers or threads emerge from the body. Although predominantly regarded as a psychiatric disorder, emerging evidence suggests a potential infectious or organic component. We report the case of a 38-year-old male with an 8-year history of well-controlled human immunodeficiency virus (HIV) who presented with complaints of parasitic crawling sensations and the belief that white fibers were emerging from his skin. Despite normal CD4 counts and undetectable viral loads, the patient exhibited delusional symptoms consistent with Morgellons disease. A multidisciplinary approach involving dermatology, psychiatry, and cognitive behavioral therapy resulted in significant symptomatic improvement after six months of treatment, including antipsychotic and antidepressant therapy. This case highlights the potential neuropsychiatric manifestations of long-term HIV infection, emphasizing the importance of timely diagnosis and intervention for Morgellons disease. Greater clinical awareness and further research into its pathogenesis, particularly in the context of HIV-associated neuroinflammation, are essential to improving patient outcomes.

Keywords: Morgellons disease, HIV, delusional parasitosis, neuropsychiatric manifestations, dermatology, psychodermatology

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[PP-89]

“Cameras on Please” - the Introduction of Security-enhancing Measures for a National Virtual Psychodermatology Multidisciplinary Meeting

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Aim: There is a well-recognised deficit nationwide in access to specialist psychodermatology clinics in the United Kingdom, leading to delays in the treatment, and consequent increase in morbidity and mortality, of patients with complex needs, who often require a multidisciplinary team (MDT) approach. The monthly national virtual psychodermatology MDT meeting was established in 2020 to address this inequality in psychodermatology service provision. It is an accessible platform for experts in the field to provide advice for these complex cases in regions lacking local psychodermatology clinics, with a secondary aim of educating healthcare professionals who engage with these patients (both nationally and internationally). The virtual MDT, however, encompasses inherent data security risks. Our aims were to introduce measures to ensure that patient-sensitive information is being shared in a secure environment during the MDT meetings.

Materials and Methods: From June to September 2024, we monitored meeting attendance, formulated and disseminated joining conditions, and created a meeting invitation form. Joining conditions included participants agreeing to turn on their cameras, and stating their name, role, and place of work using the online chat, during the meetings. From September 2024, those who did not complete the invitation form were not invited to attend further meetings, and participants who joined the MDT without providing contact details were actively removed.

Results: In September 2024, only 21/59 (35.6%) of previous regularly invited attendees had returned the completed psychodermatology invitation form. 11/12 (91.7%) of those attending the September 2024 meeting had completed the information form. The attendee who had not completed the form was removed from the meeting. 11/12 (91.7%) of meeting participants stated their names during the meeting. Both attendees who had referred patients to the September 2024 meeting confirmed that the patient had consented to this.

Conclusion: Previously, attendees have not always provided contact details, or turned their cameras on during meetings. Between June and September 2024, there was improvement in the number of meeting attendees who had provided up-to-date contact information, and turned their cameras on. These measures led to an initial reduction in the number of meeting attendees-however, this has since improved, as more potential attendees have completed the invitation form. Additionally, not all attendees had been stating their name, role and place of work in the meeting chat - since October 2024, reminding participants verbally at the start of the meeting has helped to improve this. Ongoing review of meeting attendance is needed to ensure that these security measures are maintained, and further work is needed to formalise the process for MDT discussion.

Keywords: Psychodermatology, future, multidisciplinary, teledermatolog

[PP-90]

Demographics, Comorbidities, and Treatment Outcomes in Patients with Body-focused Repetitive Behaviors: A Cross-Sectional Study

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Aim: Body-focused repetitive behaviors (BFRB) [e.g., dermatillomania (DTM), trichotillomania (TTM)] cause significant physical and socioemotional impacts, such as scarring, distress, and reduced quality of life. This study aims to elucidate demographics, comorbidities, and treatment responses to BFRBs presenting to a dermatology clinic.

Materials and Methods: This cross-sectional study analyzed the demographics, imaging findings, and treatment responses of BFRB patients at the Brigham and Women's Hospital pruritus clinic. Subgroup analyses focused on attention deficit hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD), and C-spine disease.

Results: Among 29 patients (89.7% female, mean age 49.3 years), 75.9% had DTM, 3.4% had TTM, and 20.7% exhibited both BFRBs. ADHD (n = 19, 65.5%) was the most common comorbidity, followed by C-spine disease (n = 10, 34.5%) and PTSD (n = 9, 31%). ADHD co-occurred with PTSD in 6 cases and C-spine disease in 5. Two subjects had both PTSD and C-spine disease. No cases involved all three comorbidities. ADHD treatments included amphetamine/dextroamphetamine (57.9%), lisdexamfetamine (26.3%), and bupropion (26.3%). Common C-spine abnormalities were foraminal stenosis (14%), posterior disc osteophyte complex (10%), and degenerative changes (10%), predominantly affecting C5 (28%), C4 (24%), and C6 (24%). PTSD patients frequently reported trauma, with 77.8% reporting ≥ 1 emotional stressor (e.g., divorce, hospitalization, housing instability). 44.4% and 22.2% reported a history of sexual assault and intimate partner violence (IPV), respectively. In contrast, non-PTSD patients had 1 case of IPV and 10 cases of ≥ 1 emotional stressor. Overall, 72.4% were treated with N-acetylcysteine (NAC), yielding a positive response in 28.6% [C-spine disease (11.1%), ADHD (14.3%), PTSD (57.1%)]. 31% underwent habit reversal training (HRT), 100% of which reported a positive response.

Conclusion: While ADHD and PTSD are associated with BFRBs, C-spine disease emerges as a novel, underexplored factor potentially driving maladaptive behaviors. NAC was most effective in PTSD-associated BFRBs and least in C-spine disease, suggesting distinct subtypes require tailored care. HRT, effective across subgroups, remains a cornerstone of management, highlighting the need for combining behavioral therapy with targeted interventions to optimize outcomes.

Keywords: Body-focused repetitive behaviors, cervical spine disease, dermatillomania, trichotillomania, habit reversal training, N-acetylcysteine

[PP-92]

Psychodermatology in Switzerland - Report of a Kick-off Meeting to Initiate a National Working Group

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Aim: Psychodermatology has garnered increased attention in recent years, yet Switzerland lacks dedicated initiatives in this field. With the intention to form a psychodermatology working group in Switzerland, a kick-off meeting was convened on March 14, 2024, initiated and organized by Sanatorium Kilchberg, Centre of Psychosomatics, under the patronage of the Swiss Society of Dermatology and Venereology. We hereby report on the demographics and expectations of professionals in Switzerland interested in this new working group.

Materials and Methods: Known professionals in the field were contacted, either during the meeting (n = 15) or via email (n = 22), and completed a newly created 11-item questionnaire.

Results: Out of 37 professionals approached, 21 (mean age 43 + 11.37 years, 57.1% males) returned the questionnaire (response rate 56.8%). Among the 21 respondents, 66.7% were board-certified in dermatology and 14.3% in psychiatry/psychosomatics, 14.2% were psychologists and one was a medical student. While 66.7% were based in hospitals, 28.5% worked in private practice. Fifty percent indicated to be working with a psychodermatological focus "daily" or "often". The three most frequently mentioned expectations regarding the working group (multiple answers) were 1st "networking/collaboration" (n = 13), 2nd "education/training" (n = 5), and 3rd "improvement of patient care" (n = 4).

Conclusion: According to this kick-off meeting, an interdisciplinary network of dedicated dermatologists, psychiatrists, psychosomaticians, and psychologists already exists to form a psychodermatology working group, which is an unmet overdue need in Switzerland. This group aims to advance clinical and scientific expertise, as well as facilitate networking and the exchange of knowledge about psychodermatology, both nationally and internationally.

Keywords: Psychodermatology, national working group, Switzerland, survey, expectations

[PP-93]

Real-world Experience of Dupilumab for the Treatment of Prurigo Nodularis: A Retrospective Single-center Study

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Aim: Prurigo nodularis (PN) is a chronic inflammatory dermatosis (> 6 weeks) characterized by intensely pruritic, hyperkeratotic nodules that significantly impact quality of life. The pathogenesis involves immune and neurocutaneous interactions, with upregulation of type 2 inflammation and altered nerve fiber distribution perpetuating the itch-scratch cycle. Conventional therapies often provide inadequate relief, and Dupilumab, a monoclonal antibody targeting interleukin-4 (IL-4) and IL-13, has emerged as a promising therapeutic option. This study evaluates the real-world effectiveness and safety of dupilumab in PN.

Materials and Methods: A retrospective, single-center observational study was conducted at Hospital Del Mar, including adults diagnosed with PN per the 2024 Spanish Consensus on Chronic Nodular Prurigo Diagnosis. Patients initiated Dupilumab (600 mg loading dose, followed by 300 mg every two weeks) between 2023 and 2025. Clinical data collected included disease duration, prior treatments, and comorbidities (dermatological, psychiatric, metabolic/systemic). Objective assessments included lesion count/distribution, pruritus severity [Numerical Rating Scale (NRS)], sleep disturbance (NRS), Investigator Global Assessment (IGA 0-4), Dermatology Life Quality Index, and Hospital Anxiety and Depression Scale. Evaluations were conducted before treatment initiation and every three months, with adverse event monitoring. Response was categorized as complete (IGA 0-1) or partial (≥ 1-point IGA reduction).

Results: Fifteen patients (10 men, 5 women) were included. The mean age at diagnosis was 42.6 years, with an average of 9.7 years between diagnosis and dupilumab initiation. Five patients (33%) had concomitant dermatological conditions (post-scabies: 2, atopic dermatitis: 3). Psychiatric comorbidities were present in 11 patients, metabolic/systemic diseases in 6 patients, and 7 cases had a multifactorial etiology. At three months, 4/8 patients achieved complete response, 3 showed partial response, and one had stable disease. By six months, all 5 evaluated patients attained complete response. At twelve months, all three remaining in follow-up also showed complete response. No adverse events were reported.

Conclusion: This study supports the efficacy and safety of Dupilumab in PN. A substantial proportion of patients achieved complete response, with significant improvements in pruritus, lesion count, and quality of life. These findings align with clinical trials, reinforcing IL-4/IL-13 blockade's role in PN pathogenesis. The absence of adverse events further highlights Dupilumab's favorable safety profile. The high prevalence of psychiatric and metabolic/systemic comorbidities underscores PN's multifactorial nature and the need for a multidisciplinary management approach. The rapid, sustained response at 3, 6, and 12 months suggests early Dupilumab intervention may optimize clinical outcomes and disease burden. However, larger cohorts and longer follow-up studies are warranted to refine treatment strategies and identify predictive response biomarkers.

Keywords: Prurigo nodularis, dupilumab, efficacy and safety

[PP-94]

A Case of Treatment Resistant Prurigo Nodularis Diagnosed as Delusional Parasitosis

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Aim: Delusional parasitosis is a chronic condition characterized by a persistent false belief that small living organisms such as insects, lice, pests, or worm-like creatures, inhabit or infest the skin, despite clear evidence to the contrary. This condition commonly presents in individuals aged 45 and older, particularly in those beyond middle age. In this case report, we present a case of delusional parasitosis that resistant to multiple dermatological drug treatments.

Case Report: A 77-year-old woman with a history of diabetes mellitus, hypertension, and total thyroidectomy for thyroid cancer presented with severe, persistent pruritus affecting her entire body for several years. She had multiple emergency visits for palpitations and chest pain, yet no organic etiology was identified. Her medication regimen included vildagliptin-metformin, atorvastatin, pantoprazole, valsartan, thiazide, levothyroxine, and metoprolol. Dermatological examination revealed multiple livid-brown nodular lesions on the thighs, legs, forearms, and trunk (Figures 1, 2). A punch biopsy performed three years earlier confirmed prurigo nodularis, prompting treatment with topical steroids, phototherapy, and oral anti-histamines. Psychiatry consultation led to a diagnosis of anxiety disorder, and paroxetine was initiated. However, despite additional treatments including thalidomide, doxepin, mirtazapine, and omalizumab, the pruritus persisted with only minimal improvement. During her most recent evaluation, the patient reported sensations of insects crawling on her body. A referral to psychiatry was made with a prediagnosis of delusional parasitosis based on the emergence of new symptoms. Treatment with aripiprazole and medazepam was initiated, resulting in a reduction in symptom severity. The patient's follow-up and treatment are ongoing.

Conclusion: Chronic pruritus is a significant symptom in various dermatological and systemic diseases. Similar to chronic pain, chronic pruritus can profoundly affect the quality of life and can significantly worsen the patient's overall condition. Chronic pruritus may contribute to the development of delusional parasitosis by exacerbating abnormal tactile sensations, leading patients to misinterpret their symptoms as an infestation. The highlights the complex interplay between dermatological and psychiatric conditions. Delusional parasitosis is classified into two forms: the primary form, which occurs in the absence of underlying disorder, and the secondary form, which is associated with psychiatric conditions (e.g., substance abuse, depression, dementia) or physical illnesses (e.g., diabetes, multiple sclerosis, vitamin B12 deficiency). Certain medications, such as amantadine and anticholinergics, may also act as triggers. The treatment of delusional parasitosis typically involves antipsychotic medications, with an emphasis on addressing any underlying psychiatric or medical conditions. Supportive care, including psychotherapy, may also be beneficial. Delusional parasitosis is a challenging psychiatric condition that frequently necessitates a multidisciplinary approach for effective management. Early recognition, exclusion of secondary causes, and the administration of appropriate antipsychotic treatment are crucial for improving patient outcomes and quality of life.

Keywords: Chronic pruritus, formication, delusional parasitosis, psychodermatology

Figure 1. Multiple livid-brown nodules and excoriated papules on the trunk

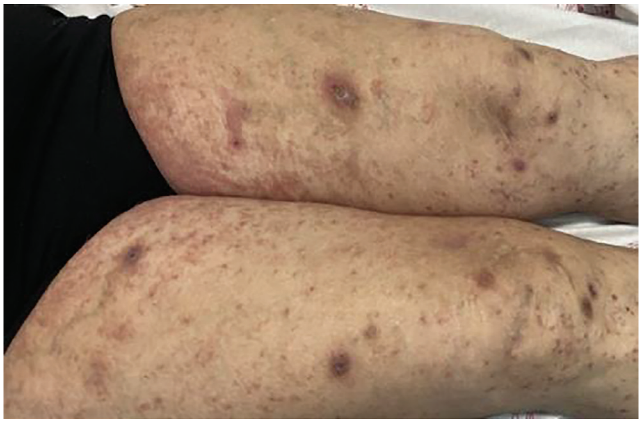

Figure 2. Multiple livid-brown nodules and excoriated papules on both legs

[PP-95]

Dermatitis Artefacta: A Case Report

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Aim: Dermatitis artefacta (DA) is characterized by the appearance of involuntary self-induced skin lesions. It is classified as a psychodermatologic disorder because it is frequently associated with psychological disorders, such as personality disorder, obsessive-compulsive disorders, and factitious disorders. DA often poses a diagnostic and therapeutic challenge, as it can mimic other dermatoses or be missed by patients, who hide the origin of the lesions. Skin biopsy and a detailed medical history are essential to rule out other entities.

Case: A 35-year-old patient with a history of generalized anxiety disorders consults for spontaneous onset ulcerocosteal lesions in the facial region, mainly on the cheeks and mandibular region, and linear scars on the legs of several months' evolution. The patient reports that the lesions appear for no apparent reason and are often associated with an increased level of anxiety. The patient reports significant anxiety due to the visual impact of the lesions. In addition, he mentions that he has experienced recurrent suicidal thoughts, which highlights the severity of the emotional impact it causes him. Initially reluctant to talk about the origin of his lesions, the patient eventually admits that he sometimes scratches his skin repetitively, without consciously recognizing the damage he was causing himself. Despite the clear relationship between the skin lesions and emotional stress, the patient has not sought psychological help until now, and his previous treatment has only been dermatologic, without notable success. The management of this patient was based on three main pillars: local dressings with occlusive bandages, pharmacological treatment with Olanzapine 5 mg per day, which was later increased to 10 mg per day for 6 months, and psychological-behavioral therapy.

Conclusion: DA is a complex dermatological condition, whose diagnosis can be challenging due to its occult nature and the relationship between the skin and the patient's emotional state. Early identification and a multidisciplinary approach, integrating dermatologic and psychiatric care, are crucial for the resolution of the condition and preventing long-term complications.

Keywords: Dermatitis artefacta, suicidal thoughts, olanzapine, psychological-behavioral therapy

[PP-97]

Integrating Spirituality Into Psychodermatology a Holistic Approach to Mind-skin Health Care

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Aim: For the sake of this research we will be focusing on Muslim patient populations.

Materials and Methods: The merging of two main medical specialities, namely psychiatry and dermatology, gave birth to the relatively new field of psychodermatology or psychocutanous medicine, yet not implementing spiritual psychology as an integral part of the pscyhodermatology had left some patient populations deprived of gaining essential health care services addressing their mind-skin connection resulting in a delay in the diagnosis, treatment and complete recovery of this group of society.

Results: Practising in a spiritual psychology framework is of growing interest, yet the religious accommodations of Muslim patients in pscyhodermatology have not been studied in a growing Muslim population.

Conclusion: To highlight the impact of applying spiritual psychology to the lived experiences of Muslim patients seeking dermatologic care, we will focus in this paper on the population of Muslim patients worldwide, including refugees and immigrants affected by skin-mental diseases, shedding light on the importance of understanding the vital relationship between spirituality and religion to address mental health and, hence, in treating skin diseases that enables physicians to perform good clinical practice.

Keywords: Spiritual psychology, psychodermatology, mental health

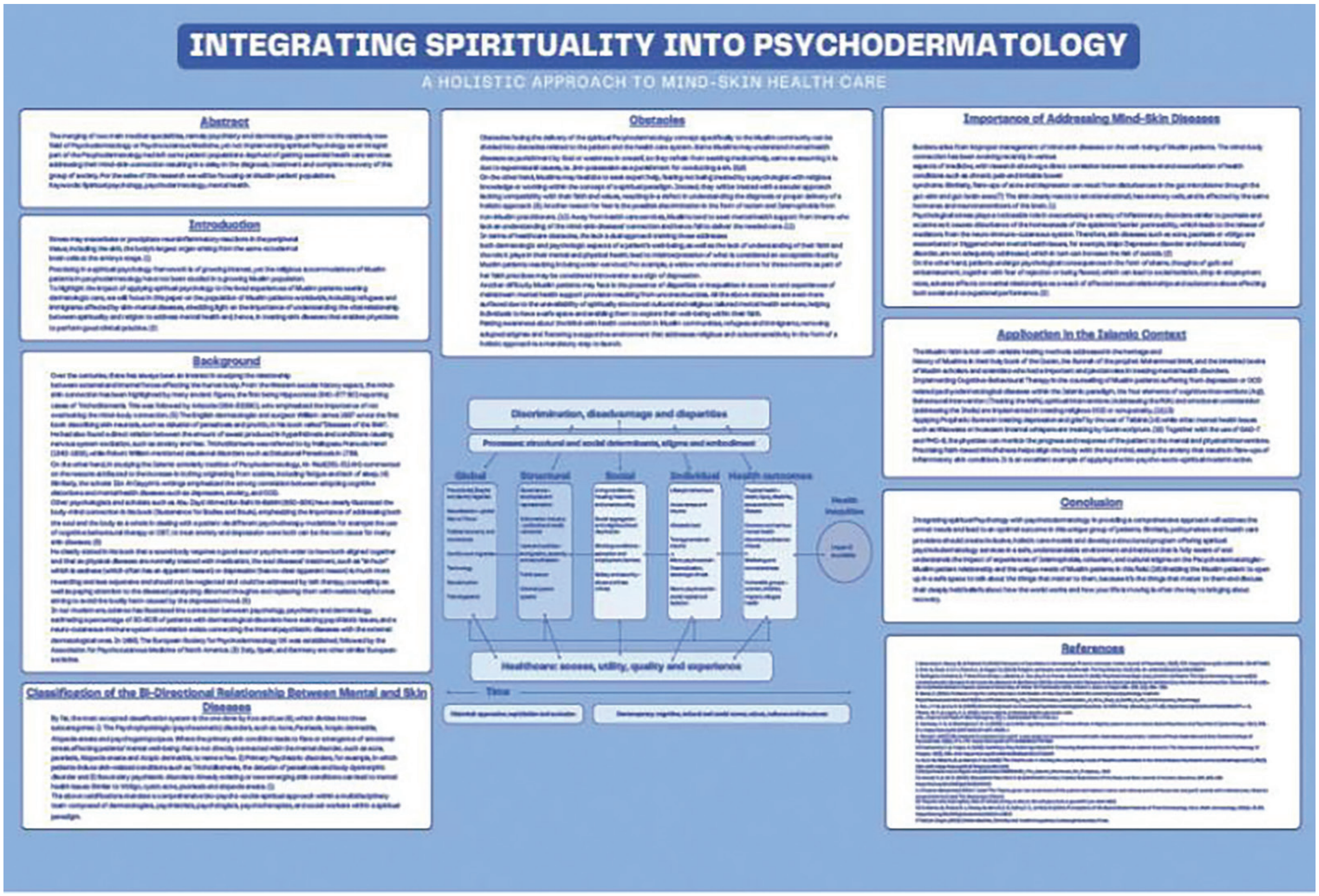

Figure 1. To highlight the impact of applying spiritual psychology to the lived experiences of Muslim patients seeking dermatologic care, shedding light on the importance of understanding the vital relationship between spirituality to address mental health and, hence, in treating skin diseases that enables physicians to perform good clinical practice

[PP-98]

Trigeminal Trophic Syndrome Following an Acute Posterior Inferior Cerebellar Artery Infarction

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Aim: Trigeminal trophic syndrome is a rare condition characterised by facial atrophy, ulceration, and exogenous trauma due to sensory loss following damage to the trigeminal nerve. It typically occurs in individuals with neurological disorders, especially after a stroke, as a form of neurocutaneous dysesthesia. Total antioxidant status (TAS) can result in significant psychological distress, with patients often developing compulsive behaviours like skin picking due to the loss of sensation. This case report explores the presentation, management, and multidisciplinary approach to a patient with TAS in the context of post-stroke rehabilitation and associated mental health challenges.

Case Report: We present the case of a 49-year-old male with a history of a left posterior ınferior cerebellar artery infarct stroke, along with chronic mental health conditions, including anxiety, depression, and post-traumatic stress disorder. He was referred to dermatology two months into his admission due to suspected right nostril cellulitis that was unresponsive to antibiotics. The patient reported experiencing persistent facial numbness since the stroke, which led to compulsive skin picking, particularly on the nose, lip, and forehead. There was no history of recreational drug use, including cocaine. On examination, the patient presented with an extensive ulcerated area on the nose with surrounding cellulitis, characterised by pus-like discharge. Additional superficial ulcerations were noted on the left forehead and lower lip. The clinical features, coupled with his neurological history, raised suspicion for TAS, with superimposed cellulitis. Investigations were undertaken to exclude an underlying autoimmune vasculitis however, the results were negative. Given the severity and progressive nature of his condition, a multidisciplinary approach was undertaken. He was referred to the plastic surgery department for potential reconstructive surgery, including consideration for skin grafts, which he declined. Subsequently, a referral was made to a tertiary maxillofacial department, where prosthetic treatment was discussed. The patient expressed interest in prosthetic rehabilitation as both a temporary and long-term aesthetic solution.

Conclusion: Following an extended period of neurorehabilitation and engagement with the mental health services, the patient's facial wounds showed a significant improvement, with healing of the eyebrow and forehead lesions and a reduction in the size of the left nasolabial ulcer. He reported a reduction in skin picking, attributing this to both the improvement in his wounds and changes in his housing situation, which contributed to a reduction in his psychological distress. His mental health has also shown notable improvement, with a decrease in suicidal ideation and an overall positive outlook, although his mood remains closely linked to his social circumstances. The patient is currently awaiting the creation of a cosmetic mask, having declined surgical intervention. This case highlights the complex interplay between neurological injury, dermatological manifestation, and mental health, emphasising the importance of a holistic, multidisciplinary approach in the management of TAS.

Keywords: Trigeminal trophic syndrome, stroke, neurocutaneous dysesthesia

Figure 1. Anterior view of trigeminal trophic syndrome

Figure 2. Side view of trigeminal trophic syndrome

[PP-99]

Integrative Mind-Gut-Skin Approach in A Patient with Psoriasis and Cardiometabolic Syndrome: A Primary Care Case Report

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Aim: Psoriasis is a chronic, immune-mediated skin condition influenced by genetic, environmental, and psychosocial factors. Increasing evidence supports a bidirectional relationship between metabolic syndrome, mental health, and gut dysbiosis in psoriasis patients. This case illustrates how a primary care-led, integrative approach targeting the mind-gut-skin axis improved dermatologic, metabolic, and psychological outcomes in a patient with moderate-to-severe psoriasis.

Case Report: A 45-year-old male with known type 2 diabetes, obesity (body mass index, 32), and dyslipidemia presented with erythematous, scaly plaques over 20% of his body surface area (elbows, knees, scalp), associated with pruritus and embarrassment. His baseline psoriasis area and severity ındex (PASI) score was 18, with Dermatology Life Quality Index (DLQI) of 15. Labs showed fasting glucose 130 mg/dL, hemoglobin A1C (HbA1c) 7.5%, low-density lipoprotein (LDL) 160 mg/dL, high-density lipoprotein (HDL) 35 mg/dL, triglycerides 250 mg/dL. Mental health screening revealed patient health questionnaire-9 (PHQ-9) score of 15 and generalized anxiety disorder-7 (GAD-7) score of 12. The patient reported low energy, stress, and poor sleep. A structured 12-week, primary care-directed intervention was implemented, targeting the gut-skin axis and underlying inflammatory drivers:

Nutrition: Transition to a Mediterranean diet, with reduced processed foods and increased fiber and omega-3 intake.

Physical activity: Moderate-intensity aerobic exercise (150 min/week) and resistance training twice weekly.

Gut health: Daily supplementation with probiotics *(Lactobacillus, Bifidobacterium)* and prebiotics (inulin, FOS).

Stress reduction: Weekly guided mindfulness and deep breathing exercises.

Behavioral support: Ongoing cognitive behavioral therapy and motivational interviewing to reinforce self-efficacy and adherence.

At 12 weeks, the patient’s PASI decreased to 8, DLQI improved to 5, PHQ-9 to 8, and GAD-7 to 5. Metabolic labs showed fasting glucose 110 mg/dL, HbA1c 6.8%, LDL 130 mg/dL, HDL 45 mg/dL, and triglycerides 180 mg/dL. He reported improved mood, energy, sleep, and skin confidence.

Conclusion: This case underscores the role of the primary care physician in managing inflammatory skin diseases through a mind-gut-skin model. Addressing modifiable lifestyle factors can reduce systemic inflammation and enhance both dermatologic and psychological well-being. Integrative strategies, when applied early in the care continuum, may improve quality of life and reduce long-term healthcare burden in patients with psoriasis and cardiometabolic disease.