Секция «Клиническая психология, психосоматика и психология телесности»

Psychological interventions in dermatology. Psychosocial and psychosomatic impact of skin diseases.

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The skin is a directly publicly visible organ. Most people, being "cosmetic beings," greatly emphasize the importance of one's physical appearance. Many people feel pressured to reach unreachable standards of physical appearance. For centuries, there has been a stigma attached to diseases of the skin.. Lepers were cast out from society in biblical and medieval times, as they were considered 'unclean'. The stigmatization of lepers was not a public health measure to control spread but an expression of fear, ignorance and prejudice. Nowadays, skin diseases are very common. Indeed, it is true to say that, everyone will at some time in their life have some form of skin disease. Statistics shows that, in any 12-month period about 24% of the population consult their general practitioner doctor to discuss a skin problem. About 14% of all consultations with general practitioner doctors are for skin conditions.

In this abstract, I try to introduce and emphasize the rank of psychological interventions for dermatological patients. Most patients with dermatology situations may not require psychological change. Instead, they could be approached with effective doctor-patient communication skills, within a context of empathy and positive regard. However, based on the clinical interview, some patients may require varying degrees of psychological change in order to better manage to their illness. In such a context, a dermatologist with training in psychotherapy would be required. In the absence of such a person, the patient may be referred to a psychologist or another mental health professional trained in psychotherapy.

Our studies demonstrated that skin diseases could cause psychological abnormalities including depression, suicidal ideation and anxiety. Psychosomatic symptoms, including pain and discomfort, embarrassment and social inhibition, can also occur. Effective treatment of skin diseases in teenagers was accompanied by improvement in self-esteem, affect, obsessive compulsiveness, shame, embarrassment, body image, social assertiveness and self-confidence. Some skin diseases are associated with a greater psychological burden than a variety of other disparate chronic disorders.

"I suffer with a high level of sweating from my armpits. This leaves large damp patches on my clothes, which I always fear, are noticeable, and often are. This makes all social situations including going out, working and studying difficult as I find myself continuously worrying about the visible sweat on my clothes and the assumptions that those around me will make that I am smelly and unclean. The whole situation is exasperated when I become nervous that I am sweating excessively, which results in me sweating more because I am nervous."

- Evidence submitted by a 17 years old patient with hyperhidrosis

Patients with eczema, vitiligo or psoriasis face embarrassment, worry and depression. A survey of patients with psoriasis revealed that many deliberately avoid swimming. In addition, few wear short sleeves, shorts or skirts because they feel that people regard them as 'untouchable' or 'contagious'. Playing sport is a problem for psoriasis sufferers. Children with psoriasis are more likely to be bullied.

Impairment of quality of life correlates poorly with severity of disease. Our survey found that disease strictness was related to impact on employability and family finances.

We observed and conducted 36 patients in Dermatology and Venereology Department. Patients were asked a series of questions relating to their skin disease or that of the person they care for. The 47% of respondents said that they had been victims of verbal abuse one or more times and a further one in six (16%) people admitting to having self-harmed because of their skin disease. Disturbingly, five out of 36 participants said they had attempted suicide, with another 19, 4% (7 respondents) stating they had contemplated suicide at some stage. Survey found that 23% of patients with psoriasis said that they had been rejected and stigmatized by the public as a result of their condition. Another study found that 18% of those with severe psoriasis were on anti-depressant medication.

According to our observation of people with a skin disease, 29% found that their condition was an active barrier to finding a partner. The 20% felt that their skin disease was the driving factor behind the breakdown of their most recent partner relationship or a previous one. When asked to rank what they felt were the top three areas affected by their skin condition, 56% said that making friends was their third biggest concern.

In this case, psychodermatological process consist of two stages: 1. It is based on the doctor- patient relationship. At this stage, there is no need for psychological change in the patient. 2. Step of a psychodermetology practice involves patients whose illness condition is associated with psychological factors - as preceding factor, as a precursor or as a co-existing condition. Psychologist should choose the most useful psychotherapy method. It could be cognitive therapy, mindfulness-based therapies, habit reversal training and stimulus control.

Although research into this area has developed in recent years, there remains a lack of dedicated services to tackle the psychological needs of patients with skin disease. Investment should continue with the aim of developing evidence based psychological interventions capable of addressing differing levels of need. There is a need for further access to self-help/management tools as well as to psychological therapy.

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