

# The Essentials of Psychodermatology

Mohammad Jafferany  
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*This book is dedicated to all those who encouraged and inspired me for writing this compendium on Psychodermatology. Hope the message has been conveyed. Thanks to Dr. Ferreira and Mr. Patel for their untiring efforts and help.*

*“Try not to become a man of success but rather to become a man of value.” Albert Einstein*

*– Mohammad Jafferany*

*I dedicate this work to my masters, colleagues, and friends in psychodermatology, highlighting Dr. Jafferany, for the encouragement, shared work, and keen interest in this striking subspecialty within dermatology, and to all the patients I have the privilege to meet and help in psychodermatology, who everyday reinforce this my everlasting passion for the connection between the mind and the skin.*

*– Bárbara Roque Ferreira*

***Blessed is : Thankful for***

*A man born with wings: my loving family*

*A man given knowledge to fly: my*

*inspiring mentors*

*A man with others to soar beside: my*

*incredible friends*

*– Arsh Patel*

# Foreword

Psychodermatology is a boundary field between dermatology, psychiatry, and psychology. Although the societies grouping people interested in the bilateral relations between skin and psyche, like Association of Psychoneurocutaneous Medicine of North America (APMNA) or European Society for Dermatology and Psychiatry (ESDaP), do exist, the role of psychodermatology is still underestimated. It has been a neglected topic for many years. Therefore, there is a need for continuous education in various aspects of psychodermatology. In most countries, psychodermatology training is even not included in the program of dermatology residency. Dermatology is a specific branch of medicine where visibility of skin lesions plays a crucial role and may lead to severe psychiatric disturbances. Moreover, it is well known that stress may initiate and/or exacerbate many skin diseases, like atopic dermatitis or alopecia areata. Several psychiatric disturbances manifest with skin problems or conviction of having skin pathology. Almost every day we deal with so called “difficult patients.” Are we adequately prepared to serve those patients? For me it is clear that at least basic knowledge of psychodermatology is of importance and great help in our daily clinical practice.

Taking all above into consideration I was delighted to hear of the project of the book entitled “Essentials of Psychodermatology.” This book, prepared by interdisciplinary team of experts, will definitely fulfill the expectations of both dermatology and all other health providers dealing with psychocutaneous medicine. I am sure that we shall all benefit a lot from this project. This book helps to understand the complex of relations between skin and psyche and serves as a guide for physicians working with psychodermatology patients.

I would like to compliment the authors for the structure of the book. It is comprehensive, covers all important aspects of the field, beginning with psychoneuroendocrinoimmunology and principles of both dermatology and psychiatry, leading the reader through the current classification of psychodermatology, various clinical scenarios ending up with therapeutic modalities. I am pleased to see the chapter peculiarly dedicated to the assessments of patients with psychodermatologic conditions, including basic scales and questionnaires. The treatment section is of great value. It gives an overview of psychotropic agents as well as basics of psychotherapy.

I am sure that „Essentials of Psychodermatology” will be welcomed by all health providers dealing with patients with psychodermatologic disturbances with great enthusiasm. It fills the niche, might be of help for both beginners and more advanced colleagues. As a dermatologist I am sure that this book contributes significantly to our idea of having so called “well-informed dermatologists in the field of psychodermatology.” I do hope that this very practical in structure guide will stimulate colleagues to setup the liaison psychodermatology clinics, as nowadays the holistic approach to our patients is crucial to achieve the therapeutic success.

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# Preface

The interaction of skin and psyche is severely underestimated. The impact of psychological factors on skin disease and skin disease-causing psychological disturbances (thereby affecting quality of life) are pivotal in the understanding and management of psychocutaneous disease. For proper understanding of psychodermatological disease, one must examine the patient holistically. The role of the biopsychosocial model in the predisposition, precipitating, perpetuating, protecting, and presenting of psychocutaneous disorder helps a lot in long-term management and compliance in treatment. Recent advances in psychoneuroimmunological basis of psychocutaneous disease have opened new vistas in treatment approaches and subsequently improved the quality of life in patients with psychocutaneous disease. One of the major difficulties is that patients and physicians minimize the role of stress or psychological factors associated with skin disease due to lack of knowledge or not knowing any community resources. At the same time, unfortunately, postgraduate training and residency/fellowship trainings are still not giving appropriate attention to this important subspecialty of dermatology, psychiatry, and psychology. There are only a few centers of psychodermatology in the USA. Association for Psychocutaneous Medicine of North America is the only professional organization in the USA that is devoted to the dissemination of knowledge about psychodermatology; it holds an annual meeting and dedicates one full session of the conference for medical students and residents. Due to the lack of training opportunities, educational activities, and a general gap of knowledge, we decided to write this handbook, particularly keeping in mind the needs of young physicians, students, residents, and fellows. We hope that this text will stimulate interest in young professionals about this exciting subspecialty of medicine. If we are able to generate a deeper understanding of skin and psyche connection, and the need for obtaining further training and education in this area, we will know we have been of use.

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# Chapter 1

## Introduction: Why to Study Psychodermatology and to Whom it May Concern



### Introduction to Psychodermatology

Psychodermatology is a relatively recent field of dermatology, traditionally linked with the study of the mind-skin connection, with increasing research and whose clinical relevance and implementation have only spread more recently, during the past 23 years, and worldwide, even though its history is quite longer [1].

Actually, since ancient times, we may find reports concerning skin diseases, where a link with psychopathology and psychological stress was present. For instance, Hippocrates (c.469–370 BC) was a Greek physician who established medicine as a domain of study and practice that should be separated from religion, arguing that clinical symptoms should be analyzed through logical and rational mechanisms, instead of as a punishment from god [2, 3]. As stated by Hippocrates, “people call it divine because they do not understand it” [2]. This sentence could be linked, today, with a new meaning: to establish a parallelism with what happens in psychodermatology, some patients present skin symptoms that are not visible and some physicians tend to devalue these complaints, telling them that they do not have a medical problem, while the core of the problem is, indeed, that these physicians do not understand it, like in the past, where medical problems were attributed to another reason, at that time, a punishment from god, due to lack of knowledge. This practice may reinforce the psychosocial burden of the skin symptoms that do not have objective clinical features, raising insecurity and the feeling that the patient will never see is problem solved [4].

Hippocrates was globally recognized as the father of modern medicine [2, 3]. Actually, he introduced the new concept of the human body as having different parts that were working together, also connected in the genesis of a medical problem [3]. Apart from the huge contribution of introducing the idea of medicine as a field with rational explanations, he also pointed out the subtleties of the physician-patient relationship [2]. Concerning dermatology, he has also documented some cases of

psychodermatologic conditions, whose names were only documented more recently, the skin-picking syndromes, more precisely, respectively, trichotillomania and trichoteiromania: “We must note whether he plucks his hair or scratches” [3].

Some famous sentences which are still taken into account in modern medicine come also from Hippocrates and they reinforce the importance of an adequate knowledge to a better clinical practice, namely: “Do good or at least do not harm” and “Life is short but the art is long” [2]. They illustrate, also in psychodermatology, the importance of knowledge to correctly address and manage the subtleties of patients where psychosocial issues are still more closely linked with the skin symptoms or the disease.

Psychodermatology is the subspecialty of dermatology which includes the skin symptoms that may be linked with, result of or cause a psychiatric comorbidity or psychosocial issues. It is placed in the intersection of dermatology, psychiatry, psychology, neurosciences, sociology and aesthetics. Some skin diseases may have a significant impact on the body image, with subsequent stigmatization. Stigma is a process that has been largely studied by sociology and that was firstly introduced by Ervin Goffman, to describe a process by which the way others react can spoil the normal identity, leading to feelings of rejection, being flawed, guilt or shame [5, 6]. Furthermore, due to the lack of knowledge of common dermatoses by general population, patients with lesions of psoriasis localized on the hands seem to have more stigmatization probably because others could mistake their disease as contagious [6, 7]. Finally, some patients that look for many aesthetic procedures may present a primary psychopathology, a body dysmorphic disorder, and the aesthetic surgery often results in the aggravation of their symptoms [8].

Apart from the fields of dermatology, psychiatry and sociology, the study of psychodermatology may also concern basic sciences, since the understanding of the physiopathological mechanisms of the psychophysiological dermatoses, such as, alopecia areata or psoriasis, and psychogenic pruritus, requires a deep understanding of the interaction between the central nervous system and the skin, also including concepts of immunology and endocrinology [9, 10].

## **Why to Study Psychodermatology and to Whom it May Concern**

### ***Dermatology and General Medicine***

It should be stressed that psychodermatology should not be only seen as a mere clinical and scientific subspecialty of dermatology with interest only here and in psychiatry. Indeed, patients suffering from psychodermatologic conditions are not only observed in the context of dermatology, psychiatry and psychology clinics, but they are also seen in the setting of a general medicine consultation as well as in the context of other consultations, such as, as exemplified above, in plastic or general

surgery (e.g.: patients with body dysmorphic disorder), gynaecology or urology (e.g.: patients with vulvodynia and penidynia or other cutaneous sensory disorders), infectiology or internal medicine (e.g.: patients that present a delusional infestation, and, then, that may want to do as many examinations as possible to find out “the parasite”) and pediatrics (e.g.: trichotillomania in the differential diagnosis of alopecia in childhood, namely alopecia areata).

Taking all this into account, we might say that psychodermatology is not only a very important subspecialty of dermatology, that needs to be more recognized and studied by the general dermatologists, but, also, it should be seen as a subspecialty of medicine that, at least, should be recognized by the general practitioners, in order to properly identify the conditions and address them to specialists in psychodermatology. This is especially important if we remember that most of these patients may present deep impact on quality of life and in many domains of social life, work and relevant psychological issues [11]. It is not so rare that these patients can be lost in such a “hospital shopping”, going to many specialists, to find out a solution to their suffering and distress, increasing, in a vicious circle, the psychosocial repercussion of their skin symptoms by realizing that any physician could actually understand them. Then, considering that general practitioners commonly see firstly most of these patients, and address them to different specialties, this topic of medicine really concerns them, so that they could really identify the different conditions to better decide when and to whom refer them.

The British Association of Dermatologists’ working party report presented the results of a nationwide survey which documented that 3% of dermatology patients have a primary psychiatric disorder, 8% present secondary psychopathology due to concomitant skin disorders, 14% have a psychological condition exacerbating their dermatosis, 17% need psychological intervention to help with psychosocial issues secondary to a skin condition and 85% have indicated that the psychological aspects of the dermatosis were a major component [12]. Scientific studies in psychodermatology have increased worldwide, pointing out the clinical presentation of these conditions, the physiopathological mechanisms, the psychiatric comorbidities and the impact on quality of life. Through this relevant scientific work, that has been developed during the last years, the awareness of psychodermatologic conditions in the dermatology practice has increased, which has been represented by the interest in developing psychodermatology also in the clinical practice, with an increasing number of psychodermatology consultations and clinics worldwide [12, 13]. Even though, there is still a long way to go up to a really good recognition of the importance of psychodermatology by general dermatologists, as psychodermatologic conditions are still undervalued and undertreated by them [14, 15]. However, we might say that if there is not a very well recognition of these conditions by the general dermatologist, the problem is still more evident when we consider the other specialties of medicine to whom these patients may also be addressed or presented. Then, we intended to organize, in this book, the main concepts of psychodermatology, not only directed to the general dermatologist but also to all the physicians who may see these patients, in order to provide them updated and concise practical knowledge in this field to recognize and address these patients.