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13th Congress of the European Society for Dermatology and Psychiatry

Scuola Grande di San Giovanni Evangelista
Venice Italy, September 17–22, 2009
www.esdap2009.org

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The Congress is endorsed by: University of Padua, Municipality of Venice, European Academy for Dermatology and Venereology, ADIPSO Italian Psoriasis Patient Association, Grupo Español de Dermatología y Psiquiatría, Société Francophone de Dermatologie Psychosomatique (SFDPS), Arbeitsgemeinschaft Psychosomatische Dermatologie, The "Centro Regionale Veneto di Riferimento per la Dermatologia Pediatrica (responsabile: Dr. Anna Belloni Fortina)", "Centro Regionale Veneto di Riferimento per la Psoriasi (responsabile: Prof. Mauro Alaibac)", SIDEP – Società Italiana di Dermatologia Psicosomatica, Melacavo – Associazione Italiana Melanoma.

Courses and Workshops on: Delusional Parasitosis, Self-Inflicted Skin Lesions, Psychometrics and Questionnaires, the "Difficult Patient", Communication Skills, Art, Observation and Reflection: Improving One's Diagnostic Skills, Narrative Medicine (coordinated by members of the Faculty of the Master of Science in Narrative Medicine, Columbia University, NY).

Contents of this Abstract book

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Thursday September 9, 2009 PM

12.30–14.30 ESDaP Executive Committee Meeting

Congress Opening Lectures (I) *(OP1–OP4)*

Chairmen: Sylvie Consoli, Andrea Peserico, Françoise Poot
14.30 Welcome Address, *Dennis Linder*
The Ethical Approach In Dermatology, *Sylvie Consoli*
15.00 Contemporary Psychodermatology: A Comprehensive Update Ahead Modern Science: Theory And Case Examples, *Armin Bader*
15.40 Placebo Effect– One Or Many? *Fabrizio Benedetti*
16.30 Personhood And Suffering – Crucial Elements In Person Centred Medicine, *Tom Sensky*
17.10 Coffee Break
17.30 Classical Music Break Lina Zhikova et al. (with the support of Leo Pharma France)

Congress Opening Lectures (II) *(OP5–OP7)*

Chairmen: John De Korte, Gregor Jemec, Lucia Tomas Aragones
18.10 Psychodermatology – An Ongoing Love Affair for 50 Years, *Roberto Bassi*
18.30 Psychological Impact Of Skin Disorders, *Gregor Jemec*
19.00 Body Art, *Lea Vergine*
19.30 Get Together Party (Until 22.30)

Friday September 18, 2009

Socio-Ethical Aspects, Patient – Physician Relationship (I) *(OP8–OP14)*

Chairmen: Armin Bader, Sylvie Consoli, Andrew Finlay
8.30 Skin (Disorders), Stigma and Stigmatisation in Art, *Marianne Crijns and Gerty van Casteleen*
9.00 Dermatopsychiatry in Africa Uniquely Complicated by Beliefs and Taboo, *Mélanie Miyanji*
9.20 Health Tectonics - The Inevitable Clash Between the Philosophy of Medicine and Management, *John Cotterill*
9.40 The Therapeutic Failure, *Laurent Miséry*
10.00 Skin Workshops, *Sabine Dutray*
10.20 How to Become a Psychodermatologist, *Françoise Poot*
10.40 Psychodermatology in Practice, *Servando Marron*
11.00 Herman Musaph Award Ceremony

Socio-Ethical Aspects, Patient – Physician Relationship (II) *(OP15–OP18)*

Chairmen: Uwe Gieler, Françoise Poot, Klaus-Michael Taube
11.30 Gender Psychodermatology, *Wolfgang Harth*
11.50 Psychodermatology of the Elderly, *Franco Perino*
12.10 Bio-psychosocial Interactions in Cancer, *Francisco Tausk*
12.40 Psycho-Oncology in Dermatology, *Klaus-Michael Taube*

Introductory Lecture to the Narrative Medicine Workshop *(OP19)*

Chairmen: Sylvie Consoli, Dennis Linder, Jorge Ulnik
13.00–13.30 Are Patients' Life Stories Clinically Useful? *François Goupy*

Introductory Lecture to the Delusional Parasitosis Workshop *(OP20)*

Chairmen: Friedrich Bahmer, Tony Bewley, Roland Freudenmann
13.30–14.00 Introduction to Delusional Parasitosis, *Peter Lepping*

Quality of Life *(OP21-OP25)*

Chairmen: John De Korte, Gregor Jemec, Jacek Szepietowski
14.30 Psoriasis, adalimumab and quality of life, *Andrea Peserico*
15.00 Qol: Past, Present and Future, *John De Korte*
15.30 Measuring Health Related Qol, *Francesca Sampogna*
16.00 Comparative Study of Stress and Quality of Life in Outpatients Consulting for Different Dermatoses in 5 Academic Departments of Dermatology, *Laurent Miséry*
16.30 Quality of Life in Nail Psoriasis, *Adam Reich*

Clinical Case Reports and Clinical Aspects (I) *(OP26–OP31)*

Chairmen: Svetlana Bobko, Mohammad Jafferany, Fujita Wayne
8.30 Onychophagia and Onychotillomania, *Przemysław Pacan*
8.50 Trichodaganomania: The Compulsive Habit of Biting One's Own Hair, *Mohammed Jafferany*
9.10 Treatment of Trichotillomania, *Sibel Mercan, Ilknur Altunay*
9.30 Idiopathic Pure Sudomotor Failure Complicated With Panic Disorder, *Yoko Kataoka*
9.50 Adult Patient with Cutaneous Mastocytosis, *Fujita Wayne*
10.10 Delusional Endo –Parasitosis – a Report on Two Clinical Cases, *Danica Lange*

Clinical Case Reports and Clinical Aspects (II) *(OP32–OP36)*

Judith Bahmer, Nathalie Danou, Roland Freudenmann
11.30 Content-specific Delusion of Parasitosis, *Friedrich Bahmer, Judith Bahmer*
11.45 Regarding Delusional Parasitosis: Update of the Concept «Folie à 2», *Nathalie Féton-Danou*
12.00 Pemphigus and Steroid Psychosis, *Kawtar Beqqal*
12.15 A Somatic Type of Delusional Disorder – A Case Report, *Anna Kepska*
12.30 Nosogenic Reactions in Patients with Bullous Dermatoses, *Svetlana Bobko*

Workshop on Delusional Parasitosis *(WP1–WP5)*

14.00–17.00 Coordinated by Roland Freudenmann - Peter Lepping
Dermatological Treatments, T*ony Bewley*
DP Audit in the London Clinic, *Ruth Taylor*
Aetiology, *Roland Freudenmann*
Epidemiology, *Catherine Baker*
Pharmacological Treatments, *Peter Lepping*
Discussion

Skin and Psychoanalysis: a Dialogue *(OP37)*

17.00 -19.00 Jorge Ulnik (Presenter), Roberta Guarnieri (Discussant)
The Relationship Between what the Psychoanalyst Hears and what the Dermatologist Sees, *Jorge Ulnik*

Atopic Eczema, Itching and Scratching *(OP38–OP43)*

Chairmen: Florence Dalgard, Joerg Kupfer, Adam Reich
8.30 Validation of Diagnostic Criteria of Functional Itch Disorders or Psychogenic Pruritus, *Laurent Miséry*
8.50 Mental Itching-Induction in Patients with Atopic Dermatitis and Dermatological Healthy Controls, *Joerg Kupfer*
9.10 Itch and Perceived Self-Efficacy Among Adolescents.Results from a Cross-Sectional Study, *Florence Dalgard*
9.30 Effective Control of Habitual Scratching on Atopic Dermatitis Patients with Social Stress, by Using EMDR, *Eiichiro Ueda*
9.50 Psychogenic Provocation of Atopic Dermatitis: Highlights in Understanding of Clinical and Pathophysiological Aspects, *A. V. Michenko*
10.10 Pruritus in some Dermatological Diseases, *Gloria Suciu*

Questionnaires *(OP44–OP47)*

Chairmen: Joerg Kupfer, Francesca Sampogna, Jacek Szepietowski
11.30 The Touch, Shame, Disgust – Questionnaire (TSG-Q) Data from Multinational Comparative Studies, *Christine Schut*

11.50 Creation and Validation of Polish Version of Nail Qol Questionnaire, *Adam Reich*
12.10 Sesad – Severity and Emotional Scoring of Atopic Dermatitis; Development of a Questionnaire for Parents of Children Suffering From Atopic Dermatitis, *Johannes Hempel*
12.30 Scalpdex – Valuable Quality-of-Life Instrument for Scalp Dermatoses, *Lukasz Matusiak*
19.15 Transfer to Torcello Island and Dinner at Locanda Cipriani

Saturday September 19, 2009

Body Image, Self Injurious Behaviour – I *(OP48–OP52)*

Chairmen: Silla Consoli, Uwe Gieler, Andrey Lvov
8.00 Body Modifications, *Aglaja Stirn*
8.40 Differential Indications for Aesthetic Dermatology in Adolescent Self-injurous Behaviour, *Oliver Bilke*
9.00 Prevalence of Body Dysmorphic Disorder Among Dermatological Patients and Level of Insight About Their Symptoms, *Luciana Conrado*
9.20 Visual Culture and Aesthetic Genital Surgery, *John Cotterill*
9.40 The Significance of Body Dissatisfaction and Overvaluation of Shape in Obesity and Binge Eating Disorder, *Carlos M. Grilo*
10.00 Coffee Break

Body Image, Self Injurious Behaviour – II *(OP53–OP55)*

Chairmen: Oliver Bilke, Wolfgang Harth, Aglaja Stirn
10.20 White Ain't Beautiful Anymore, *Sergio Lanari*
10.40 The Ups and Downs of Body Image in Skin Disease, *Raffaele Argentieri*
11.00 Self-Inflicted Disorders In Dermatology: Pitfalls in Classification, Diagnosis and Treatment, *Andrey Lvov*

Self-inflicted Lesions Workshop *(WP6)*

11.30–13.30 *Andrey Lvov, Uwe Gieler, Sylvie Consoli, Anna Belloni Fortina et al*

Perception and Psychological Impact of Skin Diseases *(OP56–OP60)*

Chairmen: Françoise Poot, Francesca Sampogna, Aurora Parodi
11.30 The Greater Patient and Sharing Decisions, *Andrew Finlay*
11.50 Psychological Impact of Acne Vulgaris and Isotretinoin Treatment, *Lena Kotrulja*
12.05 An Approach to the Diagnosis and Management of the Patient who Presents with Cutaneous Dysaesthesia, *C. Koblenzer*
12.35 Vulvodynia, *Sallie Neill*
13.10 Itching and Patients' Well Being, *Jacek Szepietowski*

Dermatopsychiatry *(OP61–OP65)*

Chairmen: Antony Bewley, Guy Chouinard, Andrey Lvov
13.30 Skin Signs in Eating Disorders, *Renata Strumìa*
14.00 Psychiatric Treatments in Dermatology – An Update, *Peter Lepping*
14.25 Neurocognitive Impairment in Women With Non-CNS Systemic Lupus Erythematosus and Normal Brain Spect, *Guy Chouinard*
14.50 Alexythymia and Dermatological Diseases, *Silla M. Consoli*
15.10 Graphic Representation and Psychotherapy in Delusional Parasitosis, *Jean-François Corbin*

Psoriasis and Other Chronic Skin Conditions – I *(OP66–OP69)*

Chairmen: Laura Giovannelli, John De Korte, Anna Zalewska
15.30 Chronic Skin Diseases, *Lucía Tomás*
15.50 Mental Disorders Comorbid to Chronic Dermatoses, *Igor Dorozhenok*
16.10 Psychosomatic Approach to Atopic Dermatitis – Stress, Behaviour and Psychotherapy, *Uwe Gieler*
16.30 Personality and Parent-Child Relationship in Patients with Atopic Dermatitis, *Makoto Hashiro*

Psoriasis and Other Chronic Skin Conditions – II *(OP70–OP73)*

Chairmen: Uwe Gieler, Françoise Poot, Lucia Tomas
17.00 Psychological Factors and Traumatic Experiences in Patients with Chronic Dermatological Conditions, *Laura Giovannelli*
17.20 Objective vs Subjective Factors in the Psychological Impact of Vitiligo: The Experience from a French Referral Centre, *Panagiota Kostopoulou*
17.40 Depressive and passive-aggressive Cognitive Style increases illness-related Strain in Patients with Psoriasis, *Judith Bahmer*
18.00 Coping Strategies in Psoriasis Patients, *Anna Zalewska*

Psychological Significance of Skin Diseases *(OP74)*

Chairmen: Dennis Linder, Franco Perino, John De Korte
18.30 Wearing Your Emotions: Outer Manifestations of Significant Inner Experience, *Carol Ryff*

Courses

9.00–13.00 Psychometrics and Questionnaires, *Francesca Sampogna*
14.30–18.00 Dealing with the "Difficult Patient", *Wolfgang Harth, Klaus-Michael Taube*
15.00–18.30 Improving Diagnostic Skills: Art, Observation and Reflection, *Luyba Konopasek (Venue: Guggenheim Museum)*
20.30 Dinner at ristorante Le Maschere

Sunday September 20, 2009 (Venue: Istituto Canossiano)

Psoriasis and Other Chronic Skin Conditions–III *(OP75–OP81)*

Chairmen: Dennis Linder, Adam Reich, Klaus-Michael Taube
8.00 The Employer's Attitude to the Employee Suffering from Psoriasis, *Yuriy Borovikov*
8.20 Influence of Psoriasis on the Ability to Work, *Jacek Szepietowski*
8.40 Sexual Problems in Males with Psoriasis, *Adam Reich*
9.00 How do psoriasis patients perceive their disease and their relationship to the treating physician? a review on existing data and a brief report on the *Min*Der – Project, *Dennis Linder*
9.20 Stress Coping Mechanisms, Smoking Habit And Psoriasis, *Ilknur Altunay, Sibel Mercan*
9.40 Quality of Life in the Patients with Chronic Leg Ulcers, *Veronika Slonkova*
10.00 A Psychosomatic Approach to Urticaria, *Laura Gheorgiu*

Psoriasis and Other Chronic Skin Conditions–IV (OP82–OP85)

Chairmen: Solveig Esmann, Makoto Hashiro, Przemysław Pacan
10.20 Psychophysical Aspects of Hidradenitis Suppurativa, *Lukasz Matusiak*
10.40 Work, Personal Relationships and Sexuality are Influenced most by Hidradenitis Suppurativa, *Solveig Esmann*
11.00 Supporting Patients with Hidradenitis Suppurativa, *Solveig Esmann*
11.20 Suicidal Ideation, Anxiety and Depression in German Adult Patients with Atopic Dermatitis, *J. Dieris- Hirche*
08.30 – 12.00 Course: Learning and Teaching Communication Skills, *Giovanni Tagliavini*
12.00–12.30 ESDaP General Assembly

Closing Lecture (OP86)

Chairmen: Sylvie Consoli, John De Korte, Lucia Tomas
12.30–13.00 What's New in Psychodermatology? *Françoise Poot*
13.00–13.10 Closing of the Main Congress

Sunday September 20th–Tuesday September 22nd: Narrative Medicine Workshop (Venue: Istituto Canossiano)

POSTERS

P1: Expression of cyclin d1 and p16 in psoriasis before and after phototherapy. *Abou EL-Ela M, Nagui N, Mahgoub D, El-Eishi N, Fawzy M, El-Tawdy A, Abdel Hay R and Rashed L*

P2: Pruritus as a Symptom of Depression. *Alendar F, Karačić A,Hujić-Čolić A and Jukić-Mušić M*

P3: Psychiatric morbidity among dermatology inpatients in sarajevo thirteen years after the war. *Alendar F, Hujić-Čolić A, Karačić A, Ovčina-Kurtović N and Kapetanović A*

P4: “Siamese twins” – case of an extreme mother–daughter dyad. *Bahmer FA and Bahmer JA*

P5: Personality vulnerability to stressful life events in patients with lichen simplex chronicus

Brufau C, Martin-Brufau R, Ramirez-Andreo A, Limiñana Rand Corbalán FJ

P6: PRISM in dermatology – a novel visual instrument for assessing the impact of a chronic disease: a review of the literature and a report on our experience with a pilot study. *Canetta, E, Dan G, Linder, D, Belloni Fortina, A, Spoto, A, Gatta, M, Battistella, P.A, Peserico, A*

P7: Recurrent painful nodules and fever in a young woman. *Corbi-Llopis R, Galindo-Ocaña FJ, Bernabeu-Wittel J, Zulueta-Dorado T[3], Perez-Vega E[2], Ronco-Poce MA, Rubio-Polo E and Conejo-Mir J*

P8: The use of sulfasalazine and pentoxiphylline as an adjuvant therapy for the treatment of pemphigus vulgaris. *El-Darouti M[1],Marzouk S[1], Abdel Hay R[1]. El Tawdy A[1], Fawzy M[1], Leheta T[1], Gammaz H[2] and Al Gendy N*

P9: Traumatic release of mast cell mediators as an aetiology of skin tags: the role of tnf-α and trail. *El Safouri O, Fawzy M, Abdel Hay A, Eissa A, Saad A, El Maadawi Z and Rashed L*

P10: A study of tissue leptin level and mast cell count in skin tags. *El Safouri O, Saad A, Fawzy M, Abdel Hay A, El Maadawi Z and Rashed L*

P11: Psoriasis patients´ satisfaction with treatment. *Garcia-Bustinduy M, Rodríguez-Garcia C, González-Hernandez S, Perez-Robayna N, Merino de Paz N, Sánchez-Gonzalez R, Rodríguez-Martín M and Noda-Cabrera A*

P12: Quality of life in hiv-associated lipodistrophy patients. *González-Hernández S, Pérez-Robayna N, Rodríguez-García C, Guimerá- Martín-Neda F, Sánchez-González R and García-Bustínduy M*

P13: A phase 3, multicenter, randomized study comparing ustekinumab and etanercept for the treatment of moderate to severe plaque psoriasis. *Griffiths C, Strober B, van der Kerkhof PCM, Ho V, Guzzo C, Yeilding N, Fidelus-Gort R, Zhou B, Xia K and Menter A*

P14: Body hair and advertizing in french magazines. Héas S, Bodin D, Robène L and Misery L

P15: Delusions of parasitosis in images. *Malatesta Estela Maria, Rajchenberg S and García S*

P16: Anxiety and depression in vitiligo outpatients. a case-control study. *Merino de Paz N, Rodríguez-Martín M, Noda Cabrera A, Pérez-Robayna N, González-Hernández S, Rodríguez-García C, and García Bustínduy M*

P17: Stress-coping in patients with malignant melanoma. *Miggitsch E-M, Egger JW, Trapp M, Rohrer PM and Richtig E*

P18: Gender specific aspects of skin temperature reactivity under hypobaric hypoxia. *Miggitsch E-M, Trapp M, Richtig E, Rohrer PM, Domej W, Velik R and Egger JW*

P19: Cross-cultural adaptation and validation of melasqol in french language. *Misery L, Boussetta S, Schmitt AM, Questel E and Taieb C*

P20: Evaluation of the melasqol score of a population of French women. *Misery L, Boussetta S, Schmitt AM, Questel E and Taieb C*

P21: Delusions of bromosis : treatment with amisulpiride and olanzapine. *Misery L and Chastaing M*

P22: Psychodermatology and French dermatologists. *Misery L and Psychodermatology Group*

P23: Psychodermatology in departments of dermatology in France. *Misery L and Psychodermatology Group*

P24: Comparable efficacy and safety of ustekinumab in moderate to severe psoriasis patients previously treated with systemic therapies and treatment naïve patients. *Papp K, Kaufmann R, Toth DP, Szapary P, Yeilding N, Li S,Wang Y and Gordon K*

P25: Reactive depression and itching of the skin: acase report. *Poljaková K*

P26: Ustekinumab has a consistent efficacy and safety profile in patients with moderate to severe psoriasis: results from the phoenix 1 and 2 clinical trial program. *Prinz JC, Stingl G, Yeilding N, Szapary P, S. Li, Reich K on behalf of the PHOENIX 1 and PHOENIX 2 investigators*

P27: Carving as domestic violence: a case report. *Rodriguez L and Almonte I*

P28: Assessment of anxiety and depression in outpatients from a Spanish dermatology clinic. *Rodríguez-Martín M, Merino de Paz N, Noda Cabrera A and García Bustínduy M*

P29: Personality traits and psychopatology in patients with atopic dermatitis. *Ros S. Serra E, Puig LL, Dalmau J, Vilarrasa E, Roé E, Barata A and Alomar A*

P30: Tears of blood? *Rouxel AM, Roguedas AM, Roussel B, Richard Y, Pan-Petesch B, de Parscau L, Lazartigues A and Misery L*

P31: Psychological impact of therapy with isotretinoin in moderate and severe acne patients. *Šimić D, Zeljko Penavić J and Demirović H*

P32: Reactivity of skin conductance variability and social isolation. *Trapp M, Egger JW, Miggitsch E-M, Rohrer PM, Schwaberger G and Richtig E*

P33: Exfoliative cheilitis: presentation of two cases. *Tribo MJ, Martinez Escala ME, Ros-Montalban S, Ros-Cucurell E, Pujol RM and Bulbena A*

P34: Factitial panniculitis: a case report. *Tribó MJ, Drabeni M, Gimeno J, Serra-Baldrich E and Pujol RM*

ABSTRACTS: Oral Presentations (OP1-OP86)

OP1 ETHICAL APPROACH IN DERMATOLOGY

Consoli, Sylvie G

Paris, France

In general, ethical approach gathers together philosophers, jurists, doctors, psychologists, psychoanalysts, sociologists, anthropologists and so on. ESDaP's members should be concerned by such an approach and could provide an important contribution to it. The principal characteristics and issues of an ethical approach in dermatology will be described, as well as its beginning in France.

OP2 CONTEMPORARY PSYCHODERMATOLOGY: A COMPREHENSIVE UPDATE AHEAD MODERN SCIENCE: THEORY AND CASE EXAMPLES

Bader, Armin

Ruhr University Bochum Germany

The mind–body problem is still an unsolved core topic of modern science and medicine. This is partly due to the fact that, while modern physics as the most advanced natural science has overcome the Cartesian paradigm long ago, medical science and psychology still stick to an old-fashioned mechanistic approach. But this proves as an unscholarly approach today, not able to give satisfactory results to mind–body (and therefore mind–skin) concerns. We need instead a contemporary and comprehensive update by adopting findings of modern physics like quantum mechanics and chaos theory to up-to-date medical and psychological research.

This lecture will prove that integration models of elements of modern physics, philosophy of science and medical issues can provide a post modern scientific and epistemological paradigm of understanding the way how mind and body (skin) do interact, and more: a comprehensive post-Cartesian approach can pitchfork disciplines dealing with mind and body concerns (like psychodermatology, psychooncology and in general psychoneuroimmunology) from its niche existence within the scientific community to pole position.

In the last part of the speech, case examples will sum up how the fore cited post modern update alters and amplifies the treatment of psychocutaneous diseases integrating methodically multimodal psychotherapeutic techniques, medical treatment and more alternative approaches.

The lecture will illustrate the superior heuristic depth of a comprehensive post modern approach and prove its effective implementation in the treatment of psychodermatological patients.

OP3 THE PLACEBO EFFECT – ONE OR MANY?

Benedetti, Fabrizio

Department of Neuroscience, University of Turin Medical School, and National Institute of Neuroscience, Turin, Italy

The placebo effect is a rapidly growing research field, whereby sophisticated neurobiological research tools have recently been applied, such as neuropharmacology, brain imaging, in vivo receptor binding, and single-neuron recording in awake humans. These techniques have allowed a better understanding of the mechanisms underlying the placebo effect, with the most secure and promising results in the field of pain and analgesia as well as motor disorders. Both placebo analgesia and nocebo hyperalgesia have been investigated and the underlying biochemical mechanisms have been identified. It is fundamental to understand that the study of placebo and nocebo effects is basically the study of the psychosocial context around the patient and the treatment, and has immediate clinical implications that embrace both clinical trials methodology and clinical practice. For example, as placebos induce opioid and dopamine release in the brain, any drug may potentially interact with these placebo-activated endogenous opioids, thus confounding the interpretation of clinical trials. Learning has also been found to play a fundamental role in placebo responsiveness. All these neurobiological advances emphasize the need to better plan, design and interpret clinical trials.

PERSONHOOD AND SUFFERING – CRUCIAL ELEMENTS IN PERSON-CENTRED MEDICINE *OP4*

Sensky, Tom

Imperial College London

The alleviation of suffering is widely quoted as a major goal of medicine, yet in everyday clinical practice, suffering is seldom mentioned, let alone quantified. Suffering may be conceptualised, according to the seminal work of Eric Cassell, as the response to a serious threat to the individual's Personhood (in essence, the ways in which the individual characterises him/herself). Qualitative and quantitative data will be presented to show that a) patients with chronic physical illnesses have a remarkably consistent understanding of the meaning of suffering, and b) suffering is commonly associated with threats to Personhood which are perceived as uncontrollable and/or intrusive. Suffering tends to be only weakly related to 'objective' measures of illness severity, but often correlates more strongly with psychological variables, such as depression and sense of coherence. Suffering is therefore linked more closely to the individual's appraisal of the illness and its effects than to the illness itself. Methods will be outlined of assessing suffering and working with it in clinical practice. Because of the nature of suffering, its alleviation constitutes a person-focussed outcome. Since both Personhood and suffering are individually determined, focussing on these makes an important contribution to the practice of person-centred medicine.

AN ONGOING LOVE AFFAIR FOR 50 YEARS *OP5*

Bassi, Roberto

Dermatologist, Venice, Italy

In 1955, when I was a medical student, I tried in vain to write a thesis on psychosomatics applied to gastroenterology, seeking the psychical causes, then much investigated, of gastric ulcer. My thesis was not accepted. Only a few years later, when I was working as a dermatologist in a hospital, I started working on psychosomatic dermatology, not encouraged by the head of my division, who nevertheless allowed me to take care of the "loonies".

It was in 1975 that Professor Bessone, the president of ADOI (the Italian association of hospital dermatologists), entrusted me with a presentation on "Psychosomatics and Dermatology" at the national congress in Spotorno. In those years I came into contact with Professor Mussaph in Amsterdam and with Professor Shanon in Jerusalem, and with their help I organized an international symposium in Viareggio, with good success. In 1995, with a group of colleagues and friends, I founded in Venice SIDEP, the Italian society of psychosomatic dermatology. This little society has been organizing annual seminars held every fall, inviting many distinguished European colleagues, including E. Panconesi, S. Consoli, V. Serrano Noguera, U. Gieler and L. Plozza. Today SIDEP, of which I am the Honorary President, continues its activities under the guidance of R. Argentieri and its secretary D. Linder.

Psychosomatic dermatology, like medicine itself, is an art, and I have been practicing it for over fifty years, to my great satisfaction.

OP6 PSYCHOLOGICAL IMPACT OF SKIN DISORDERS

Jemec, Gregor BE
Department of Dermatology, Roskilde Hospital, Health Sciences faculty; University of Copenhagen, Denmark

Skin disease has an immediate and perceptible impact on the patients. They frequently cause itching and other symptoms, they are self-evidently not part of normal appearance, and yet they are rarely lethal. In spite of this, patients spend considerable resources in an attempt to control the disease and its consequences. It is speculated that these diseases have a significant psychological impact on the patients, and hence provide the cause for a 'secondary' morbidity, that controls the patients' perception of disease severity.

Preliminary studies suggest that the possibility of a certain degree of specificity of psychological symptoms when looking at different skin diseases, implying that although a psychological consequence of a skin disease may appear disproportionate, it is never the less grounded for most patients in the reality of physical change. The psychological impact of skin diseases therefore falls more within the realm of dermatology, than psychiatry.

OP7 BODY ART

Vergine, Lea
Milan, Italy

The body is being used as an art language by an ever greater number of contemporary painters and sculptors, and even though the phenomenon touches upon artists who represent different cultures and techniques, and who come from a variety of cultural and intellectual backgrounds, certain characteristics of this way of making art are nonetheless to be found in all of its manifestations. To mention a few examples: loss of personal identity, a refusal to allow the sense of reality to invade and control the sphere of emotions, and a romantic rebellion against dependence upon both people and things.Tenderness is always the goal aimed for and missed and therefore surrounded by frustration, and is always accompanied by the anguish deriving from the absence of an adult, "altruistic" form of love. On the basis of the examples briefly presented, the audience will be brought to discover body art as an expression of the unsatisfied need for a love that extends itself without limit in time, the need to be loved for what one is and what one wants to be, the need for a kind of love conferring unlimited rights, the need for *primary* love. (Adapted from L. Vergine, Body Art and Performance, Milan, 2000.)

OP8 SKIN (DISORDERS), STIGMA AND STIGMATISATION IN ART

Crijns, Marianne B[1] *and van Casteelen, Gerty*[2]
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A healthy looking skin is the norm. Disorders which change the colour or appearance of the skin attract the attention, because people detest it. Disorders lead to social reactions and stigmatisation. Stigma is a characteristic of a person who contradicts the standard. The norm is defined as "shared belief that a person ought to behave in a certain way at a certain time."

Many medical doctors are attracted to art. In dermatology as well as in art history observing, analysing and classification is of great importance. The way dermatologists and doctors observe art is conditioned by their profession: they see the characters on a painting in the way they look at their patients. Sometimes they notice features, in this case skin diseases, on the body that are sometimes even not remarked by others. The depicted skin diseases is most of the time not the main subject of the painting (medical thema). A skin disease is more or less an inconspicuous feature on portraits.

This presentation is focused on stigma and stigmatisation of skin diseases in art. Marianne Crijns (dermatologist) will show a collection of pieces dated until 1800. Gerty Casteelen (psychiatrist) will give a presentation about modern art. The presentations will start with stigma in a religious sense and continue with a presentation of stigmata in a medical sense. Finally they will show real brand stigmata with a loss of reputation.

Skin diseases with psychodermatological aspects need to get more attention in the media and in medical professions. If portraits with skin diseases are shown more often in public buildings, it can help to gain respect for the people suffering from a skin disease. As a result, it may lead to a reduction of people having stigmatisation.

DERMATOPSYCHIATRY IN AFRICA UNIQUELY COMPLICATED BY BELIEFS AND TABOO OP9

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Skin disease carries an enormous psychosocial burden owing to its visibility. In Africa, dermatopsychiatry is complicated and confusing. Management of these conditions is impossible without a profound insight into some cultural attitudes, myths and taboo. Absurd explanations of disease occur such as evil spirits, curse, unnatural forces, immorality, haunt local communities. Affected persons face violence, ostracism, rejection, sending them into reclusion. Concealment of their condition, delay and failure to seek proper medical attention and resorting to unconventional therapy, compound both physical and mental impact. The presentation deals with several skin conditions, the beliefs attached to these and the resultant mental impact.

HEALTH TECTONICS – THE INEVITABLE CLASH BETWEEN THE PHILOSOPHY OF MEDICINE AND MANAGEMENT OP10

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Health care is characterised in ”developed” countries by a collision between politics, economics, the professions and, latterly, management, including management consultants. Managers may be defined as a hapless group of individuals looking for a working role, so clashes with the medical profession are inevitable. The psychodynamics and impossibilities of working in a management dominated culture will be examined. The conclusions are bleak.

OP11 THE THERAPEUTIC FAILURE

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Fortunately, therapeutic failure is not the most frequent case in dermatology or psychodermatology. However, it can occur in the diagnosis, the treatment or the patient-doctor relationship. In the front of a failure, the doctor has to wonder what are reasons for a failure but may have other reactions: feeling of culpability, implication of patient, avoiding, etc. But what is a failure? Patients may think that treatment is not effective or not sufficient, or that they do not have a good doctor but they can also think that an amelioration without healing is very good. Patients may be causes of therapeutic failure because they have a bad adhesion to treatment because of comprehension difficulties or communication problems or psychiatric disorders (phobias, depression) or because the place of the disease in their life. Sometimes, patients are more directly involved in therapeutic failures because they are hysterical or pervert. A good patient-doctor relationship may prevent failures. Communication is very important and discussion about reasonable objectives, without promising an impossible healing, might be very successful. But the doctor has to leave ideas of power and feelings of culpability, ineffectualness or pride. Doctors are not trained to failures and often do know to accept them. Nonetheless, it is necessary to accept them then to use them for a more realistic patient-doctor relationship.

OP12 SKIN WORKSHOPS

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Therapeutic education is a new way of thinking and curing: the cure is becoming a care. The objectives are to improve the efficiency of cure for the patient when it is difficult to accept and/or perform it, and above all, to build a strong link between the doctor, the patient, and his family.

In our ‘skin workshops’, we propose two manners to help doctors and patients to speak together and meet the same objectives:

1) Individual workshops allow specific conversation between the patient and the dermatologist about the skin, the disease and the treatment : what does the patient believe about concerning his disease? About his treatments? How does he cure himself at the present time? How the disease takes place in his own life and in the day-to-day family life of his family? Then, it will be possible to work about the way of caring: what kind of disease is it? How is it possible to recognize lesions? Which treatment for which lesion? Where should he put the cream? How much? How many times? ….Patients, or his parents, try to get new competences, with the help of doctor and nurse, from objectives which have been discussed together. These objectives do not have necessarily direct links with dermatosis but are important for daily life : to go to swimming-pool, to use short clothes, etc…

2) Group workshops can be respectively designed for children from 5 (age when integration in a group is possible) to 16–17 years (teenage), and for adults too. The patients meet together to speak about the disease: How do they live with it ? What do they believe about the disease? What does it mean for themselves? How do they find their own by themselves the way to get have a power back on their life? How do they find their own place in the society?

For children and teenagers, the half-day is divided in 3 times. The first time is dedicated to free communication of emotions and thoughts. From common materials diverted from their initial use, they can build figures. For adolescents, specific instructions are given: “a consultation with your dermatologist”, “tell playtime” or they can create a poster in order to help other atopic adolescents to care their skin. The second time is dedicated to a light meal, that allows participants to meet others. Hence, a group is set up and the third time, dedicated to free communication about dermatosis can begin. This time is livened up by a dermatologist, a nurse and a psychologist but there is no taboo: everybody can tell what he really take, with the help of the others and everybody can ask what he wants. The organization is a bit different for adults: there is a 2-hour meeting around a table, with free discussions about treatments. A dermatologist and a psychologist receive all difficulties, ideas, thoughts and beliefs without judgment but they eventually correct errors in a second time.

Our workshops allow the identification of many indications for psycho-dermatological consultations. But firstly, they are often for patients the only place to tell their feelings and the burden of their disease. It is very instructive to get informations from figures that are built by children, like a man with a wheelchair and an infusion or a princess without eczema or a lorry which distributes creams as well as ice creams. The authors, a dermatologist and a psychologist, will explain together how they thought and built those workshops. They will give the screenplay of skin’s workshops (showing the way of managing the groups : photos, details…) and talking about what they expected, what they found and what the patients said to have found.

HOW TO BECOME A PSYCHODERMATOLOGIST ***OP13***

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Psychodermatology is a not a new field in dermatology. Nevertheless, the recent progresses in neuroimmunology are providing a scientific background to this subspeciality. More and more dermatologists are aware of the psychic part in dermatological diseases. They are ready to listen to sociopsychological complaints and they are willing to improve their knowledge in this field. However, the necessary skills are not already acquired during the residency. For practitioners it is even worse: nothing was being taught about this issue in the past. We will thus have a look to the necessary tools to practice this approach.

To become a psychodermatologist the first step is to acquire good communication skills. The patients we have to deal with are often considered as difficult patients. If we are well trained in physical examination, in observing the lesions and making a diagnosis, if we have good dermatological knowledge, very few has been done to help us in the relationship with the patient. We are supposed to learn it by experience or osmosis and to have the innate ability in communicating with patients. Unfortunately experience may well be a poor teacher. It can be an excellent reinforcer of bad habits. Nowadays it has been clearly established that communication skills can be taught and retained. It is already used in general practice. With better communication with the patient we will obtain better therapeutic alliance, better adherence to treatment, and better outcomes.

But it is not enough to learn skills to better communicate with patient. We should move our approach from a diagnostic centred to a patient centred approach. Without an explanation that addresses patients’ individual ideas, expectations and concerns, patient’s satisfaction and compliance are likely to suffer. Basic negotiation on an open understanding of both the doctor’s and patient's perspective position, reaching mutually understood common ground are the final aims. Moreover since Carl Rogers' work it has been realized that patients have inner resources they can mobilize when they become ill if they feel empathy, congruence and unconditional acceptation. Nobody told us about that in our therapeutic options! Although some of us may be better at demonstrating empathy than others. But even the skills of empathy can be learned. The key of empathy is not only being sensitive but overtly demonstrating that sensitivity to the patient so that they appreciate our understanding and support.

The psychodermatologist should also explore the context of the disease. Family dynamics difficulties, difficult life events, los, mourning are frequent beyond the psychodermatological symptoms. Specific tools are to be used to reach this dimension.

Finally specific diagnosis and treatment should be known. The psychodermatologist should be able to recognize psychiatric diseases like depression, delusions, body dysmorphic disorders. He/She should be able to prescribe antidepressant and neuroleptics with good knowledge of possible adverse events.

The European Society for Dermatology and Psychiatry is working to provide this education through its congresses, its subspecialty meetings and specific sessions in EADV congresses, its fostering training promoted by EADV. In the future we will work to establish specific recognized education with different levels and a progression with the purpose to give health care insurance organisms the possibility to reimburse differently the psychodermatological consultation according to the training of the dermatologist.

OP14 PSYCHODERMATOLOGY IN PRACTICE

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Skin disease can affect the quality of life, self-esteem and body image, as well as the way patients live their day-to-day lives. The majority of our patients present not only with skin diseases but also with emotional disorders. It is important to identify these in order to offer satisfactory treatment.

There is a close association between the clinician's interview skills and his or her ability to identify emotional disorders in patients. The skills associated with the ability to identify disorders are: 1) Eye contact and an open and face-to-face posture while the patient is speaking; 2) The absence of non-constructive verbal interruptions; and 3) Asking questions with a psychological content.

Anxiety and depression are commonly encountered in patients with skin conditions. Both anxiety and depression adversely affect quality of life. Knowledge of our patients' psychological status will contribute to an improved service.

It is necessary to be familiar with a number of assessment tools to help us screen for psychological symptoms and quality of life. The Hospital Anxiety and Depression Scale (HADS) is a user-friendly instrument that requires very little time to complete and provides valid information to comment with the patient. To evaluate quality of life it is useful to use a general one and a disease specific one. A symptom checklist can be used to help us to see at a glance how many health-related problems are present. Finally, a visual analogue scale proves helpful to show patients' subjective feeling of general well being.

In some cases, it is necessary to prescribe a psychopharmacological treatment if the patient refuses a referral to a psychiatrist. Psychodermatologists can screen for, and treat, depressive and anxiety symptoms, among others. For more complex cases, the clinician needs access to specialist help. It is advisable to refer: 1) Patients expressing ideation that implies the potential for harm to self or others. 2) Patients who are actively psychotic. 3) Patients who are clearly suffering from significant amounts of anxiety, depression and agitation deserve the opportunity for referral to a qualified mental health professional.

Often, all that is needed is the opportunity to talk about what the illness and treatment mean to the patient. Good interviewing skills enable this to happen. We need to take time to listen. Gentle, compassionate, and optimistic comments and gestures can affect the physiology, emotional state, and compliance of patients. People with skin diseases often feel hideous, fearing that others will be repulsed by close inspection or contact with their lesions. Thus, simple gestures by the clinician can convey a sense of acceptance to the patient.

GENDER PSYCHODERMATOLOGY OP15

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Background. The frequency of mental problems in dermatologic patients is estimated at 25–30% according to methodically well-documented surveys; however, mostly women patients are seen in the field of psychodermatology. **Methods**. This is evidenced by a multicentre study, where a liaison-therapy model was established in two German dermatologic clinics; 71.1% (n=406) of the patients were women and 28.9% were men. **Results**. There are characteristic gender differences seen in psychodermatology. Acne patients often tend towards depressive and social phobia and have the highest known suicide rates among dermatologic patients, especially adolescent boys and young men with acne conglobata. In Germany 2006; 9765 people (7225 males vs 2540 females) committed suicide. Muscle dysmorphia – a pathological preoccupation with muscularity – is a special type of body dysmorphic disorder in men. Wrinkles and breast size are problems in women. Dermatitis artefacta appears to be several times more common in (especially young) women than in men, by as much as 3:1. **Conclusion**. Interaction between gender and behavioral change in relation to development and management of psychocutaneous diseases should be studied.

PSYCHODERMATOLOGY OF THE ELDERLY OP16

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People 60 years of age and older are a fast growing segment of the western population. Skin problems are common in elderly people: many of them present in dermatology clinics and consulting rooms with a wide variety of skin problems whose clinical expression, physical and emotional consequences, and management may be altered by the age of the patient and the problems that increasing age bring with it. Communicating with older patients involves special issues: interaction with patients facing multiple chronic illnesses, hearing and vision impairments, some degree of cognitive impairment, sometimes mental disorders (dementia, Alzheimer etc.). There are also many negative stereotypes or myths about older people that influence the relationship: "they are generally alone and lonely, sick, frail, dependent on others, depressed; they become more difficult and rigid with advancing years, they barely cope with the inevitable declines associated with aging". Clinicians (physicians and psychologists) should therefore acquire increased preparation for this area of practice, to know more about psychology of aging and about communication – skills with elderly people.

OP17 BIO-PSYCHOSOCIAL INTERACTIONS IN CANCER

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Chronic stress, depression, social isolation and coping mechanisms have been found to be associated to cancer development and progression. This review will: 1) Address the molecular and cellular scientific findings that may mediate this interaction; 2) Evaluate the impact of depression and coping on melanoma and cancer in general; and 3) Discuss psychosocial approaches that may enhance the outcome of patients with metastatic melanoma.

OP18 PSYCHO-ONCOLOGY IN DERMATOLOGY

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Background. Oncology in Dermatology comprises aspects of diagnostic and therapy of skin neoplasias. Skin cancers with acute or chronic courses may occur different emotional problems, like being informed of a negative diagnosis, coping with this disease, reactive adjustment disorders, crisis intervention, suicidal tendency, medical side effects or the quality of life. A procedure taking biopsychosocial aspects into account in indispensable both in the acute situation and in long-term care, especially in serious metastasizing diseases. **Method and Forms** of coping. When informing a patient of a serious diagnosis like a skin cancer, it is necessary to allow plenty of time, apart from situations of time pressure or stress. It is important to select language that the patient can understand. The doctor should ask questions about the patient's expectations, fears, and any unclear items and offer to involve persons close to the patient early on. The treating physician should promote active coping in each of these phases, during which time a supportive holding function as part of psychosomatic primary care is usually necessary, talking the patient's personal coping style into account. Finally the care of the dying patient, pronouncement of death of a patient, and the subsequent discussion with family members is a great burden for the patient, the family, and also for the doctor. Just the doctor's presence may be a relief for the dying patient and provide him or her with the sense of security, usually when the family is involved. Differentiation must be made this form of "secondary emotional disorders" from the special form of hypochondriacal delusions. Delusional themes and delusional contents refer these days to infections or neoplasias, like cancerophobia or melanoma phobia. **Conclusion.** Most psychooncological problems in the dermatological praxis we find as secondary emotional disorders in patients with real skin cancers. Primary forms like hypochondrial delusions are rare and need a special education and experience of the physician.

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ARE PATIENTS' LIFE STORIES CLINICALLY USEFUL *OP19*

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Life stories of fourteen patients selected from five medical units and one psychiatric unit and one GP practice whose follow-up by the same doctor ranged from 3 to 24 years were recorded using non-directive interview. Biographical summaries and life charts were given to patients for stressors intensity score validation and coordinating investigator selected 209 "Life Trajectory Steps" (major life events and adversities and accomplishments) from all 1924 life events reported. Then doctors were asked to identify patients' "Life Trajectory Steps" they had been aware. This study found they knew only 40% of events which determined life course major steps of patients they had followed for eleven years on average and that rate remained unchanged for life events relevant to medical decisions. Even if narrative medicine which offers doctors new tools to nourish empathetic and humanistic dimension in their practice goes beyond their medical interview efficacy improvement desire, those results have implications for routine care and medical education and research which will be discussed during the session.

TREATMENT OF DELUSIONAL PARASITOSIS – A NEW NAME, NEW TREATMENT AND A COMPLETE UPDATE *OP20*

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Delusional parasitosis is a syndrome characterised by the delusional belief of being infested with parasites or other pests without dermatological or microbiological evidence for any infestation. It can present as a primary mono-delusional disorder, secondary to medical, neurological or psychiatric illnesses or secondary to substance use or prescribed medication. Patients often present to dermatologists. The infestation can be on the patients' body or in their environment. Alleged pathogens constantly change and can be manifold. We therefore suggest the new name "**syndrome of delusional infestation**" to replace the narrow concept of "delusional parasitosis", thus giving justice to the multiple aetiologies and the variety of alleged pathogenes. The prognosis of delusional parasitosis is poor unless the patient can be persuaded to reliably take antipsychotic medication. First generation antipsychotics are effective, remission rates are high, but their side effect profile is different and often less favourable to second generation antipsychotics. Recent reviews suggest that amisulpride, olanzapine and risperidone are reasonable first-line treatment options, alternatively first generation antipsychotics such as haloperidol or sulpiride could be considered. Pimozide is not any longer recommended because of its unfavourable side effect profile, especially in the elderly. Changing medication will often improve outcome if the first antipsychotic fails to achieve remission. Patients with primary delusional parasitosis often have to persist up to 10 weeks to reach the maximum effect of the antipsychotic, whilst this is achieved after a mean of 3 weeks with secondary delusional parasitosis. Dosages needed are often lower than in the treatment of schizophrenia. The level of evidence is improving but still weak for all medications and randomised controlled trials are highly desirable.

OP21 PSORIASIS, ADALIMUMAB AND QUALITY OF LIFE

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It is well established that psoriasis can have substantial psychological, emotional and social impact on the patient and on his/her family. Likewise, it is generally accepted that such impact does not necessarily correlate with the physical severity of the chronic disease. The introduction of the anti-TNF and other analogous drugs has introduced an additional promising therapeutical option: many patients are psychologically or even physically relieved not having to face the demanding burden of cumbersome treatments such as PUVA therapy but still obtaining comparable results from the point of view of both the objective reduction of physical severity, on one side, and the patient-reported outcome and the improvement of QoL on the other side. Adalimumab, a fully human monoclonal antibody that blocks TNF, is effective and well-tolerated for patients with moderate to severe psoriasis. The lecture briefly reviews the results so far available for Adalimumab in terms of improvement of QoL as well as in terms of patient-reported outcome. Also, some recent results concerning the reduction of symptoms of depression under Adalimumab therapy are discussed.

OP22 QUALITY OF LIFE IN DERMATOLOGY: PAST, PRESENT AND FUTURE

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Quality-of-life research in dermatology started in the eighties of the last century. Thanks to the work of Andrew Finlay and others a range of dermatology-specific measures was developed to study the quality of life of patients suffering from a chronic skin disease. Descriptive quality of life studies resulted in a clearer understanding of the impact of skin disease on the physical, psychological and social functioning of patients, such as in patients with acne, acne inverse, alopecia areata, atopic dermatitis, psoriasis and vitiligo. Furthermore, the relationship between demographic, clinical and psychological variables and quality of life was analyzed – for instance the relationship between age, disease severity, itch, social visibility, coping behaviour and quality of life – resulting in considerable insight into risk groups. From the nineties of the last century onwards the effects of a large number of topical and systemic treatments on quality of life have been studied. Special points of attention in these outcome studies appear to be the domain-specific and long-term effects of dermatological treatments and the clinical significance and meaningfulness of these quality of life improvements. For many reasons, health care and society at large have an interest in quality of life and other patient reported outcomes, such as adherence, treatment preferences and treatment satisfaction. Most likely, interests will be in the quality of life of specific groups, such as children, quality of life across cultures, cost benefit analyses, and the efficacy of new dermatological treatments as well as educational and psychological interventions.

OP23 MEASURING HEALTH-RELATED QUALITY OF LIFE

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Nowadays, health-related quality of life is a topical subject in outcome research. It is considered as an essential aspect in the evaluation of the efficacy of a treatment in clinical trials and of the course of the disease during time. In dermatology, several HRQoL instruments are available, both specialty- and disease- specific. However, measuring a concept such as quality of life is not an easy task. We are used to measure physical quantities, such as weight, height, distance, temperature, pressure, etc. We understand the meaning of the numerical result we obtain. What does a score of 15 or 30 mean in HRQoL?

First of all, in order to measure something, a unit of measurement is needed. Then, we need an instrument, which must have different properties, such as validity and reliability. A unit of measurement is a standardized quantity of a physical property, used as a factor to express occurring quantities of that property. But how can we define a unit of measurement in HRQoL? The unit of measurement in HRQoL is not a defined quantity, but it is defined for each instrument and thus it has a different meaning in different instruments. Measuring HRQoL is a difficult task, because it is difficult to define HRQoL. At the beginning, the concepts of health status, quality of life, and HRQoL were often in part overlapped. Now the concept of HRQoL clearly focuses on medical factors, expressed as a combination of functional status and symptoms related to specific diseases. Whether this combination adequately reflects "health-related quality of life" is an arguable issue.

In conclusion, when using a HRQoL instrument, it is important to analyze its items and its theoretical basis, in order to know what we are really measuring.

COMPARATIVE STUDY OF STRESS AND QUALITY OF LIFE IN OUTPATIENTS CONSULTING FOR DIFFERENT DERMATOSES IN FIVE ACADEMIC DEPARTMENTS OF DERMATOLOGY OP24

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Stress is supposed to be able to aggravate skin diseases, especially when these diseases are inflammatory.In this study, perceived stress and quality of life were measured with PCV-Metra and SF-12 scales in outpatients consulting for different dermatoses in 5 academic dermatology departments for 5 consecutive days. 658 patients were enrolled in the study.

Perceived stress was higher in women and the mental component of their quality of life was more altered. Perceived stress was higher in Paris than in other areas and was respectively 11.4 , 10.4, 9.2 and 8.9 for psoriasis, acne, atopic dermatitis and pigmented tumours. Perceived stress was correlated to mental quality of life. Stress was more elevated in people with inflammatory dermatoses than in those with tumours. To our knowledge, this is the first comparative study of both stress and quality of life levels in different dermatoses. Stress levels were lower in people with pigmented tumours, suggesting that they can be used as controls in comparative studies because they can be considered as healthy subjects. On the contrary, patients with psoriasis had very high level of perceived stress and deeply altered quality of life.

OP25 QUALITY OF LIFE IN NAIL PSORIASIS

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Background. Psoriasis is a chronic inflammatory skin disease that is often responsible for various nail lesions. **Objective.** The aim of the study was to evaluate the quality of life (QoL) among patients with nail psoriasis. **Material and methods**. Fifty patients suffering from psoriasis (27 men and 23 women), aged between 20 and 83 years (mean 53.4±12.2 years) were included into this study. All patients demonstrated nail abnormalities typical for nail psoriasis. Patients with other nail diseases were excluded. Psoriasis severity assessed according to PASI ranged between 2.4 and 43.1 points (mean 14.4±9.1 points). QoL was evaluated with the NailQoL questionnaire and the severity of nail lesion by NAPSI. The items in NailQoL are scored on a 0 (never) to 100 (all the time) scale. **Results.** Patients suffered from nail psoriasis from 1 month till 53 years (mean 12.2±12.9). The severity of nail lesions at the time of examination based on NAPSI ranged between 10 and 154 points (mean 82.9±38.5). NailQoL scoring in all patients with psoriasis ranged between 1.7 and 85 points (mean 41.6±22.6 points) and women were more affected by nail lesions than men (49.3±23.4 points vs. 35.1±20.1 points, respectively, p=0.02). The most important were emotional problems (mean 45.1±26.2 points) followed by symptoms (mean 36.5±26.6 points) and function problems (31.7±29.1 points). Patients most often stated that they were ashamed or embarrassed of their nail condition and worried that their nail condition might get worse. NailQoL results neither correlation with NAPSI (r=0.22, p=0.13) nor with duration of nail psoriasis (r=0.08, p=0.58). On the other hand, NailQoL scoring significantly correlated with PASI (r=-034; p=0.02). **Conclusions.** Nail lesions are important problem for patients with psoriasis negatively affecting their QoL. However, general psoriasis severity seems to be more important than nail lesion severity to determine the impact of nail lesions on patient well-being.

OP26 ONYCHOPHAGIA AND ONYCHOTILLOMANIA

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Background. Clinical features of onychophagia and onychotillomania and case reports will be presented. Onychophagia is defined as a chronic nail biting. This disorder should be distinguished from onychotillomania which is also a form of self-induced destruction of nails similarly to onychophagia, but is caused by recurrent picking and manicuring of nails. Onychotillomania and onychophagia may be consider as a spectrum of obsessive-compulsive disorder (OCD). **Case of onychophagia**: A 35-year-old woman with a long-term acne onychophagia was confirmed. On examination additionally to damaged fingernails acne-excoriee was diagnosed. Psychiatric examination revealed panic disorder. The patient after consultation was lost for follow-up. **Case of onychotillomania**: A 64-year-old man with diagnosis of recurrent depressive disorder. Picking and manicuring of nails causing damage of the nail are observed during depressive episodes while the patient obtains remission, picking nails is observed occasionally without any damages of nails. **Conclusion**. Nail biting and picking have obtained little attention in the psychiatric and dermatological literature. Its position in widely accepted classifications of psychiatric disorders (ICD-10 and DSM-IV) remains unclear as well as its etiology.

TRICHODAGANOMANIA: THE COMPULSIVE HABIT OF BITING ONE'S OWN HAIR *OP27*

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We are reporting a case of the compulsive habit of biting one's own hair producing a noticeable patch of loss of hair and we suggest the name Trichodaganomania from the Greek word "daganein" (to bite). To our knowledge this is the first report of this type of self-inflicted hair loss, which is not reported in Dermatology or Psychiatry literature. This cause of hair loss should not be confused with other causes like Trichotillomania (compulsive habit of pulling one's own hair); Trichoteiromania (noticeable hair loss caused by rubbing of one's own hair) or with Trichotemnomania (compulsive habit of cutting or shaving one's own hair). Psychodermatological Evaluation and dermatology-psychiatry liaison clinics could prove helpful in management of these patients with Trichodaganomania.

TREATMENT OF TRICHOTILLOMANIA: WHICH THERAPY IS THE BEST? *OP28*

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Background and Aim. Trichotillomania (TTM) is a disorder characterized by repetitive stereotypical hair pulling from different sites, resulting in noticeable hair loss (American psychiatric association, 1994). The lack of consensus about the drug of choice leads to the use of a wide range of treatments including antidepressants, neuroleptics, anticonvulsants, benzodiazepins and lithium. We describe four patients of TTM in which different treatment modalities were used. **Material-Method**. **Case 1:** A 25 year-old female had had TTM for 5 years. She met the DSM-IV-R criteria for bipolar disorder, Obsessive compulsive disorder (OCD), TTM, Eating disorder and B cluster Personality disorder. Risperidone 2 mg/day, Quetiapine 150 mg/day, Valproic acid 1500 mg/day were administered besides cognitive behavioural treatment for OCD and TTM symptoms. After six weeks of follow up her OCD symptoms eased and TTM symptoms were treated completely. **Case 2:** A 45-year-old female had had TTM for 4 years. She met the DSM-IV-R criteria for TTM, Depression, Anxiety disorder and OCD. She used Venlafaxine for several months with maximum dose 225 mg/day, but her symptoms were still persisting. Fluvoksamine was administered and the dose was increased to 200 mg/day within two weeks. Her symptoms were under the control after eight weeks of treatment with fluvoksamine. **Case 3:** A 20-year-old female had had TTM for several months. She met the DSM-IV-R criteria for TTM, Depression, Anxiety disorder. She used Sertraline for several weeks but there was no change in her symptoms. Duloxetine 60 mg/day and once a week and supportive psychotherapy were administered for 7 weeks. Her depression, anxiety disorder and TTM symptoms ceased. **Case 4:** An 18-year-old female had had TTM for one year. She met the DSM-IV-R criteria for TTM, Depression, Anxiety disorder. She used Venlafaxine 75 mg/day and she was asymptomatic in 3 months. She stopped her medication by herself and skin picking and TTM symptoms restarted in 6 months. There were no depression and anxiety symptoms accompanying dermatological symptoms during that time. Venlafaxine 75 mg/day was administered and evaluated for further progress. **Results**. TTM is currently classified as an impulse control disorder, but there is considerable controversy regarding its relationship with OCD or other disorders. TTM may be seen as a symptom observed in various psychiatric disorders including impulse control disorder, obsessive compulsive disorder, personality disorders such as histrionic or borderline personality disorders, mental retardation, schizophrenia, body dysmorphic disorder or mood disorder like depression or bipolar affective disorder. Treatment should be started after taking detailed history, psychiatric examination, dermatological examination and blood tests for differential diagnosis. No treatment approach has been established as effective in large controlled trials so far. Besides different pharmacological treatment methods, psychotherapy methods including behaviour therapy, insight oriented psychotherapy or supportive psychotherapy should be used in appropriate cases. **Conclusions**. We described comorbidities of TTM, paying attention to the available treatment modalities in pharmacotherapy and psychotherapy.

OP29 IDIOPATHIC PURE SUDOMOTOR FAILURE COMPLICATED WITH PANIC DISORDER

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Background. Idiopathic pure sudomotor failure (IPSF) is a subgroup of acquired idiopathic generalized anhidrosis. Clinical features of IPSF comprise acute or sudden onset; concomitant sharp pain or cholinergic urticaria over the entire body; lack of autonomic dysfunction other than generalized anhidrosis; elevated serum IgE levels; and marked response to steroid. **Case** report. A 32-year-old man was suffered from stinging on his whole body skin which attacks during exercise, bathing and emotional strain. Antihistamines or anxiolytics made no effect, his symptoms gradually increased in frequency and intensity to attack him even when telephone ringing in his office, shopping at unfamiliar store, surprising and feeling urination. In addition such attacks became accompanied with palpitation, precordial compression, dyspnea, dizziness, nausea, abdominal discomfort. As these attacks finally made him impossible to commute to his office and to continue working there, he admitted to our hospital. Sweating test clarified generalized anhidrosis although he had no other autonomic dysfunction. We informed him that his symptom is IPSF complicated with panic disorder. Paroxetine was started for his panic disorder and methylprednisolone pulse therapy was given for IPSF. After two cycles of pulse therapy we introduced him autonomic training and hot bathing to induce sweating. One month later he realized comfortable sweating during playing tennis. After that he has completely recovered with sweat fountain, with no more panic attacks. **Conclusion**. This case teaches us two important points of view. Firstly, stinging that is invisible sensation should not be ignored as it might be a symptom of IPSF. Secondly, complication of two disorders must be no accident. Cholinergic urticaria is a well-known disorder that is induced by sweating stimulus and often by emotional distress. Cholinergic urticaria complicated with anxiety disorder is not uncommon. What connects between panic disorder which originated from central nerve and sweating disorder which originated from peripheral skin? We consider autonomic nerve system plays major role for this mechanism. And we have to treat both of them simultaneously.

THE ADULT PATIENT WITH CUTANEOUS MASTOCYTOSIS: HOW TO EDUCATE THE PATIENT ABOUT THIS DISEASE WITHOUT CAUSING UNNECESSARY PSYCHOLOGICAL TRAUMA *OP30*

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Mastocytosis encompasses a spectrum of diseases characterized by an increased number of normally active mast cells. It is rare and can be divided into cutaneous and systemic mastocytosis. There is no cure for mastocytosis and the clinical course can be unpredictable, especially in adults. Unpredictability creates the potential for psychological trauma to the patient and doctor. Frequent bone marrow biopsies and shifting patient care responsibility to the hematologist are not always in the patient's best interest. Well established clinical and laboratory parameters that accurately assess progression of mastocytosis from cutaneous to systemic disease exist. Regularly monitoring these parameters help to determine disease progress and patient wellness. Treat the disease symptomatically as indicated. Gradually and progressively educate the patient about this disease. As the doctor-patient relationship strengthens, psychological trauma will decline and talking with the patient will become much easier.

DELUSIONAL PARASITOSIS – A REPORT ON TWO CLINICAL CASES *OP31*

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Delusion of parasitosis is the most frequent delusional disorder with which the dermatologist is confronted.We report about two cases of patients with the delusion of Endo-Parasitosis and describe the relevant clinical findings which included an anal eczema and traces of manipulations of the skin., The patients repeatedly presented to our department with test tubes containing faeces samples,requesting us to analyze the material and to proceed with further diagnostics. In the samples we founded different parts of plants.

CONTENT-SPECIFIC DELUSION OF PARASITOSIS *OP32*

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We report the case of a 69-year-old woman (hitherto called Mrs. D.F.) suffering from delusion of parasitosis. She reported to be bothered by masses of demodex mites, clustering mainly around her eyes causing blepharitis. Another severely affected area is the scalp with mites causing alopecia as well as pronounced itching. As causative mite species she had identified *Demodex folliculorum* and *Demodex brevis*. She considered her husband to be the source of the mites, confering the infection to her on and on because of poor body hygiene. She feared that she herself had not only infected her pregnant daughter but also her grand children. Therapeutic measures used such as topical and systemic metronidazole, antiscabies ointments, doxycyline, as well as ivermectine were completely unsuccessful. Consultation of several renowned dermatologists was not helpful.

Mrs. D.F. had worked for many years as doctor assistant in the office of her husband, a dermatologist. Being 15 years younger than him, she was very keen, had a very good knowledge of dermatologic diseases, as well as considerable manual skills such that she performed minor surgical procedures. Patients often referred to her as "doctor". The delusion had started some time after the husband had given up his dermatology office because of retirement.

The majority of patients suffering from delusion of parasitosis do not clearly identify the offending insects, rendering delusion content to be somewhat diffuse. However, Mrs. D.F., based on her dermatologic knowledge, identified *Demodex mites* as causative species, thus representing an example of content-specific delusion of parasitosis.

As therapeutic measure in cases with rather nonspecific delusional content, we have proposed the construct of "neuroleptic hyposensitization" (Bahmer FA, Bahmer JA, Dermatol Psychosom 2002;3:148). Here, the symptoms are explained to the patients primarily as a consequence of a hypersensitive skin, and the interest is defocused from pests and their eradication. In the case presented with specific delusion content, however, this system does not work.

OP33 REGARDING DELUSIONAL PARASITOSIS: UPDATE OF THE CONCEPT «FOLIE À 2»

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A 50-year-old woman, treated by serotonin reuptake inhibitor for depressive disorder, was suddenly suffering from authentic insect bites. This event disclosed a delusional disorder at her father, which express as Ekbom's Syndrome, mimicking so the «daughter's ectoparasitosis». These two family's members share the same clinical theme about infestation, but not delusional belief. Regarding this case, the old concept of «folie à 2» will be discussed.

OP34 PEMPHIGUS AND STEROID PSYCHOSIS: A CASE AND REVIEW OF LITERATURE

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Introduction. Psychiatric side effects of steroids are often underestimated. The aim of this work is to remind these effects and report one case of steroid-induced psychosis. **Observation.** Patient aged 64, hospitalized for bullous dermatitis evolving for 3 months. The diagnosis of pemphigus was determined on clinical criteria and histological and immunological examinations and the patient was under steroid therapy at a rate of 2 mg/kg/day or 130 mg/day. Five weeks after starting treatment, he presented disorientation, and emotional irritability. A psycho-organic origin was ruled out before the normality tests including ionogramm blood, brain scan, lumbar puncture and electro-encephalogram. A psychiatric opinion was requested and psychiatric disorders were associated with corticosteroid. The patient was under treatment with antidepressant and neuroleptic psychiatric improvement in the second week of treatment. **Discussion.** Psychiatric disorders during corticosteroid is poorly understood and often underestimated. Symptomatology is found in type of mood disorders, manic-depressive access, behavioural disorders, insomnia, hallucinations, delirium and dementia. The severity of the psychosis can be classified into 3 levels: euphoria sub-clinical and non-pathological, mood disorders, and manic psychosis and dementia. Patients at risk are those with a history of psychiatric disorders, placed under corticosteroid treatment in the short or long term, or monitored for endocrine disease. The time to onset after starting steroid therapy ranged from 3 weeks to 4 days, mean 4 weeks. Psychiatric symptomatology is reversible under treatment with a neuroleptic withdrawal cortisone. The case of our patient joins the data from the literature. Psychiatric disorders have occurred 4 weeks after the steroids. **Conclusion**. The psychiatric symptoms including psychosis steroid remain rare and unknown. It is important to identify the onset of psychiatric events that may appear trivial and may lead to fear the installation or the aggravation of these disorders either short or long term.

SOMATIC TYPE OF DELUSIONAL DISORDER- A CASE REPORT *OP35*

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Background. Delusional disorder is an illness characterized by the presence of delusions in the absence of other mood or psychotic symptoms, which prevalence is estimated to be about 0.03%. It is known that patients whose psychopathology is expressed in skin lesions more often consult a dermatologist than a psychiatrist. **Case report**. We present a case of a 59-year-old woman who was admitted to the Department of Dermatology because of conviction of having multiple purulent skin lesions located on the back spreading to the internal organs. She maintained that first symptoms presented 7 years before admission to the hospital after a mosquito bite. The patient complained also of multiple disorders treated by many specialists within last 7 years without any improvement, but general physician examination and laboratory tests did not show any abnormalities. Dermatological examination did not reveal any significant skin lesions besides a small scar on the back. Psychiatric consultation revealed somatic type of delusional disorder and high level of anxiety. Systemic treatment with Sulpiride (2x100 mg daily) and topical treatment with emollients was introduced and within next few months a slight improvement of patient mental status was observed. Because of the patient resistance to be treated by a psychiatrist, she is under regular dermatological and periodical psychiatric follow-up. **Conclusion**. Presented case confirms the need of cooperation of dermatologist and psychiatrist, especially in cases when the patient chronically avoids psychiatric care.

NOSOGENIC REACTIONS IN PATIENTS WITH BULLOUS DERMATOSES *OP36*

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Introduction. Bullous dermatoses are a group of severe chronic potentially life threatening autoimmune disorders of the skin and mucous membranes characterized clinically by painful chronic blisters or erosions of the mucous membranes and skin, accompanied by itch and burning, that decrease life quality. **Aim**. Evaluation of nosogenic reactions in patients with bullous dermatoses. **Methods**. On the base of the dermatological clinic of I.M. Sechenov Moscow Medical Academy from October 2008 till May 2009 13 patients with bullous dermatoses (5 men, 8 women, average age 57.5 years) participated in a study guided by a psychodermatological group. There were 7 patients with pemphigus vulgaris, 5 with seborrheal pemphigus, 1 with paraneoplastic pemphigus. **Results**. In 3 patients nosogenic affective depressive reactions were observed, in 3 patients nosogenic anxious-dissociative reactions, in 3 patients anxious and phobic disorders were diagnosed and in 2 patients masked hypochondria, in 1 patient nosogenic development in form of hypochondria with fixed ideas and in 1 patient somatoform disorders with peculiarity in person development. In 5 cases psychotropic drugs were recommended of the following groups: anxiolytics, antidepressants, neuroleptics; during the use of these medications positive dynamics of above-mentioned disorders were admitted. **Conclusions**. Taking into consideration the severity of clinical symptoms and disease course, it is advisable to perform an additional psychodermatological examination of patients affected by bullous dermatoses in order to improve their life quality and to implement an adequate psychocorrective help against the background of the dermatologic treatment.

OP37 THE RELATIONSHIP BETWEEN WHAT THE PSYCHOANALYST HEARS AND WHAT THE DERMATOLOGIST SEES.

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The triggering, development, treatment and outcome of the dermatological disease could be strongly influenced by the “physical expression” of conflicts and the projection of corporal ideas and sensations on to concrete objects of external reality. In some cases it is usual for the disease to worsen or to perpetuate itself because it is lending “somatic compliance” to an unconscious idea or to an affect that cannot be developed. Sometimes, in the treatments, symptoms, complaints, devices, etc. that the patient associates with his condition, attempts are made to define boundaries of the body or to acquire symbolisation categories that are lost or never gotten. The body image in dermatological advertising, the patient’s drawing and some films and pieces of art will be analysed. All this will also be enriched by comments about patients in psychodynamic psychotherapy in order to show the application of this sort of knowledge in practice. A practice that can make a “bridge” between what the psychoanalyst hears and what the dermatologist sees.

OP38 VALIDATION OF DIAGNOSIS CRITERIA OF FUNCTIONAL ITCH DISORDER OR PSYCHOGENIC PRURITUS

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Background. The demonstration of the role of brain in the pathogeny of pruritus confirms that a psychological component could be present in every case of pruritus and that a specific psychogenic pruritus is possible. Unfortunately, this diagnosis is too often mislabeled as idiopathic pruritus when the patient is anxious and the doctor has no other diagnosis to propose! In order to try to avoid these misdiagnoses, the French Psycho Dermatology Group (FPDG) has proposed a definition and ten diagnostic criteria after consensus meetings. With the aim to validate these criteria, the FPDG asked to three non-French investigators, who are well-known to treat lot of patients with pruritus and who did not participate in FPDG consensus meetings, to use FPDG criteria in cases with a previous diagnosis of psychogenic pruritus. This diagnosis has been made by the investigators with their usual diagnostic approach. Questionnaires were completed by investigators. **Methods**. Thirty-one patients were included in the study: 22 women and 11 men. The mean age was 64.2 years, from 19 to 85 years. Seveteen patients were from the Swedish centre, ten from the German centre and eight from the polish centre. All patients presented with a chronic pruritus (more than 6 weeks). This pruritus was *sine materia*, i.e. not associated with primary skin lesion, in all cases and was generalized or localized. There was no identified cause in all cases. A chronological relationship of the occurrence of pruritus with one or several life events that could have psychological repercussions was found in 16 cases, variations in intensity associated with stress in 16 cases, nocturnal variations in 23 cases, predominance during rest or inaction in 19 cases. A psychological disorder was associated in 24 cases. Pruritus was improved by psychotropic drugs in 21 cases and by psychotherapy in 5 cases. In all cases, 3 compulsory criteria were present. Twenty-six patients out of 33 presented with 3 optional criteria out of 7 or more. **Results**. Compulsory criteria appeared well-defined because they were present in all patients. In 7/33 patients (21%), only 1 or 2 optional criteria were found. We propose to classify the diagnosis of FID as doubtful in these cases. In 79%, FPDG criteria allow to confirm this diagnosis. Among optional criteria, nocturnal variations and predominance during rest or inaction appear as very good clinical criteria because they were reported respectively by 70% and 58% of patients. An associated psychological disorder was noted by investigators in 73%. Variations according to stress and a chronological relationship of the occurrence of pruritus with one or several life events that could have psychological repercussions were present in only 48%: it could be more difficult to spontaneously spot such a chronology for patients. The effects of treatments do not appear discriminate criteria but they were not yet used in most cases (especially psychotherapies). They are useful to confirm diagnosis later, and to convert a doubtful diagnosis of FID into a definite diagnosis or not. **Conclusion**. Hence, FPDG criteria and their repartition between compulsory and optional criteria seem to be adequate and discriminate and their use pertinent and helpful. Further studies are needed to validate these criteria with doctors who are not experts about pruritus, on the contrary to the investigators, or to test these criteria on other causes of pruritus, confirming their interest in the negative. Definition of similar criteria in other somatoform disorders could be very useful.

MENTAL ITCHING-INDUCTION IN PATIENTS WITH ATOPIC DERMATITIS AND DERMATOLOGICAL HEALTHY CONTROLS *OP39*

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Introduction. Many of us are familiar with the situation that one has the drive to scratch or perceives itch when other people talk about itching-inducing topics. In an earlier study we could show that itch can be induced through audio-visual stimuli in healthy subjects. The objective (counted scratching-movements) and the subjective (perceived itch) measurement of itch did not correlate much in dermatological healthy subjects. The present study compared healthy subjects and patients with atopic dermatitis under identical conditions. The aim of the study was to find out if there are specific peculiarities in the itching-behaviour due to the presence of atopic dermatitis. **Methods**. Thirty dermatological healthy subjects and 30 patients with atopic dermatitis that were parallelised according to age and gender participated in the study. Different movies in a cross-over-design (the movies lasted 11 minutes each and were separated through a 30-minute wash-out phase) were presented to them. The experimental video (EV) contained itch-inducing subjects and the control video (CV) represented neutral subjects according to the skin. The subjects were recorded while watching the videos. Using those recordings two independent persons rated the skin-contact of the persons as scratching or just touching (the interrater reliability for scratching was r=0.986). The scratching as well as the subjective-perceived itch (measured through a visual analogue scale from 0 to 10) served as dependent variables, while the two video conditions served as independent variables. Data from different psychological tests (NEO-FFI, SCL-K-9, HADS-D, HAUTZUF) were taken into consideration as possible covariates. **Results**. After watching the EV patients with atopic dermatitis showed a scratching intensity that was twice as high as in the control group, while the scratching intensity after watching the CV did not differ between the groups. Similar results could be shown for the subjective itching. While there were almost no correlations between the scratching intensity and the psychological variables in the control group, one could observe many correlations in the patient group. A regression analysis revealed that 50 to 71% of the variation of scratching intensity could be explained through psychological variables. The study results pointed out the importance of itch-induction for atopic dermatitis patients in the management of the disease.

OP40 ITCH AND PERCEIVED SELF-EFFICACY AMONG ADOLESCENTS. RESULTS FROM A CROSS-SECTIONAL STUDY

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Background. Itch is the most common dermatological symptom among adults and adolescents, mostly accompanying chronic inflammatory skin diseases, triggered by stress and often difficult to treat. Self-efficacy has been shown important in the management of other chronic diseases. The purpose of this study was to describe the relation of itch and perceived self-efficacy among 18-year-old individuals. **Methods**. The design of this study is cross-sectional and questionnaire-based, collecting information on psycho-social factors and skin symptoms. The questionnaire was administrated to a representative sample of late adolescents in the general population in Oslo, a major city of Norway. **Results**. The response rate was 80% and 2489 responders. Girls had significantly lower self-efficacy than boys (5.8% compared to 1.7%). Adolescents reporting itch had significantly lower self-efficacy (9.1% compared to 3.4) than those who did not itch. In the logistic regression model adjusted for major explanatory factors for itch the OR for low self-efficacy was 2.19 (1.23; 3.88). **Conclusion**. In conclusion low perceived self-efficacy is explanatory for reporting itch.

EFFECTIVE CONTROL OF HABITUAL SCRATCHING ON ATOPIC DERMATITIS PATIENTS WITH SOCIAL STRESS, BY USING EMDR OP41

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This study aim to help refractory AD patients with their chronic skin condition who severely suffer from habitual scratching that may derive from their social stress, by using EMDR (eye movement desensitization and reprocessing) – a stress-relief treatment used in the field of stress management. A great deal of effort by medical-related people in the world has been made to care those patients, and indeed some significant treatment methods for them have been reported. However, it is also true that there are still quite some patients who are distressed about their condition. We then focus on treatment, by EMDR, of controlling habitual scratching of AD patients that could generally derive from personal friction or social stress. EMDR is said to be an effective method to alleviate the pain of these sorts of patients. We obtained good results in our treatment with EMDR in which the patients came to be able to control and reduce their scratching, and therefore to also enhance their self-efficacy. The SCORAD improved 64.2 to 24.0. The score of SDS, STAI-I, II, psychosomatic scale for AD and skindex29 were changed 75 to 35, 72 to 32, 75 to 33, 44 to 26, 62.9 to 19.0, respectively. These result suggested that EMDR might be useful for control the habitual scratching due to stress from traumatic memory on refractory AD patients.

PSYCHOGENIC PROVOCATION OF ATOPIC DERMATITIS: HIHLIGHTS IN UNDERSTANDING OF CLINICAL AND PATHOPHYSIOLOGICAL ASPECTS OP42

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Background. Atopic dermatitis (AD) is traditionally referred to psychosomatic disorders. It is widely known that this skin disease tend to exacerbate after stressful life events. A lot of clinical and experimental studies were conducted to investigate the mechanisms of development of psychogenic AD exacerbations. But a lot of aspects, both clinical and pathophysiological, stay unclear. **Objective**. To study the prevalence of psychogenic AD exacerbations and the influence of stress on a AD course in a cross-sectional and in retrospective design. To evaluate the influence of stress on an expression of a recently discovered protein SLURP-1 (secreted mammalian Ly-6/uPAR related protein 1) in epidermis of patients with AD and healthy control probands. **Materials and methods**. The study sample included 97 patients (73 female, 24 male; mean age 27,1±10,2 years) with AD diagnosed according to criteria of Hanifin and Rajka (1980). Patients with other severe somatic or mental disorders were excluded. All patients underwent clinical dermatologic and psychopathologic examination (council of a group of dermatologists, psychiatrists and psychologist). Severity of AD was measured with SCORAD. Additionally 12 patients with

AD and 12 healthy controls underwent Trier Social Stress Test (TSST). Skin probes were taken before and 24 hours after TSST, which were than examined with immunofluorescent staining. **Results**. Among all patients 75,3% reported about at least one psychogenic AD exacerbation in their life. However, only 12,1% of AD flares during the whole life period were evoked by stress. Four types of influence of stress on the AD course were observed: 1) stress caused long-term (up to one year) and severe (including erythrodermia) AD exacerbations; 2) repeated stress leaded to gradual increase of the severity of AD course; 3) stress caused only sporadic AD flares of higher severity compared to other exacerbations; 4) psychogenic influences evoked only transient episodes of itch. It should be noted that patients with different types of influence of stress on AD course had different correlations with mental disorders: in first type (1) of severe psychogenic AD exacerbations coincided with psychogenic mental disorders in 66% of cases, in second (2) - in 50%, in third (3) and fourth (4) 29% and 13,6%, respectively. Experimental part of the study showed that in healthy probands stress had no influence on an expression of SLURP-1 in epidermocytes, whereas in patients with AD an intensification of SLURP-1 expression in lesional skin in 24 hours after TSST was noted. **Conclusion.** Coincidence of psychogenic exacerbations of AD with psychogenic mental disorders may seems to be a risk factor of long-lasting and severe AD exacerbations. Patients with psychogenic AD exacerbations should be properly examined for detection of psychogenic mental disorders and earliest prescription of combined therapy. Results of an experimental study indicate, that SLURP-1 is involved in psychogenic AD exacerbations.

OP43 PRURITUS IN SOME DERMATOLOGICAL DISEASES

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Background. Pruritus is defined as an unpleasant sensation on the skin that provokes the desire to rub or scratch the area to obtain relief. Pruritus is often a symptom of many skin diseases. Other skin diseases are defined as non-pruritic; in daily dermatological practice we observed that these diseases are more or less often described as pruritic by patients. **Material and method**. The study group comprised 19 patients with psoriasis, 7 patients with chronic lupus erythematosus, 5 patients with morphea, 21 patients with seborrheic dermatitis, 4 patients with cutaneous lymphoma, 6 patients with alopecia areata. Patients described presence or absence of pruritus; when present, the severity of pruritus was quantified on a scale from 1 to 3 (1- mild, 2- moderate, 3- severe). The investigator noted possible correlations between the localization of lesions, the duration of the disease and pruritus. **Results.** 12 patients with psoriasis, 3 patients with chronic lupus erythematosus, 2 patients with morphea,15 patients with seborrheic dermatitis, 4 patients with cutaneous lymphoma, 2 with alopecia areata related presence of localized pruritus. **Conclusion**. The intensity of pruritus varied. Recent lesions were frequently correlated with pruritus in psoriatic patients and in patients with alopecia areata. Patients with chronic lupus erythematosus who described pruritus had visible lesions (on the face). Further evaluation is needed for these correlations.

THE TOUCH, SHAME, DISGUST – QUESTIONNAIRE (TSG-Q) – DATA FROM MULTINATIONAL COMPARATIVE STUDIES *OP44*

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Introduction. The TSG-Q is a questionnaire that was developed to measure the relationship of persons to their skin-surface. In contrast to other so far existing questionnaires in the field of dermatology the purpose of this new method is to compare people with healthy skin and dermatological patients in their opinion about their skin as their communication-organ. The TSG-Q consists of the following scales: Touching oneself, touching in a partnership, parental touching, shame and disgust. The aim of the present study was to analyse if the scales of the original German questionnaire can also be replicated in other countries. **Methods.** The TSG-Q contains 30 items, which are related to 5 scales. In the German standardization sample the questionnaire was answered by 2483 representative persons. Besides that another sample of 142 patients with psoriasis was asked to fill out the questionnaire for a comparison. The international sample contains: Italy: *n*=113 dermatological healthy subjects, *n*=57 patients with psoriasis; France: *n*=104 dermatological healthy subjects, *n*=58 patients with psoriasis; Arabian version: *n*=254 dermatological healthy subjects (166 Christians and 88 Muslims). Besides the items of the TSG-Q socio-demographical variables were measured. On top of that all patients and a subgroup of the healthy controls had to answer the HADS, TAS and the MHF. **Results.** The composition of the scales in the TSG-Q is relatively robust. Only a few items (depending on the country 2 to 4 Items) had small loadings in the original scales. For the individual scales there were significant differences between the genders and several differences between the examined countries. If one compared the patients with psoriasis from all countries the country-dependent differences in the mean were eliminated. **Discussion**. The quality of the TSG-Q has so long been proved in a few studies and its intercultural validity has been confirmed. Differential aspects for different groups of patients and healthy subjects are discussed.

CREATION AND VALIDATION OF POLISH VERSION OF NAILQOL QUESTIONNAIRE *OP45*

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Background. NailQoL has been developed in 2007 as a disease-specific instrument to reliably assess quality of life (QoL) among patients with onychomycosis. **Objective**. The aim of the current study was to create the Polish version of NailQoL and to assess, whether this questionnaire might also be used to evaluate QoL among patients with nail pathologies other than onychomycosis. **Material and methods**. The NailQoL questionnaire elaborated originally by Warshaw et al. was translated from English into Polish according to international methodological recommendations (forward translation, quality control). The authors of the original version of NailQoL approved the idea of creation of the Polish version of their questionnaire. Compatibility difficulties between the cultural backgrounds were identified and resolved by the translation process. To assess the test-retest reliability of the Polish version of NailQoL questionnaires were distributed among 30 patients with nail psoriasis at day 0 and 7. **Results**. The results obtained from 30 investigated patients demonstrated clarity and understandability across social classes and ages. The Polish version showed very high internal consistency (Cronbach's coefficient alpha 0.93) comparable to the original scale. The test-retest comparison revealed good reproducibility of Polish version of NailQoL among patients with psoriasis (ICC = 0.79). **Conclusions.** The Polish version of NailQoL has been created. NailQoL questionnaire can be applied not only to patients with onychomycosis, but also to subjects with nail psoriasis.

OP46 SESAD: SEVERITY AND EMOTIONAL SCORING OF ATOPIC DERMATITIS. DEVELOPMENT OF A QUESTIONNAIRE FOR PARENTS OF CHILDREN SUFFERING FROM ATOPIC DERMATITIS

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Introduction. Being responsible for children suffering from atopic dermatitis is a great burden for their families. Depending of the severity of the disease many aspects of social life are affected and this causes emotional stress. The intention of the study was to develop a short questionnaire to access the impact on quality of live of the parents taking the severity of the atopic eczema into account. **Method**. Starting point for the development of the questionnaire were two questionnaires: the questionnaire for parents of children with atopic dermatitis and the questionnaire for quality of life of parents of children with atopic dermatitis. By means of factor analysis (*n*=573) nine factors were extracted: The 30 items with the highest factor loadings were chosen for the SESAD. Additionally the POSCORAD was accessed to measure the severity of the disease. In a second data acquisition (*n*=111) the new instrument was validated. For the construct validation four different instruments have been used: the questionnaire of everyday life, the impact on family scale, the dermatitis family index and the infant's dermatitis quality of life index. To validate the parents severity rating in the POSCORAD the SCORAD has been accessed by a dermatologist. **Results**. In a factor analysis 8 of 9 scales were reproduced and 23 of 30 items charged on the same factor as in the initial sample. SCORAD and POSCORAD values correlated for the subscales and the total score. Correlations between the extracted factors and the scales of the other instruments showed a good convergent validity. **Discussion**. The developed questionnaire is easy to handle and quickly to complete. It gives an overview of the severity of the child's disease and of the affected components of social and emotional life of the parents. With the help of this instrument specific psycho-educative actions can be initiated.

OP47 SCALPDEX - VALUABLE QUALITY-OF-LIFE INSTRUMENT FOR SCALP DERMATOSES

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This scalp disease-specific questionnaire exists since 2002. To the best of our knowledge, the usage of this 23-item instrument is inconsiderable, as almost no studies with this questionnaire have been undertaken to date. Basing on common scalp dermatoses (e.g. scalp psoriasis, seborrheic dermatitis) we validated the Polish version of Scalpdex according to the well established European standards. With reference to the main aspects of scalp dermatoses affecting patients' quality of life (QoL) – i.e. symptoms, functioning, and emotions – the questionnaire appears to be a valuable and useful QoL instrument. We hope, that publishing of Scalpdex in various language versions would support its widespread usage and helps the clinicians for better management with the patients suffering from scalp dermatoses.

BODY MODIFICATIONS OP48

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There are different kinds of body modifications as Tattoo, Piercing, intimate Piercing and plastic surgery. Body modifications can assume psychopathological conditions, e.g. self injury behaviour. The number of Tattoo and Piercing reaches 41% for females and 28% for males in the German population. Meanwhile also plastic surgery and especially intimate surgery as e.g. reduction of the labia has increased. The motivation and psychological components for body modification such as tattoo and piercing, but also plastic surgery often correlate with body identity. The body serves as object of the psyche and responds differently to psychological stress within an individual. The transition from non-pathological to pathological body modifications is still a matter of debate and the existing data are little. Moreover, until now, little is known about BIID (body integrity identity disorder), which is a phenomenon associated with an overwhelming desire for the amputation of one or more healthy body parts. In our fMRT study the wish for amputation in BIID patients is represented at the neural level, with the amputated body being strongly implemented in the brain. The talk will give an overview on all the different body modifications also including cultural aspects. Psychometric examinations and functional neuroimaging data will be presented to give answers to questions like psychological motivations, psychopathological aspects and body identity.

DIFFERENTIAL INDICATIONS FOR AESTHETIC DERMATOLOGY IN ADOLESCENT SELF-INJUROUS BEHAVIOUR OP49

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The treatment of self-injurous behaviour is an integrated part of successful therapy of personality disorders, post-traumatic stress syndrome and bipolar disorders as well as other disorders in adolescence and young adulthood. Dialectic-behavioural Therapy (DBT), psychodynamic psychotherapy or integrative psychotherapy as well as pharmacotherapy concentrate on this problem and patients themselves are well interested in reducing or eliminating the symptoms.While there are many approaches how to begin and maintain these psychotherapeutic approaches, little is published or discussed clinically, how to define an end to therapy and restore somatic and particular dermatological health.

Aesthetic surgery and laser techniques may help in severe cases to reduce the aestehic and psycho-social burden of self-injurous behaviour which due to the obvious lesions on arms, legs and elsewhere last well after the end of psychological therapy.

As personality and other chronic disorders tend to relapse psychotherapists may be reluctant to use modern dermatological techniques in this field. Clinical criteria for dermatosurgery are difficult to define, so in this paper a matrix of symptomatology, phase and effect of psychotherapy and individual prognosis is proposed to facilitate clinical decisionmaking. Gender aspects, the nature and site of the lesions and previous adherence to therapy are integrated.

This tool may help psychotherapists and patients to use modern dermatological techniques as an integrated part of a bio-psycho-social approach.

OP50 PREVALENCE OF BODY DYSMORPHIC DISORDER AMONG DERMATOLOGICAL PATIENTS AND LEVEL OF INSIGHT ABOUT THEIR SYMPTOMS

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Cosmetic concerns are increasingly pervading the contemporary societies, focusing on body shape and the skin perfection. Dermatologists are frequently consulted to evaluate and treat these concerns. Therefore it is important to be aware of the Body Dysmorphic Disorder, also known as dysmorphophobia, little studied until recently. The prevalence of this disorder among general population ranges from 1 to 2% and in dermatological and cosmetic surgery patients ranges from 2.9 to 16%. This study assessed the prevalence of Body Dysmorphic Disorder in dermatological patients and the level of insight about their symptoms. Trained interviewers used questionnaires (BDDQ) and semi-structured clinical interviews (SCID) to access patients seeking clinical or surgical cosmetic treatments (Cosmetic group, n=150), seeking dermatology in general (General group, n=150) and a control group (n=50). Three independent psychiatrists assigned the "best estimate diagnosis". The severity of the symptoms (BDD-YBOCS) and the level of the insight (BABS) were assessed by validated scales.

OP51 VISUAL CULTURE AND AESTHETIC GENITAL SURGERY

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We live in a visual culture. To look good is to feel good. The appearance of the genital area is of concern to some men and women, in a culture where contemporaneous possession of a large penis and as small a mobile phone as possible are clearly desirable. Should we refer patients for genital surgery? Procedures available for women include reduction labioplasty and hymenoplasty. Collagen injection into the "G spot" is also on offer. The medical, psychological and ethical aspects of genital aesthetic surgery will be discussed. There are over 20,000 sites on the internet offering these services. This contrasts with an extreme paucity of peer-reviewed data re benefits.

THE SIGNIFICANCE OF BODY DISSATISFACTION AND OVERVALUATION OF SHAPE IN OBESITY AND BINGE EATING DISORDER *OP52*

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This presentation will describe the nature and significance of body image dissatisfaction and overvaluation of shape and weight in obesity and eating disorders. The distinction between these two important clinical constructs for understanding obese patients with and without binge eating disorder will be highlighted. Although many may be dissatisfied with their physical appearance, only a portion of obese patients define their self-worth primarily on the basis of their shape/weight (i.e., overvaluation). Research demonstrating this distinction will be presented along with new findings showing that obese patients with binge eating disorder are significantly more likely to overvalue their shape than their obese peers who do not binge. Moreover, overvaluation of shape is associated with heightened eating disorder psychopathology and psychological distress. Lastly, the prognostic significance of overvaluation of shape will be discussed. Overvaluation of shape was found to significantly predict outcomes in secondary analyses of two recently completed NIH-funded randomized controlled trials with obese patients with binge eating disorder. Analyses from both controlled trials indicated that patients with overvaluation of shape had significantly lower remission rates than patients who do not overvalue their shape. Analyses from the second trial extended these findings to longer-term outcomes. Pre-treatment levels of overvaluation significantly predicted remission rates at follow-ups 12-months after completing and discontinuing both cognitive behavioural therapy (37% versus 72%) and behavioural weight loss treatment (21% versus 52%). The implications of these findings for nosology, clinical practice, and future research will be discussed.

OP53

WHITE AIN'T BEAUTIFUL ANYMORE

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Authors take into examination, preliminarily, the aesthetic female canon connected to the whiteness of the skin, that, for centuries, has ruled in the western society. White skin, in fact, has always been a synonym of female beauty, whereas the history of cosmetics reveals us the use of a huge series of whitening cosmetic products, make-up and creams, adopted in the past to obtain a clearer and clearer skin. Suddenly, in 20th Century, we observed the inversion of this aesthetic canon, so that, in a few decades, what has been considered beautiful for ages now is not considered the same way anymore. Suntan triumphs, tanning lamps were born and a lot of tanning cosmetics are sold. In an unstoppable "crescendo", people look for suntan not only in summer but throughout the year. The use of tanning lamps is more and more indiscriminate: all this brings people besides the well known dermatologic damages, to a real psychosis: the "tanorexia". At this point authors try to investigate the different components (psychological, sociological and sexual) that subtend this trend, that, affecting the behaviour of a lot of people, often brings them (besides the search for tan at all costs) to tyrannize over their own skin, causing sufferings to it, up to sickness.

OP54 THE UPS AND DOWNS OF BODY IMAGE IN SKIN DISEASES

Argentieri, Raffaele

Rome, Italy

Whenever it occurs to us to look at ourselves by chance, as it may happen when looking into a shop-window, we may react initially with disconcertment or refusal, and this may come to the point of us not recognizing ourselves: this initial reaction of disconcertment represents the "Wall" standing between the real image of our body and the intrapsychic representation of ourselves – indeed the body image – which each of us has created of himself out of the endo- and proprioceptive sensations. Which is the impact exercised by a chronic skin disease upon our mental image? What can we psychodermatologists do to reduce the psycho-physical sufferings of our patients? Are there any effective interventions in this field?

OP55 SELF-INFLICTED DISORDERS IN DERMATOLOGY: PITFALLS IN CLASSIFICATION, DIAGNOSIS AND TREATMENT

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Among psychopathologic disorders associated with skin diseases a certain pride of place must be given to psychopathologic disorders accompanied by auto-aggressive behaviour, affecting skin (self-inflicted dermatoses). Self-destructions in dermatology correspond to absolutely unique psychosomatic syndrome. The prevalence of auto-aggressive behaviour in dermatology is higher than in general or psychosomatic medicine.

Although these conditions develop as a result of mental disorders, such patients apply to dermatological clinics first of all because of the intensity of skin symptoms. We have conducted a clinical epidemiologic study of dermatoses comorbid to mental disorders and analyzed five-year appeal ability in Clinic for Skin and Venereal Diseases of Moscow Medical I.M. Sechenov Academy. The prevalence of artificial dermatoses among all patients admitted for the first time was 2,3%. Another pilot epidemiologic study showed, that up to 6,7% of patients applying to specialized dermatologic outpatient services (dispensaries) of Moscow present with several symptoms of auto-aggressive behaviour. Clinical polymorphism of artificial dermatitis, masked mental disorders, difficulties in treatment of such patients lead to considerable rate of diagnostic mistakes (up to 95%). Diagnostic difficulties also arise from terminological differences in describing of auto-aggressive behaviour in medical care.Thus, obligatory condition for efficient investigation of psychosomatic disorders in dermatology is a developing of a systematization, reflecting clinical and pathogenetic interrelations between overlapping psychic and dermatologic symptoms. Ideally such systematization should be "bilingual" and relevant both for dermatologists and for psychiatrists. We propose to classify artificial dermatitis according to it's mechanism of development and clinical presentations, so that all overlapping psychopathologic and dermatologic symptoms can be taken into account. This systematization of psychosomatic interrelations in dermatology is notable for it's dual character: on the first pole of this continuum dermatological disorders predominate, on the second pole mental disorders do.

The proposed systematization includes four groups (A.B. Smulevich, A.N.Lvov, 2008): I) Mental disorders "developing" in somatic sphere without sufficient medical explanation. (a) Pseudosomatic disorders – psychogenic itch, neurotic excoriations, trichotillomania, onychotillomania. (b) The psychopathologic disorders, associated with somatically oriented autodestructive behavior – circumscripta hypochondriasis, coenesthesiopathic paranoia (dermatozoic/zoopathic delusion), dysmorphic disorder (dysmorphophobia/dysmorphomania), personality disorder with autoagressive tendencies. (c) Factitious disorders - self-injuries of skin and it's appendages – Munchausen syndrome, malingering; II) Associated (implicit) psychopathological and somatic disorders a) Disorders of neurotic register: implicit itch, acne excoriee. (b) Disorders of psychotic register: somatopsychosis; III) Mental disorders due to/caused by somatic illness – nosogenically provoked psychological reactions and hypochondriac personality developments (nosogenias – psychogenic/somatogenic reactions, provoked by skin disease - neurotic depressions, hystero-depressive and hypochondriac conditions with sociophobia and sensitive ideas of relevance etc.; hypochondriac developments - paranoid and hypochondriac, sensitive, aberrant, masked, depressive etc.); and IV) Skin diseases with psychogenic exacerbations (psychosomatic diseases) – dermatoses with obvious psychogenic exacerbations (atopic dermatitis, psoriasis, eczema, herpes simplex recidivance, chronic urticaria, alopecia areata, vitiligo etc.).

Psychopathologic disorders with somatically oriented auto-aggression belong first of all to I group and, to a lesser extent, to the II one. As a result of clinical heterogeneity of these disorders their clinical differentiation and development of appropriate drug and psychotherapy considered to be one of the most difficult problems of modern dermatology and psychosomatic medicine.

THE GREATER PATIENT AND SHARING DECISIONS *OP56*

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Dermatologists have become much more aware of the impact of skin disease on the lives of people with skin disease and increasingly take into account the extent of this impact when taking clinical decisions. But when a patient attends your clinic, how much attention do you pay to the partner or family member that accompanies the patient? Two studies of patients with a range of skin diseases (1) and with psoriasis (2) have revealed that skin disease in one family member can have profound consequences on the quality of life of that person's partner and on other family members. For each family member, a median of five different aspects of life were affected (2).

This secondary impact is profound and previously, at least in our practice in Cardiff, largely unrecognised. During these studies family members frequently spontaneously commented that this was the first time that any health professional had enquired about the impact on their lives and all subjects were keen to have the opportunity to describe their experiences. In order to highlight that it is not just the patient who is affected by skin disease we have suggested the term "the Greater Patient" (analogous to "Greater London" or "Greater Berlin") to describe this wider affected group (2). It is possible now to measure the secondary impact of skin disease using the Family Dermatology Life Quality Index (3).

In previous years the practice of dermatology was primarily doctor-centric, with the view of skin disease being from the perspective of a medical model of disease. In the 21st century the focus of our practice has now become more patient-centric. Management decisions are reached in consultation with the patient and shared decision taking is now common practice, especially in the management of patients with chronic skin disease. However, in the same way that partners and other family members of patients experience a secondary impact of the skin disease, these Greater Patient members also may play an important role in the shared decision making process. The most obvious example of this is in childhood atopic dermatitis, but there are similar important influences in acne and psoriasis patients. Now that these influences and impacts have been revealed, we need to develop strategies to deal with the problems of those surrounding the patient and help them to appropriately take part in shared decision-making.

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OP57 PSYCHOLOGICAL IMPACT OF ACNE VULGARIS AND ISOTRETINOIN TREATMENT

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Acne vulgaris is a common inflammatory dermatosis capable of producing psychological and physical scarring. It is common for patient to develop psychological problem as a consequence of the condition, such as those related to low self-esteem, social phobias, depression, anxiety, suicidal thoughts, and lowered quality of life. Self assessment of acne severity is often more severe than dermatological clinical evaluation what is important data in understanding the necessity of individual approachment to the patient. Isotretinoin is the drug which is indicated in the treatment of severe form of the disease, but in last period its application is suggested in moderate form of acne with prominent cicatricial liability or when the disease has strong psychological impact on patients life. Last 20 years some data of possible association with depression and suicidal tendency during treatment with isotretinoin appeared. In our clinic a prospective clinical trial has been terminated in which we used standardised psychometric questionnaires (APSEA, BDI, STAI, MPS) and psychological interview in order to evaluate the influence of isotretinoin on psychological status of patient during treatment of acne vulgaris. **Conclusion.** The overall results show that patients with acne suffer from psychosocial problems caused by their disease, but the impairment depends less on the objective severity of acne and more on the patient's perception of the condition. Isotretinoin group acne patients showed no more pronounced depression or suicidal ideation in comparison with acne patient who was not treated with isotretinoin.

OP58 AN APPROACH TO THE DIAGNOSIS AND MANAGEMENT OF THE PATIENT WHO PRESENTS WITH CUTANEOUS DYSESTHESIA

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Ongoing communication between the emotional life and the skin is now generally accepted, and supported by experimental evidence. Translation of this information into effective patient management is less straightforward. A plethora of similar cutaneous sensations that are described as "unbearable", may be described by patients who, in the absence of underlying physical disease, may carry different psychiatric diagnoses. Some may found to have neurotic excoriations against a background of depression, anxiety or obsessive-compulsive spectrum disorders, some may have a delusional disorder, and some may have dysesthesia without lesions, again against a background of anxiety or depression. The similar clinical presentation may make accurate diagnosis and treatment difficult.

In this paper, the author will describe the differences in the clinical presentations, outline an appropriate work-up, and discuss approaches to treatment of these difficult patients. A summary of the charts of 30 patients, picked at random, and seen in a six-month period will be used as illustration.

VULVODYNIA OP59

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Definition. Vulvodynia (Latin vulva, Greek odynia – pain) was the term introduced by the International Society for the Study of Vulvovaginal Diseases (ISSVD) to replace the term the burning vulva syndrome. **History and classification.** It is defined as chronic vulval pain in the absence of any clinical findings to explain the sensation. It is typically described by the patient as a burning pain or feeling of rawness. Over the last 20 years there has been an evolving classification and two distinct subsets of vulvodynia were defined. *Vestibulitis,* was originally defined by the criteria of Friedrich (1) as severe pain on vestibular touch or attempted vaginal entry, tenderness to pressure localized within the vestibule and erythema at the trigger points of varying degrees. *Dysaesthetic vulvodynia*, was the term used for patients without abnormal physical signs but who complained of constant burning pain independent of touch. The classification is still evolving and the ISSVD working party has proposed a new classification (2). Vulvodynia is currently divided into generalized vulvodynia, which replaces the previous term *dysaesthetic vulvodynia*, and localized vulvodynia, in which a specific area of the vulva is affected. If the vulval vestibule was the localisation the term vestibulodynia would be used and this has now replaced *vestibulitis.* In addition the classification includes whether the pain is spontaneous or touch provoked.

Current classification of vulvodynia

Localised ↗ Touch provoked
Localised ↘ Spontaneous
Generalised ↗ Touch provoked
Generalised ↘ Spontaneous

Aetiology. The aetiology is unknown but in many cases there is a history of a precipitating painful event. The patients may recall an episode of cystitis, candidosis or reaction to a cream or soap. The localised and generalised vulvodynia cases have different clinical characteristics. Vestibulodynia affects younger women who are sexually active and the problem has a major impact on sexual function. Anxiety and poor self esteem are commonly found in this group. The generalised vulvodynia shares many more features with other neuropathic pain syndromes and many of these patients often have a history of other chronic pain problems i.e. fybromyalgia, facial neuralgia. Depression does not seem to be a major factor in the aetiology but chronic pain can lead to pain as a secondary problem and may be a perpetuating factor. Vulvodynia patients may have other disorders such as chronic fatigue syndrome and systemic connective tissue disease. **Management and treatment**. Patients with vulvodynia should be allocated a reasonable time for the consultation, examination, explanation of the nature of their problem and discussion of management. A soap substitute, avoidance of irritants and topical 5% lidocaine are first line treatment. Failure to respond to these measures may necessitate the addition of medication to suppress centrally mediated pain i.e. a tricyclic antidepressant or the anticonvulsant gabapentin. The management may also require the input from a multidisciplinary team. The other specialists that should be involved when needed include a *physiotherapis*t if there is pelvic floor dysfunction, *psychiatrist* or *psychologist* to assess and help with anxiety, depression or personality disorders and a psychosexual therapist if there are ongoing problem with sexual function

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OP60 ITCHING AND PATIENTS' WELL-BEING

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Itching is defined as an unpleasant sensation leading to intensive scratching. It is the most common symptom in dermatology that may occur with or without visible skin lesions. Various skin and systemic diseases were described to be associated with the presence of itching and different mechanisms were proposed to explain its origin. There is little doubt that chronic itching has negative impact on patients' well-being. Many patients with chronic itch mentioned it as the most bothersome symptom of the disease they have. Patients suffering from itching were found to have low self-image, suffer from obsessive-compulsive disorders and have difficulties in coping with aggression. Severe itching at night frequently resulted in significant sleeping problems. It was also observed, that in many diseases itching intensity significantly correlated with degree of quality of life impairment, level of stigmatization, presence and severity of depressive symptoms as well as with emotional stress. Based on available data it could be concluded that chronic itching is a devastating symptom impairing all aspects of patients' life. Further studies are needed to better characterize the exact influence of this symptom on quality of life in various dermatological and systemic diseases. There is also a great necessity of the development of new effective anti-pruritic strategies to reduce or alleviate itching in different medical conditions and thus to improve significantly patients' quality of life.

OP61 SKIN SIGNS IN EATING DISORDERS

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Eating disorders are becoming an epidemic also in Europe, particularly among young women. In eating disorders significant medical complications occur in all of the primary human organ systems, including the skin. Cutaneous manifestations are the expression of the medical consequences of starvation, vomiting, abuse of drugs (such as laxatives and diuretics), and of psychiatric morbidity. These manifestations include xerosis, lanugo-like body hair, telogen effluvium, carotenoderma, acne, hyperpigmentation, seborrheic dermatitis, acrocyanosis, perniosis, petechiae, livedo reticularis, interdigital intertrigo, paronychia, generalized pruritus, acquired striae distensae, slower wound healing, prurigo pigmentosa, oedema, linear erythema craquele, acral coldness, pellagra, scurvy, and acrodermatitis enteropathica. The most characteristic cutaneous sign of vomiting is Russell's sign (knuckle calluses). Symptoms arising from laxative or diuretic abuse include adverse reactions to drugs. Symptoms arising from psychiatric morbidity (artefacta) include the consequences of self-induced trauma. The role of the dermatologist in the management of eating disorders is to make an early diagnosis of the 'hidden' signs of these disorders in patients who tend to minimize or deny their disorder, and to avoid over-treatment of conditions which are overemphasized by patients' distorted perception of skin appearance. Even though skin signs of eating disorders improve with weight gain, the dermatologist will be asked to treat the dermatological conditions mentioned above.

AN UPDATE ON PSYCHIATRIC TREATMENTS IN DERMATOLOGY. *OP62*

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Psychiatry and dermatology are closely connected, whereby the connection is reflected in clinical practice both in diagnosis and management. After briefly reviewing the most common psychiatric phenomena seen in patients with skin disease, i.e. both primary psychiatric disorders commonly occurring in dermatological patients and psychiatric disorders secondary to a dermatological pathology, the diagnosis of relevant psychiatric phenomena such as anxiety, depression, obsessive compulsive disorder, delusional parasitosis and dermatitis artefacta as well as the respective psychiatric treatments are discussed; finally, the presentation provides an update of psychopharmacological treatments which are relevant to the dermatologist including important interactions between psychotropic and dermatologic agents.

NEUROCOGNITIVE IMPAIRMENT IN WOMEN WITH NON-CNS SYSTEMIC LUPUS ERYTHEMATOSUS AND NORMAL BRAIN SPECT *OP63*

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Introduction. Autoimmune diseases have been reported among the leading causes of death in young and middle-aged women. **Methods**. Women included met the 1982 revised Systemic lupus erythematosus (SLE) criteria and were classified as non-CNS SLE without neuropsychiatric symptoms (ARC 1999). Participants (*n*=31) had a mean±SD age of 39.1±8.9 years, education level of 11.3±2.7 years, disease duration since diagnosis of 14±7 years, levels of antinuclear antibodies 1/487±1/1782, prednisone dose 14±18 mg/day (*n*=20 out of 31 took prednisone), 30 were right-handed, one ambidextrous, European Consensus Lupus Activity Measurement ECLAM[15] of 0.79±0.87. Healthy women (*n*=23) were matched for age and educational level. Controls for SPECT data were taken from the Brain SPECT Normal Database and Brain Imaging Council of the Society of Nuclear Medicine. **Results and Conclusion**. 77% of women with non-CNS SLE had global Neurocognitive impairment compared to 9% of normal control women. Women with non-CNS SLE had normal brain SPECT Imaging but significant cognitive dysfunction in working memory, executive function, reasoning, processing speed, attention and Stroop interference. Severity of cognitive dysfunction was correlated with elevated antinuclear autoantibodies. SPECT showed severe right temporal, severe right parietal hypoperfusion in two women with non-CNS SLE**.**

OP64 ALEXITHYMIA AND DERMATOLOGICAL DISEASES

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Alexithymia, that is, poor ability to experience and express emotions, has already been associated with several physical disorders and is supposed to constitute a sustained deficit in emotional processing, possibly contributing to the onset of various psychosomatic diseases. However, its specificity regarding somatic diseases has been put into question, given that high rates of alexithymia were found in psychiatric patients, especially in post-traumatic stress disorder, and given the consistent positive correlation between alexithymia and emotional disorders (depression or anxiety), raising the hypothesis of a state (or secondary) alexithymia, reflecting an adaptive reaction to a life threatening situation or severe medical condition, rather than a personality trait. Alexithymic individuals are thought to be more vulnerable to stressing situations and thus prone to physiological changes, such as pro-inflammatory states, participating to the course of various pathologies.

In dermatology, alexithymia has been associated with alopecia areata, psoriasis, atopic dermatitis, vitiligo or chronic urticaria. Nevertheless, results regarding the relationship with the severity of the disorder were less consistent for objective than for subjective severity.

The concept of emotional awareness, which constitutes a complementary approach of emotional processing, was more recently introduced in psychosomatic literature and applied to dermatology. Patients suffering from psoriasis who considered their disease to be stress-reactive tended to have lower emotional awareness. Preliminary results also indicate that patients presenting with low emotional awareness could be more responsive to treatment, suggesting the activation of a particular stress physiology by negative affective states that are not experienced.

Implications of an alexithymic presentation in dermatological patients for the medical follow up and a psychotherapeutic approach will be discussed.

OP65 GRAPHIC REPRESENTATION AND PSYCHOTHERAPY IN DELUSIONAL PARASITOSIS

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Based on a literature revue, we will present a clinical description of Ekbom syndrome. Then, while taking a look at our 12 cases, we will study the following: 1) Personal history and circumstances of occurrence; 2) Rorschach tests and graphic representation of parasites; 3) Delirium symptoms and behaviour disorders. Finally, beyond chemotherapeutic treatment, we will outline our psychotherapeutic approach and its results.

OP66 CHRONIC SKIN DISEASES

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Psychosocial adjustment to physical disease is a complex multivariate process. Patients with chronic skin disorders need to reach normal levels of personal development as well as of social integration. To achieve this, they must integrate their disease in a constructive manner - in their own reality - through an objective, active and productive acceptance. Although chronic skin conditions are not usually life threatening, the resultant disfigurement of the body can negatively impact on one's sense of being in relation to the world. It is well known that stressors can amplify mood or anxiety disorders. On the other hand, anxiety and mood disorders can enhance sensitivity to stress. Hence the importance of learning coping strategies, as well as making patients aware of the interaction between skin disorders and stress reaction.

Patients with chronic skin diseases tend to have an emotional numbness. Their perception and expression of emotions is only poorly differentiated. It is important to help patients express their emotions, not suppress them. Emotions that are avoided can cause dissociation, numbness and loss of control. The psychotherapeutic relationship is sometimes very difficult to initiate and maintain with these patients. The dermatologist's discreet but effective support is often the best guarantee of a first psychological exchange and the first step to accepting psychotherapy. Through cognitive restructuring exercises we can help patients to identify negative automatic thoughts. When working with beliefs we have to distinguish among automatic thoughts, underlying assumptions and core beliefs. Unwanted thoughts and emotions are universal experiences and over control make them worse. Yet acceptance is not passive resignation, it is being able to "tolerate" illness and discomfort while also pursuing personally important goals and values. Ask patients: How much discomfort can you tolerate? It is important to talk through what to do when the discomfort is really bad.

Promote healthy strategies that increase positive affect or happiness. We can contribute by helping our patients be more sensitive to the positive aspects of their lives and enhancing metacognitive awareness. Remember to validate the discomfort, hopelessness and sometimes the despair patients feel associated to their skin condition. Validation helps to develop acceptance skills. And, before patients leave, ask them to recall a positive event they have had lately. They will hopefully leave smiling and smiling quietens down the amygdale to allow new learning.

MENTAL DISORDERS COMORBID TO CHRONIC DERMATOSES OP67

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Background. According to the literature mental disorders are registered in 30-40% patients with skin disorders. Mental disease contributes to desadaptation of such patients and appreciably decreases the rate of standard dermatological treatment responders. **Method**. We examined 278 patients (182 women (65.4%) and 96 men; mean age 32.5±5.3 years) with chronic dermatoses: atopic dermatitis: 110; psoriasis: 45; acne vulgaris: 42; rosacea: 39; eczema: 22; seborrheic dermatitis: 20 cases. We performed psychiatric interview and subsequent psychiatric consultation. We also used psychometric scales (CGI, HAMD, HAMA) and dermatological quality of life questionnaire. Dermatological status was assessed by qualified dermatologists with the use of PASI, SCORAD and universal scale – Clinical Symptoms Index. **Results**. The most common mental disorders comorbid chronic dermatoses are affective disorders (27%), nosogenic reactions (32.3%) – (F43.2) and hypochondriacal personality development (19.4%) - (F60). Psychopatological structure of affective disorders is heterogeneous, and the biggest part of them is recurrent depressions (over 50%) – (F33). We found general factors influencing nosogenias' manifestation: stressogenous (clinical severity of skin disorder, intensity of subjective symptoms, localization of skin lesions, skin disease course) and constitutional (excess appearance perfection, sensitivity in interpersonal relationship). We elaborate typology of mental disorders provoked by chronic dermatoses: nosogenic reactions (depressive, sociophobic, sensitive) and hypochondriacal personality development (neurotic, masked, aberrant hypochondria, overvalued beauty hypochondria). Analysis of hypochondriacal personality development shows no correlation between the intensity of somatogenic factors and hypochondriacal symptoms. Our data verify the absence of unified personality profile (including atopic) in case of different dermatoses. At the heart of hypochondriacal personality development there is a constellation of premorbid personality traits which transform in a special way under the influence of skin disorder. **Conclusion**. Depressions comorbid to chronic dermatoses and nosogenic reactions require differentiated psychopharmacological treatment with the use of first line drugs for psychosomatic disorders. In case of hypochondriac personality development the leading role belongs to psychotherapy with symptomatic use of psychotropic drugs.

OP68 PSYCHOSOMATIC APPROACH TO ATOPIC DERMATITIS – STRESS, BEHAVIOUR AND PSYCHOTHERAPY

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Psychological factors seem to be important in atopic dermatitis as significant modulators of the disease. Stress increases atopic dermatitis symptoms depending on the severity of stress. It is widely accepted, that stress can induce or exacerbate atopic dermatitis. The physiological mechanisms, that mediate this negative influence of stress to atopic dermatitis, are not clearly understood.

Newer studies try to point out the close connection between epidermal nerve fibres and brain, together with new developments in brain research and studies with neuropeptides in skin diseases which are mainly involved with epidermal nerve fibers. Neuroimmunological and psychoendocrinological studies and examination of integrity and function of skin barrier under stress show evidence of this network. Different neuropeptides and neurotrophines seem to play an important role in stress-induced neurogenic inflammation and connection of nervous and immune system. Mast cells play a key-role in the development ofinflammatory reaction to stress. Skin barrier is altered by stress by means of increased cortisol level. Thereby lamellar body secretion is decreased and epidermal expression of antimicrobial peptides (β-defensin and cathelicidin) is down-regulated. In the past years it becomes more and more evident, that atopy-relevant effector cells, such as mast cells and Langerhans' cells form a close anatomical relationship with nerve fibres staining positive for a number of neuroactive substances. Regarding this close anatomical relationship of nerve terminals and effector cells in atopic eczema, it seems possible that stress-induced stimulation of nerve fibres induces secretion of neuroactive substances. There are a growing number of studies indicating that atopic eczema patients show disturbances in neuroimmunological pathways so that some authors stated that 'psychological stress may be conceptualized as a social pollutant that, when 'breathed' into the body, may disrupt biological systems related to inflammation through mechanisms potentially overlapping with those altered by physical pollutants and toxicants'. Functional changes in the hypothalamus-pituitary-adrenal cortex-axis are under discussion.

The influence of serious events in life and of stressors of various degrees on the immune system is known. The autonomic nervous system acts as the connector between feelings and subsequent somatic response. Psychotherapy seems, with regard to that psychoimmunological pathway, a possible adjunctive treatment possibility for atopic dermatitis patients. Relaxation programs, behavioural and psychodynamic psychotherapy were studied in some rare studies in atopic dermatitis patients. Moreover, an education program for atopic dermatitis patients is in the meantime established for a better coping with the disease. Educational programmes aim to empower patients and/or carers in solving the problems arising from chronic diseases, and meta-analysis of results has highlighted the need to develop standardized methodologies so that any improvements in disease self-management can be more accurately assessed. Although several educational interventions have been developed for adult AD patients, the literature on educational programmes for children and their parents is sparse. The German Atopic Intervention Study (GADIS) was set up to develop standardized interventions for AD self-management, and to address their effects.

It can be concluded that these educational programmes for the parental management of AD in children, and self-management of adolescents, improve disease control and should be integrated into routine care.

PERSONALITY AND PARENT–CHILD RELATIONSHIP IN PATIENTS WITH ATOPIC DERMATITIS *OP69*

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Attention to the psychosomatic aspect of patients with atopic dermatitis (AD) is gradually paid by dermatologists recently. The personality and the parent-child relationship were examined about these patients. Twenty-one AD adolescent patients (4 mild, 17 moderate) and sixteen healthy controls were examined by the Minnesota multiphasic personality inventory (MMPI) shortened version and the family diagnostic test (FDT). The AD group showed higher score than the control group in a clinical scale ”depression” of the MMPI. In the FDT, the percentile of ”affective contiguity” from a child to mother indicated greater in the control group than that in the AD group. The percentile of a clinical scale of ”feeling of refused” from a child to father was statistically higher in the AD group. The examination of correlation between FDT clinical scales and MMPI clinical scales found out that the FDT clinical scales of ”feeling of refused”, ”positive avoid” and ”affective contiguity” showed statistical significance at both groups in scales from a child to mother. The FDT clinical scales of ”mental invasion” and ”achievement need” showed significance only at the AD group in scales to mother. The only one scale ”discordance between parents” indicated significance only at control group in scales to mother. On the other hand, there was ”discordance between parents” which was significant at both groups among the FDT scales from a child to father. Though there were four scales ”feeling refused”, ”positive avoid”, ”feeling of accepted” and ”affective contiguity” which showed significant correlation at AD group, only one scale ”mental invasion” showed significance at the control group among scales to father. Especially the depression scale of MMPI was correlated with significant any of five factors of FDT to the father of AD group which have significant correlation to MMPI. The depression tendency was correlated with the bad relation of a patient with a father. Although the relation with a mother was conventionally highlighted in the AD patient, a possibility that the relation with a father has not worked was suggested in this research.

OP70 PSYCHOLOGICAL FACTORS AND TRAUMATIC EXPERIENCES IN PATIENTS WITH CHRONIC DERMATOLOGICAL CONDITIONS

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Aim. The current acquisitions of *psycho*-neuro-endocrino-immunology (PNEI) highlight how mind and body are closely related. Neuropeptides and their receptors join the brain, glands, and immune system in a network of communication between brain and body, representing the biochemical substrate of emotion. The neuro-immuno-cutaneous-endocrine (NICE) system includes also skin in this complex web. Our study aims to analyse the relationship between traumatic experiences, affective dysregulation and dissociation within a group of patients affected by chronic dermatological illnesses. **Methods**. A sample of 30 patients with chronic dermatological illnesses (psoriasis, acne, atopic dermatitis) was processed to a series of psychometric tests: Toronto Alexithymia Scale-20 (TAS-20), to evaluate alexithymia and affective dysregulation; Dissociative Experiences Scale-II (DES-II), to measure dissociative experiences; Traumatic Experiences Checklist (TEC), to identify possible traumatic experiences and their impact; and Minnesota Multiphasic Personality Inventory – 2 (MMPI-2), one of the most frequently used personality tests in mental health, to identifying personality structure. **Results**. We found moderate scores at DES-II and high scores at TAS-20 (especially Factor 3 – "externally oriented thinking") within the sample. The majority of subjects reports to have been exposed to various types of traumatic experiences (in particular, nearly half-sample declare physical, emotional and/or sexual abuses during childhood). We also observed a positive relationship between the amount of abuses and scores at DES-II. Patients with high scores at TAS – 20 (F3) achieve modal scores at Social Discomfort Scale (SOD) - MMPI-2. **Conclusion**. It is demonstrated that neuropeptides are widespread in the skin. These mediators are involved in the onset of several dermatological illnesses. Our research seems to confirm that stressful life events (namely cortical processes) may lead to affective dysregulation and somatic manifestations such as chronic skin disorders. Patients with chronic dermatological conditions of our sample show a tendency to use an externally oriented way of thinking (*pensée opératoire) in line with the psychoanalytic theory concerning psychosomatic.*

OP71 OBJECTIVE *VS* SUBJECTIVE FACTORS IN THE PSYCHOLOGICAL IMPACT OF VITILIGO: THE EXPERIENCE FROM A FRENCH REFERRAL CENTRE

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Vitiligo affects around 0.5% of the population. The burden of disease perceived by patients seems underestimated by the medical community. The aim of our study was to analyze the impact of objective and psychological factors on the quality of life and self-body image of vitiligo patients. Demographic data, medical informations and psychological factors (perceived severity, trait anxiety, trait depression, trait self-esteem, body image and quality of life) were prospectively collected for all 48 patients (mean age 43.9 years) included in the study. Vitiligo caused overall a moderate effect on patient's quality of life with a 7.17 DLQI mean score (out of 30) without correlation with the gender. According to distribution, minimal, mild, moderate, or severe impairment of quality of life corresponded to 10.4% (DLQI 0–1), 29.2% (2–5), 37.5% (6–11) and 22.9% (12–20) of cases, respectively. The average perceived severity, evaluated by the patients was 4.91 based on visual analogical scale from 0 to 10. The self-body image is influenced by gender, perceived severity and the disease characteristics. Perceived severity and patient's personality were predictors of the quality of life impairment. Perceived severity of vitiligo was explained mainly by the patients' personality and less significantly by objective criteria. Subjective as well as objective factors should be included in the assessment of disease severity and follow-up of vitiligo patients. A simple perceived severity scale is useful in clinical practice.

DEPRESSIVE AND PASSIVE-AGGRESSIVE COGNITIVE STYLE INCREASES ILLNESS-RELATED STRAIN IN PATIENTS WITH PSORIASIS OP72

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Objective. To investigate the relevance of cognitive styles and discrepancies between explicit and implicit motives for psoriatic symptoms (assessed via Psoriasis Area and Severity Index) and the amount of suffering in patients with chronic plaque psoriasis. According to personality systems interaction (PSI) theory the authors expected that frustration of basic needs for affiliation, achievement and power is associated with an increase in illness-related strain, especially for patients with reduced sensitivity to positive affect and a negative attention bias. **Design**. Cross-sectional study using hierarchical regression analysis and path analysis for mediational modelling. **Setting**. Department of Dermatology, Klinikum Bremen-Mitte, Bremen, Germany. **Participants**. Fifty-one patients with plaque psoriasis recruited during their in- or outpatient treatment at the Department of Dermatology, Bremen. **Outcome Measures**. Assessment of Personality Functions in Therapy (APFT) containing psychometric instruments for the assessment of psychosomatic symptoms, mood, implicit motives enactment, personality styles, and disorders. Subjective illness-related strain was assessed by Likert-Scale. **Results**. Consistent with expectations, the interaction between frustrations of basic needs (affiliation, achievement and power) with depressive cognitive style predicted a higher amount of illness-related strain. We also found that interaction between need frustration and a passive-aggressive cognitive style predicts a higher amount of illness-related strain. In our study we did not find an three way interaction between cognitive styles, frustration of basic needs and psoriasis severity. **Conclusions**. Depressed and passive-aggressive patients show a higher amount of illness-related strain if their basic needs for affiliation, achievement or power are frustrated. These patients seem to have a lower sensitivity for positive affect. Because no effect was found for the interaction between frustration of basic needs and disease severity (PASI) we conclude that cognitive styles are important for the appraisal of disease related strain.

OP73 COPING STRATEGIES IN PSORIASIS PATIENTS

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Stress and coping with stress strategies are regarded as one of the most important issues in contemporary health psychology. Coping with stress strategies exert their influence on health related quality of life (HRQL). It was demonstrated that so called passive or non-adaptive coping strategies such as helplessness or pessimism present positive correlation with all HRQL dimensions in psoriatic patients. The more often the patients present those strategies the worse HRQL they have. Psoriatic patients demonstrate more pronounced helplessness feelings, lack of hope in own possibilities, lack of motivation and concentration on negative emotions such as fear and anger. The above feelings can further lead to difficulties in family, social and professional life. Covering skin lesions to make them invisible also led to worse HRQL. Patients presenting active coping strategies such as the fight spirit better evaluate their psychosocial functioning and present lower anxiety and depressive symptoms level and less functioning problems. Teaching and employment of proper coping strategies seem to be regarded as very useful tools in the thorough management of psoriasis.

OP74 WEARING YOUR EMOTIONS: OUTER MANIFESTATIONS OF SIGNIFICANT INNER EXPERIENCE

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The big human emotions (love, anger, sadness) have well-established facial expressions and growing research documents their underpinnings in physiology and the brain. This presentation will review recent findings linking psychological well-being and ill-being to stress hormones, inflammatory factors, and cardiovascular risk factors. Implications of these linkages for dermatology will be considered, with particular emphasis on the role of positive emotions in promoting a beautiful outer countenance as well as maintaining healthy skin.

OP75 THE EMPLOYER'S ATTITUDE TO EMPLOYEES SUFFERING FROM PSORIASIS

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Background. Psoriasis affects all aspects of quality of life, including physical, psychological, social, sexual and occupational elements. **Objective**. 1) To find out the employer's attitude to employees suffering from psoriasis. 2) To determine spheres of activities of enterprises and organizations in which leaders mostly have negative or positive attitude to psoriasis employees for further occupational orientation of psoriasis patients. **Methods**. Especially for this research we designed the questionnaire for employers. It revealed the attitude of employers to psoriasis employees on different stages of occupational activity from getting job to discharge. The additional information included gender and age of leader, sphere of activity and employees number of enterprise. The questionnaire had short information about psoriasis and some photos of psoriasis patients. The research was carried out in Kaliningrad, Russia, from November, 2007 to December, 2008. **Results**. Sixty-six employers took part in our research: 25 women (38%) and 41 men (62%) of different ages from 30 to 65 years old (mean 44 years). We divided enterprises and organizations into three groups according to employee's number: 1) 1–10 (29%), 2) 11–100 (56%), 3) >100 workers (15%). We picked out 6 groups of respondents due to sphere of activity of enterprises: manufacture – 21%, services – 30%, medicine – 9%, education – 10%, trade – 18%, authority's institutions – 12%. 45% of employers find it possible to work with psoriasis employees, 35% of respondents guess that it might be work on the distinct positions only. Nobody prefers psoriasis patient for taking on. Psoriasis of worker is no matter for discharging in the situation of cutting personnel for 83% of respondents. With other equal conditions only 8% of leaders firstly dismiss psoriasis worker. 51% of employers can permit activity of psoriasis employee with some restrictions (without contacts with clients or presence of limited forms of illness). Thirty-four leaders (52%) have had experience of joint work with employees suffering from psoriasis. Only 6% of those employers believe that psoriasis disturbs in relationships in the group. There is no significant difference in answers to the questions among different age, gender groups of leaders or between respondents of diverse employee's number's groups. Among different spheres of activity the leaders of both authority's institutions and trade organizations have the most negative attitude to employees suffering from psoriasis. Only 14% of leaders of authority's institutions find it possible to work with psoriasis employees, 25% leaders in trade sphere firstly dismiss psoriasis patient. **Conclusions**. 1) There is a negative attitude of employers to employees suffering from psoriasis. It can complicate the working activity of psoriasis patients. 2) According to our pilot study a doctor might recommend to psoriasis patients those spheres of activity where the employers attitude to employees suffering from psoriasis is the most positive (education, medicine, services, manufacture).

INFLUENCE OF PSORIASIS ON THE ABILITY TO WORK OP76

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Background. Psoriasis is a relatively common, chronic inflammatory skin disease with a negative impact on the patients' quality of life (QoL). **Objectives**. The aim of the study was to evaluate the influence of psoriasis on the work ability in patients with psoriasis. **Materials and Methods**. A total of 126 patients (68 females and 58 males) with psoriasis aged between 16 and 81 years (mean 49.0±14.0 years) were included into this study. Severity of disease assessed according to PASI ranged between 0.1 and 28.5 points (mean 7.9±6.0 points). A specially designed questionnaire was completed for each patient based on the anamnesis. Furthermore, every participant fulfilled Work and General Activities (GA) questionnaires of Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q) as well as Dermatology Life Quality Index (DLQI), 6-point Stigmatization Scale elaborated by Evers et al. and Beck's Depression Inventory (BDI). Intensity of pruritus was measured with visual analogue scale (VAS). **Results**. About one third of patients (33.9%) claimed that psoriasis has small effect on their work activity, 44 (40.4%) declared moderate and 23 (21.1%) severe effect on the work ability. Remaining 5 (4.6%) subjects stated that they could not work at all because of psoriasis. Lesions located on the scalp (44.4%), hands and feet (43.7%) elbows and knees (42.9%) as well as nail involvement (34.1%) were recognized as the disease locations mostly disturbing during work activities. Regarding symptoms of psoriasis, scaling (63.5%) followed by pruritus (48.4%) and nail crumbling (18.3%) made the work the most difficult. A significant correlation was found between the work ability and QoL (Q-LES-Q Work vs. Q-LES-Q GA: *R*=0.42, *p*<0.001; Q-LES-Q Work vs. DLQI: *R*=-0.23, *p*=0.05), work and pruritus severity (Q-LES-Q Work vs. VAS: *R*=-0.31, *p*<0.01) as well as work and the level of depressive symptoms (Q-LES-Q Work vs. BDI: *R*=-0.41, *p*<0.001). No significant correlations were found between work activity and psoriasis severity (Q-LES-Q Work vs. PASI: *R*=-0.18, *p*=0.13) and between work and stigmatization level (Q-LES-Q Work vs. 6-item Stigmatization Scale: *R*=-0.11, *p*=0.35). **Conclusions**. Our findings underline that psoriasis negatively influences the work ability in a significant subgroup of psoriatic patients and thus psoriasis should be considered as a disease that not only decrease the patients' QoL but also have a potential to decrease the productivity of psoriatic subjects.

OP77 SEXUAL PROBLEMS IN MALES WITH PSORIASIS

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Introduction. Numerous studies revealed that psoriasis negatively impacts many aspects of patients' life. **Objective**. The aim of the study was to evaluate the influence of psoriasis on erectile dysfunction and other sexual problems in male psoriatics. **Materials and methods**. Seventy-six males (61 with psoriasis vulgaris and 15 with arthropatic psoriasis) in the age between 20 and 66 years (mean 43.9±13.2 years) were included into this study. Psoriasis severity assessed according to PASI was 15.1±10.3 points. The study was based on a specially designed questionnaire containing demographic and clinical data as well as description of sexual problems. All patients were also asked to complete International Index of Erectile Function (IIEF-5). **Results**. Erectile dysfunction was found in 43.8% patients. The severity of erectile dysfunction negatively correlated with the age of patients (*R*=-0.32; *p*<0.01) and depressive symptoms assessed by BDI (*R*=-0.33, *p*<0.01). The frequency and severity of erectile dysfunction was independent on coexistence of internal disease, severity and duration of psoriasis, presence of psoriatic lesion on the face, hands or genitalia, positive family history of psoriasis, and type of psoriasis. Majority of patients (77.6%) declared, that the skin condition at least occasionally negatively influenced their sexual life. Patients with more severe psoriasis more often avoided sexual intercourses (*R*=0.32; *p*<0.01) and more frequently felt ashamed in front of their sexual partners (*R*=0.23, *p*=0.04). The vast majority of males (96.1%) felt unattractive during psoriasis exacerbation, 96.1% of participants felt embarrassed, if skin lesions were present on uncovered body regions, and 81.1% of patients felt ashamed, if psoriatic lesions were found on genitalia. More than a half (59.2%) of individuals avoided social meetings due to psoriasis and 65.8% avoided sexual intercourses because of his skin disease. Moreover, about a half of subjects (44.7%) during their life experienced rejection because of psoriasis. **Conclusions**. Psoriasis negatively influences sexual life in the majority of males with psoriasis mostly in relation to emotional aspects, while the problem of erectile dysfunction seems to be not affected by the disease. Dermatologists should be aware about these problems and should put more attention on this aspect of psoriasis.

HOW DO PSORIASIS PATIENTS PERCEIVE THEIR DISEASE AND THEIR RELATIONSHIP TO THE TREATING PHYSICIAN? A REVIEW ON EXISTING DATA AND A BRIEF REPORT ON THE MINDER – PROJECT *OP78*

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The perception of disease and of the patient-physician relationship in psoriasis patients has so far been rarely investigated. Obviously, both the patients' compliance and the effectiveness of any chosen therapy are nevertheless dependent on such perception. Gaining more insight about how psoriasis and its treatments are experienced by patients as well as into patients' expectations with regards to the patient-physician relationship may therefore be of great clinical value. A review of the available data as well as the outcome of a focus group-based investigation performed by means of a questionnaire administered to over 300 chronic plaque psoriasis patients in Italy are presented.

STRESS COPING MECHANISMS, SMOKING HABIT AND PSORIASIS *OP79*

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Background. Psoriasis is a psychocutaneous disease that can be triggered by emotional stress, or vice versa. Generally speaking, stress results in increased smoking. A few studies involving both smoking and emotional stress in psoriasis focused rather on the risk of onset or exacerbation of psoriasis by smoking and/or stress. These two factors were considered as potentially causative environmental factors for the disease. However, this link between psoriasis, stress and smoking has been considered unidirectional, and exposure-effect relationship has been highlighted. Reversely, if psoriatic patients cannot cope with stress, they can be smoking more and addictively to relieve the stress. Our aim was to investigate stress coping capabilities, the relationship between coping strategies and smoking habits at the addiction level in patients with psoriatis. **Material and Methods**. Ninety-nine patients with psoriatis (57 women, 42 men, mean age 37.4) were included in the study. Sociodemographical information including age, sex, smoking habits, etc. was obtained; PASI scores were recorded. The Fagerstrom Test for Nicotine Dependence (FTND) was used on smoking patients to evaluate the degree of nicotine dependence. The Ways of Coping Questionnaire" (WCQ) was filled out by all patients. Data were assessed by comparing smokers with non-smokers statistically and were analysed with SPSS 11.5 program. **Results**. Forty patients (40.4%) were smokers. When comparing two groups regarding stress coping mechanisms, both group had similar styles in coping with stress. The subgroup "seeking social support" (SSS) scores of WCQ were significantly lower in smokers than those of non-smokers (*p*<0.05). FTND scores were correlated with 'distrustful approach' (DA) sub-scores, and PASI in smokers. **Conclusion**. Smoking and non-smoking patients with psoriasis had similar coping strategies except SSA and usually used positive stress coping ways. When confronted with stress, the patient would resort

to cigarette smoking in place of collaborating with the therapist and searching for stress reducing methods. This mechanism will serve to impair the patient compliance rather than alleviating the stress. The alertness of the therapist will provide better, healthy communication with patients leading to better patient compliance.

OP80 QUALITY OF LIFE IN THE PATIENTS WITH CHRONIC LEG ULCERS

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Aim. Leg ulcers represent an important health problem. The aim of this preliminary study is to collect data about quality of life of the patients with chronic leg ulcers in the Czech Republic. **Methods.** A special questionnaire focused on quality of life of the patients with chronic leg ulcers was developed. A questionnaire is divided into 6 parts, the questions are aimed at pain, physical, social and psychological impact, at daily activities and at aspects of treatment. Fifty-five patients (17 men and 38 women) have been included in the study so far. **Results**. 92.5% reported leg ulcer pain. 27.1% of patients described the pain located in the wound bed, 18.8% reported pain in the area surrounding the wound. Most patients, 50.1%, reported pain both in the wound bed and in the surrounding area. 63 % reported persistent pain, 19.8% reported pain with activity, 50 % described pain at dressing change. Mean pain intensity score was 5.43 (using numerical rating scale). 34.4 % reported sleep disturbances every night or very often. 63.5% of patients experienced moderate restrictions in leisure activities and 55.7% reported moderate restrictions in household duties. 47.3% reported partial or complete change in their clothing style (especially women). 39.5% had to change their shoes completely and 33.4% of patients changed their shoes partially. 67.8% reported certain social isolation caused by problems connected with their leg ulcer. **Conclusions.** Leg ulcers can influence nearly every aspect of the patient's life. In future, the care of leg ulcer patients should be more intensively focused on their quality of life.

OP81 A PSYCHOSOMATIC APPROACH TO URTICARIA

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Background. It is not always easy to distinguish between the psychological trigger and other etiologies (food, drugs etc.) of urticaria (U) and/or angioedema (AE). U/AE of pure psychogenic etiology has been contested in the literature. **Method**. The author reviews published data and personal researches made between 1979 and 2006, focused on U/AE psychologically triggered and on personality traits of urticaria patients. **Results**. Studies infirm the existence of U/AE exclusively induced by psychological factors, but confirm that psychological etiology has a constant involvement in cholinergic U and an optional role in triggering some forms of spontaneous acute U/AE or physical U/AE, as well as in maintaining and aggravating chronic U. About 32% of U/AE can be triggered by psychological factors, alternately or associated with "common etiologic agents". U/AE with psychogenic trigger occur in patients with increased vulnerability to emotional distress (more frequently in females) and in cases of prolonged evolution of the disease. **Conclusions**. In such U/AE patients, especially with chronic U, it is advisable to search for psychological triggers and for certain psychiatric disorders, especially anxiety and depression. The approach by a team of specialists (including psychologists and psychiatrists) might have a positive effect on the evolution of the disease, as well as adding to antihistamines the antidepressants and anxiolytics.

PSYCHOPHYSICAL ASPECTS OF HIDRADENITIS SUPPURATIVA *OP82*

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Background. Hidradenitis suppurativa (HS) is a recurrent, debilitating suppurative skin disease manifested by abscesses, fistulas and scarring with involvement of intertriginous regions. The symptoms of acne inversa are much more than just physical. In fact, many sufferers also battle with depression and embarrassment. Feelings of fever and fatigue often arise in extreme cases and may prevent individuals from performing everyday, common tasks. **Aim**. The aim of the study was to determine the influence of HS on broad spectrum of psychophysical aspects. Assessment was done with use of few questionnaires: e.g. DLQI (Dermatology Life Quality Index), Facit-F (Fatique scale), BDI (Beck Depression Inventory) , stigmatisation scale (A.Evers) and EQ-5D. **Methods**. The study was conducted within a group of 54 patients (28 women, 26 men) aged 16 to 65 years (mean 39.94 ± 11.63 years) suffering from active, however stable course of HS. The disease duration period was assessed as from 1½ to 36 years (mean, 10.16 ± 7.64 years). Clinical manifestation of disease severity was based on 3 degree scale by Hurley. **Results**. The scores found for HS in our study showed much more impairment than those found in several other dermatologic conditions, including chronic urticaria, psoriasis, atopic dermatitis or neurofibromatosis, all conditions traditionally regarded as causing significant disability. Compared with these diseases, it can be concluded that HS is a distressing condition for many patients, one of the worst that has been systematically studied in dermatology. A number of factors modulate this impact. Not surprisingly, the influence of HS on psychophysical status correlates positively with the severity of the disease and range of involved skin areas (especially with location in anogenital regions). **Conclusion**. We believe that our findings will add new aspects and extend the knowledge of this chronic and debilitating skin disease.

WORK, PERSONAL RELATIONSHIPS AND SEXUALITY ARE INFLUENCED MOST BY HIDRADENITIS SUPPURATIVA *OP83*

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Background. Through interviews with patients with hidradenitis suppurativa (HS) it is seen that they especially suffer from the disease when it concerns their work, their relationships with friends and their troubles in relation to a partner and to sexuality. They tell that they hide at home when they have new boils coming up and they reason it with pain, shyness and bad mood. **Methods**. In an effort to test the topics found through interviews a DLQI-test was made on 80 HS-patients and an age and sex-matched control-group of 80 patients with other skin manifestations randomly selected in the dermatological outpatient department in Roskilde, Denmark. **Results**. DLQI showed statistically significance between the two groups in questions 7 (work, p=0.006), 8 (partner, close friends, p=0.006) and 9 (sex, p=0.004). The patients with HS scored higher indicating that their disease has a great influence on their quality of life when it concerns work, personal relationships and sex. **Conclusion**. It thus seems to be of benefit to pose the mentioned DLQI-questions to the HS-patients to find an indication of how influenced they are by the disease. The disease is so little known in the society that the majority are unaware of its existence. By an increased understanding of the degree of the patients' suffering it is relevant to hope for a better fundament for further investigations in the disease.

OP84 SUPPORTING PATIENTS WITH HIDRADENITIS SUPPURATIVA

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The need of support among patients with hidradenitis suppurativa (HS) tends to be of physical, social, as well as psychological indication. The physical support is found in the clinic in varying degrees, but social and psychological support still is paid very little attention. In a group of HS patients in Roskilde, Denmark the wish has grown to establish an organisation in order to create a HS-specific homepage. In a series of focus-group interviews the argumentation for a homepage is being evaluated. Due to their obvious symptoms, e.g. feeling unattractive, risk of bad smelling, scars, sexual limitations, pain with decreased mobility, etc. the HS patients feel alone, deprived and insecure. Often a depression is seen in relation to the HS symptoms. The HS patients find that a patient organisation could be of value for them because a feeling of community would serve their identity and give a relief in their effort to obtain control over their life and health. The series of focus-group interviews is continued and a deeper motivation for patient supportive methods of psychological and social relevance will be demonstrated.

OP85 SUICIDAL IDEATION, ANXIETY AND DEPRESSION IN GERMAN ADULT PATIENTS WITH ATOPIC DERMATITIS

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Background. There is an increasing incidence and prevalence of atopic dermatitis. For successful psychodermatological treatment it becomes more and more essential to gain insight of the patients' mental burden. **Patients and methods**. Sixty-two adult patients with atopic dermatitis were matched with a group of 62 skin-healthy persons. Using the questionnaire for assessing suicide risk of Pöldinger suicidal ideations were detected. Anxiety and depression were assessed by HADS-D, severity of symptoms by self-evaluation based on SCORAD-Index. **Results**. Significantly higher level of suicidal ideation, anxiety and also depression were observed among atopic dermatitis patients. Strong correlation between severity of symptoms and psychological burden were shown while onset of atopic dermatitis had no significant influence. A high proportion of 16.1% suffered from suicidal ideation, while only 1.6% in control group did, producing an odds ratio of 11.73 (95%CI 1.45-94.71). **Conclusion**. For a psychodermatological approach in terms of integral medicine, psychological burden, in particular suicide ideation, anxiety and depression are important factors, which should be addressed when treating atopic dermatitis.

WHAT'S NEW IN PSYCHODERMATOLOGY *OP86*

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In this presentation a review of the publications on psychodermatology during the 2 last years will be done. The presentation will mostly underline the new topics in psychodermatology. The presented articles are listed below:

1. Yang EV, Kim SJ, Donovan EL, Chen M, Gross AC, Webster Marketon JI, et al. Norepinephrine upregulates VEGF, IL-8, and IL-6 expression in human melanoma tumour cell lines: implications for stress-related enhancement of tumor progression. Brain Behav Immun 2009; 23:267–275.
2. Sampogna F, Frontani M, Baliva G, Lombardo GA, Alvetreti G, Di Pietro C, et al.Quality of life and psychological distress in patients with cutaneous lymphoma. Br J Dermatol 2009; 160: 815–822.
3. Richards HL, Ling TC, Evangelou G, Brooke RC, Fortune DG, Rhodes LE. Evidence of high levels of anxiety and depression in polymorphic light eruption and their association with clinical and demographic variables. Br J Dermatol 2008; 159: 439–444.
4. Halvorsen JA, Dalgard F, Thoresen M, Thoresen M, Bjertness E, Lien L. Itch and mental distress: a cross-sectional study among late adolescents. Acta Derm Venereol 2009; 89: 39–44.
5. Lee WJ, Jung HD, Lee HJ, Kim BS, Lee SJ, Kim do W. Influence of substance-P on cultured sebocytes. Arch Dermatol Res 2008; 300: 311–316.
6. Krasowska D, Pietrzak A, Surdacka A, Tuszyńska-Bogucka V, Janowski K, Roliński J. Psychological stress, endocrine and immune response in patients with lichen planus. Int J Dermatol 2008; 47: 1126–1134.
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12. Petres EM, Liotiri S, Bodo E, Hagen E, Biro T, Arck PC, Paus R. Probing the effects of stress mediators on the human hair follicle: substance P holds central position. Am J Pathol 2007; 171: 1872–1886.
13. Mozzetta A, Antinone V, Alfani S, Neri P, Foglio Bonda PG, Pasquini P, et al. Mental health in patients with systemic sclerosis: a controlled investigation. J Eur Acad Dermatol Venereol 2007; 22: 336–340.
14. Harth W, Seikowski K, Hermes B, Gieler U. New lifestyle drugs and somatoform disorders in dermatology. J Eur Acad Dermatol Venereol 2008; 22: 141–149.
15. Van Laarhoven AI, Kraaimaat FW, Wilder-Smith OH, van de Kerkhof PC, van Riel PL, Evers AW. Generalized and symptom-specific sensitisation of chronic itch and pain. J Eur Acad Dermatol Venerol 2007; 21: 1187–1192.
16. Conrad R, Geiser F, Haidl G, Hutmacher M, Liedtke R, Wermter F. Relationship between anger and pruritus perception in patients with chronic idiopathic urticaria and psoriasis. J Eur Acad Dermatol Venereol 2008; 22: 1062–1069..

ABSTRACTS: Workshop Presentations (WP1-WP6)

WP1 THE DERMATOLOGICAL MANAGEMENT OF PATIENTS WITH DELUSIONAL PARASITOSIS

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Patients with the delusional belief that they are infested with parasites (mites, bacteria or viruses) are relatively common in primary care and dermatological practice (1, 2). Patients rarely see themselves as being psychiatrically unwell, and resist engagement with specialist mental healthcare (3). This means that patients with delusional parasitosis (DP) consume a lot of healthcare resources and make the lives of those close to them very miserable until they are treated. In addition, lack of insight can make these patients difficult to study and challenging to manage. Many patients with DP therefore pass from one clinician to the next until they encounter a doctor who knows how to engage the patient. It is pivotal that the skin is treated *as well as* the psyche. Management of the skin may include systemic antibiotics and antihistamines or topical emollients, steroids, and steroid/antibiotic combinations, depending on the physical signs. Rarely second line dermatology agents (such as UVB) may be necessary to treat the skin. In the author's clinic (a teaching hospital in London) the clinic for patients with delusional parasitosis is run by consultants in dermatology *and* a liaison psychiatry concomitantly. The liaison psychiatrist is always invited to comment on the use of topical agents for patients with delusional parasitosis. We find that a dual approach to management incorporating both oral antipsychotics and topical cutaneous treatments seems more acceptable to patients.

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WP2 MANAGEMENT OF PATIENTS WITH DELUSIONAL PARASITOSIS IN A JOINT DERMATOLOGY/LIAISON PSYCHIATRY CLINIC.

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Delusional parasitosis (DP) is a well recognised uncommon condition which often presents to dermatology departments. Patients with DP hold a fixed belief that they are infected with organisms such as unicellular parasites, bacteria, viruses and insects. These patients are notoriously difficult to manage. When referred to a purely psychiatric clinic, patients with DP will often default their appointments (1). Conversely, it is also difficult to manage these patients in a standard dermatology clinic as they often take considerable time and other resources to engage in therapeutic management. For these reasons we established a joint dermatology/liaison psychiatry clinic in 2002. Patients are referred to the clinic from our own catchment area, from surrounding secondary care hospitals and from other national dermatology units. At initial assessment and follow up patients are seen by both a Consultant Dermatologist and Psychiatrist. We have audited our practice for the three years (Jan 2004- Jan 2007) and include our findings in this paper. In that time doing monthly clinics we saw 20 patients with delusional parasitosis. Management involves the combined use of specific treatments for the skin, e.g. emollients and topical agents, and low dose atypical antipsychotics (usually risperidone as first line). The majority of patients (17/20) took risperidone or an alternative antipsychotic where this was not tolerated. Outcomes were good with 70% of patients improving and 20% being cleared completely of the delusion.

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DELUSIONAL INFESTATION: WHAT DO WE KNOW ABOUT AETIOLOGY? *WP3*

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Delusional infestation (DI) is a clinical picture of various aetiologies despite its uniform clinical presentation. It occurs as an isolated, "primary" delusional disorder (meeting DSM-IV-TR criteria of delusional disorder, somatic type) or secondary to a toxic psychosis, major psychiatric disorders, brain disorders or associated with various somatic illnesses. This theoretical classification is essential for the choice of an adequate, diagnosis-specific treatment.

Little is known, however, about the neuronal basis and pathophysiology of (genetics, structural and functional imaging studies). The limited data available, own imaging studies and positive effects of antipsychotics can be best explained by dopaminergic dysfunction in a striato-thalamo-cortical network. A hypothetical pathophysiological model will be presented. To improve our limited understanding of this psychotic disorder further structural (cMRI) and functional imaging studies (DaT-Scan, IBZM-SPECT) in larger samples are desired. A strict separation of primary and secondary DI form as well as a comprehensive strategy to recruit and engage patients in such research will be needed.

PREVALENCE OF DELUSIONAL INFESTATION *WP4*

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Delusional infestation (DI) is considered to be rare, but true epidemiological data are scarce. Patients often do not seek help from health professionals, and where they do, they usually contact dermatologists, while psychiatric referral is often impossible. In 1988, Trabert calculated a prevalence rate of 5.58 per million and an annual incidence rate of 2.37 per million in Germany, based on presentations to hospitals, with much higher figures found in an outpatient setting. Prevalence is higher in women and in older age groups. Social isolation is common in patients with DI, but there is no significant difference with the general population in socio-economic status or marital status. A recent survey study of dermatologists in the UK found a 3 year prevalence of DI in dermatology outpatients was 4.99 per 1 million; the point prevalence was 1.48 per 1 million. These figures indicate that DI is not as rare an illness in dermatological practice as previously assumed.

WP5 TREATMENT OF DELUSIONAL PARASITOSIS – A NEW NAME, NEW TREATMENT AND A COMPLETE UPDATE

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Delusional parasitosis is a syndrome characterised by the delusional belief of being infested with parasites or other pests without dermatological or microbiological evidence for any infestation. It can present as a primary mono-delusional disorder, secondary to medical, neurological or psychiatric illnesses or secondary to substance use or prescribed medication. Patients often present to dermatologists. The infestation can be on the patients' body or in their environment. Alleged pathogens constantly change and can be manifold. We therefore suggest the new name "**syndrome of delusional infestation**" to replace the narrow concept of "delusional parasitosis", thus giving justice to the multiple aetiologies and the variety of alleged pathogenes. The prognosis of delusional parasitosis is poor unless the patient can be persuaded to reliably take antipsychotic medication. First generation antipsychotics are effective, remission rates are high, but their side effect profile is different and often less favourable to second generation antipsychotics. Recent reviews suggest that amisulpride, olanzapine and risperidone are reasonable first-line treatment options, alternatively first generation antipsychotics such as haloperidol or sulpiride could be considered. Pimozide is not any longer recommended because of its unfavourable side effect profile, especially in the elderly. Changing medication will often improve outcome if the first antipsychotic fails to achieve remission. Patients with primary delusional parasitosis often have to persist up to 10 weeks to reach the maximum effect of the antipsychotic, whilst this is achieved after a mean of 3 weeks with secondary delusional parasitosis. Dosages needed are often lower than in the treatment of schizophrenia. The level of evidence is improving but still weak for all medications and randomised controlled trials are highly desirable.

SELF-INFLICTED SKIN LESIONS IN INFANCY WP6

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Self-inflicted skin lesion are a difficult and challenging topic in dermatology and an under-recognized phenomenon. It has been shown that this behavioral and clinical disorder has an incidence of 1 per 23.000. Female and adolescents are more affected. The nature of factitial dermatoses itself justifies the extraordinary clinical variety of the lesions, with peculiar and bizzarre shapes by a peculiar physical distribution. The onset of the lesions is usually unexpected and abrupt, often appearing during the night. Trichotillomania is caused by repetitive hair pulling leading to a clinical evident hair loss. Some cases are complicated by trichophagia, i.e. the habit of eating the hair removed. Neurotic excoriations are caused by compulsive and unconscious scratching and picking of the skin with a clinical aspect of papules, erosions and crusts. Dermatitis artefacta differs from neurotic excoriations because the manipulation and damaging of the skin is conscious. Other less common self inflicted skin lesions are factitial porpora and bleeding, factitial onychodystrophy, factitial panniculitis and factitial cheilitis. Self-inflicted skin lesions should always be considered when the lesions have an unusual morphology, but the diagnosis remains a diagnosis of exclusion. Managing this disorder requires a supportive relationship with the patient and the parents, a non-judgemental support and a psychological evaluation.

Poster Abstracts (P1-P34)

P1 EXPRESSION OF CYCLIN D1 AND P16 IN PSORIASIS BEFORE AND AFTER PHOTOTHERAPY

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Background. Psoriasis vulgaris is characterized by keratinocyte hyperproliferation. An abnormal resistance of keratinocytes to apoptosis may contribute to the epidermal hyperproliferation. **Objective**. The aim of the study is to assess the expression of cyclinD1 (as a positive regulator of the cell cycle) and P16 (as a cyclin D1 inhibitor and a negative regulator of the cell cycle) in psoriasis and evaluate the effect of phototherapy on their expression. **Patients and Methods**. The study included 25 patients with psoriasis vulgaris and ten healthy individuals. Patients were treated with either narrow-band UVB or PUVA for 24 sessions. Skin biopsies were taken from affected skin of each patient before and after treatment to examine cyclin D1 and P16 expression. A skin biopsy was also taken from the healthy controls to examine cyclin D1 and P16 expression. **Results**. Before phototherapy, the mean value of cyclin D1 concentration in patients was significantly higher ($p<0.001$) than that in controls and the mean value of P16 concentration in patients was significantly lower ($p<0.001$) than that in controls. On comparing the levels of cyclin D1 and P16 in our cases before phototherapy, there was evident inverse correlation ($r=-0.697$) which was statistically highly significant ($p<0.001$), denoting a state of hyperproliferation of the studied area. Following treatment, we detected a statistically significant decrease in cyclin D1 and significant increase in P16 ($p=0.003$ and $p=0.001$, respectively). **Conclusion**. Cyclin D1 upregulation and P16 downregulation may play a role in the pathogenesis of psoriasis. Normalization of the levels of both parameters may be a mechanism by which phototherapy induces remission in psoriasis and may contribute to cell cycle arrest to prevent further DNA damage following ultraviolet radiation.

PRURITUS AS A SYMPTOM OF DEPRESSION P2

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Pruritus, an important symptom in dermatology, often reflects the psychiatric condition of the patient. Pruritus is very often put in the first plan to hide the psychiatric symptoms of the patient. We present the case of a female patient, aged 77 years, a retired journalist. In her reports she describes her dermatological symptoms, the results of the therapy, the successful contacts between her and her dermatologist. The treatment took place over a period of 3 years, and proved successful. The reports reflect the general state of the patient, her attitude to her profession and her mental condition.

P3

PSYCHIATRIC MORBIDITY AMONG DERMATOLOGY INPATIENTS IN SARAJEVO THIRTEEN YEARS AFTER THE WAR

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Background. It is estimated that the incidence of psychiatric disorders among dermatology patients is about 30–60%. Little is known about psychiatric morbidity and skin disease in societies affected by major conflict in the near past. **Methods**. We assessed the prevalence of major depression, posttraumatic stress disorder (PTSD) and suicidal ideas among dermatology inpatients at Sarajevo University Clinic in a one-year period (2008). The diagnosis of psychiatric morbidity was established using Hopkins Symptom Check List-25 and Harvard Trauma Questionnaire, both validated for use in Bosnia and Herzegovina. The diagnosis of dermatologic conditions was made according to clinical criteria and histopathological findings (whenever necessary). **Results**. From a total of 349 patients fulfilling criteria for inclusion, 64.5% accepted to participate in the study (61% women, 38.7% men). The mean age of participants was 44.37 years (SD 11.9). The prevalence of major depressive disorder was identified to be 17.8%, with statistically higher prevalence among women (9.2% vs 23.2%, Pearson $\chi^2=7.148$; $p<0.05$). The prevalence of PTSD was 16.9%, statistically significantly higher morbidity among women (9.2% vs 21.7%, Pearson-χ^2 5.981; $p<0.05$). A high percentage (12%) of dermatology inpatients had suicidal ideas; 2.6% of them experienced suicidal ideas quite often or all the time. Our research did not confirm any statistically significant association of major depression and/or PTSD with particular skin conditions. **Conclusion**. We concluded that the prevalence of depression and PTSD among dermatology inpatients in Sarajevo, 13 years after the war, is very high. A higher prevalence of PTSD among women is a surprising finding. Although we did not find a positive association between PTSD and a particular group of skin conditions, such a high prevalence of PTSD among dermatology inpatients deserves further clarification.

P4

"SIAMESE TWINS" – CASE OF AN EXTREME MOTHER–DAUGHTER DYAD

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Introduction. We report on a 52-year-old mother and her 24-year-old daughter with their hands folded day and night, not even separating for sleep and bathroom for the past seven years. Both had to be hospitalized in our Department of Dermatology because the mother suffered from cellulitis of the right lower leg requiring i.v. antibiosis. A few weeks after demission, contact was lost. **Symptoms**. The mother informed that she suffers from loss of memory, forcing her to hold the hand of her daughter without interruption for the sake of orientation and survival. Meanwhile, they are unable to separate their hands even for a short time with the single exception of getting the cloths changed. Since this procedure takes several hours, it is undertaken only every 4 to 5 weeks. Because this uninterrupted handholding is very exhaustive, mother and daughter spend most time of the day in bed. **Biography**. The daughter reported about a problematic matrimony of her parents with a very aggressive and demanding father. The psychosocial situation was considered so intolerable that mother and daughter made plans to escape when the daughter was about 16 years old. To avoid legal problems they had to wait until the daughter had come of age, however. At the age of about 18 years, the daughter had promised to always go hand in hand with her mother, which previously had been performed only outside in crowded areas. The daughter feels emotionally bonded to her promise with her mother insisting on it, telling her to be her hostage. The years to follow are characterised by a frequent change of domicile. Several attempts had been made to get the "amnesia" of the mother treated by a specialist. During their inpatient treatment, the patients did not allow us to document their entwined hands by photography but by drawing, which was carried out by Klaus Straubinger, a renowned painter. **Diagnostics**. Previous consultations of doctors of psychosomatics and psychiatry had led to various diagnoses: Folie à deux, dissociative amnesia, personality disorder as a consequence of traumatization, obsessive disorder and Hospital Hopper syndrome. Our diagnostic work-up ruled out a true amnesia, because the mother reported many details of her past in a reassuring setting. With a non-respondent, projective motive-test (Operant Motive Test, OMT) we found well above average values for power-orientation in both mother and daughter. The need-affect-profile of the mother showed no positive affect as well as a high level of avoidance behaviour in all need areas such as affiliation, achievement, and power. Furthermore, we also found deficits in affect-regulation competence. The need-affect-profile of the daughter showed a slightly better affect-regulation competence and positive affect connected with power-orientation leading to a supportive attitude and helping behaviour. The high power-orientation in both mother and daughter points to a high identification, from a psychoanalytic point of view suggestive of identification with the aggressor. **Conclusion**. From our point of view, the psychopathology of this extreme mother-daughter dyad does not depend on an amnesic disorder of the mother as claimed by herself, but seems to be a case of a "Münchhausen by proxy" syndrome. Here, the mother has taken her daughter as hostage, presenting her case in different departments all over Germany, allegedly for the sake of finding a specialist for her amnesic disorder.

P5

PERSONALITY VULNERABILITY TO STRESSFUL LIFE EVENTS IN PATIENTS WITH LICHEN SIMPLEX CHRONICUS

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Introduction. Stressful life events had been shown to trigger or exacerbate skin diseases like alopecia areata, psoriasis, pemphigus and vitiligo in conjunction with personality vulnerability to disease like alexihymia. Both represent risks factors for developing a skin disease (1–4). In non-clinical population influence of stressful life events has also been reported (5). Lichen simplex chronicus is frequently related to emotional distress and psychological perturbations (6). But no study has explored the number of stressful life events in this condition yet. **Objectives**. The aim of this work is to account for the percentage of stressful life events in the previous months of the development of dermatologic disease in a sample of lichen simplex chronicus. **Methodology**. A questionnaire about the existence or not of several common stressful life events were administered to 52 patients with lichen simplex chronicus. In addition, the Spanish version of the Millon Index of Personality Styles (MIPS) designed for normal population (7) was administered. The clinical index which is a measure derived from the MIPS to express the adaptation level of the subject to his milieu from an evolutionary perspective, was calculated and used as a psychological vulnerability measure. MIPS has a normative sample of normal population which was utilized as a reference sample. Both measures were analysed in order to evaluate their possible role in triggering the disease. **Results**. The clinical index was lower in lichen simplex chronicus sample than in the reference sample taken from MIPS. Of the sample 60% had a stressful life event some months before the development of the disease (14.6% death of a relative, 4.8% divorce, 17% birth of a child, 2.4% loss of job, 12.2% economic problems, 31.7 job stress and 17% other problems). **Discussion and Conclusions**. The occurrence of stressful life events may be a risk factor for triggering a dermatological disease as seen before. In addition to this, psychological vulnerability may also aggravate the subjective impact and thus increase the probability of developing lichen simplex chronicus. Differences in the levels of personality vulnerability between both samples may inform to which extent this psychological factors contribute to develop the disease.

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P6

PRISM IN DERMATOLOGY – A NOVEL VISUAL INSTRUMENT FOR ASSESSING THE IMPACT OF A CHRONIC DISEASE: A REVIEW OF THE LITERATURE AND A REPORT ON OUR EXPERIENCE WITH A PILOT STUDY.

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The true relevance and the ultimate usefulness of questionnaires to assess patients' perception of the burden of a chronic disease remains an open issue. PRISM, a visual instrument developed in the nineties to assess such burden during the medical interview and successfully validated for several chronic diseases such as rheumatoid arthritis, COPD and SLE, has been recently used in a few studies for dermatological chronic conditions. We briefly review and discuss the results so far available, and report on our own experience in a pilot study with 25 patients with acne or atopic dermatitis. Purpose of our study – from which, due to the small size of the sample no statistically significant results could be inferred – was to assess the feasibility, in our dermatology clinic, of a larger open study planned for a later stage. The instrument proved to be easy to use and well accepted by both the administering physician and the patients. Possible indications for a standardized application of PRISM in the daily dermatological practice are discussed.

P7

RECURRENT PAINFUL NODULES AND FEVER IN A YOUNG WOMAN

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Case report. A 36-year-old woman, laboratory assistant, presented to our dermatology clinic with recurrent painful nodules on her buttocks. She had an extensive history of surgical and medical processes in several medical centres for a 24-year period. Orthopaedic sequelae of multiple surgical interventions were evident, and she was being treated at a pain clinic with an intradural catheter because of uncontrolled chronic pain. A severe depressive disorder caused several suicide attempts 8–10 years ago. In 2003, she consulted an internist in another centre with large painful recurrent nodules in her thighs and left arm, high-grade fever, arthralgias and prostration. Intradural catheter was removed. An extensive list of diagnostic tests was performed with negative results. A cutaneous punch biopsy was informed as lupus panniculitis. Consecutive pharmacological treatments including deflazacort, hydroxicloroquine, dapsone and azathioprine were tried with no clinical response. Several months later suppurative nodules began draining a whitish dense fluid, so tuberculostatic treatment was initiated with disappointing results. At that moment, she was referred to our service of dermatology to rule out a panniculitis-like T-cell lymphoma. All patient history was reassessed: there was an additional history of fever of unknown origin with no clear diagnosis four years ago; she also consulted emergency departments for syncope and two seizure episodes at least five times, but she refused any hospital admission. New skin specimens were taken and pathologists became aware of factitious panniculitis. Histologic examination showed foreign body giant cell reaction with an unidentified polarised material. Cultures obtained from tissue samples were negative. Finally, diagnosis of factitious panniculitis was made. When the patient and her family were informed about her diagnosis, they displayed an aggressive and dramatic attitude. **Discussion**.This case could be classified as a factitious disorder with physical and psychological symptoms and signs of DSM IV (300.19 FD). Several diagnostic clues must be considered when managing these challenging disorders: atypical skin lesions located in accessible areas; anarchic chronic course with no response to treatments; multiple negative diagnostic investigations; multiple medical consultations with subjective symptoms and past history of psychiatric disorders. Any therapeutic plan addressing severe factitious disorders is more likely to success whenever assessed by a multidisciplinary team, ideally psychiatrist, internist and dermatologists.

P8 THE USE OF SULFASALAZINE AND PENTOXIPHYLLINE AS AN ADJUVANT THERAPY FOR THE TREATMENT OF PEMPHIGUS VULGARIS

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Background. Pemphigus vulgaris (PV) represents a potentially life threatening autoimmune blistering disease in which IgG autoantibodies are directed against cell-cell adhesion molecules. Tumour necrosis factor (TNF-α) has been implicated as a possible mechanism underlying acantholysis. **Aim**. This comparative double-blinded study was carried out to estimate the use of both sulfasalazine (SSZ) and pentoxiphylline (PTX) (cheap anti-TNF drugs) as an adjuvant therapy for PV. **Patients and methods**. This study included 64 PV patients; 42 patients received the full treatment regimen (with SSZ and PTX) and 22 patients followed the same regimen except they received placebo instead of PTX and SSZ. Five healthy subjects were included as control. Serum samples were taken to measure TNF-α in the control group and before starting treatment in all patients groups and this was repeated every 2 weeks for 8 weeks and clinical assessment was made every week for all patients. **Results**. The level of TNF-α was statistically higher in all patients than in healthy individuals. There was a statistically significant decrease in the level of TNF-α in patients in group 1 compared to those in group 2, in the serum samples at 6 ($p<0.001$) and 8 weeks ($p<0.001$). There was a significant clinical improvement in patients group 1 compared to those in group 2 ($p<0.001$). There was a highly statistically significant correlation between clinical improvement and the lowering of the level of TNF-α after 8 weeks of treatment in patients in group 1 ($p<0.001$) and in patients in group 2 ($p=0.008$). **Conclusion**. The use of PTX and SSZ as adjuvant therapy in treatment of PV gave a faster and more significant decrease in the level of TNF-α, and this decrease was associated with rapid clinical improvement.

P9 TRAUMATIC RELEASE OF MAST CELL MEDIATORS AS AN AETIOLOGY OF SKIN TAGS: THE ROLE OF TNF-A AND TRAIL

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Background. Skin tags are common benign tumours of the skin but their aetiopathogenesis is not well understood. Skin tags arise in sites subjected to trauma in the form of repeated friction. Previously, it was proved that mast cells are recruited to sites of skin trauma and increase their tumour necrosis factor-alpha (TNF-α) content. Based on these findings, we hypothesized that mast cells, TNF-α and its family member, TNF-related apoptosis inducing ligand (TRAIL) might play a role in the pathogenesis of skin tags as a response to trauma. **Subjects and methods**.Fifteen non-diabetic subjects were included in our study. A large skin tag, a small skin tag and a snip of normal skin (to be used as control) were obtained from the same area in each subject. We counted the mast cells in sections from each sample after toluidine blue staining of the sections. Enzyme-linked immunosorbent assay (ELISA) was used to measure TNF-α level while reverse transcriptase polymerase chain reaction was used to evaluate the level of TRAIL mRNA expression. **Results**. Mast cell count in all skin tags was significantly higher than that in control skin ($p=0.0355$). There was a highly significant increase in the level of TNF-α in all skin tags as compared to its level in control skin ($p<0.0001$). Expression of TRAIL mRNA was significantly higher in skin tags as compared to its expression in control skin ($p<0.0001$). **Conclusion**. The results of our study suggest that mast cells, TNF-α and TRAIL play an important role in the pathogenesis of skin tags. We propose that following friction to the skin, chemokines attract mast cells that in turn secrete TNF-α as well as other cytokines and mediators. Mast cell mediators and TNF-α are capable of stimulating epithelial hyperplasia and fibroblast proliferation which are the main pathological abnormalities in skin tags. The role of TRAIL could be related to chemokine release and mast cell attraction.

P10 A STUDY OF TISSUE LEPTIN LEVEL AND MAST CELL COUNT IN SKIN TAGS

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Background. Skin tag (ST), or soft fibroma, is a common benign condition, which consists of a bit of skin which projects from the surrounding skin. Leptin is an adipocyte-derived hormone that acts as a major regulator for food intake and energy homeostasis. Leptin deficiency or resistance can result in profound obesity or diabetes in humans. Recently, increased mast cell count in ST was recorded. **Objectives**. It is known that ST, diabetes mellitus, acanthosis nigricans and obesity represent a well defined syndrome. The aim of this work is to study the level of leptin hormone and mast cell count in small and big ST and adjacent normal skin in an attempt to elucidate a possible role of leptin hormone in the pathogenesis of ST and if there is a possible correlation between mast cell count and leptin level in skin tags. **Results**. There was a significant difference between leptin levels in the three groups. It was significantly higher in small tags than in big tags ($p<0.0001$) and it was significantly higher in small and big ST than in controls ($p<0.0001$ and $p<0.001$, respectively). There was no statistical significant correlation between mast cell count and leptin level in ST. Tissue leptin did not correlate with body mass index. **Conclusion**. Tissue leptin hormone level in ST does not correlate with body mass index as do plasma leptin. The higher level of tissue leptin in small ST than in big ST may be explained by the higher requirement of energy in the developing ST than the already stable big ST.

P11 PSORIASIS PATIENTS´ SATISFACTION WITH TREATMENT

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Introduction. Psoriasis is a well known and quite common disease (1–3%) that has passed from a cosmetic defect, a more or less severe problem of the skin, to a systemic disease, as we have been able to understand it shares the physiopathology and it may be associated with the so-called metabolic syndrome and other immunological diseases (inflammatory bowel disease). Moreover, patients may have also arthritis. Many papers have been written about the impact of the disease on quality of life and some tests really include questions about treatment. Nevertheless we have not found many studies about satisfaction with physicians' care, information and the treatments. We have been following a group of severe patients for twenty years now and most of them have been treated with different topic and systemic drugs. Many reports, mainly published before the introduction of biologics, show that patients thought doctors are not aggressive enough with treatment (1). They want their opinion to be considered, but insufficient knowledge might be a barrier (2). Recent events with efalizumab might have changed some patients and doctors point of view. **Objective**. Evaluate psoriatic patients' degree of satisfaction with knowledge of the disease and the treatment they are currently taking. **Methods**.Consecutive non-randomized outpatients, treated with systemic therapy, visiting our clinic were requested to fill in a Psoriasis Satisfaction Test Related to Treatment, already validated in Spanish (Neoderma®) during a six months period. Exclusion criteria were: less than 18 years of age and not being able to understand terms of the questionnaire. **Conclusion**. It is very important to take into account patients' opinion with therapy before and after any therapeutic intervention. To assess the satisfaction during therapeutic course could help physicians and patients to improve compliance.

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P12

QUALITY OF LIFE IN HIV-ASSOCIATED LIPODISTROPHY PATIENTS

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Introduction. HIV-associated lipodystrophy is a skin condition characterized by loss of subcutaneous fat. Although the exact mechanism of this is unknown, it is believed that lipodystrophy in HIV patients is caused by anti-retroviral medications. Patients often present fat loss in face, buttocks, arms and legs. There is also accumulation in various body parts like fat deposits in their upper backs. Breast sizes of patients (both male and female) tend to increase. In addition, patients develop abdominal obesity. In this context, therapy-related body changes gain in importance, in light of the psychological distress they caused and of their association with adherence to treatment. **Methods**. We have done a cross-sectional observational study in 30 patient affected by HIV-associated lipodystrophy. The presence of lipodystrophy was defined by clinical criteria. The patients were evaluated with the Dermatology Life Quality Index questionnaire (DLQI) using as control group 10 HIV patients without lipodystrophy. In addition, dates of age and sex were registered. **Results**. Eighty per cent were male in both groups. The mean age of patients with lipodystrophy was 44.7 years (men/women: 44.5/44.8). Patients with lipodystrophy presented a low punctuation in DLQI (the mean punctuation was 2.7). On the other hand, control group (patients without lipodystrophy) obtained 2.3 points in DLQI with a mean age of 34.7 years, (men/women: 29.5/36). These differences were not statistical significant ($p=0.4$). **Conclusion**. We have observed a small effect on patients' quality of life in both groups (with and without lipodystrophy). These data suggest that the impact of quality of life in HIV-associated lipodystrophy depends on certain patients' characteristics, rather than on the presence of lipodystrophy itself. Nonetheless, our study is limited by the small sample size.

P13

A PHASE 3, MULTICENTER, RANDOMIZED STUDY COMPARING USTEKINUMAB AND ETANERCEPT FOR THE TREATMENT OF MODERATE TO SEVERE PLAQUE PSORIASIS

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Background. TNF-α and IL-12 and -23 are key cytokines in the immunopathogenesis of psoriasis and are significant therapeutic targets for psoriasis. Etanercept (ETA), a TNF-α antagonist, and ustekinumab (UST), a human monoclonal antibody against IL12/23p40, have demonstrated efficacy for treatment of psoriasis. **Objective**. To compare the efficacy of UST and ETA and evaluate the safety of UST and ETA in moderate to severe psoriasis patients. **Methods**. In this randomized, active-controlled, parallel, 3-arm study, 903 patients with moderate to severe plaque psoriasis were randomized in a 3:5:5 ratio to receive subcutaneously administered UST (45 or 90 mg doses at weeks 0 and 4) or ETA (50 mg twice weekly) through week 12. Patients included in the trial had a documented inadequate response to, intolerance of, or contraindication to cyclosporine, methotrexate, or PUVA therapy. Patients were also naïve to ETA treatment. The primary endpoint was the proportion of patients who achieved ≥75% improvement in clinical severity as assessed by Psoriasis Area and Severity Index (PASI75) at week 12. A stepwise testing procedure was applied. **Results**. Of the total number of patients randomized, 209 received UST 45 mg, 347 received UST 90 mg, and 347 received ETA. Baseline demographics and disease characteristics were comparable across treatment groups; 67.9% of patients were male and the median age was 45 years. At week 12, a greater proportion of patients in the UST 45 mg and UST 90 mg (67.5% and 73.8%, respectively) achieved PASI75 compared with 56.8% who received ETA ($p=0.012$ for UST 45 mg; $p<0.001$ for UST 90 mg, each compared with ETA). A greater proportion of patients in the UST 45 mg and UST 90 mg groups achieved a physician's global assessment (PGA) of cleared or minimal (65.1% and 70.6%, respectively) compared with 49.0% of ETA-treated patients ($p<0.001$, for each comparison vs ETA). PASI90 was observed in 36.4% and 44.7% of patients in the respective UST groups compared with 23.1% of ETA-treated patients ($p<0.001$, for each comparison vs ETA). UST was generally well tolerated. Through week 12, 66.0%, 68.3%, and 69.5% of patients in the UST 45 mg, UST 90 mg, and ETA groups, respectively, experienced ≥1 adverse event; 1.9%, 1.2%, and 1.2% of patients in these respective groups experienced

≥1 serious adverse event. Adverse events leading to treatment discontinuation occurred in 1.9% and 1.2% of patients in the 45 and 90 mg UST groups, respectively, compared with 2.3% of patients treated with ETA. Injection site erythema was the most commonly reported event in the ETA group and occurred more frequently than in the UST groups (14.7% and 0.7%, ETA and combined UST groups, respectively). **Conclusions**. Patients with moderate to severe psoriasis treated with two doses of either 45 mg or 90 mg UST demonstrated superior efficacy, as measured by PASI and PGA, when compared with patients treated with ETA 50 mg twice weekly for 12 weeks. Overall, UST and ETA were generally well tolerated.

P14 BODY HAIR AND ADVERTIZING IN FRENCH MAGAZINES

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Background. Sociological analysis of advertising reveals the currently operative body codes within a society, and more fundamentally, depicts the (ideal) relationships between men and women, between generations, and so on. We performed a study to demonstrate that sports advertising based largely on trichological stereotypes. **Methods**. The idealised portrayal of human relations in advertisements (*n*=700) taken from French magazines was analysed by means of systematic coding and use of analytical software. This approach allowed characterisation of each advertisement in relation to the entire sample, with identification of significant elements (dominant colour, stature of models, setting, etc.), and determination of frequency of appearance and occurrence as well as testing of dependency relations. **Results**. There were significant differences in the portrayal of men and women in advertisements. In the 700 advertisements in the series we examined, male subjects very often had short hair (231 cases, 33%) or shaved heads (33 cases, 4.7%) while women were shown with long hair, either free (80 cases) or tied (73 cases). Women with short hair were rarely portrayed (4.3%), as were men with long hair (42 cases, 6%). Above all, with the exception of eyebrows and eyelashes, no other body hair was seen in male and female athletic figures in 238 advertisements, being visible in only 60 cases (8.6%). Facial stubble, and more particularly beards and moustaches, was fairly infrequent, despite the omnipresence of male models. The majority of advertising situations involving sporting figures show clear stereotyping. Body hair is a pertinent pointer to understanding of contemporary sports models. A clear overall male/female distinction was present throughout. Men were presented in these adverts as active figures, leaders, etc. while women tended to be passive, spectators, and in some cases, admiring onlookers. A degree of confusion between genders was noticeable as a result of the shaving and depilation trends currently in vogue in the sporting world on aesthetic and practical grounds. The bodies portrayed were smooth and hairless, and somewhat removed from reality (i.e. the animal side of human beings). **Conclusion**. The advertising domain tends to portray classical morphological and behavioural models rather than less conformist representations. Marketing communications depict ideal skins, with none of the commonly seen roughness, and more particularly none of the skin conditions (dermatoses, grazing, scars, etc.) so commonly seen in sports figures. The overall image conveyed is a far cry indeed from the actual epidemiological reality encountered by dermatologists!

DELUSIONS OF PARASITOSIS IN IMAGES *P15*

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The poster tries to show, by means of images, the mental universe of a person who suffers from delusion of parasitosis, a psychiatric disorder where patients, erroneously, insist that they are infested with parasites. Typically they show resistance to be forwarded to psychiatric treatment; in general, it is up to the dermatologist to create a strong and deep relation with the patient in order to achieve a successful treatment.

ANXIETY AND DEPRESSION IN VITILIGO OUTPATIENTS. A CASE-CONTROL STUDY *P16*

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Introduction. Vitiligo is a cutaneous disorder that affects 0.1–2% of the general population with no racial or sexual predilection. The importance of a psycho-neuroimmune pathogenesis has been suggested in the literature. It causes an important emotional stress, especially in more pigmented races. Anxiety, depression and quality of life impairment is usually observed in affected patients. **Method**. One hundred vitiligo patients and 100 controls (outpatients with other dermatosis of the Dermatology Clinic) were studied, everyone older than 16. The two groups were age- and sex-matched. We use the validated Spanish version of Hospital Anxiety and Depression Scale (HADS, Caro e Ibáñez, 1992). Dates were analyzed SPSS 17.0. **Results**. We assessed the presence of anxiety and depression cases in both groups. Cases of anxiety and depression were defined by the presence of 11 or more points in both subscales. The presence of seven or less points was defined as normal and of 8–11 was classified as suspected cases in both subscales. **Conclusion**. In this study we describe the differential characteristics of a vitiligo cohort in terms of psychiatric co-morbidity compared to non-vitiligo patients of a general outpatient Dermatology Clinic.

STRESS-COPING IN PATIENTS WITH MALIGNANT MELANOMA *P17*

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Aims. Malignant melanoma with its increasing incidence is a potentially lethal disease causing >79% of skin cancer-related deaths. In this study we examined the interactions between psychological distress and coping strategies with the clinical presentation of malignant melanoma (MM). **Methods**. The coping strategy "situation control" was measured with the German version of the stress coping questionnaire (SVF 120) in 49 inpatients (mean age: 50 years; range 23–68 years) at the University Clinic of Dermatology in Graz, Austria. Subjects were divided into two groups: group 1 - patients with MM and group 2 - patients with benign dermatological processes (control group) both attending a surgery the next day. **Results**. Coping strategy "situation control" revealed significant differences between the groups (Mann-Whitney *U*-test

p=0.022) showing significant lower levels of "situation control" in the MM group. **Conclusions**. Our study shows that patients who suffer from MM have lower values concerning the coping strategy "situation control". Positive values of "situation control" signify that persons are able to analyze stressors and plan and perform activities to reduce individual stress level. According to Antonovsky, "salutogenesis" depends on experiencing a sense of coherence especially on manageability (stressors are manageable and within individual control) (1). Low values of situation control/manageability are associated with psycho-physiological strain that can affect the immune system negatively in terms of immunosuppression. Further studies must follow to evaluate the influence of coping strategies on immunological status and on possible disease progression.

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P18 GENDER SPECIFIC ASPECTS OF SKIN TEMPERATURE REACTIVITY UNDER HYPOBARIC HYPOXIA

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Aims. The purpose of the present study was to detect gender differences in stress reactivity measured by the psycho-vegetative parameter skin temperature (TEMP). TEMP is a sensitive parameter in order to describe correlations between the autonomic nervous system (ANS) and psychological dimensions. Measurement of psycho-vegetative parameters like TEMP can be described as an important tool for both, medical and empiric psychological research. **Methods**. TEMP was continuously measured in 39 healthy subjects (15 women, 24 men) using the Task Force® Monitor (CNSystems, Graz, Austria) at Graz (353 m above sea level) and at Dachstein top station of the cable car (Austrian Alps, 2,700 m above sea level). All subjects participated in a mental arithmetic task (KLT-R) with a period of rest before and after this vigilance test. In order to assess the amount of reactivity of TEMP we calculated the differences of the individual values (vigilance test minus period of rest). **Results**. A comparison of the reactivity of TEMP under hypobaric hypoxia at high altitude revealed significant differences between men and women (p=0.024, Mann-Whitney *U*-Test). Stress exposure at high altitude causes a reduction of TEMP: mean reduction in men: 1.05°C (SD±1.20); mean reduction in women: 0.32°C (SD±1.31). No significant differences (p=0.648, Mann-Whitney *U*-Test) of reactivity of TEMP between men and women were found at Graz (353 m above sea level). **Conclusions.** The autonomic nervous system plays an essential role in mediating physiological adaption to hypobaric hypoxia (1). The activation of sympathetic tone caused by hypobaric hypoxia increases systemic vascular resistance. Under hypoxic conditions men and women show divergent reactions of TEMP reactivity after mental stress exposure. We could demonstrate that there exist gender specific differences of TEMP reactivity to a mental stress task at high altitude.

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CROSS-CULTURAL ADAPTATION AND VALIDATION OF MELASQOL IN FRENCH LANGUAGE. *P19*

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Introduction. Melasma is a hyperpigmentation that develops on the face exposed to the sun. Women are most affected by the condition, particularly during periods of oestrogen impregnation. As a result of its disfiguring nature, melasma has been shown to have a significant emotional and psychological impact on those affected. However, we lack data about this impact because there was no measure instrument. An instrument designed to assess the quality of life of patients suffering from melasma was developed and approved in 2003: Melasma Quality of Life (MELASQOL). However, this questionnaire does not exist in French. **Aim**: Proceed with the linguistic and cultural validation of the MELASQOL questionnaire in French based on current recommendations. **Methods**. There are five stages in a linguistic and cultural validation exercise. The "forward" translation, consisting of translating the questionnaire from its original language into the desired language. This stage is carried out by two different translators who are mother tongue speakers of the target language. Then the review of these two translations by a panel of experts who merge them, amending certain items if need be in order to produce the most relevant and useable single translated version. The next stage is the "back" translation, consisting of translating the translation back into the original language in order to check that any amendments made have not radically altered the original questionnaire. Once the final translated version is obtained, the "Test/Retest" stage begins in order to check the reproducibility of the questionnaire. This stage consists of giving the questionnaire to a minimum of 30 patients on two different occasions at 10-day intervals (7–15 days). It is recommended to submit to patients at one and the same time a questionnaire specific to the field covered by the questionnaire to be validated (DLQI) and a more generic questionnaire (SF-12), which is used to verify the convergence of results. Once all these stages are completed, a psychometric validation report is drawn up, summarising the results of each stage. **Results**. The "forward" translation stage was successfully completed. Several amendments were made during the meeting with the panel of experts. It was thus decided preferable to ask patients "what they felt" rather than requesting their "impression" or their "opinion". Furthermore, the translation of some words has been further refined ("discoloration" translated by "hyperpigmentation" rather than "décoloration"). Psychometric validation resulted in excellent internal consistency ($\alpha_{Cronbach}$=0.95) and very good reproducibility (ICC=0.88) with a MELASQOL score upon inclusion of 19.8±IC95% [14.5; 25.0] and 18.6±IC95% [12.8; 24.4]. In terms of clinical validity, the MELASQOL score significantly correlated with the global DLQI score ($R_{Spearman}$=0.62 upon inclusion and 0.85 at follow-up; p<0.001). There was no significant correlation between the physical component of the SF-12 and the MELASQOL, but there was a moderate correlation with the mental component at follow-up ($R_{Spearman}$=–0.52; p=0.016). **Conclusion**. The linguistic and cultural validation of the MELASQOL in French means we will have access to a pertinent tool for assessing the quality of life of patients suffering from melasma. This tool will therefore facilitate the conducting of melasma research in France, thereby allowing progress to be made in this field.

P20 EVALUATION OF THE MELASQOL SCORE OF A POPULATION OF FRENCH WOMEN

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Background. Melasma is a form of generally symmetrical hyperpigmentation that develops on areas of the face (forehead, cheeks, and temples) exposed to the sun, and sometimes the neck. Women are most affected by the condition, particularly during periods of oestrogen impregnation (pregnancy, contraception). As a result of its disfiguring nature, melasma has been shown to have a significant emotional and psychological impact on those affected. However, we lack data about this impact because there was no measure instrument. **Aim**. Establish the appropriate MELASQOL score levels of the French population in general, to route subjects according to how they feel about their melasma. **Methods**. The MELASQOL, questionnaire and three additional approved questionnaires: DLQI (Dermatology Life Quality Index), the SF-12 (Short Form-12 Health Survey) and the PCV-METRA were distributed to a sample of French women suffering from melasma. The MELASQOL questionnaire is rated from 7 to 70. A maximum score of 70 means that the quality of life of the sufferer is greatly affected. A descriptive analysis of the score was performed according to sociodemographic data (age, BMI, socio-professional group) and the length of time of the patient had suffered from the pathology. Women were aged 44.4±IC95% [41.3–47.4] and 60.7% of women were under 45. More than 75% had a normal BMI (only 17.9% were overweight). They were mostly married (60.7%) and gainfully employed (88.5%). Almost half had suffered from melasma for less than 5 years, and 29.6% for over 10 years. Only 21.7% of the patients suffered from an associated condition and 18.5% were receiving treatment for melasma. **Results**. It appeared that most women receiving treatment for melasma had suffered from the condition for a longer period of time (60% of women receiving treatment had suffered for melasma for more than 10 years). The MELASQOL score was 20.9±IC95% [15.9–25.9]. Patients aged over 50 had a higher MELASQOL score (24.6 vs. 18.5), as did those who had suffered from melasma for a longer period of time (14.8 of women suffering from melasma for less than 5 years, 28.7 between 6 and 10 years and 23.6 for more than 10 years). Treatment for melasma was generally administered to women with a much higher MELASQOL score (32.8 vs. 17.7). Whether women were gainfully employed or not also seemed to have an impact on this score, as it was higher for wage earners (21.8 vs. 13.7). The BMI or the presence of an associated condition did not have an impact on the MELASQOL score. Women whose physical health or mental health was affected (SF-12: physical dimension or mental dimension <50) had a higher MELASQOL score than those whose physical health or mental health was not affected (respectively 24.0 vs. 20.4 for physical health and 23.0 vs. 14.7 for mental health). **Conclusion**.As a result of this study, information was obtained concerning the quality of life of patients suffering from melasma. Future studies can now be conducted in order to refine these results further by exploring other aspects, for example in relation to socio-economic factors.

P21 DELUSIONS OF BROMOSIS : TREATMENT WITH AMISULPIRIDE AND OLANZAPINE

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Case report. A 44-year-old woman was convinced since 7 years that she smelled bad and that she heard people saying that she smelled and were caughing because of her, especially in the place of her job. Clinical examination did neither show hyperhidrosis nor unusual odour. The psychological suffering was intense. Treatment with 10 mg of olanzapine (Zyprexa®) was prescribed. Two months later, she did not report these symptoms and was happy. Unfortunately, she terminated treatment 3 months after remission and relapsed. She did not want to take any medication and was lost for follow-up. **Discussion**. Delusions of bromosis are very rare. They are also named olfactory delirium, hallucinatory olfactory state, autodysosmophobia, etc. Like other hypochondriac monosymptomatic syndromes, the daily life is severely altered. The association with probable auditory hallucinations was never reported in our knowledge.Pimozide (Orap®) has been previously proposed. Because of these sides, other therapeutic options, like olanzapine, are very interesting. Like risperidone (Risperdal®), olanzapine can be also used in delusions of parasitosis and is atypical anti-psychotic, rather serotoninergic than dopaminergic. But it remains difficult to get adhesion to treatment by a patient who is convinced that the cause of his/her disorders is cutaneous and not psychological.

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PSYCHODERMATOLOGY AND FRENCH DERMATOLOGISTS P22

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Background. Thirty to 40% of dermatological patients suffer from psychological disorders according to ICD-10 classification. The white book of the European Dermatology Forum has noted an expansion of psychodermatology in Europe. Until now, there was no specific study about France. **Methods**. We have sent a questionnaire with 8 questions to all dermatologists leaving in France (around 3500). **Results**. The rate of answers was satisfying: 487 answered (377 women and 110 men; mean age: 51 years). Four hundred and sixty-seven declared their interest for psychological aspects of dermatology. Their management of a consultation was dramatically modified for 281 and a little modified for 202. Then, the third question was open: «how?». Answers varied but we have noted that many dermatologists searched for psychological factors as possible causes of aggravation (especially stress) and that they were very numerous to try to stay tuned to their patients. Three hundred and twenty-four dermatologists declared a previous participation in psychodermatology meetings. Only 74 received a specific education, 29 of them a diploma of psychosomatic dermatology. Fifty-three were members of a specialized group. There are 3 groups in France: the Psychodermatology Group of the French Society of Dermatology (our group), the French Society of Psychosomatic Dermatology (SFDPS) and the Club for

Studies and Rapprochements betwen Dermatology and Psychiatry (CERDP). When outpatients need a psychological management, only 72 dermatologists made it by themselves (not for all patients), but 224 prefered to send their patients to «psys». **Conclusion**. Our study is not exhaustive but the rate of answers was good. The dermatologists who answered to the study are probably not representative of French dermatologists but they correspond to a subset who are interested in psychology. Nonetheless, psychodermatology appears to be in expansion in France like in other European countries.

P23 PSYCHODERMATOLOGY IN DEPARTMENTS OF DERMATOLOGY IN FRANCE

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Background. Thirty to 40% of dermatological patients suffer from psychological disorders according to ICD-10 classification (1–2). The white book of the European Dermatology Forum has noted an expansion of psychodermatology in Europe. Until now, there was no specific study about France. **Methods**. We have sent a questionnaire with 5 questions to 81 professors who are members of the Association of French Teachers of Dermatology (CEDEF) and 50 other heads of departments of dermatology. We have compared departments that are associated with a university with those which are not associated. **Results**. The number of answers was satisfying: 37/81 CEDEF members answered. Because 15 professors belonged to the same department, 27/41 university departments were recruited. Among hospitals not associated with universities, 25/42 answers came from civilian departments and 7/8 from military departments. Only 13/27 university departments and 8/31 other departments had a psychologist in their team, (4 half-days a week in universities and 3 half-days in other departments). Only 2 psychologists worked all the day in a dermatology department(in Besançon and Marseille). 20/27 university departments and 29/31 other departments had collaborations with liaison psychiatrists or psychologists, who met patients on request. Joint consultations with a dermatologist or a psychiatrist were organized in Brest (for adults and children) and Paris (Saint-Louis). A consultation of psychodermatology was made by a dermatologist alone in Paris (Bichat). One of the dermatologists or more was especially interested in psychodermatology in 13/27 university departments (among them 4 professors) and 9/31 non-university. **Conclusion**. Our study is not exhaustive but the rate of answers was good. Like in other European countries, psychodermatology is in expansion in France. The «Plan Cancer» defined psychological management of patients with cancer as one of the main objectives. However, it does not seem to be followed of sufficient effects in dermatology departments. The creation of a diploma of psychodermatology by the universities of Brest (Pr Misery) and Paris (Pr Consoli) might be very helpful.

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P24 COMPARABLE EFFICACY AND SAFETY OF USTEKINUMAB IN MODERATE TO SEVERE PSORIASIS PATIENTS PREVIOUSLY TREATED WITH SYSTEMIC THERAPIES AND TREATMENT NAÏVE PATIENTS

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Background. Ustekinumab (UST), a novel human monoclonal antibody against interleukin 12/23p40, has demonstrated significant short-term efficacy in patients with moderate to severe plaque psoriasis in large, placebo (PBO)-controlled studies. **Purpose**. As psoriasis patients may have been previously treated with other agents**,** we evaluated the efficacy and safety of UST in patients who were previously treated with other systemic agents or phototherapy. **Methods**. Efficacy and safety were evaluated in data pooled from the PHOENIX 1 (*n*=766) and PHOENIX 2 (*n*=1230) Phase 3 studies in patients who reported previous used of conventional systemic therapies (PUVA, methotrexate, acitretin, or cyclosporine), biologics (etanercept, alefacept, efalizumab, infliximab, or adalimumab), or phototherapy (PUVA or UVB). These trials were double-blind, PBO-controlled trials in which patients were randomized to receive subcutaneously administered UST (two 45 or 90 mg doses at weeks 0 and 4, followed by 45 or 90 mg every 12 weeks) or PBO. Patients in the PBO group were to cross over to receive either 45 or 90 mg at weeks 12 and 16 followed by every 12-week dosing. The primary endpoint of the trials was the proportions of patients achieving ≥75% improvement in the Psoriasis Area-and-Severity Index (PASI75) at week 12. **Results**. The percentages of patients previously treated with conventional systemic therapies, biologics, and phototherapy were 55.7%, 43.0%, and 66.2%, respectively. PASI75 response at week12 was comparable in patients previously treated with conventional systemic therapies versus patients who were naïve to conventional systemic therapies (67.6% versus 71.8 % of patients, respectively). Similarly, PASI75 response rates were similar for patients who had received prior phototherapy versus patients who had never received phototherapy (70.4% versus 67.7%). PASI75 response rates were slightly higher for UST-treated patients who were naïve to biologic therapy compared with patients who had received prior biologic therapy for psoriasis (74.3% versus 63.0%, respectively). PASI75 response rates were low in all placebo groups, regardless of prior treatment history (range 1.4% to 5.7%; $p<0.001$ for each comparison, UST groups versus PBO). The proportions of patients experiencing adverse events were comparable in patients who had previously used versus never used conventional systemic agents (53.4% versus 49.8%, respectively), phototherapy (51.3% versus 52.9%, respectively), and biologics (48.4% versus 54.3%, respectively). Similarly, rates of serious adverse effects were comparable in patients naïve to previous therapies and in patients who had received prior therapy. **Conclusion**. In patients with moderate to severe psoriasis treated with UST in clinical trials, response rates were generally comparable in patients who were treatment naïve and in patients who had received previous therapy. UST was generally well tolerated in each of the subgroups defined by previous treatment experience.

REACTIVE DEPRESSION AND ITCHING OF THE SKIN: ACASE REPORT *P25*

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Case report. We describe the case of a 54-year-old woman who suffered from reactive depression and itching of the skin. The cause of reactive depression was loss of her job. The itching of the skin on forearms and on the shins was very intensive; the result of scratching of the skin was the inflammation of the skin and many oozing purulent erosions. The itching of the skin was suppressed by antihistamines and by low doses of corticosteroids. The erosions were treated by disinfectant agents. The psychiatrist treated this patient with antidepressive drugs. **Discussion**. During treatment of patients with diagnosis of reactive depression and with skin changes, the cooperation between psychiatrist and dermatologist is necessary.

P26

USTEKINUMAB HAS A CONSISTENT EFFICACY AND SAFETY PROFILE IN PATIENTS WITH MODERATE TO SEVERE PSORIASIS: RESULTS FROM THE PHOENIX 1 AND 2 CLINICAL TRIAL PROGRAM

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Purpose. To describe the consistent efficacy and safety of ustekinumab (UST) observed in patients with moderate to severe plaque psoriasis in two phase 3 clinical trials. **Methods**. PHOENIX 1 (*n*=766) and PHOENIX 2 (*n*=1230) were double-blind, placebo-controlled trials during which patients were randomized to subcutaneous (SC) UST (two 45 or 90 mg doses at weeks 0 and 4, followed by 45 or 90 mg at week 12) or PBO. The primary endpoint for both trials, the proportion of patients achieving PASI75, was at week 12. After 12 weeks, both trials had a placebo cross-over period, and had identical designs through week 28. **Results**. Demographic and baseline characteristics were generally consistent across both studies. The majority of patients were male (approximately 70%), the majority had psoriasis for ≥10years, and median PASI scores and BSA were approximately 18 and 20%, respectively. Patients had a median baseline DLQI score of 10.0 and 12.0 in the PHOENIX 1 and 2 trials, respectively. Both studies showed a significant benefit of UST in improving psoriasis after 2 doses at week 12 (p<0.001 for 45 mg or 90 mg compared with PBO). PASI 75 response was achieved in 67% of patients in 45 mg group for both studies. In the 90 mg group, 66% in PHOENIX 1 and 76% in PHOENIX 2 achieved PASI 75. PBO response rates were low in both PHOENIX 1 and 2 (4% and 5%, respectively). At week 28, after 3 doses, PASI75 response rates continued to increase from week 12 and were highly consistent for the patients initially randomized to the 45 mg group (71% and 70%) and 90 mg group (79% in both trials). The safety profiles were similar across the PBO-controlled portions of the studies. Through week12, the percentages of patients with ≥1 adverse effect were comparable across both trials (PHOENIX 1: 57.6%, 51.4% 48.2% for the 45 mg, 90 mg, and placebo, respectively, versus PHOENIX 2: 53.1%, 47.9%, and 49.8%). The percentages of patients with SAEs were also comparable (PHOENIX 1: 0.80%, 1.6%, 0.85% for the 45 mg, 90 mg, and PBO groups, respectively vs. PHOENIX 2: 2.0%, 1.2%, and 2.0%). Injections were well tolerated in both studies. **Conclusion**. The efficacy and safety profile of UST is comparable and consistent across both Phase 3 clinical trials in patients with moderate to severe psoriasis.

P27

CARVING AS DOMESTIC VIOLENCE: A CASE REPORT

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We describe the case of a 21-year-old Hispanic female who was treated in an outpatient psychiatric clinic. The patient was a victim of intimate partner abuse. She presented with multiple non-self induced carvings.

P28

ASSESSMENT OF ANXIETY AND DEPRESSION IN OUTPATIENTS FROM A SPANISH DERMATOLOGY CLINIC

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Introduction. Dermatologic patients have been shown to present significantly more psychological disturbances than the general population. People with cutaneous disorders may experience emotional stress, anxiety and depression, particularly if the disorder develops on visible areas of the body. **Objective**.The goal of this study was to determine the level of anxiety and depression in dermatologic outpatients. We examined the relationship of anxiety and depression cases and socio-demographic characteristics. **Methods**. Through anonymous surveys from 1000 consecutive patients aged 16 and older, we aim to quantify anxiety and depression cases, assessed by the Hospital Anxiety and Depression Scale (validated Spanish version, Caro e Ibáñez, 1992). Sex and age was recorded to analyse the relationship of these characteristics and the HADS results. Statistical analysis was performed using SPSS 17.0. **Results**. Data regarding age and gender and psychiatric co-morbidity in dermatologic outpatients are shown. Pearson´s correlation analysis suggested that anxiety and depression were significantly associated with gender and age. Anxiety was more prevalent than depression in our cohort. Depression and anxiety subscale scores of HADS were assessed to obtain the presence of cases (>11 points) and non-cases (<7 points) in terms of psychiatric co-morbidity. **Conclusion**. Psychological factors are of particular importance in dermatologic patients. Anxiety and depression could be the consequence of suffering caused by skin diseases. These findings have important implications for the psychological and clinical management of outpatients in dermatologic clinics.

P29

PERSONALITY TRAITS AND PSYCHOPATOLOGY IN PATIENTS WITH ATOPIC DERMATITIS

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Background. The aim of this study was to determine socio-demographic characteristics, personality traits, psychopathology and quality of live in patients with atopic dermatitis. **Methods**. We studied 10 young patients with atopic dermatitis visiting the dermatology department. We conducted a semi-structured interview and administered a socio-demographic questionnaire, the Goldberg Health Questionnaire (GHQ), Beck's Depression Inventory (BDI), Spielberger's Anxiety Inventory (STAI S-T), Eysenck Personality Questionnaire Revised (EPQ_R) and

Symptom Checklist L. Derrogatis (SCL-90-R). **Results**. The young patients with atopic dermatitis reported high levels of psychopatology. We detected anxiety state that led to emotional instability which could have triggered psychopathology such as depression and anxiety. **Discussion**.Quality of life in these patients can be significantly affected both concerning physical function and in personal and social domains.

P30 TEARS OF BLOOD?

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Background. Facticious disorders may be severe disease with many surprising clinical aspects. **Case report**. A few days before Christmas, an 11-year-old girl was brought to the hospital by her parents. Several symptoms had appeared suddenly and worsened rapidly. She presented with a dripping of blood from the superior and/or inferior eyelids lasting a few seconds. The dermatology and ophthalmology examinations were normal before and after this phenomenon, that the patient was able to start in the presence of medical team. Several weeks later, this dripping from the eyelids was associated with haemoptysis. The bloody nature of the secretions from the eyelids and haemoptysis were confirmed by cytological analyses. Between eruptions, the patient's tears were normal and not haemorrhagic. The patient presented with no medical history and no general status alteration. An exhaustive examination was performed: trans-thoracic cardiac echography, thoracic X-ray, angiothoracic scan, cerebral angio-MRI, facial MRI, bronchial fibroscopy, nasal fibroscopy, testing for Koch bacilli in her expectorations, tuberculin intra-dermo-reaction, testing for antinuclear antibodies of several virus and bacteria (especially corynebacteria for red facial pseudo-chromhidrosis) in secretions, and testing for porphyry, thrombopathy or coagulation disorder. All of these examinations were normal. These symptoms persisted for several months and schooling became impossible. The hypothesis of dermatitis artefacta was retained because of the atypical clinical aspect of the lesions, an associated depressive reaction, the patient's theatralism contrasting with a certain indifference and the induction of symptoms by request. The phenomenon disappeared during hospitalisation in a paediatric psychiatry unit. **Discussion.** Dermatitis artefacta or facticious disorder are rare mental diseases that are more frequently diagnosed in women or teenagers with severe personality disorders and are characterised by self-produced symptoms and a chronic course, sometimes with severe complications. In childhood, it is still rarer. The cutaneous factitious disorders are preferentially present on the visible parts of the body. They are often related to complex family problems. This young patient had been subjected to sexual touching by a member of her family when she was 4 years old. For a few months prior to her hospitalisation, she had presented black and suicidal thoughts with periods of anxiety during her bleeding and depressive behaviour recognised by her parents. No familial conflict was found, but her schooling had suffered for months, apparently because of a conflict between her teachers and her parents. In fact, the facticious disorder seemed to appear with a restarting of sexual touching. Thus, these "tears of blood" revealed hidden and serious events. The mechanism of blood dripping from the eyelids and haemoptysis remains a mystery.

PSYCHOLOGICAL IMPACT OF THERAPY WITH ISOTRETINOIN IN MODERATE AND SEVERE ACNE PATIENTS P31

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Introduction. Acne vulgaris is based on follicular keratosis of sebaceous glands, that occurs mainly during puberty, but also during adolescence (1). The origin of the acne is complex and not completely understood (2–3). While the role of psychosomatic components in the pathogenesis of acne is differently assessed, secondary emotional impairment due to disfigurement by the disease is almost undisputed (4–6). The aim of the present investigation was to determine the emotional impact of acne and the effects of the treatment with isotretinoin. **Patients and Methods**. The prospective study included 41 acne patients treated with isotretinoin 1 mg/kg per day, and 44 acne patients were control group treated with vitamin C 500 mg/day. All patients underwent an assessment before the therapy, at the 8th week of the therapy and at the end of the 4th week after finished treatment. Consenting participants completed the same psychometric instruments. The following questionnaires were used in the research to assess psychological state of our patients: *Assessments of the Psychological and Social Effects of Acne* (APSEA), *Beck Depression Inventory* (BDI), *State Trait Anxiety Inventory* (STAI) and *Measure of Psychological Stress* (MPS). **Results**. A total of 85 patients were enrolled in the study. Overall 65.8% were male and 34.2% were female, 13 to 25 years old, 46 were moderate and 39 severe acne patients. We compared and statistically analysed acne patients at the 8th week of the therapy with control group because of possible impact of depression and anxiety during isotretinoin therapy and stop the treatment on time. No patients in moderate and severe acne showed any depression and anxiety and all of them were able to continue therapy. There were no statistically significant difference on all the tests (p>0.05). We set out to explore the possible cumulative influence of isotretinoin on psychological status at the end of 4th week after completion of treatment acne. The data were statistically comparable with the control group (p>0.05) The result did not present psychological disorders, but the overall results of all tests after completion of therapy were better then before, especially in severe acne patients. To double check the possible impact of isotretinoin we compared all patients taking isotretinoin before and after therapy. Mean results on all tests show improvement after the therapy. **Discussion and Conclusion**. Most studies have considered the patients with severe, generally cystic acne. We evaluated psychological factors among the groups of patients with moderate to severe facial acne and prospectively examined their relation to treatment with isotretinoin. All tests measure common reaction to acne, depression and anxiety. The greatest variations were observed before and after the treatment finished. Acne vulgaris is a disease that occur primarily in young people. Therefore it was very important to stop the therapy with isotretinoin on time if any depressive or anxiety symptoms would occur. The results obtained in moderate and severe acne patients did not indicate the existence of psychological symptoms. Other tests showed very small differences in moderate, but bigger difference in severe acne patients during the therapy in comparison to the control group. Our study showed that isotretinoin treatment of acne does not lead to occurrence of depressive symptoms. However, our results suggest that the isotretinoin treatment has a general positive effect on the self perception of acne patients.

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P32 REACTIVITY OF SKIN CONDUCTANCE VARIABILITY AND SOCIAL ISOLATION

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Aims. In former studies we demonstrated that Skin Conductance Variability (= standard deviation [SD] of SCL); (SCL(SD)) is a very sensitive parameter to describe the actual sympathetic nerve activity. Results reveal that SCL(SD) is a better psycho-vegetative parameter than the absolute value of Skin Conductance Level (SCL) in order to describe associations between arousal of the autonomic nervous system (sympathetic tone) and specific psychological dimensions (1). In the present study we investigated the correlation between the reactivity of SCL, the reactivity of SCL(SD) and the coping strategy "social isolation" (SI). **Methods**. The psycho-vegetative parameter SCL was measured in 36 male healthy subjects by the monitoring-system ProComp+. The volunteers participated in a vigilance test (Konzentrationsleistungstest; KLT-R). The baseline-parameters were measured during a period of rest. In order to assess the amount of reactivity of SCL and SCL(SD) we calculated the differences of the parameters (vigilance test minus period of rest). The coping strategy SI was measured with the German stress-coping-questionnaire "Stressverarbeitungsfragebogen 120". **Results**. SCL and SCL(SD) reactivities showed high significant positive correlations (Spearman's rho: $r = 0.603$; $p = 0.000$). SCL(SD) reactivity correlated significantly with SI ($r= -0.379$; $p = 0.025$). No significant correlation between SI and SCL reactivity could be found (Spearman's rho: $r = 0.006$; $p= 0.974$). **Conclusions**. We could demonstrate that SCL(SD) is a more sensitive parameter than SCL to assess correlations with the coping strategy SI. Furthermore, we could emphasize the importance of SCL(SD) in the field of biopsychosocial research.

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P33 EXFOLIATIVE CHEILITIS: PRESENTATION OF TWO CASES

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Introduction. The concept of exfoliative cheilitis defines a heterogeneous spectrum of chronic inflammatory processes of the lip, with unknown etiology, clinically characterized by peeling, dryness or chronic or recurrent cracking. Its histopathological findings are often non-specific (epithelial hyperplasia and a superficial mild inflammatory infiltrate) and its diagnosis is usually established after the exclusion of others that can cause a chronic cheilitis. Several authors have postulated a factitious origin in the development of these lesions. **Case report.** We present two patients (a 61-year-old woman and an 18-year-old man) suffering from chronic and recurrent exfoliative cheilitis of months–years of evolution refractory to multiple treatments. The several complementary explorations (biopsy, blood analysis, epicutaneous tests and crops) did not show significant changes. Both cases showed a marked improvement after ansiolytic/antipsychotic treatment. **Conclusion**. Exfoliative cheilitis is a rare entity, possibly secondary to a chronic and recurrent self-induced. It must be differentiated from a broad group of cheilitis with non-specific histopathological findings (atopic cheilitis, allergic contact cheilitis, actinic cheilitis, cheilitis glandularis, candidiasic cheilitis, etc.). Secondary cases of a continuous or recurring manipulation, the prescription of antidepressant/antipsychotic treatment may lead to a clear clinical improvement or even a complete resolution of clinical symptoms.

P34 FACTITIAL PANNICULITIS: A CASE REPORT

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Introduction. Panniculitis is a group of heterogeneous inflammatory diseases involving the subcutaneous fat. Factitial panniculitis can be produced by mechanical, physical or chemical processes as a result of self-injection of a width variety of substances; the most common are milk, organic fluids, oils and drugs. The histopathology study usually shows a lobular o mixed panniculitis. **Case report**. In this report we describe a case of a 65-year-old woman with a previous history of nephrolitiasis and cardiac insufficiency. The examination of the skin revealed multiple nodulo-ulcerative lesions and fibrotic plaques of eight months of duration located bilaterally on the buttocks, back, shoulders and arms. During the anamnesis she reported the use of hot-water bottles for a diffuse skin pain that she attributed to a malignant pathology. Moreover she used to inject herself with pentazocine in order to reduce this symptomatology. The only alteration in the laboratory tests was hipochromic anaemia. The skin biopsy showed lobular and septal panniculitis without vasculitis and the biopsy culture was negative. **Conclusion**. Pentazocine is a mixed agonist-antagonist opioid, which has a more rapid onset and shorter duration of analgesic activity compared to morphine. Panniculitis due to subcutaneous injections of pentazocine occurs more frequently among middle-aged women and medical staff. The behaviour of these patients is typically passive, dependent and quiet. Furthermore, they give the impression of indifference despite the painfulness and severe mutilation of the process.

INDEX