

PRACTICAL PSYCHODERMATOLOGY

EDITED BY

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Cacosmia CBT
Coping Delirium
Dermatitis Artefacta
Eczema Dysesthesia
Excoriations DSM-5
Folie a deux Glossodynia
Health anxiety Hirsutism
Lichenification
Mindfulness
Neuropathic
NLP
Nodular
Prurigo
Obsessions
OCD
Psoriasis
Psychosis
Suicide
Risk
Stigma
Tardive
Dyskinesia
Vulvodynia
Substance Use

Trichotillomania Trichotomomy

Vitiligo

Tricyclic Antidepressant

Xerostomia

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M.M.

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A.P.B.

For my parents Alec and Elizabeth Taylor, husband Nicholas Moran, and children Hannah, Austin, and Mehetabel, with thanks for their love and support.

R.E.T

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Foreword

From the US

“The dermatologist treats the disease; the psychodermatologist treats the patient who has the disease.”

This new book on psychodermatology is extremely comprehensive. The content ranges from psychopharmacology to non-pharmacological approaches such as habit reversal therapy. It covers all age groups from pediatric to the elderly and is applicable to all providers including the nursing staff. This book is indeed a valuable addition to our specialty.

Psychodermatology is much more than delusions of parasitosis. Whereas dermatology has a tendency to focus more on minute details, psychodermatology encourages appreciating the patient as a whole. In fact, in the United States, a new book updating the entire field of psychodermatology is very timely. We are experiencing a radical change in reimbursement rates for physicians, whereby reimbursement becomes contingent on patient satisfaction. This new policy, “value based payment,” increases or decreases compensation based on patient satisfaction as assessed by the Consumer Assessment of Healthcare Providers and Systems (CAHPS), a survey mandated by many insurance payers including the US government. As electronic consumer ratings become more prominent, physicians will be publicly rated, similar to how restaurants are rated on the website. Yelp! The reality that reimbursement rates are becoming contingent on how the dermatologist relates to and is perceived by his/her patient must be faced. Because this is a very subjective variable, it

behooves all physicians to be familiar with psychodermatological aspects of their practice.

In short, psychodermatology is a subject matter most worthwhile learning about because of its relevance in our day-to-day practice. It is vital to investigate and appreciate aspects of our patients that are not visible, such as the intensity of emotional stress involved, the presence of depression, or the degree of support a patient needs to be adherent with his/her treatment regimen. As healthcare evolves, psychodermatology expertise will be of growing importance to the way we practice, above and beyond how to deal with a delusional patient.

John Koo
San Francisco, California
December 2013

From the UK

In the early 1970s at Addenbrooke's Hospital, Cambridge, we were fortunate enough to follow each other in the post of Senior House Officer in Psychiatry and Dermatology. The link between the two departments was part architectural, part financial: the Psychiatric Ward was next to the Dermatology Ward, and each service could only afford half a junior doctor. Arthur Rook was one of the dermatologists.

He drew the attention of one of us [CB] to the book *Psychocutaneous Medicine* by the American dermatologist Maximilian Obermayer. Arthur Rook suggested that this important book was to many UK dermatologists incomprehensible and off-putting. What was needed was an accessible and practically based volume that covered the important and fascinating clinical interface between psychiatry and dermatology.

After Addenbrooke's the two of us went our different ways, one to be a dermatologist, the other a psychiatrist, but 10