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PRESENTATION SUMMARIES

How can a Dermatologist Evaluate Psychological Problems and Needs of a Psychodermatology Patient

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Research data suggest that the detection of psychiatric disorders by dermatologists is not completely satisfactory, and that quality-of-life aspects are differently evaluated by patients and dermatologists. The first step to evaluating the psychological problems and needs of a patient is listening. Every patient should have the opportunity to explain his/her complaint without being interrupted. It has been evaluated that the doctor interrupts the patient after 22 sec while the latter will speak in average 92 sec before stopping spontaneously.

The second step is observation. During this start of the interview with an open-ended question the dermatologist could look at the patient and evaluate his behavior. Paul Eckman has described the different faces of the emotions in the human being, the same in all races and cultures, that allow the interviewer to discover the feelings of the person in front of him, beyond the speech. With some training every doctor can use this tool. Then some appropriate questions can help the patient to express his feelings and his needs.

An important question is about sleep: patients who have difficulty falling asleep are the anxious ones, patients who wake up at 2-3 o'clock in the night and start ruminating are the depressed ones.

To confirm and evaluate anxiety and depression a questionnaire like Hospital Anxiety and Depression Scale is very easy to use.

Patients with psychosomatic disorders have alexithymia: they have no awareness about their suffering. Using a timeline is very helpful to make a relation between the disorder or the flare-up and stressful life events.

Moreover, family relationships and events in the 3 generation are helpful to make the patient talk and to discover potential tensions and conflicts. It has been proven to be an important factor in Psychodermatology.

Another point to explore is the work pressure. More and more patients come with dermatological manifestations from a burn-out at work.

With all this tools taught during the European Society for Dermatology and Psychiatry Psychodermatology Diploma you can explore the bio-psycho-social context of the patients and the needs beyond the dermatological complaint.

Working with Psychodermatology Patients as a Psychoanalytic Psychosomatician

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The skin, as a perfect boundary organ between the inside and the outside, serves as an interface to contemplate how humans are situated within a dual-dimensional corporeality of biological and psychological aspects. Freud remarked, “The ego is first and foremost a bodily ego; it is not merely a surface entity, but it is the projection of a surface”, and further added, “The ego is ultimately derived from bodily sensations, particularly those arising from the surface of the body. It can be seen as the mental projection of the body’s surface”. The conceptualization of the skin as a metaphor and interface between bodily and mental processes is a central concern in psychoanalytic and psychosomatic thought. Dermatologists are among the physicians most frequently addressing psychological involvement in the conditions they treat. It is known that certain skin diseases emerge following a traumatic shock. Phenomena related to the skin are part of the broader experiences created by the mother (not limited to skin contact but encompassing all dimensions of the relationship). These experiences form the building blocks of the distinction and construction between self and object. Psychoanalytic psychosomatics, as a branch of psychoanalysis, focuses on the mental functioning of somatic patients. The framework adjustments in the analytic treatment of somatic patients are based on certain fundamental findings in psychosomatics. The differences between these patients and neurotic patients were initially denied, but over time, the specificity and unique characteristics of their mental functioning, as observed by psychosomatic practitioners, were gradually and contentiously acknowledged. Psychotherapies for somatic patients have followed several distinct paths since their inception: a state of absence due to the withdrawal of mental functioning, a resemblance to the psychoanalysis of neurotic patients, a technical specificity stemming from the erasure of psychic and fantasy productions, and the need for a unique approach tailored to these patients. In the 1960s, the distinctive features of the mental functioning of somatic patients began to be recognized both in treatment protocols and in the methods of their application. Investigations into somatic patients focus on their modes of life, abilities to establish connections with objects, possibilities for regression, and potential for self-interest. These studies explore the patients’ somatic, psychological, and current sexual lives, childhood sexuality, and subsequent developments. The historical evolution of these psychotherapies indicates a convergence with psychoanalytic frameworks and intrapsychic work. The operative aspects of this work are found not only in technical adjustments but also in the dynamics of countertransference.

Title of the Talk: Case Study

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This presentation offers a focused look at the patient-doctor relationship within psychodermatology, highlighting the challenges posed by difficult clinical encounters. Through a series of brief case studies, it examines three particularly complex patient types: the non-communicative client, the emotionally reactive client, and the malingering client. These cases illustrate how communication barriers, emotional volatility, and questions of credibility can complicate both diagnosis and treatment, underscoring the need for a thoughtful and adaptable therapeutic approach.

Drawing on real-world clinical experience, the presentation emphasizes the interpersonal skills essential for psychodermatologists navigating these encounters. Key strategies such as empathic listening, emotional containment, boundary-setting, and collaborative inquiry are explored as tools for building rapport, maintaining trust, and supporting positive clinical outcomes-even in the most challenging situations. The goal is to offer practical insights that deepen understanding of the human dynamics behind the skin.

Cognitive Behavioral Therapy in Psychodermatology

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Cognitive behavioral therapy (CBT) is a time-limited, problem-oriented psychotherapy that has been applied to many psychiatric disorders. With over 60 years of research and thousands of peer-reviewed journal publications, the CBT literature has grown to be a substantial one. Aaron Beck, psychiatrist from the United States, was the founder of CBT and he integrated cognitive therapy and behavioral therapy. In this lecture, I will summarize the general model of CBT which is based upon the establishment of a collaborative therapeutic relationship between the patient and the therapist. They work together as a team to identify maladaptive cognitions and behavior, test their validity, and make revisions if needed.

The focus of CBT is problem-oriented, with an emphasis on the present. Instead of focusing on the causes of distress or symptoms in the past, it looks for ways to improve a patient's current state of mind. Furthermore, CBT techniques will be explained in detail focusing on two major psychodermatological disorders: Boby Dysmorphic Disorder and Skin Piking Disorder (Excoriation disorder). The CBT model of both psychiatric disorders will be discussed and different elements of CBT including motivation, goal-setting, thought challenging, mirror retraining, chain analysis, behavioral alternatives and relapse prevention will be explained.

Stress and the Skin Disorders: Psychoneuroimmune Interactions

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The skin is both a physical barrier and a sensory interface deeply integrated with the nervous and immune systems. Recent studies have highlighted how psychological stress can disrupt this balance and contribute to various dermatological disorders via psychoneuroimmune pathways. Upon stress exposure, hypothalamic-pituitary-adrenal axis activation leads to the release of glucocorticoids and catecholamines, altering immune responses and skin homeostasis. Concurrently, neuropeptides like substance P stimulate mast cells in the dermis, initiating neurogenic inflammation and exacerbating conditions such as psoriasis and atopic dermatitis. Experimental findings demonstrate that acute stress enhances cutaneous inflammation-such as in capsaicin-induced skin flare responses- while chronic stress impairs wound healing, suppresses immune function, and increases susceptibility to skin infections. These effects are mediated by shifts in cytokine profiles, including elevations in interleukin (IL)-1β, IL-6, and tumor necrosis factor-α, promoting a Th2-dominant response and predisposing to allergic and autoimmune skin conditions. Additionally, brain-skin communication is bi-directional. For instance, ultraviolet-induced skin stress activates local corticotrophin releasing hormone production, which may modulate hippocampal plasticity and induce depressive-like behaviors in animal models. This supports the hypothesis that skin-originated stress can influence central nervous system responses, establishing a feedback loop between peripheral inflammation and mood disorders. Moreover, the gut-skin-brain axis has emerged as a novel explanatory model. Stress-induced dysbiosis leads to increased gut permeability and systemic inflammation, which may contribute to acne, psoriasis, and seborrheic dermatitis. Probiotic interventions targeting gut microbiota have shown promise in mitigating both skin and psychiatric symptoms, underscoring the systemic nature of stress-induced skin pathology. In conclusion, stress-related skin disorders exemplify the intricate interplay between psychological, neural, immune, and endocrine systems. A psychoneuroimmunological framework offers crucial insights for developing integrative treatment strategies that address both dermatological and psychiatric dimensions.

Brain-Gut-Skin Axis: The Role of Microbiota

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The gastrointestinal (GI) tract is colonized by microorganisms and is densely packed with hundreds of millions of neurons, which is known as the enteric nervous system (ENS). The ENS is an extensive network of neurons in the GI tract. Additionally, the ENS works cooperatively with intestinal microbes. Gut microbes-brain bidirectional communication is regulated by the vagus nerve and conveys information from the GI tract to the CNS to maintain intestinal motility, control the release of neurotransmitters and immune cells.

Our digestive tract contains some 1.5 kilograms of bacteria. The gut microbiota consists of a very complex and dynamic structure. This structure includes the bacterial families of firmicutes, bacteroidetes, actinobacteria and proteobacteria. Although most of the microbiota consists of bacteria, it should be said that eukaryotes are present in viruses and arckeas. The gut microbiome is made up of around 1,000 bacteria strains and most diverse microbiome in our bodies. Some of these bacteria produce dopamine, serotonin and other neurotransmitters that interact directly with the brain and nervous system. If they aren't produced properly, our mental health can suffer.

An increasing number of different gut microbial species are now postulated to regulate brain function in health and disease by affecting the gut-brain axis and may possibly contribute to the development of mental illness. Patients with mental-health conditions often also have problems with their digestive tract. That's especially true for people with autism spectrum disorder. Studies have revealed the association between microbial changes and the development of neurological disorders like depression, Alzheimer's disease, and Parkinson's disease.

Any alteration among gut microbial diversity (dysbiosis) can increase host vulnerability and disrupt mucosal immunological tolerance, which can subsequently influence skin health. Several dermatologic conditions, such as acne, atopic dermatitis, psoriasis, and rosacea are linked with intestinal dysbiosis. Members of the gut microbiome can influence skin conditions through their metabolic activity and immunological impact.

Molecular Basis of Inflammation as a Cause of Chronic Skin Disease-Associated Depression and Stress: Is Prevention or Treatment Possible?

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Chronic inflammatory skin diseases such as psoriasis, atopic dermatitis, and acne are frequently accompanied by psychiatric comorbidities, particularly depression, anxiety, and stress-related disorders. Emerging evidence highlights a shared molecular and immunological basis linking cutaneous inflammation and neuropsychiatric symptoms. This presentation explores the bidirectional relationship between skin and brain through the "skin-brain axis", emphasizing the role of pro-inflammatory cytokines [e.g., interleukin (IL)-1β, IL-6, tumor necrosis factor-α] and neuroimmune signaling in the pathogenesis of psychosomatic symptoms in dermatological conditions. We discuss recent findings on how systemic inflammation affects neurotransmitter metabolism, hypothalamic-pituitary-adrenal axis regulation, and neuroplasticity. Potential preventive and therapeutic approaches, including biologics, stress-reduction strategies, and integrative care models, are evaluated. Understanding these molecular pathways opens avenues for targeted interventions that may alleviate both dermatologic and psychiatric symptoms, ultimately improving patient quality of life.

Neuroimmune Pathways and Mediators in Psychological Itch

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Psychological itch, psychogenic pruritus or somatoform pruritus represents a complex and often underrecognized condition situated at the intersection of dermatology, psychiatry, and neuroimmunology. Unlike somatic itch, triggered by direct dermatological, systemic, or neurological abnormalities, psychogenic itch arises primarily from psychological factors such as anxiety, depression or connected to somatoform disorders or obsessive-compulsive traits. Even though often a diagnosis of exclusion, data suggests that psychological itch is not merely "imagined" but biologically expressed via neuroimmune dysregulation.

From a neurobiological standpoint, the itch sensation is transmitted through specialized unmyelinated C-fibers to the spinal cord and forwarded to brain regions such as the thalamus, insular cortex, and anterior cingulate cortex - areas also involved in affective processing. Itch can be mentally induced, and especially endogenous opioids are believed to be involved in mediating psychogenic pruritus.

Further, psychological stress can modulate itch transmission through the hypothalamic-pituitary-adrenal axis and sympathetic nervous system, leading to peripheral immune activation and neuroinflammation. Neurotransmitters such as substance *P* and calcitonin gene-related peptide participate, connecting neuronal activation with immune cell recruitment and mast cell degranulation via neurogenic inflammation. In this context, psychological triggers may initiate or amplify itch perception through both central and peripheral mechanisms. In addition, it is likely that both peripheral and central sensitization also can complicate and add to disease progression.

Clinically, psychogenic itch often presents without primary skin lesions. However, secondary changes in the skin from scratching are more common such as excoriations and lichenification. The distribution of itch may be variable and patients frequently report variation or exacerbation along with a component of psychological stress. Diagnosis requires careful exclusion of somatic causes, thorough psychiatric assessment, and recognition of the characteristic chronicity and resistance to conventional antipruritic therapies. Treatment approaches benefit from being multidisciplinary. While for example anti-histamines and topical agents may provide partial symptomatic relief, they often fail to address the underlying pathophysiology. Psychotropic medications including selective serotonin reuptake inhibitors, tricyclic antidepressants and atypical antipsychotics have demonstrated benefit in reducing both itch perception and underlying psychological distress. Cognitive-behavioural therapy and other psychotherapeutic interventions are interesting treatment options in targeting the psychological drivers and feedback loops that perpetuate the itch-scratch cycle.

Skin Picking Disorder: Diagnostic and Clinical Characteristics

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Skin picking disorder (SPD), also referred to as excoriation disorder or dermatillomania, is a psychodermatological condition characterized by recurrent, compulsive skin picking that results in tissue damage and considerable psychosocial morbidity. Initially described by Erasmus Wilson in 1875 as "neurotic excoriation" SPD is currently classified within the obsessive-compulsive and related disorders category in the diagnostic and statistical manual of mental disorders, fifth edition, and more recently, under "primary mental health disorders affecting the skin with visible lesions" in the international classification of psychodermatological disorders. Epidemiological studies estimate the prevalence of SPD to range from 2.1% to 8.2% in the general population, with a significantly higher incidence among females.

The behavior typically targets visible and accessible areas such as the face, scalp, and extremities, and may involve the manipulation of both pathological and healthy skin using fingers or instruments. Although patients often attempt to resist the urge to pick, the behavior is frequently triggered by negative affective states -such as anxiety, boredom, or stress- and is sustained by transient relief, followed by guilt or shame. The diagnosis requires exclusion of other dermatological, psychiatric, or medical conditions, as well as substance-induced etiologies.

SPD is associated with substantial physical consequences -including scarring, infections, and delayed wound healing-as well as significant functional and psychological impairment. Despite its clinical burden, the disorder remains underrecognized and undertreated. Emerging research suggests a multifactorial pathogenesis involving genetic predisposition, neurobiological alterations, and psychological vulnerabilities. This presentation offers a comprehensive analysis of SPD, particularly based on data from a recent large-scale study, enhancing our understanding of this complex psychodermatological condition.

Psychological Aspects of Prurigo Nodularis

Vesna Karanikolic

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Prurigo nodularis (PN) is a debilitating, difficult- to-treat, chronic inflammatory skin condition characterized by intense pruritus. Dysregulation of the immune system and the neuro-immune network is believed to play a central role in the pathogenesis of PN. PN is associated with substantial impact on multiple domains of quality of life. Importantly, the association between PN and mental health disorders such as depression and anxiety should not be overlooked. Several studies have indicated a strong link between PN and psychiatric comorbidities, including anxiety, depression, and suicidal ideation or self-harm. Furthermore, the prevalence of suicidal thoughts and self-injurious behavior appears to be higher among individuals with PN compared to the general population. However, it remains unclear whether these mental health issues represent true psychiatric comorbidities or are consequences stemming directly from PN itself. Additionally, to our knowledge, the precise extent of the association between PN and conditions such as depression, anxiety, and suicidal ideation/self-harm has yet to be fully quantified. Further studies are needed to define optimal preventive and therapeutic strategies.

What's New in Psychodermatology

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Psychodermatology represents a dynamic interface between dermatology and psychiatry, shaped by a rich historical background and increasing clinical relevance. The first segment of the lecture will explore the emergence and development of psychodermatology as an interdisciplinary field, with a focus on key historical milestones, conceptual shifts, and the growing recognition of psychocutaneous disorders. The second segment will address recent advancements in the field, including current research directions and evolving therapeutic approaches. Together, these perspectives aim to provide a comprehensive understanding of the field's progression and its role in contemporary clinical practice.

How Do Genital Warts Affect Psychosocial Wellbeing

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Genital warts are caused by infection with human papillomavirus (HPV), one of the most common sexually transmitted infections worldwide. Although often they are only mildly symptomatic, their psychological impact is even greater, sometimes even outweighing the medical burden.

Research using general health-related and disease-specific quality of life assessments, such as the SF-36, CECA, EQ-5D, and HIP, consistently demonstrates significant negative impacts in genital wart patients. The psychological reactions and comorbidities of anxiety, depression, anger, guilt, social withdrawal, shame, and embarrassment are common. In one study, nearly 50% of patients reported intense emotional distress. These responses are typically compounded by the known oncogenicity of the HPV, mainly its association with cervix carcinoma.

Additionally, the overall distress has a profound impact on identity and body image. The stigmatization related to sexually transmitted infection would create feelings of contamination as well as internalized shame, hindering self-esteem and body image. The relationships also suffer. Numerous patients have complained of sexual anxiety, avoidance, loss of libido, as well as fear of infecting their partners, leading in most cases to strains in a relationship or even the breakdown of the relationship. The treatment itself can create additional psychological distress. Patients commonly describe the therapies as physically uncomfortable, embarrassing, and painful. Combined with relapse rates of 60%, patients feel chronic uncertainty, anticipatory anxiety, and helplessness. Patients' perceptions of their illness, both its severity and its manageability, play an important role in determining their emotional well-being. Empathic and constructive communication can help patients feel that their situations and feelings are recognized and valid. Integration of mental health support within dermatologic care is necessary for patients with either extended or chronic distress.

Psychodermatology should integrate psychological support as an integral component in the routine management of genital warts, not just to reduce the psychological load but also to enhance compliance, social relationships, and overall clinical results.

Depression and Anxiety in Adolescent and Postadolescent Acne: Cause and Effect?

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Acne vulgaris is a prevalent inflammatory skin condition that typically emerges during adolescence and can extend into adulthood. Its impact, however, extends beyond the skin, as numerous studies have highlighted a strong association between acne and psychological disorders, particularly depression and anxiety. Biological factors such as systemic inflammation, neuroinflammatory processes, hormonal imbalances, and disruptions in the gut-brain-skin axis appear to mediate this link.

Moreover, the visible nature of acne often leads to significant psychosocial consequences, including reduced self-esteem, distorted body image, social isolation, and stigma, all of which can exacerbate psychological distress. Recent meta-analyses and longitudinal studies demonstrate that individuals affected by acne face an elevated risk of depression, independent of isotretinoin treatment, suggesting that the disease itself plays a critical role in mental health outcomes.

Recognizing the psychological dimension of acne underscores the importance of early and holistic management approaches. Integrating dermatological treatment with psychological support can improve both skin condition and mental well-being. In this context, psychodermatology has emerged as a valuable interdisciplinary field, encouraging collaboration among dermatologists, psychiatrists, and primary care providers to address the complex needs of patients.

Quality of Life in Pyoderma Gangrenosum: An Underestimated Issue

Melek Aslan Kayıran

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Pyoderma gangrenosum (PG) is a rare inflammatory skin disease characterized by rapidly progressing and highly painful skin ulcers that are irregular yet sharply demarcated, accompanied by peripheral livid erythema, and classified within the group of neutrophilic dermatoses. While it is commonly observed as localized chronic ulcers on the skin, it may also be associated with inflammatory bowel diseases such as Crohn's disease and ulcerative colitis, lymphoproliferative diseases, and rheumatologic disorders.

The painful and progressive course of the disease, combined with the complexity of the diagnostic and treatment processes, causes patients to experience significant physical and psychological burdens, leading to social isolation and a marked reduction in quality of life. Delays in the diagnosis of PG are frequent, and even misdiagnoses may occur, which leads patients to undergo unnecessary invasive treatments and increases their emotional stress levels.

The existing literature reveals that PG patients mostly experience difficulties related to pain, physical limitations, impairment in social functioning, mental health problems, and treatment processes. The decline in quality of life is directly related not only to the physical symptoms of the disease but also to disease perception and the treatment process. Delayed diagnoses and unnecessary interventions such as surgical debridement can increase levels of anxiety and depression and may also trigger the progression of the disease. The persistent discharge caused by open ulcers results in secondary problems such as foul odor, soiling of clothes, and exclusion from social life. Moreover, the severe pain associated with the disease limits the mobility of patients, impairs sleep quality, and negatively affects general life functioning.

The side effects related to the long-term use of immunosuppressive drugs used in the treatment of PG and the presence of accompanying systemic diseases further deteriorate the quality of life. In patients, body image is negatively affected, and symptoms of anxiety and depression are commonly observed. In some cases, even suicidal thoughts may be encountered. Although some patients state that family members or partners support them in the care process, others report that their relationships were damaged during this period.

Despite all these findings, studies systematically examining the effects of PG on quality of life are limited in number. The lack of information on this subject in the literature is remarkable. Even the existing studies demonstrate that PG significantly affects quality of life; however, the absence of a disease-specific, valid, and reliable quality-of-life assessment tool limits both clinical evaluation processes and research.

Psychological Distress and Vitiligo: Insights from Surveys and Interview Based Studies

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Vitiligo is an inflammatory autoimmune depigmentary disease of the skin that results from the selective destruction of melanocytes within the epidermis, causing areas of the body to progressively lose colour and the skin to lose its ability to provide protection from the sun. The condition can develop in childhood, however the average age of onset is typically in young adulthood. The prevalence ranges between 0.5 to 2% of the population worldwide. It effects people indiscriminate of race, age, and sex, although interestingly there are subtle differences in impact reported in relation to a range of demographic factors. Recent advances in treatment are promising but not widely available to all, and in any event the condition still largely requires long-term psycho-social adaptation. Vitiligo is highly visible and has been associated with various misunderstanding about its cause and implications. Given its impact on appearance and its longstanding association with a number of misunderstandings it is not surprising that reports of stigmatisation and prejudice are commonplace within the literature, and represent a considerable burden for those affected by the condition. Certainly, there is evidence that vitiligo can have a negative impact on quality of life, and there is considerable evidence that there is heightened risk of the presence of psychological co-morbidities. Prof Thompson undertook part of his clinical psychology training doctorate to explore the experiences of living with vitiligo back in the mid-1990's and he has maintained a keen interest in this area and more generally in psychodermatology since that time. He is a longstanding member of the medical and scientific committee of the United Kingdom (UK) Vitiligo Society and he has supported the work of a number of other skin and burn care related charities both internationally and within the UK. He has conducted a number of studies examining the psychological impact of vitiligo, and other skin conditions, and he is an author of one of the few available cognitive behavioural therapy manuals addressing how to provide therapy in relation to appearance concern. He was the lead psychological advisor to the UK 2020 All Party Parliamentary Group on Skin Mental Health Report and was a co-author on the British Association of Dermatologists most recent set of guidelines on the treatment of vitiligo. In this invited presentation Prof Thompson aims to provide a brief introduction to the psychosocial impact of living with vitiligo and to describe the psychological interventions that might be used to support people with the condition who are experiencing distress. Rather than presenting a critical review of all of the studies in this area, this introduction will concentrate on selected studies judged by the presenter to be of particular importance or relevance to multi-disciplinary clinicians and scientists attending the 1st World Psychodermatology Congress.

Psychosocial Burden and Management Strategies in Stasis Dermatitis and Venous Ulcers: A Comprehensive Perspective

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Background: Stasis dermatitis (SD) and venous leg ulcers (VLUs) are chronic manifestations of chronic venous insufficiency (CVI) with profound dermatological, psychological, and social implications. CVI affects approximately 1% to 17% of men and up to an astonishing 40% of women. Psychological comorbidities, including depression, anxiety, and social isolation, are highly prevalent among patients with SD and VLUs. Studies show that up to 68% of patients experience depressive symptoms and approximately 50% suffer from anxiety disorders. Persistent symptoms such as pruritus, malodor, exudate leakage, and pain contribute to shame, embarrassment, sleep disturbances, and relationship difficulties. In addition, the relationship between diseases and stress/depression is bidirectional, chronic psychological stress and depression impair wound healing by disrupting immune function, increasing inflammatory responses, and dysregulating the hypothalamus-pituitary-adrenocortical axis and sympathetic nervous system. Assessment of psychosocial burden in SD and VLUs can be enhanced using validated questionnaires such as DLQI and HADS. Integrating these assessments into clinical practice helps in early identification of psychological comorbidities, enabling targeted interventions.

Management Strategies: An effective management plan for VLUs requires a multidisciplinary approach involving dermatologists, psychologists, and nurses. Studies have demonstrated that social support and psychological interventions are associated with reductions in wound diameter, suggesting a tangible benefit for wound healing. Additionally, incorporating patient education into routine care represents a promising strategy to enhance adherence and long-term healing success.

Conclusion: The psychosocial burden in SD and VLUs is profound and multidimensional, demanding comprehensive management. Addressing psychological health through structured assessments and interventions, alongside traditional wound care, improves not only healing rates but also overall patient well-being. Future strategies should advocate for biopsychosocial models of care as standard practice for chronic wound management.

Psychosocial Burden of Autoimmune Blistering Diseases (AIBD): Results of an International, Comprehensive Survey Study

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Aim: The autoimmune blistering diseases (AIBDs) pemphigus and pemphigoid are severe dermatologic disorders known for their debilitating physical impact and disfiguring nature. Recent research has reported mental health comorbidities in AIBDs, including depression and anxiety. Missing from the literature is an examination of the impact of AIBDs on body image and related psychological factors. This study examined the interrelationships among disease severity, body image dissatisfaction, and mental health comorbidities in a large sample of individuals with AIBDs.

Materials and Methods: We conducted a large survey study of 451 adults living with AIBDs. Participants were recruited through the International Pemphigus and Pemphigoid Foundation email distribution lists and social media. Validated self-report questionnaires assessed disease course and severity, body image disturbance, depressive symptomatology, quality of life, and psychiatric history. Participants reported their gender, age, race, ethnicity, country of residence, educational attainment, and employment/disability status. No personally identifying information was collected.

Results: By diagnosis, the sample composition was: 49.0% pemphigus vulgaris, 18.7% bullous pemphigoid, 19.6% mucous membrane pemphigus, 4.5% pemphigus foliaceous, 2.9% ocular cicatrical pemphigoid, 0.7% pemphigoid gestationis, 3.7% other/unclassified or still unknown, and 0.9% with multiple conditions. Participants reported increased incidence of psychiatric disorders following AIBD diagnosis, especially depression, post-traumatic stress disorder, and eating disorders. Participants reported high levels of depressive symptomatology and impairments in quality of life. Patients with AIBDs reported extremely high levels of body image disturbance compared to patients with other disfiguring diseases or injury. Correlation analyses revealed significant relationships between body image variables and quality of life, even after controlling for depression.

Conclusion: Treatment guidelines for AIBDs focus primarily on the management of disease flares and the consequences of immunosuppression, without consideration of the psychosocial consequences of the diseases and treatments. The current study highlights the need for mental health support for patients with AIBDs.

Literature, Cinema and Psychodermatology Psychoanalytic Debates on Literature and Cinema

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Literature frequently portrays characters with dermatological conditions, using these physical afflictions as metaphors for profound psychological, emotional, and societal struggles. These portrayals reveal the skin as more than just a biological organ, but a symbolic boundary between the internal self and the external world. This dual role of the skin as both a physical and psychological interface provides fertile ground for examining the intersection of dermatology, psychoanalysis, and literature. This panel session focuses on the analysis of literary characters afflicted with dermatological conditions, with particular attention to how their skin-related ailments reflect underlying psychological trauma, identity conflicts, and social alienation. Drawing on Didier Anzieu's concept of the "Moi-Peau" (skin ego) and related psychoanalytic frameworks, the session investigates the symbolic and literal implications of skin disorders in literature. Such representations not only address individual identity crises but also explore broader societal attitudes towards physical appearance and wellness. A key example under discussion is Noam Morgensztern's novel, "Après la Peau" (after the skin), which explores the profound impact of an autoimmune disease-alopecia-on an individual's life. The narrative begins with Adam, a young actor, waking up one morning to find his pillow covered in hair. His hair and body hair begin to fall out in clumps, plunging him into a crisis that threatens both his self-image and career. Adam's physical affliction serves as a catalyst for introspection and a deeper exploration of his relationships, family dynamics, and the societal pressures tied to physical appearance. As Morgensztern captures the paradox of humor and hope in the face of despair, illustrating how Adam navigates the painful intimacy of alopecia with resilience. Adam's hair loss becomes a mirror reflecting the fragility of human identity and the cultural weight placed on physical appearance. Beyond the individual experience, "Après la Peau" serves as a broader commentary on the societal fixation with external beauty and the stigma surrounding chronic illnesses. Adam's quest to uncover the origins of his symptoms becomes a relentless exploration of identity, self-acceptance, and resilience. His journey reflects a universal struggle with vulnerability and the desire to find meaning in physical suffering. This discussion highlights how dermatological conditions in literature serve as a metaphorical lens for exploring the human condition. By linking dermatology, psychoanalysis, and literature, the panel underscores the interdisciplinary significance of skin disorders as symbols of identity, conflict, and transformation.

Literature, Cinema and Psychodermatology Psychoanalytic Debates on Literature and Cinema

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Psychodermatology examines how unconscious conflicts manifest as dermatological disorders. In this context, the skin functions not only as a biological boundary but also as a metaphorical surface that shapes and protects the psychic structure. Cinema, on the other hand, serves as a medium that visually and narratively expresses these psychosomatic processes. This study explores how skin disorders are represented in cinema from a psychoanalytic perspective, emphasizing the skin, like the cinema screen, as a symbolic surface where unconscious conflicts are projected. Both the cinema screen and the skin act as boundaries that mediate internal experiences and the external world. The study analyzes films that depict skin disorders not only as medical issues but as manifestations of deeper unconscious conflicts. Through psychoanalytic film analysis, it examines how filmmakers use cinematic techniques (close-ups, lighting, special effects) to visualize psychosomatic symptoms. The focus is on how the depiction of skin in cinematic narratives reflects mental processes and how characters' relationships with their own skin mirror psychological dynamics. The analysis shows that in cinema, the skin often symbolizes the violation of self-boundaries, identity fragmentation, and the externalization of repressed traumas. Physical changes in the skin are seen as bodily manifestations of internal conflicts, revealing disruptions in psychological integrity. Cinematic narratives often link skin disorders to repressed anger, unresolved trauma, and identity struggles, presenting physical symptoms as reflections of the characters' inner worlds. In cinema, the skin is depicted not just as a biological organ but as a narrative element representing self-perception and emotional boundaries. Characters' relationships with their skin reveal their connections with themselves and others. In some films, skin disorders symbolize social identity anxieties and efforts to adapt to societal roles. Changes or deterioration of the skin are interpreted as physical manifestations of internal resistance or adaptation to these roles. Some narratives emphasize the fragility of the skin boundary, portraying skin disorders as externalized repressed anger or unresolved trauma. These bodily changes can evoke fear and shame or signify a transformation of identity. Cinematic techniques often present these processes either grotesquely or metaphorically, making unconscious conflicts visually perceptible. These findings suggest that cinema not only visualizes unconscious conflicts but also creates a reflective space for the audience to engage with their own internal processes. The cinema screen functions not only as a storytelling tool, but also as a surface on which the viewer's unconscious material is processed. From a psychoanalytic perspective, cinema illustrates that skin disorders are not solely physiological but are intertwined with unconscious processes. Exploring psychodermatological representations in cinema provides valuable insights for both psychoanalytic theory and clinical practice. This study emphasizes the importance of a holistic approach to the mind-skin connection, fostering interdisciplinary dialogue between mental and physical health.

Childhood Trauma in Psoriasis

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Psoriasis is a chronic, immune-mediated inflammatory skin disease, increasingly observed in pediatric populations. While genetic predisposition plays a role, psychosocial factors-particularly childhood trauma-have emerged as important contributors to disease onset and progression. Adverse childhood experiences such as neglect, emotional or physical abuse, parental loss, or chronic family conflict may act as significant triggers or modulators of the disease course. This presentation explores the neurobiological mechanisms connecting early life stress with psoriasis, focusing on dysregulation of the hypothalamic-pituitary-adrenal axis, elevated corticotropin-releasing hormone, and disrupted cortisol regulation. We will also consider how chronic stress alters immune responses, including increased pro-inflammatory cytokines and dysfunction of adrenergic and corticosteroid receptors. The role of resilience, or the ability to cope with adversity, will also be considered a factor influencing individual variability in response to stress. Understanding these pathways may support the development of more holistic approaches to managing pediatric psoriasis, including early psychosocial support.

Skin Picking and Traumatic Experiences

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Skin picking disorder, which has been described as a chronic condition, is characterized by the failure to resist impulses to pick at one's own skin. Unlike normal picking behavior, psychogenic skin picking is repetitive and can cause serious damage to the skin and even life-threatening consequences; it is included as an independent diagnosis in the Obsessive-Compulsive Disorder and Related Disorders Category in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.

In this clinical case study, it is aimed to discuss the link between traumatic experiences and skin picking disorder from the psychoanalytical and psychosomatic point of view by the help of projective tests. For "Sigmund Freud", the skin is the erotogenic zone par excellence, and the ego is first and foremost a bodily ego. The patient's bodily symptoms of skin picking and her projective tests of Rorschach and Thematic Apperception Test results are interpreted according to psychoanalytical and psychosomatic theory within the concepts of psychosomatics. Besides, the clinical semi-structured psychoanalytical interview is taken into consideration regarding traumatic experiences.

The results of the projective tests are noteworthy in the evaluation of the psychic functioning of the patient. The main concepts of psychoanalytical psychosomatic theory and fragility in skin ego, fragility in psychic envelopes, depressive symptoms, and object relations are discussed within traumatic experiences of childhood of the patient.

Trichotillomania, Onychotillomania and Childhood Trauma

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The main characteristic of trichotillomania can be expressed as repetitive plucking of hair on any part of the body. The most commonly plucked areas are the head, eyebrows, eyelashes. The psychosomatic approach in dermatology consists of opening up a space in which patients can reflect on themselves based on a physical symptom, within a relationship with another person that allows affect to circulate. The body is the site of functional symptoms in a relational situation of conflict, while organic diseases affect the real body in situations of impasse.

This study aims to investigate the psychology of a patient diagnosed with trichotillomania in terms of psychoanalytic psychosomatic theory. The patient's discourses in the semi-structured interview were evaluated and interpreted in the context of Rorschach and Thematic Perception Test.

In this patient's psyche, the boundaries between herself and other, the contents of dissociation and fusion responses will be interpreted. It is seen that these patients' efforts to distance themselves are at the forefront, there is a sensitivity in the distinction between inner and outer borders and these borders cannot be separated.

Neurobiology of Sleep

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Sleep is a reversible physiological state. It involves a specific pattern of cerebral electric activity. It's essential to neurologic and general health. Sleep, a vital restorative behavioral state that may be considered an undemanding physiological act, requires the perfect orchestration of many biological and chemical structures in order to be properly generated and maintained. The multiple interactions between neuromediators, brain regions and the entire organism were partially described by several proposed and demonstrated models that offer some insight into the complex mechanisms of sleepwake regulation. Still, there are many questions left to be answered. In this regard, further studies are mandatory for a better understanding of the complex neurobiology of sleep.

Sleep Disorders in Chronic Skin Conditions

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Sleep is crucial for physical and mental well-being. A non-systematic review was performed, and relevant papers were selected to help us understand the impact of sleep disorders (SDs) and insomnia among patients suffering from chronic inflammatory skin conditions.

Studies evaluating SDs have used specific sleep interviews or questionnaires, such as the Pittsburgh Sleep Quality Index, Functional Outcomes of Sleep Questionnaire, Insomnia Severity Index, General Sleep Disturbance Scale, Medical Outcomes Study Sleep Scale, or the Athens Insomnia Scale.

Psoriasis is by far the most studied condition, with research beginning in the early 1990s.

In a study published in 2009 by the National Psoriasis Foundation, among 420 psoriasis patients, SDs occurring at least once a month were reported in nearly half of the patients, and 11.3% reported episodes on more than 15 days per month. In other studies, the prevalence of SDs in psoriasis patients ranged from 0.05% to 77.1%.

Predictors of sleep disturbance included disease severity, psoriatic arthritis, and associated pain. Pruritus has also been linked to sleep disturbances, as it tends to increase in the evening, leading to difficulty falling asleep and frequent nocturnal awakenings, which can result in daytime fatigue.

A systematic review comprising 343,870 patients with hidradenitis suppurativa found that they were more likely to experience SDs, particularly those related to pain, pruritus, and its intensity. Pain was responsible for poor sleep quality, affecting sleep duration and daytime functioning. The risk of obstructive sleep apnoea has also been found to be increased in patients with hidradenitis suppurativa, especially with greater disease severity and duration.

SDs are considered an independent risk factor for comorbidities of these skin conditions, such as type 2 diabetes, hypertension, metabolic syndrome, and cardiovascular disease.

Atopic dermatitis has been associated with SDs in 47% to 80% of children and 33% to 90% of adult patients. They report difficulties falling asleep, frequent and prolonged nighttime awakenings, difficulty waking up, and excessive daytime sleepiness. These issues are related to missed work and school days, increased medical visits, and poorer overall health.

Patients with chronic inflammatory skin disorders may benefit of exploring and improving sleep quality.

Recognising Suicidal Risk in Psychodermatology Patients

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It is well known that skin disease is associated with significant psychosocial morbidity, and that patients with skin disease can present with higher rates of suicidality than the general population. Clinicians often report numerous barriers to detecting and managing suicidality in busy outpatient settings. We aimed to establish the degree of suicidality within our psychodermatology patients and establish key characteristics that may serve as additional risk factors for suicidality. Dermatology patients can experience a wide range of distressing thoughts and emotions as a consequence of their skin disease and society's reaction to it; one symptom that is essential to recognize and act on is suicidality. Suicidality has been observed at higher rates in dermatology patients especially in patients with conditions such as psoriasis, atopic dermatitis and acne. The World Health Organization has identified suicide as a leading cause of death worldwide and is working to make suicide prevention a high priority on the global public health agenda. The hospital team is often the main source of support for patients with skin disease, and dermatologists have a key role to play in screening for and detecting signs of low mood and suicidality, in order to help prevent completed suicide. Acting upon early signs of suicidality may help to prevent the progression to completed suicide. Healthcare professionals working within dermatology settings have limited training on mental health referral pathways and often lack understanding of the signs of suicidal behaviors. There is also a common misconception that asking about suicidality increases the risk of suicide, when this has not been found to be the case. We stress the importance of training in risk assessment and not ignoring an instinctual feeling that the patient is high risk. We propose a model for safe referral of patients presenting with active suicidality in dermatology outpatient clinics. Further studies looking at suicidality in dermatology outpatients globally are needed to further evaluate rates of suicidality and identify common risk factors.

Sexual Dysfunction and Skin Disorders

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Sexual life impairment is a well-documented but often under-discussed aspect of many skin conditions, particularly those that are chronic, visible, or affect the genital area. Chronic skin conditions are associated with higher rates of sexual distress and dysfunction, often due to body image issues, pain, embarrassment, or pruritus. In a study on 3485 participants with several skin conditions, 11.4% reported sexual difficulties "very much" or "a lot" according to question 9 of the dermatology life quality index. In a study on psoriasis sexual problems were reported by 35% up to 71% of patients, depending on the questionnaire used. Genital psoriasis can cause discomfort during intercourse and reduced sexual satisfaction, and often leads to avoidance of intimacy due to pain, embarrassment, or fear of rejection. However, even when it is not localized in the genital area, psoriasis often affects sexual life. Contributing factors may be: I. Psychological distress: depression, anxiety, and low self-esteem are frequent in psoriasis and negatively impact sexual desire and performance; II. Physical symptoms: pain, itching, and skin lesions interfere with sexual activity; III. Body image issues: visible plaques and disfiguring lesions reduce self-confidence and increase feelings of shame; IV. Fatigue and systemic inflammation which may also reduce libido. Hidradenitis suppurativa (HS) significantly impairs sexual health due to its chronic, painful, and intimate nature. Painful lesions, especially in genital, groin, and underarm areas, limit sexual activity. Malodor, drainage, and scarring cause embarrassment and avoidant behavior. Moreover, psychological distress is common in HS, including depression, anxiety, and low self-esteem, all contributing to reduced sexual desire and function. Generally, women with HS report higher distress and more avoidance of intimacy than men. In men, erectile dysfunction is more common than in the general population, possibly due to both physical discomfort and psychological stress. Additionally, stigma associated with HS may cause feelings of shame, rejection, and fear of partner's reactions, leading to relationship difficulties or social withdrawal. Atopic dermatitis negatively affects sexual health and intimacy, largely due to itching, visible lesions, and psychological distress. As with other conditions, patients often suffer from low self-esteem, embarrassment, and anxiety, and experience stigma, especially due to visible skin lesions, which result in body image issues and reduced sexual confidence. Especially in adolescents and young adults, acne can cause anxiety, depression, reduced self-esteem, and reduced sexual confidence. Body image issues are prominent, especially in adolescents and young adults who are in key stages of psychosexual development. Lichen sclerosus and other genital dermatoses directly impact genital function and sexual comfort. In such cases, beyond the psychological impact, there are anatomical and functional changes, such as, in women, atrophic scarring, labial fusion, clitoral phimosis, and stenosis of the vaginal introitus. These changes further impair sexual pleasure and can make penetration difficult or impossible in advanced cases. In men, lichen sclerosus may cause pain during intercourse, reduced libido, psychological stress, and erectile difficulties due to physical and emotional discomfort. The issue of sexual health is not regularly addressed in dermatological consultation, and dermatologists often feel unprepared to manage these concerns. It is recommended to incorporate sexual health into dermatologic evaluations and training, using validated questionnaires, and fostering multidisciplinary care with sexologists and psychologists.

Points to Consider in Psychopharmacological Treatment of Delusional Infestation

Peter Lepping

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Delusional infestation is the fixed, delusional belief that one is infested with living or non-living pathogens. Treatment and research are challenging because patients often profoundly lack insight into the psychiatric nature of their illness. Recent research has shown that results in multidisciplinary clinics (Liaison Psychiatrist with dermatologist r tropical medicine clinician) render good results. Amisulpride has emerged as the most efficacious antipsychotic, followed by risperidone. Olanzapine, quetiapine and aripiprazole were all far less efficacious.

Efficacy of medication should eb the primary consideration when treatment for delusional infestation is discussed because of the difficulty engaging patients. Side effect profiles and other suitability questions are less important in comparison to efficacy considerations.

OCD-Related Cutaneous Diseases: A Psychodermatological Approach

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Obsessive-compulsive disorder (OCD) is a psychiatric condition defined by persistent intrusive thoughts (obsessions) and repetitive behaviors (compulsions). In some individuals, these compulsions manifest through behaviors targeting the skin, resulting in a spectrum of OCD-related cutaneous diseases. A psychodermatological approach, which integrates dermatology with psychiatric care, is essential for effective diagnosis and management.

Common OCD-related skin conditions include excoriation disorder (skin picking disorder), trichotillomania (hair pulling disorder), onychotillomania (nail picking), and compulsive hand-washing leading to irritant contact dermatitis or lichenification. These behaviors are not merely cosmetic issues but often reflect deeper psychological distress tied to anxiety and obsessive thinking.

Patients typically present to dermatologists first due to visible lesions, scars, or alopecia, but dermatologic treatments alone are usually insufficient. Psychodermatology emphasizes dual therapy: cognitive-behavioral therapy-especially exposure and response prevention-and pharmacologic intervention, mainly selective serotonin reuptake inhibitors. In severe or resistant cases, atypical antipsychotics may be considered as adjunct therapy.

Diagnosis involves recognizing behavioral patterns behind skin lesions, ruling out primary dermatologic conditions, and assessing for psychiatric comorbidities. A collaborative model between dermatologists, psychiatrists, and psychologists improves patient outcomes significantly.

In conclusion, OCD-related cutaneous diseases are complex disorders that require a biopsychosocial model. The psychodermatological approach addresses both the visible skin damage and the underlying psychiatric condition, leading to more sustainable and comprehensive treatment results.

Cosmetic Interventions and Psychology Influence Each Other

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Cosmetic interventions are not merely physical enhancements; they reflect deep-seated psychological processes. This presentation explores the bidirectional relationship between psychological states and aesthetic procedures, emphasizing how emotional needs, identity reconstruction, and socio-cultural pressures drive the demand for cosmetic interventions. Drawing on clinical data and original research involving minimally invasive cosmetic procedure patients, findings reveal elevated levels of anxiety, depression, and negative cognitive patterns in those seeking aesthetic treatments. Moreover, certain narcissistic traits and psychiatric comorbidities, particularly body dysmorphic disorder, are prevalent and influence outcomes and satisfaction. Social media's impact on self-perception and appearance ideals further complicates this relationship, fostering a gap between real and virtual identities. The talk concludes by recommending a biopsychosocial approach to cosmetic practice-advocating for psychological screening, ethical vigilance, and interdisciplinary collaboration to ensure both patient safety and clinician integrity.

Impact of Social Media on Psychodermatology: Pros and Cons

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Psychodermatology is a growing field that investigates the interaction between psychological well-being and skin health. Social media has become an influential factor, shaping how individuals perceive their skin, manage dermatological conditions, and seek medical support. On the positive side, social media has increased visibility and awareness of common skin diseases such as acne, eczema, and vitiligo. Campaigns promoting skin acceptance have helped reduce self-stigma and encouraged individuals to consult dermatologists. Online communities also offer emotional support, helping to decrease feelings of isolation in people with visible skin conditions. However, social media can also contribute to psychological and dermatological harm. Constant exposure to edited images and unrealistic beauty standards may lead to dissatisfaction with appearance and an increased risk of body dysmorphic disorder. Influencer-driven trends often promote unnecessary cosmetic procedures, while unverified skincare advice can result in skin damage or worsening of existing conditions. Furthermore, portraying flawless skin as the ideal may reinforce stigma and negatively affect the mental health of those with chronic skin diseases. In conclusion, social media has a significant impact on psychodermatology. It can promote awareness and education, but it may also increase psychological distress and unhealthy behaviors. Addressing these challenges requires better regulation of content, public education on digital literacy, and greater involvement of dermatologists in online health communication. Integrating mental health support into dermatological care is essential for managing the psychological effects of social media in patients with skin diseases.

The Significance of Family Therapy in Psoriasis

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There is a necessity for a more complex vision in psychosomatics what is called a systemic approach. Of course there is a genetic predisposition in psoriasis. However, one of the most typical relationship characteristics of these families is the tendency to avoid conflicts and emotional tensions. Difficulties in verbalizing emotional experiences stem from the fact that emotions are carefully filtered to conserve a 'pseudo harmony' in the family system. This 'myth of unity' forms the far-reaching cement of the family beyond which 'fantasies of rupture', fears of family disaggregation can be found. By constructing genograms, we discover the presence of traumatic events in the past of these families. The theme of loss often dominates these histories and is associated with deep emotional experiences of separation anxiety. Psychosomatic symptoms belong to three levels that are not antinomic: biological, psychological, and relational. These levels are complementary when seen from a perspective of complexity. The therapist's function is to broaden the creative areas of freedom, giving the possibility for the patient and her/his family to understand the complex meaning of the symptom and free themselves from it.

Repetitive Transcranial Magnetic Stimulation in Skin Picking Disorder

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Skin picking disorder (SPD) is a psychiatric disorder characterized by apparent tissue damage in the skin, which occurs through repetitive and compulsive picking of normal skin or skin with slightly irregular areas. Epidemiologic studies have reported that SPD is observed in approximately 1.2% to 5.4% of the population. It is thought that repetitive picking behavior in trichotillomania and SPD are phenomenologically similar to compulsive behaviors in obsessive-compulsive disorder and that such behaviors are caused by deficiencies in inhibition processes. Fifteen patients with SPD were assigned to receive 3 weeks' treatment with either active (n = 8) or sham repetitive transcranial magnetic stimulation (rTMS) targeting the pre-supplementary motor area. Patients were evaluated using the Beck Depression Inventory, Beck Anxiety Inventory, Skin Picking Impact Scale, and the Yale-Brown Obsessive Compulsive Scale Modified for Neurotic Excoriation. Response to treatment was defined as a ≥ 35% decrease on Yale-Brown Obsessive Compulsive Scale modified for Neurotic Excoriation. Treatment response was achieved in 62.5% of patients (5/8) in the active group and 33.3% of patients (2/6) in the sham group. However, there were no significant differences between the groups in terms of primary and secondary outcomes. In this exploratory study, active rTMS could not be demonstrated to be superior over sham in treatment of SPD. The results of this study indicate the need for further rTMS studies to be conducted with larger sample sizes and subtypes of SPD.

Psychological Symptoms and Quality of Life in Patients with Mycosis Fungoides

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Mycosis fungoides (MF), the most common form of cutaneous T-cell lymphoma, is a rare, chronic condition that can range from localized rashes, patches and plaques in early stages to development of tumors in advanced-stage disease. Most patients are diagnosed with early-stage MF, while a minority of patients advances to late-stage disease which has a poorer prognosis. The impact of the condition is deeply personal and can range from mild to severe. This talk presents an overview of the psychological impact and quality of life (QoL) impairments in individuals living with MF, drawing upon recent studies that explore patient-reported outcomes, mental health comorbidities, and stage-dependent disease burden. Across multiple studies, patients report substantial functional, emotional, and physical impairments in QoL. Symptoms such as pruritus, visible skin changes, fatigue, and sleep disturbance commonly affect self-esteem, clothing choices, social engagement, and daily functioning. Recent research suggests that mental health conditions such as anxiety disorders occur at higher rates in MF patients compared to the general population, and are associated with poorer overall outcomes. A systematic review of the literature on QoL in patients with MF found that the impact on QoL was greater in patients with late-stage disease as compared to early stage disease. However, even in early stage disease QoL was mildly to moderately affected. Overall, these findings emphasize the need for clinicians to adopt a more holistic, stage-sensitive approach to patient care that includes routine assessment of psychological well-being and prioritizing mental health alongside physical disease management. By broadening our understanding of QoL in MF, we can more effectively address the lived experience of this patient population and potentially improve both clinical outcomes and patient satisfaction. Future research may focus on exploring the influence of psychological factors on disease outcomes, which could further inform integrated care strategies and support services.

Quality of Life in Non-Melanoma Skin Cancer

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Non-melanoma skin cancers (NMSCs), such as basal cell carcinoma (BCC) and squamous cell carcinoma (SCC) are the most common malignancies in humans. The incidence of NMSC has increased in recent years, affecting a younger population. However, NMSCs are often underreported in cancer registries because they are usually treated in outpatient settings, and many cases are not recorded unless they are severe or recurrent. Moreover, although common, NMSCs usually have a low risk of metastasis and mortality if treated promptly. However, they can still lead to significant morbidity and cosmetic/functional issues, especially when located on the face or other sensitive areas. Eighty percent of NMSC tumors are located on the head or neck, and an estimated 40% of patients who develop their first NMSC also develop at least one additional tumor within two years of diagnosis. Many studies emphasize the psychological burden of NMSC, including anxiety, depression, and body image issues, especially when tumors are on the face.

Facial disfigurement from surgery or scarring has a notable effect on self-esteem and social functioning. In a study, it was observed that 31% of patients with NMSC reported a moderate or high impact on their quality of life (QoL), particularly regarding symptoms and emotions. Some research suggests that SCC, especially in more advanced cases, may have a greater impact on certain aspects of QoL compared to BCC. This may be due to SCC's tendency to grow deeper into the skin and potentially spread, leading to more extensive surgical procedures or other treatments with potential side effects. In an Italian study, the main determinants of QoL in patients with NMSC were found to be skin phototype I or II, a history of previous NMSC, and the severity as perceived by the patient. The symptomatic component of QoL was associated with the severity and extent of the lesion. In the same study, when comparing QoL between patients with melanoma and those with NMSC, it was observed that melanoma patients experienced a greater psychological impact, while NMSCs had a greater impact in terms of symptoms. Several studies on NMSC compare QoL before and after treatment. Mohs surgery is generally associated with better cosmetic outcomes and may lead to higher QoL scores post-treatment compared to standard excisions or radiotherapy.

Non-surgical treatments like imiquimod or photodynamic therapy may have less impact on appearance and are preferred by some patients for cosmetic reasons, although recurrence risk may affect long-term QoL. It is possible that the impact of NMSC on QoL is often underestimated due to the measurement tools used. Indeed, tools commonly used to assess QoL in dermatological diseases may not capture the specific aspects of NMSC and may underestimate their burden. The most common questionnaires used in dermatology [Skindex and the Dermatology Life Quality Index (DLQI), which are oriented towards benign and symptomatic diseases], the questionnaires used in oncology (Functional Assessment of Cancer Therapy General), and generic questionnaires have low sensitivity for the assessment of QoL in patients with NMSC. A recent review of quality-of-life measurement tools in skin cancers by the QoL Taskforce of the European Academy of Dermatology and Venereology suggests the use-and potentially the development-of specific instruments to assess QoL in skin cancer. In particular, the Skin Cancer Quality of Life Impact Tool and the Skin Cancer Index (SCI) are specific questionnaires that have been shown to be valid and reliable in patients with NMSC.

○ **Psychosocial Impact**

• Many studies emphasize the **psychological burden** of NMSC, including **anxiety**, **depression**, and **body image issues**, especially when tumors are on the face.

• **Facial disfigurement** from surgery or scarring has a notable effect on self-esteem and social functioning.

○ **QoL Assessment Tools**

• Commonly used instruments include:

- DLQI,

- Skindex-16/29,

- SF-36 ***(Short Form Health Survey)*****,**

- SCI.

• These tools measure symptoms, emotional impact, and functional limitations.

○ **Influence of Tumor Location and Treatment**

• Tumors on **visible areas** (face, scalp) result in greater QoL impairments.

• **Mohs surgery** is generally associated with better cosmetic outcomes and may lead to **higher QoL scores** post-treatment compared to standard excisions or radiotherapy.

○ **Treatment-specific Outcomes**

• **Non-surgical treatments** like imiquimod or photodynamic therapy may have **less impact on appearance** and are preferred by some patients for cosmetic reasons, although recurrence risk may affect long-term QoL.

• **Recurrence** or multiple lesions (e.g., in field cancerization) can cause **persistent distress** and **lower overall QoL**.

○ **Patient Demographics**

• Older patients often show **less QoL disruption**, possibly due to **lower cosmetic concern** or better coping strategies.

• **Younger patients and women** tend to report greater psychological impact, particularly with visible scarring.

○ **Preventive Behavior and Education**

• Awareness and education on **sun protection** and **early detection** improve psychological well-being and may mitigate the emotional burden.

United We Heal: Part 1

Abhineetha Hosthota

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The presentation discusses the integration of dermatology and psychiatry to achieve optimal outcomes for patients with psychodermatology conditions. Psychodermatology is described as a specialized field that addresses the psychosocial aspects of dermatology, including primary psychiatric disorders, psychosocial comorbidities of skin diseases, and psychological distress caused by skin conditions.

It highlights the significant psychosocial impact of skin diseases, referencing a 2012 report that indicated 85% of dermatology patients experienced a significant psychosocial impact from their skin disease, with 12.7% reporting suicidal ideation. The importance of psychological approaches in these patients is emphasized, noting the cost-effectiveness of multidisciplinary psychodermatology teams compared to generalist healthcare settings, as reported by the All-Party Parliamentary Group on Skin in 2020.

The presentation outlines a C-L Clinic Model that the institution uses, which involves a multi-disciplinary team approach to psychodermatology. This model stratifies patients based on their level of distress, ranging from low-level distress managed by dermatologists and dermatology nurses, to high-level distress and primary psychiatric disease requiring a regional psycho-dermatology service with dermatologists, psychologists, and psychiatrists.

The service outline describes the operation of a tertiary healthcare centre in South Bangalore, India, serving three states. The clinic includes a senior liaison registrar supervised by a consultant psychiatrist. In a 6-month period, 53 patients were assessed, with 33 being referred to the psychiatrist due to moderate to severe disease burden as indicated by General Health Questionnaire and Hospital Anxiety and Depression scoring. The presentation also details the structure and referral process of the psychodermatology clinic, emphasizing a direct triage system to reduce unnecessary appointments. The process involves assessment and treatment of physical and mental health issues, referral to liaison psychiatrists, and discussions at monthly Multi-Disciplinary Team meetings.

Demographic data of patients referred to the C-L clinic is provided, showing a roughly even split between female (29) and male (24) patients, with an average age of 42.5 years. The data also lists the distribution of dermatological conditions among these patients, including acne, hidradenitis suppurativa, eczema, psoriasis, vitiligo, compulsive skin picking, body dysmorphic disorder, delusion of infestation/psychotic illness, and dermatitis artefacta. Patient feedback highlighted the positive impact of the C-L clinic, with patients expressing gratitude for the focus on the mental health aspects of their conditions, the comprehensive understanding and validation of their experiences, and the effective treatment provided.

The conclusion of the presentation emphasizes the importance of care coordination and liaison with mental health professionals. It also advocates for the inclusion of psychodermatology training in dermatology and psychiatry curricula, with trainees benefiting from integrated training. The integrated service model is deemed to improve the quality and cost-effectiveness of care by reducing misdiagnosis, duplication, and unnecessary investigation.

United We Heal: Integrating Dermatology and Psychiatry for Optimal Patient Outcomes (Part-2)

Swapna Bondade

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This presentation addresses the crucial integration of dermatology and psychiatry for enhanced management of psychodermatological disorders. It emphasizes effective teaching methodologies for future healthcare providers, incorporating didactic lectures and interactive sessions with case studies and role-playing. A coordinated referral process is presented, highlighting initial assessment, specialist referrals, and seamless communication among dermatology, psychiatry, and psychology professionals.

The collaborative approach yields several advantages, including a unified treatment strategy, empowered patients, and improved clinical outcomes. The presentation also explores the evolution of psychodermatology, tracing the recognition of the mind-skin connection and the development of research frameworks.

Challenges in integrating the disciplines, such as conceptual differences and communication barriers, are acknowledged, along with strategies to overcome them through open dialogue and collaborative care models. Patient empowerment is a key focus, achieved through education, shared treatment planning, and self-management skill development. The educational value of clinical rounds in postgraduate training is also highlighted.

Psychodermoscopy

Mohamed Hassan Abdelkarim

Clinic of Dermatology and Venereology, Dibba Al Fujairah Hospital, Emirates Health Services; Member of the International Dermoscopy Society; Member of the European Academy of Dermatology and Venereology; Member of the Emirates Dermatology Society, United Arab Emirates

Dermoscopy is an non-invasive diagnostic tool used to diagnose occult and conflicting skin diseases which can aid in the uncovering and discovery of confounding psychodermatological conditions such as Lichen simplex chronicus and trichotillomania and other self-inflicted neurocutaneous disorders which otherwise may be not apparent and missed by the clinical examination especially if the patient denies self-manipulation.

Dermoscopy can also help us in differentiating the different types of self-inflicted neurocutaneous disorders from one another such as trichotillomaina from clinically similar conditions such as trichotemnomania and even alopeica areata aiding us in formulating better treatment plans for our patients.

In this lecture we will cover the basics of dermoscopy in psychodermatology aptly titled psychodermoscopy and how we can use our dermoscopy lens as a 3rd eye to read the minds of our patients uncovering their neurocutaneous diseases.

Psychological Impact of Skin Neglected Tropical Disease

Niraj Parajuli

Clinic of Dermatology and Venereology, National Academy of Medical Sciences, Kathmandu, Nepal

Vice-Chair, NTD NGO Network, Skin Cross Cutting Group

Skin neglected tropical diseases (skin NTDs) are a subset of neglected tropical diseases primarily affecting the skin, characterized by a long-term morbidity, deformity, and disability. These diseases which are endemic in resource-limited settings and disproportionately impact the poor and the most vulnerable populations. While their dermatological and physical effects are well-recognized, the psychological and social consequences remain poorly understood and insufficiently addressed. This presentation focuses on the mental health impact of major skin NTDs. Leprosy has long been strongly associated with stigma and exclusion; studies have shown that up to 40% of individuals with leprosy suffer from depression, often linked to deformities leading to social isolation. Cutaneous leishmaniasis, can present with permanent facial scarring contributing to anxiety, shame, and social rejection. Mycetoma, a chronic severely disfiguring subcutaneous infection that can lead to limb amputation, has been associated with emotional distress, poor self-image, and delayed health-seeking behavior. Despite the high burden of these diseases, mental health services are rarely integrated into skin NTD programs despite having a well-built skin NTD integration roadmap leading to the 2030 targets. This talk will target on the problem, and propose a holistic, integrated model of care-including psychosocial support, community education, and peer-based rehabilitation-to reduce psychological suffering and improve quality of life for affected individuals. By addressing both the visible and invisible scars of skin NTDs, we move toward our goal of "skin health for all".

An Outline of Stress Management Techniques for Dermatology Patients

Hanish Babu

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Stress plays a pivotal role in the exacerbation and onset of various dermatological conditions, including psoriasis, eczema, and acne. Addressing stress effectively can significantly improve patient outcomes and overall quality of life. This presentation outlines practical and evidence-based stress management techniques tailored to dermatology patients, emphasizing the integration of these methods into routine dermatological practice.

The techniques discussed in this presentation include:

1. Cognitive behavioural therapy: Demonstrated efficacy in altering stress-related thought patterns that contribute to skin conditions.

2. Relaxation techniques: Practices such as progressive muscle relaxation and mindfulness meditation that reduce physiological stress markers.

3. Lifestyle modifications: Emphasizing balanced nutrition, adequate sleep, and physical activity to mitigate stress impacts.

4. Patient education: Raising awareness about the psychodermatological link and empowering patients with tools to manage stress.

5. Support systems: Encouraging the development of social support networks and group therapy to alleviate feelings of isolation.

Each technique is backed by clinical evidence and presented with practical implementation strategies tailored to various patient demographics.

Integrating stress management into dermatological care is not only beneficial for symptom management but also enhances patient satisfaction and adherence to treatment.

Dermatologists can play a crucial role in bridging the gap between mental health and skin health by adopting a holistic approach.

Chronic Pruritic Disorders with Psychocutaneous Conundrum

Ayberk Aktaran

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Chronic pruritus (CP), an unpleasant sensation provoking the urge to scratch and persisting for more than six weeks, is an omnipresent and distressing symptom that affects patients' quality of life, sleep, and daily functioning. Although commonly related to primary dermatoses or systemic disease, CP often manifests as a complex psychocutaneous conundrum, highlighting the interdependent relationship between the psyche and itch.

The rationale for the consideration of chronic itch as a psychocutaneous condition lies in the multifaceted nature of itch, having sensory, motor, and emotive characteristics. The relevant mechanisms include neuroimmune and neuroinflammatory responses, such as the secretion of pro-inflammatory cytokines from activated immune cells and the interaction between these and cutaneous neurons. The role of psychosomatic elements such as stress and altered emotional state has long been recognized in modulating the perception and sensation of pruritus and may decrease the itch threshold through hemodynamic alterations and influence on mediating substances such as the neuropeptides. Central sensitization is characterized by the plasticity of the nervous system with centrally generated sensitization of nerves to non-pruritus stimuli as an itch stimulus. Lastly, areas of the brain involved in the processing of the sensory input, the evaluation, the motivation, and the emotion are involved in the processing of the pruritic stimulus sent by the thalamus, highlighting the brain's large contribution.

This interactive mechanism supports the potential involvement of a psychological element to each of this pruritus. Acknowledging these interactive mechanisms is key to directing the management of the condition in addition to the treatment of the cutaneous and the purely somatic management. A holistic, integrated, multi-disciplinary approach, including the contribution of the dermatologist, the psychiatrist, and the psychologist, is essential. The management of CP commonly consists of psychotherapeutic interventions, habit reversal training, and cognitive behavioral therapy, as well as the employment of psychotropics as adjuvant therapeutic options to pharmacologic management. Treatment is best achieved by addressing the cutaneous findings and the underlying psychological and psychiatric components.

Ultimately, the treatment of the chronic itch psychocutaneous conundrum is contingent upon recognizing and addressing the interactive mechanism between the skin and the mind to ensure relief and improved patient outcomes.

Psychodermatological Management of Prurigo Nodularis

Abdul Latheef

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Prurigo nodularis (PN) is chronic psychogenic pruritic disorder characterized by intense pruritus, which may be intensified or perpetuated by emotional factors, often episodic, mentally triggerable itching is typical. Psychosocial stress contributes to the onset of prurigo in about 33% and in 35% of patients. This condition belongs to the dermatitis para artefacta syndrome (disorders of impulse control), often as manipulation of an existing specific dermatoses, often semiconscious, admit self-injury. Pruritus and resultant scratching is the central mechanism in disease genesis.

Psychodynamically, the itch-scratch cycle is taken to be an unconscious tension-reducing affect. The common secondary emotional disorders and co-morbidities in PN include adjustment disorders, depressive disorders, anxiety disorders, compulsive disorders, somatoform disorders, hypochondriasis and social anxiety. Common stressors: Old age problems, educational stress, interpersonal conflicts, economical tress, job stress, stress of disease diagnosis: is mainly clinical. Histopathology shows hyperkeratosis, acanthosis, parakeratosis, elongated irregular rete ridges, dense dermal infiltrate. Differential diagnosis include lichen planus, discoid lupus erythematosus, lichen amyloidosis. Management-really a challenge. Itching- a sensation needs - medical management. Scratching- a habit needs - psychological approach. Psychotherapy includes many psychological methods. The common one useful in Prurigo management include Psycho education, there are so many fears and misconceptions regarding the cause and prognosis of the disease. A detailed education regarding aetiology, role of stress factors, role of manipulation, prognosis and our previous experience in successfully treating similar cases, all will help in getting a good understanding of the disease. Habit reversal training (HRT) is the psychotherapeutic pillar of prurigo management. HRT helps in controlling the urge to scratch and there by break the itch scratch cycle. Other therapies include cognitive behaviour therapy, behavior therapy, relaxation therapy, group therapy, family therapy and hypnotherapy. Pharmaco therapy-antidepressants, anxiolytics are commonly used. A good chunk of patients are having psychiatric morbidities like anxiety, depression and other stressors. Such patients will be benefitted by psycho pharmacotherapy. Mirtazapine - an antidepressant with antipruritic and very good sedation is highly useful in the management. Similarly, selective serotonin reuptake inhibitors are also very useful. PN is a classic example of Psychodermatology case where the management needs involvement of experts from the 3 domains - dermatology, psychiatry and psychology.

Psychiatric Effects of Medications in Dermatological Practice

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The purpose of this presentation is to raise questions about the implications of inflammation on health and disease. We have progressed by moving away from Cartesian dualism toward an integrative perspective. Yet, paradoxically, neuroscience may lead us back to a monistic view of our patients.

Inflammation is a key concept in understanding transdiagnostic phenomena. Depressive syndrome is the most common psychiatric condition linked to dermatological diseases, understood as the complex of multiple symptoms with many possible etiologies.

Bipolar disorder is a chronic, multifactorial and biphasic condition, now understood as a spectrum of symptoms, including depression mania hypomania and mixed episodes.

Since certain medications influence inflammation, they can improve psychiatric symptoms or they may also affect psychiatric stability. Therefore, a patient's psychiatric history must be carefully evaluated when prescribing treatments. Examples to consider could be steroids, anti-cytokine treatments, isotretinoine, antidepressives, PCSK9 inhibitors, finasteride etc.

In my opinion prospective studies specifically designed to investigate this topic are necessary.

Participant selection should be performed using a standardized method that includes in-person interviews in addition to virtual diagnosis questionnaires because them alone may lead to flawed conclusions.

Long-term follow-up of the correlation between psychiatric status and the inflammatory dermatological diseases course is essential.

Factitious Disorder: A Challenge in Management

Abdul Latheef

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Factitious dermatoses (FD) a rare pathology of self-induced skin lesions in which patients deny any role in causation. May be aware or dissociated (not conscious). Clinical presentation and medical history tend to stand out in patients with FD because of certain classic features. Patient may bring stack of investigative studies/bag of medications, hollow history, Mona Lisa smile, patient seems unaffected. Bizarre shaped, oddly distributed lesions. Lesions located at sites accessible to the patient (face, hands, arms). Multiple types of concurrent lesions, foreign object source (knives, broken glass, caustics, cigarettes). Overall, the pattern of lesions is secondary to the mechanism of injury. Can include blisters, excoriations. superficial erosions, ulcers, abrasions, ecchymosis, purpura, erythema, edema, or signs of trauma and burns. Repetitive FD episodes may be precipitated by emotional stress and there is strong association with strained personal relationships. There are no specific histopathologic features specific for FD. Diagnosis is mainly of exclusion. A joint approach with both Dermatologist and mental health professionals is recommended. Symptomatic dermatology management is the treatment option from dermatology side. Psychological interventions include cognitive behavior therapy, biofeedback, relaxation techniques, hypnosis and supportive counseling. Selective serotonin reuptake inhibitors, tricyclic antidepressants, typical (e.g. pimozide) and atypical antipsychotics (e.g. risperidone, olanzapine, etc.) are used for pharmacotherapy. Although long-term studies are rare, the prognosis is considered poor.

Hypnotherapy is a useful adjunctive psychotherapeutic procedure used in various conditions. Hypnosis can be induced by many means commonly by relaxing suggestions. I am presenting few cases of FD treated with hypnotherapy and there were no recurrences for a follow-up period of 5 years.

The Role of Psychologists in Psychodermatology

Tanyo Tanev

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Psychologists are integral members of the psychodermatology team, bringing expertise in understanding how psychological factors influence the onset, progression, and management of dermatological conditions. From stress-exacerbated disorders like psoriasis and eczema to more complex presentations such as skin-focused body dysmorphic disorder or delusional infestation, psychologists offer essential assessment and intervention skills. They help patients make sense of the emotional and cognitive dimensions of their skin symptoms, using approaches like cognitive-behavioral therapy, habit-reversal training, and mindfulness-based strategies to reduce distress, improve coping, and enhance treatment adherence.

In the clinical setting, psychologists also support dermatologists by assisting with diagnostic clarification in cases where symptoms may be psychogenic or psychosomatic in nature. Their role is particularly valuable in managing patients with high levels of health anxiety, poor insight, or difficulties in the doctor-patient relationship. Psychologists can provide consultation, facilitate communication, and intervene early to prevent treatment breakdown.

The Psychosomatic Impact on Patients with Pemphigus: A Cross-sectional Study From the West China Hospital AIBD Cohort

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Aim: Pemphigus is a group of rare, chronic autoimmune blistering diseases that affect the skin and mucous membranes. Disease severity is commonly assessed using the pemphigus disease area index (PDAI). However, the relationship between disease severity and psychosocial outcomes, including depression, anxiety, and quality of life (QoL), remains insufficiently explored. This study aimed to evaluate the psychosomatic burden of pemphigus and its association with disease severity using data from the autoimmune bullous disease cohort at West China Hospital.

Materials and Methods: A cross-sectional study was conducted among patients diagnosed with pemphigus who attended West China Hospital between September 1, 2023, and December 31, 2024. Clinical and psychosocial data were collected using validated instruments, including the PDAI, dermatology life quality index (DLQI), self-rating anxiety scale (SAS), Beck anxiety inventory (BAI), Beck depression inventory (BDI), and hospital anxiety and depression scale (HADS). Data normality was assessed using the Shapiro-Wilk test. Depending on distribution, between-group comparisons were performed using independent-sample t-tests or the Mann-Whitney U test.

Results: A total of 104 patients were included. Statistically significant differences between pemphigus patients and healthy controls were observed in BAI ($P = 0.012$) and DLQI ($P < 0.001$), indicating higher anxiety levels and lower QoL among patients. No significant differences were found in BDI ($P = 0.936$) or SAS ($P = 0.131$). Spearman's rank correlation analysis revealed a positive correlation between PDAI and DLQI ($r_s = 0.40$), BDI ($r_s = 0.28$), and HADS ($r_s = 0.30$), suggesting that greater disease severity is associated with increased psychological distress and impaired QoL. Additionally, DLQI was strongly correlated with BDI ($r_s = 0.64$), BAI ($r_s = 0.62$), SAS ($r_s = 0.52$), and HADS ($r_s = 0.89$), underscoring the close link between reduced QoL and psychological burden.

Conclusion: Findings from this single-center study highlight the significant psychosomatic impact of pemphigus. Disease severity correlates positively with anxiety, depressive symptoms, and impaired QoL, suggesting the need for integrated dermatological and psychological care in pemphigus management.

Body Focused Repetitive Behaviours: Beyond Healthy Grooming

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Body focused repetitive behaviours disorders are primary psychiatric disorders. They can be referred as pathological extensions of self-grooming behaviours. They involve compulsive acts mainly targeted towards the integumentary system of the body i.e., skin, hair and nails. According to DSM V, two disorders, hair pulling disorder (trichotillomania) and skin picking disorder (excoriation disorder or dermatillomania) are classified along with obsessive compulsive and related disorders. They are separated from obsessive compulsive disorder (OCD) due to the lack of component of obsession which is invariably present in the patients of OCD. These disorders are characterised by marked difficulty in impulse control and difficulty in regulating emotions. Even though only hair pulling and skin picking are defined in DSM V, other conditions like nail biting, lip biting, cheek biting are also frequently encountered in general population. Since these can cause visible damage, they pose a significant psychological burden as well.

Various theories have been proposed to understand the psychopathology behind the occurrence of these behaviours. Some of the behavioural models that describe these include stimulus regulation model (Penzel), sensory processing model (Dunn), emotion regulation model, frustrated action model (O' Connor) and behavioural addiction model (Konkan). These models aim to describe the underlying psychological basis for the initiation and maintenance of the compulsive acts associated with these disorders. Apart from the behavioural models, various studies have indicated involvement of neurochemicals like serotonin, glutamate, GABA, dopamine and endorphins. Neurocognitive findings like impaired cognitive flexibility, impaired response inhibition and delay discounting are also observed.

While behavioural models may help us in designing effective psychotherapeutic approach, neurochemical and neurocognitive findings suggest that a combined approach with pharmacotherapy and psychotherapy can have the best outcomes for the patients. Further studies are required for devising effective management plans and guidelines for the treatment of body focused repetitive behaviour disorders.

Research Progress on Psychodermatology in China

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We reviewed the cutting-edge research on major psychodermatological disorders from China, emphasizing their complex etiology and clinical management. Our analysis reveals that psoriasis, atopic dermatitis, acne, vitiligo, alopecia, rosacea, urticaria, scarring disorders, and melasma all demonstrate characteristic interactions between genetic predisposition, immune dysfunction, and environmental triggers. Psoriasis shows seasonal variation mediated by vitamin D and infection patterns, while atopic dermatitis pathogenesis involves barrier defects and *Staphylococcus aureus*-driven inflammation. Acne pathophysiology centers on sebaceous hyperplasia and microbial dysregulation, with emerging evidence supporting gut-skin axis involvement.

Our multicenter data demonstrate these conditions universally impair quality of life, with validated metrics (DLQI, MELASQoL) confirming significant psychosocial burdens.

This synthesis underscores the necessity for integrated care models addressing both biological mechanisms and psychosocial impacts. We advocate for standardized assessment protocols and multidisciplinary approaches in dermatologic practice. Future research should prioritize translational studies bridging molecular insights with clinical applications, particularly for conditions with currently limited treatment options. Our findings highlight dermatology's evolving paradigm toward precision medicine and whole-patient care.

Does Psycho-intervention Impact Therapeutic Outcome in Chronic Skin Diseases in Indian Patients

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Chronic skin diseases cause considerable psychological morbidity significantly affecting patients beyond the physical manifestations. Various studies have revealed that psychological interventions had a positive effect on severity of skin conditions, psychosocial outcomes and itch-scratch cycle.

We studied 200 patients having psoriasis (45), alopecia (34), acne (32) and vitiligo (24), connective tissue disorders (18), immuno-bullous diseases (15), eczematous disorders (34) and chronic urticaria (16) with moderate to severe skin disease. The patients were evaluated for any psychiatric disorder using Mini International Neuropsychiatric Interview. Forty-five (22.5%) of the 200 patients were diagnosed with a psychiatric disorder. Depression was the most frequent condition (21%), followed by suicidality (5%), social anxiety disorder (1.5%), alcohol use disorder (1.5%), panic disorder (1%), psychosis (1%), and generalized anxiety disorder (0.5%). The study showed moderate to severe stress in 57% of these patients. Patients older than 61 years, inpatient status, lower annual income, longer illness duration, disease severity, greater body surface area involvement and genital involvement had higher stress level. Also, the stress levels were associated with female gender and facial involvement, but not with type of skin disease. Additionally, skin conditions like immunobullous, eczematous and connective tissue disorders were associated with higher rates of psychiatric comorbidities. We randomized the patients with moderate to severe stress into two groups: an intervention arm received psychoeducation and deep breathing exercises along with appropriate skin disease treatment, and a control arm given only skin disease treatment for 90 days. After 90 days, the improvement in Perceived Stress Scale scores was assessed which significantly greater in the intervention arm compared to the control arm (14.30 ± 7.22 vs. 20.12 ± 9.41, $P = 0.001$). Psychological interventions benefit both the clinical manifestations of the skin disease and associated psychological symptoms. Most notably, while changes in skin disease severity were comparable between the two arms, patients who experienced worsening or no change in their skin condition showed significantly better stress management in the intervention arm demonstrating protective psychological effect of such interventions.

Therefore, the study has shown that psychological morbidity among patients with chronic skin diseases is high and psychological interventions have a positive impact on therapeutic outcomes in chronic skin diseases in Indian patients, who often face additional social stigma due to visible skin conditions and psychointerventions are particularly valuable in such patients. It also underscores the need for an integrated care approaches.

An Update on Psychogenic and Neuropathic Aspects of Burning Mouth Syndrome

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This presentation offers a psychological perspective on the evolving understanding of burning mouth syndrome (BMS), a condition situated at the crossroads of dermatology, neurology, and mental health. While neuropathic mechanisms are increasingly acknowledged in the literature, many patients also present with significant psychological distress, including anxiety, depression, and somatic preoccupation. These factors can amplify symptoms and complicate both diagnosis and treatment. The talk emphasizes the importance of a biopsychosocial approach that recognizes the interplay between nervous system dysregulation and emotional well-being.

The presentation highlights evidence-informed psychological interventions-such as cognitive-behavioral therapy, psychoeducation, and supportive counseling-as essential components of comprehensive care for BMS. It also addresses the emotional impact of living with a chronic, often misunderstood condition, and how therapeutic strategies like validation, stress management, and narrative reframing can improve coping and clinical outcomes. The aim is to encourage greater interdisciplinary collaboration and psychological insight in managing this complex patient population.

Understanding Psychological Impact of Acne: Beyond the Surface

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This presentation examines the psychological burden associated with acne, emphasizing that its impact extends significantly beyond the visible skin lesions. It reviews the psychosocial consequences, including low self-esteem, social withdrawal, anxiety, and depression, highlighting that the severity of emotional distress often does not correlate with clinical severity. The importance of early psychological assessment and the implementation of a comprehensive, multidisciplinary management approach are discussed. The presentation advocates for the integration of dermatological and mental health strategies to optimize patient outcomes and quality of life.

Five Elements Acupuncture in the Treatment of Chronic Spontaneous Urticaria: A Case Report

Siqing Wang

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Chronic urticaria, a common skin disorder, is primarily treated with antihistamines and immunosuppressants. However, approximately 25% of patients remain unresponsive, and some experience side effects or drug resistance. Five-element acupuncture has shown promise in dermatological treatment. There is a lack of studies related to the treatment of chronic spontaneous urticaria (CSU). This case report presents a patients with CSU successfully treated with five elements of acupuncture, aiming to evaluating its efficacy and providing a basis for subsequent exploration of its underlying mechanisms.

A 58-year-old woman suffered from recurrent wheals for 7 years, aggravated in the last year. In addition, she suffered from abdominal pain after breakfast that was relieved by defecation and restless legs syndrome for more than 30 years, which disturbed her sleep. Physical examination found that the five elements were considered as earth. Subsequently, she received five-element acupuncture twice weekly for 8 sessions, including salt-partitioned moxibustion at Shenque (CV8) and direct moxibustion at Taibai (SP3) and Chongyang (ST42), followed by needle supplementation. After four weeks, the Urticaria Activity Score over 7 (UAS7) days decreased progressively from 30 to 28, 17, 7, and finally 0. Furthermore, associated systemic symptoms also improved. The frequency of abdominal pain and diarrhea gradually reduced, with no episodes reported by the fourth week. Additionally, the formication in the legs was reduced by 70%. At the 12-week follow-up, UAS7 remained at 0, and the Pittsburgh Sleep Quality Index score improved from 31 (baseline) to 8.

This case suggests that five elements of acupuncture could effectively alleviate not only the dermatological symptoms of CSU but also gastrointestinal and neurological complaints, with sustained improvements. Moreover, further clinical research is needed to confirm these findings and elucidate the underlying mechanisms of the treatment.

Role of Hypnotherapy in Dermatology

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Brain and skin develop from the same neuroectodermal cells in the embryo. Surprisingly, a network of neurons is found also in the skin which responds to touch, temperature, pressure and the emotional states. According to a study, almost seventy percent of patients attending a skin outpatient department give a history of either primary stress or stress secondary to the skin disease. Anxiety leads to activation of hypothalamo pituitary axis resulting in release of neuro immuno mediators in the blood stream causing inflammation in the skin.

Mind and body connect has been known since a long time. Magnetism and mesmerism were used in 18th century to cure illnesses and for anesthesia during surgery but the word Hypnos was first used by James Braid in France. Clinical hypnosis finally got its first recognition in 1955 by the British Medical Association.

Hypnotic state is an altered state of consciousness with focused attention, selective wakefulness, narrowed awareness and high susceptibility to suggestions. The mechanism by which hypnosis brings about positive changes is still hypothesized but it has been proved that it alters the perception and memory of the subject. It can directly decrease the symptoms like pruritus, paresthesia and pain. During hypnosis reduction in activity of anterior cingulate gyrus has been observed. The relaxation used during the therapy inhibits the sympathetic system. This in turn alters the immune response and reduces inflammation and pruritus in conditions like atopic dermatitis, lichen planus, urticaria, psoriasis and alopecia areata. Relaxation also decreases the anxiety and patient is able to sleep better.

Dysfunctional behaviors like touching, scratching, skin picking, nail biting, hair pulling and compulsive hand washing can be reversed.

Suggestions can be used to control pain in short surgeries, burns, post herpetic neuralgia, pain disorders and injuries and accelerate healing of wounds. They can also favorably modulate immunity in infections like acne, chronic boils, warts and herpes. Recordable physiological changes like increase in blood flow and skin temperature by 4 degrees and decrease in the rate of perspiration can be brought about in Raynaud's disease and hyperhidrosis respectively.

Ego strengthening during hypnosis improves the self-esteem and manages the complexes associated with body dysmorphic disorder and visibility of lesions on the exposed areas. Patient also feels more relaxed, in control and optimistic about the outcome of the medical treatment.

Hypnotherapy has also proved to be an excellent non-surgical modality for painless and scarless treatment of warts with 80% to 90% success rates.

Hypnosis is a wonderful supportive therapy for patients who have had difficulty responding to the conventional therapies. It decreases inflammation and anxiety and accelerates healing. It also helps reduce the dose of medications and improve patient compliance. It lowers the relapse rate and increases symptom-free interval. It is less expensive as compared to frequent physician's visits and medication.

Brain and Skin: Parallel Trajectories and Shared Destinies?

Antonio C. Sison

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The study of the brain and skin in terms of: embryonic, biological, therapeutics, psychological, social and medical science demonstrate demonstrates parallel trajectories and possibly shared destinies.

Dermatopsychiatric Impact of Beauty Products: A Comprehensive and Constructive Analysis

Koushik Lahiri

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This talk explores the growing global phenomenon of beauty product usage and its dual impact on skin health and psychological well-being, an area addressed by the emerging field of dermatopsychiatry.

Beauty products, while boosting confidence and societal acceptance, can often trigger or worsen dermatological conditions like acne cosmetica, allergic contact dermatitis, and post-inflammatory hyperpigmentation. These physical changes, in turn, severely affect mental health, leading to anxiety, depression, and even disorders like body dysmorphic disorder (BDD).

The presentation emphasizes the psychological motivations behind cosmetic use, shaped by cultural norms, media influence, and social pressures, and critiques the role of misleading advertising and social media in perpetuating unattainable beauty ideals.

Cosmetic misuse-such as over-the-counter steroid creams or fairness products-can result in psychodermatoses like steroid-induced rosacea or ochronosis, compounding psychological distress.

A holistic, empathetic clinical approach is advised which includes:

- Routine screening for mental health distress (using tools like patient health questionnaire-9 and BDD questionnaire),
- Multidisciplinary collaboration with psychiatrists and psychologists,
- Ethical reforms in the beauty industry focusing on transparency and mental well-being.

The overarching message is that skin and psyche are intimately linked, and responsible dermatological practice must acknowledge and address both.

Psychosocial Impact of Hidradenitis Suppurativa: An Integrative Somatic Approach to Therapy

Keira Barr

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Hidradenitis suppurativa (HS) is not only a painful dermatologic condition-it carries a heavy mental and emotional burden that profoundly disrupts quality of life. Beyond the physical symptoms, patients often endure stigma, diagnostic delays, and the isolating shame of a chronic, visible disease.

Research shows chronic and traumatic stress are closely linked to the onset, severity, and persistence of HS. The experience of living with HS becomes a compounding trauma, reinforcing a vicious cycle that conventional treatments alone rarely break. Without addressing stress, trauma, and nervous system dysregulation, true healing remains out of reach.

To break this cycle, a new approach is needed-one that addresses the body's stress response directly. This presentation introduces an innovative 8-week body-based healing protocol built on evidence-based principles of neuroscience, interpersonal neurobiology, mind-body medicine, and somatic psychotherapy to cultivate resilience and resolve trauma at its roots.

Early outcomes show profound improvements in anxiety, shame, pain management, and flare severity. This protocol is now being formally studied, offering a new paradigm for dermatologic care-one that elevates mental health as central to skin healing and complements conventional treatments by addressing the often-missing link between emotional wellbeing and disease management.

Trichotillomania: Therapeutic Aspects

Evlanova Anna

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Trichotillomania (TTM) is characterized mainly by repetitive hair-pulling, which may occur either consciously or unconsciously. The exact cause of TTM remains unclear. Though currently classified under obsessive compulsive disorder-related disorders, several models exist: the behavioral model sees it as a stress-relief coping mechanism; the psychoanalytic model links it to unconscious conflicts; and the biologic model focuses on brain abnormalities identified through neurobiological research. TTM is examined within the field of trichopsychodermatology and typically managed by both psychiatrists and dermatologists. Despite growing insights into the disorder's pathophysiology, no universally approved or ideal treatment currently exists.

TTM management includes both pharmacological and non-pharmacological approaches. On the pharmacological side, a variety of medications have been used to reduce hair-pulling behaviors-lithium, tricyclic antidepressants, SSRIs, antipsychotics, and N-acetylcysteine.

Non-drug therapies such as cognitive behavioral therapy and habit reversal training have shown effectiveness, although relapse remains a common challenge. However, outcomes tend to improve when these therapies are supported through ongoing professional and family involvement.

Based on experience at the psychosomatic department of the Saint Petersburg City Hospital for Dermatology and Venereology, a significant portion of our patients with TTM primarily required psychological help. Their condition often developed in response to chronic psychological stressors at home or work, particularly involving disruptions in key life domains such as family relationships, employment, finances, or sexuality. The most consistent and lasting improvements were observed in cases where family members agreed to participate in family therapy or sought individual counseling themselves.

The Role of Psychological Factors in The Development, Evaluation and Therapy of Alopecia Areata

Mohahammad Mahmudur Rahaman

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In our daily practice hair loss patients are common. Alopecia areata is one of the most important type of hair fall patient. Alopecia areata is a condition where sudden loss of localized area of scalp or any other hair bearing area. Psychologicall factors may affect alopecia areata patients due to sudden onset, most visible part of body affected, sometimes difficult to treat. Autoimmunity and psychological stress are the main factor of alopecia areata development. We should evaluate alopecia areata patients carefully because it is closely related to some other conditions like trichotillomania, tinea capitis. Some investigations are required to exclude other diseases. Treatment of alopecia areata patients is sometimes frustrating. Topical, systemic or intralesional steroid sometimes help to overcome the situations though there are many treatment options available.

The Invisible Impact of Alopecia Areata

Roxanna Sadoughifar

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Alopecia areata is a chronic autoimmune condition characterized by sudden, non-scarring hair loss, which can have profound psychological consequences. This presentation will explore the mental health challenges faced by individuals living with alopecia areata, including anxiety, depression, low self-esteem, social withdrawal, and impaired quality of life. Drawing upon current research and clinical experience, I will examine the emotional journey of patients, common psychological responses to hair loss, and the stigma often associated with visible differences. Furthermore, I will highlight coping strategies, resilience factors, and the critical importance of multidisciplinary care that integrates psychological support with dermatological treatment. Practical recommendations for healthcare professionals will be offered to enhance patient-centered care and improve psychological outcomes for individuals affected by alopecia areata.

Quality of Life in Hair Disorders with Particular Focus on Lichen Planopilaris

Shubh Mohan Singh

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Quality of life (QOL) is an important health metric that is based on the subjective and multidimensional assessment of well-being of an individual. The measurement of QOL is important in chronic non-communicable diseases such as lichen planopilaris (LPP). LPP can lead to significant impairment in QOL owing to the effects of the disease and its management. This presentation discusses the determinants of QOL in LPP, the importance of holistic patient care, patient education and support, and routine QOL assessments. A holistic management of this condition can lead to better patient outcomes.

Trichotillomania: Searching an Unnoticed Pathology

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Diagnostic Keys in Trichotillomania

Trichotillomania (TTM), also known as hair-pulling disorder, is classified under the obsessive-compulsive and related disorders in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). It is a chronic, often debilitating psychiatric condition characterized by the recurrent pulling out of one's own hair, leading to noticeable hair loss, functional impairment, and significant distress. Accurate diagnosis is essential for effective treatment and requires a thorough clinical evaluation.

Clinical Presentation and Pattern

TTM typically begins in late childhood or early adolescence, with a higher prevalence in females. Common sites of hair pulling include the scalp, eyebrows, and eyelashes, although any hair-bearing region may be affected. The behavior may be conscious (focused pulling) or automatic (outside of awareness), and is often preceded by tension or an urge, followed by relief or gratification. Patients may exhibit ritualistic behaviors, such as examining the hair root, running hair across the lips, or ingesting hair (trichophagia).

Diagnostic Evaluation

Diagnosis is primarily clinical. A detailed history is critical to assess the nature, frequency, and consequences of hair pulling. Tools such as the Massachusetts General Hospital Hairpulling Scale and the TTM Diagnostic Interview-Revised can help quantify severity and assess functional impact.

Dermatological examination often reveals irregular patches of alopecia, with hairs of varying lengths, broken hairs, and signs of follicular trauma. Trichoscopy, a non-invasive dermoscopic technique, may show characteristic findings such as black dots, flame hairs, coiled hairs, and the "V-sign". These features help distinguish TTM from alopecia areata, where exclamation mark hairs and yellow dots predominate. Differential diagnosis must consider dermatological conditions (e.g., tinea capitis, alopecia areata, traction alopecia), as well as psychiatric disorders (e.g., obsessive compulsive disorder, borderline personality disorder, psychosis).

Comorbidities and Prognosis

TTM frequently coexists with anxiety, depression, and other obsessive-compulsive spectrum disorders. Prognosis varies: while some patients show spontaneous remission, others experience a chronic, relapsing course. Early recognition and intervention improve outcomes.

Treatment

The treatment of TTM is based on cognitive-behavioral therapy (especially habit reversal training) and may be complemented with pharmacotherapy such as selective serotonin reuptake inhibitors or N-acetylcysteine. Combining psychotherapy with medical treatment improves clinical outcomes in selected patients.

Conclusion

TTM is a distinct psychiatric disorder that requires careful clinical evaluation for diagnosis. Understanding the core criteria, recognizing trichoscopic patterns, and considering differential diagnoses are critical for appropriate management. Awareness of comorbidities and patient education are also essential components of care.