

# 14<sup>th</sup> ESDaP Congress in Zaragoza, Spain, 17–19 March, 2011

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The European Society for Dermatology and Psychiatry held its 14<sup>th</sup> biannual congress in Zaragoza, Spain. Below please find a general overview of this congress and a selection of lectures presented.

## General information

The European Society for Dermatology and Psychiatry (ESDaP) held its 14<sup>th</sup> biannual Congress in Zaragoza, Spain (Fig. 1). This event brought together over 60 key speakers from 20 different countries. Dermatologists and Mental Health specialists, as well as epidemiologists, and health professionals from other specialities helped create a varied and stimulating scientific programme.



Fig. 1. Zaragoza is the 5<sup>th</sup> biggest city in Spain and the capital of the region of Aragon. Zaragoza is a beautiful ancient city with wonderful old buildings like Basilica del Pilar which is found between the Plaza del Pilar and the Ebro River.



Fig. 2. The ESDaP President, Françoise Poot was rewarded with the Herman Musaph Prize for her excellent contributions within psychodermatological research.

The central theme of the Congress was “Skin disease over ... time”. During the Opening Ceremony, following the welcome speeches and official inauguration, Carol Ryff from the University of Wisconsin-Madison, USA, delivered the opening lecture titled: Psychological well being as a protective resource in the face of chronic disease. After this, the Herman Musaph Award was given to the current ESDaP President, Françoise Poot (Fig. 2).

## Extracts from lectures

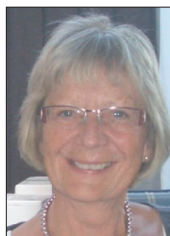
A lot of excellent lectures were given during the congress and we have selected a few of them which have been summarized by the lecturers themselves:



**Andrew Finlay, Cardiff, UK: How skin disease affects the Greater Patient**

Partners and family members of patients with skin disease experience psychological distress, and major impacts on their social life, holidays and housework. Their work and finances may also be affected.

This secondary impact on the “Greater Patient” is usually overlooked. The impact can be measured using the validated Family Dermatology Life Quality Index (see [www.dermatology.org.uk](http://www.dermatology.org.uk)) or various disease specific measures e.g. the Dermatitis Family Index. Now that this impact is better understood, the new challenge for clinicians is to create strategies to address the issues experienced by the Greater Patient, hopefully leading to better patient satisfaction and improved compliance.



*Solveig Esmann, Roskilde, Denmark: Patient education in Hidradenitis Suppurativa. What is needed?*

Patients with severe hidradenitis suppurativa may suffer from extremely low quality of life (QoL) with periods of isolation, anxiety, aggression, emotional deprivation, depression and suicidal ideation and may

face the risk of unemployment or low income due to sick days. A pilot-session of multifactor group education of patients run in Roskilde focused on education in treatment, daily care, behaviours to prevent progression, psychosocial competences and group-based support. Preliminary results show that the patients were very satisfied to participate, were happy to meet each other and would like to participate again even though the QoL-scores were unchanged. Related studies show that repeated group sessions are needed to obtain psychological pain-relief and increased QoL.



*Jacek Szepietowski, Krakow, Poland: Leg ulcers: Psychodermatological problem*

The psychological aspect of chronic leg ulcers remains understudied. Depression occurs in 22-27% of patients with leg ulcers. Anxiety is also common, found at least in one fourth of those patients. Usually odour and pain are symptoms

associated with depression and anxiety reactions. Both mental and physical components of quality of life are impaired. Large ulcers are associated with bodily pain, emotion and social isolation; long lasting ulcers are related to social isolation and pain. 81% of subjects believe that their mobility is adversely affected by leg ulcers. There is also a strong relationship between time spent for ulcer care and feelings of anger.



*Dennis Linder, Bergamo, Italy: Life course research in psychodermatology. Skin disease over time*

During the life course of a person, exposures to risk- and protective factors, single life events, behavioural patterns etc. steadily interact, finally determining

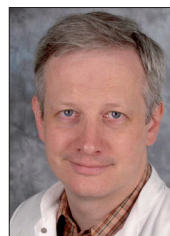
whether (and to which degree and with which outcome) a particular disease will affect the individual. Conversely, diseases, and in particular chronic ones, may concur to cause single life events and will often, sometimes even deeply, influence the course of life of patients. Studying interactions between course of life and diseases has now become frequent in many areas of medicine (“life course epidemiology”); in the field of dermatology, much work still needs to be done.



*Françoise Poot, Brussels, Belgium: ESDaP training in psychodermatology: EADV courses*

Since 2007 we propose every 2 years a Fostering course for 20 European residents in Dermatology at the EADV House in Brussels. Since 2010 a course for

practitioners is organised every other year. The program covers psychoneuroimmunology, classification of psychodermatological diseases, communication skills, family dynamics, mood disorders, psychopharmacology, body image problems, self-inflicted skin lesions, health related quality of life, adherence, coping skills, case presentations and Balint groups. We avoid ex-cathedra lessons and privileges discussions, workshops and respectful role plays. This method is highly appreciated by the participants.



*Gregor Jemec, Roskilde, Denmark: Patient organizations as a management technique*

Patient organisations represent a unique venue for communicating with patients. In contrast to what other information channels, communicating with members

of patient organisations is not providing ‘push-information’ but ‘pull’ as the audience is actively seeking participation in the process. Patient organisations are therefore a welcome resource when working with chronic diseases or prevention, where patient information and education play a particularly big role.



*Melanie Miyanji de Souza, Nairobi, Kenya: Mental stress, a consequence of communal attitudes and stigma to specific skin conditions*

Skin conditions are stressful. However, when conditions carry a stigma and attitudes are entertained and passed on to

entire communities, the psychosocial impact is more profound and distressing. The situation is worsened where proper medical attention is inaccessible or shunned and alternative cures are sought, such as traditional, home remedies and witchcraft. These





Fig. 4. Singers and dancers from Zaragoza entertained during the Congress Dinner dressed in the national costumes.

aggravate both the mental and medical state of the patient. Specific conditions have weird, unfounded explanations, possession by evil, a curse or punishment for ancestral wrong doings. Conditions termed inherited are a cause for blame on one side of the family with ensuing strained family relationships. Pigmentary disorders are a taboo leading to rejection and ostracism. Recent myths on Albinism are that body parts of sufferers bring fortune, resulting in killings for trade in their organs. My paper elaborates on attitudes and resulting complications.

### Social activities

There was also time for socializing during the intermissions, lunches as well as during the Inauguration Party (Fig. 3) and the Congress Dinner. There was an appreciated performance of traditional regional singing and dancing (Fig. 4), and many



Fig. 3. Lively discussion was held between the congress delegates during all intermissions and during the Inauguration Party.

Congress members did a City Tour of the beautiful historic centre, as well as visiting one of the most important monuments of 11<sup>th</sup> century Hispano-Muslim architecture, the Aljaferia Palace and enjoyed Zaragoza's unique history and culture.

### Next congress

As President of the Congress Lucía Tomás Aragonés (Fig. 5) wishes to thank both lecturers and all other participants for helping her making this conference a great success and hope that many of them will come back and visit Zaragoza again. If not, we might see you in the next ESDaP congress in Roskilde Congress Centre, Roskilde, Copenhagen, Denmark on June 6–9, 2013 with Gregor Jemec as Congress President.



Fig. 5. The Congress President Lucía Tomás Aragonés, accompanied by the President of the Spanish Psychodermatological Congress Dr Servando E. Marrón and dermatological residents Goretta Lacruz and Tamara Gracia.