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Acta Dermato-Venereologica
ActaDV
Advances in dermatology and venereology

Abstracts from the 17th Congress of the European Society for Dermatology and Psychiatry

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Contents of this Abstract book

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Wednesday June 21, 2017

09.00: **Open registration**
10.00–12.00: ESDaP executive committee
12.00–14.00: ESDaP study meeting

14.00: **Opening of the Congress**

ESDaP 1: Bridging the Gap between Body and Mind… (IL1–IL4 and OP1–OP2)

14.15–14.45: *Matthieu Talagas* (Brest, France): Neuro-cutaneous synapses *(IL1)*
14.45–15.15: *Silla Consoli* (Paris, France): From somatoform disorders to DSM-5 somatic symptom and related disorder *(IL2)*
15.15–15.45: *Andrea Evers* (Leiden, Netherlands): Placebo and nocebo effects *(IL3)*

15.45–16.15: ***Coffee break and Poster viewing***

16.15–16.45: *Ladan Mostaghimi* (Madison, USA): Skin and sleep disorders *(IL4)*
16.45–17.00: *Vera Leibovici* (Jerusalem, Israel): Psoriasis and depression-a review *(OP1)*
17.00–17.15: *Kerry Montgomery* (Sheffield, UK): The potential role of mindfulness in reducing distress in dermatology patients *(OP2)*
17.15–17.30: *Agneta Andersson*: "Acta Dermato-Venereologica" and ESDaP: the key to a successful collaboration
17.30–17.45: Herman Musaph Awards Ceremony

Groupe Psychodermatologie: Repères théoriques et abords pratiques
14.15–15.00: Sylvie Consoli (Paris, France): Peau et psychanalyse
15.00–15.45: Maria Squillante (Nantes, France): Peau et théorie de l'attachement
16.15–17.00: Julien Betbèze (Nantes, France): Peau et hypnose

18.00–20.00: ***Welcome reception at the Convention Center***
20.00–….: ***Music Festival in the town of Brest***

Thursday June 22, 2017

ESDaP 2: Itch and related disorders (IL5–IL8 and OP3–OP4)

09.00–09.30: *Gudrun Schneider* (Münster, Germany): Psychosomatic aspects of itch *(IL5)*
09.30–10.00: *Laurent Misery* (Brest, France): Psychogenic itch *(IL6)*
10.00–10.30: *Andrey Lvov* (Moscow, Russia): Psychiatric equivalents of itch *(IL7)*

10.30–11.00: ***Coffee break and Poster viewing***

11.00–11.30: *Christina Schut* (Giessen, Germany/Philadelphia, USA): Psychological interventions and itch *(IL8)*
11.30–11.45: *Mohammad Jafferany* (Saginaw, USA): Treatment of skin picking: Interdisciplinary role of dermatologist and psychiatrist *(OP3)*
12.00–12.15: *Vinciane Le Bris* (Brest, France): Usefulness of psychological intervention for the treatment of burning mouth syndrome *(OP4)*

Forum Peau Humaine et Société
09.00–09.45: Stéphane Héas (Rennes, France) et Yannick Le Hénaff (Rouen, France): Vivre avec un pemphigus aujourd'hui en France; premiers éléments d'enquête qualitative
09.45–10.30: David Le Breton (Strasbourg, France): Peau et adolescence, entre scarification et tatouages ou piercings
11.00–11.45: Patrick Moureaux (Vannes, France): SciencesPeau et Peaulithique
11.45–12.30: Corinne Déchelette (Castres, France): Tweeter sur la peau

12.30–14.00: ***Lunch***

ESDaP 3: Children and adolescents (IL9–IL10)

14.00–14.30: *Sébastien Barbarot* (Nantes, France): Therapeutic education *(IL9)*
14.30–15.00: *Olivier Revol* (Lyon, France): Treating the Y and Z generations, a challenge for 21th century physicians *(IL10)*

15.00–15.30: ***Coffee break and Poster viewing***

ESDaP4: Free communications (OP5–OP12)

15.30–15.45: *Melanie Miyanji de Souza* (Nairobi, Kenya): Pigmentary disorders in dark skinned persons cause immense mental issues *(OP5)*

15.45–16.00: *Dimitre Dimitrov* (Abu Dhabi, United Arab Emirates): Stigmatization in dermatology – an overview *(OP6)*

16.00–16.15: *Kate Adkins* (Sheffield, UK): Appearance comparisons as mediator and risk factor for acne-related stigma *(OP7)*

16.15–16.30: *Francesca Sampogna* (Rome, Italy): Measuring the impact of dermatological conditions on family and caregivers: a review of dermatology-specific instruments *(OP8)*

Forum Peau Humaine et Société

14.00–14.45: Dominique Penso-Assathiany (Issy les Moulineaux, France): Le patient, les gants et le dermatologue: le toucher élégant ou le toucher et les gants ?

14.45–15.30: Charles Taieb (Paris, France): Fardeau des maladies dermatologiques

15.30–16.15: Jacques Chevallier (Lyon, France): La peau teinte.... Histoire de l'utilisation des colorants en dermatologie

16.30–16.45: *Yoko Kataoka* (Osaka, Japan): Is coping of atopic dermatitis patients originated from their own character or secondarily remodeled by disease suffering? Obvious improvement of coping and psychiatric symptoms after "tight eczema control" *(OP9)*

16.45–17.00: *Joerg Kupfer* (Giessen, Germany): Structured patient education in adults with atopic dermatitis – results from a German multi-center study *(OP10)*

17.00–17.15: *Emilie Brenaut* (Brest, France): Factors influencing patient satisfaction: assessment in outpatients in dermatology department *(OP11)*

17.15–17.30: *Camille Gravelier* (Metz, France): STIGBATE: Sociology for better treatment of burned patients with face or arms injuries *(OP12)*

17.00–19.00: **Visite de l'exposition sur la peau à l'abbaye de Daoulas (avec le soutien de Bioderma)**

17.30–18.30: ***ESDaP Poster session***

20.00–24.00: ***Congress Dinner***

Friday June 23, 2017

ESDaP5: Psychodermatological interactions (IL11–IL13)

09.00–09.30: *Dmitry Romanov* (Moscow, Russia): Hypochondriasis circumscripta and related artificial disorders in dermatology *(IL11)*

09.30–10.00: *Anthony Bewley* (London, UK): Newer developments in the management of patients with delusional infestation *(IL12)*

10.00–10.30: *Anna Zalewska* (Lodz, Poland): Psychodermatological consultations in practice *(IL13)*

10.30–11.00: ***Coffee break***

11.00–12.00: ESDaP General Assembly

Société Francophone de Dermatologie Psycho-Somatique: La relation médecin-malade comme outil thérapeutique

09.00–09.30: Sylviane Bertolus (Paris, France): La dermatologie relationnelle

09.30–10.00: Nathalie Feton-Danou (Paris, France): Observance: cas cliniques

10.00–10.30: Claudia Béjar (Paris, France): La médecine narrative un outil thérapeutique pour le médecin et le malade

11.00–11.30: Zoé Stamatopoulou (Paris. France): L'espace relationnel et l'adhésion thérapeutique

11.30–12.00: Anne-Do Taieb-Chapelon (Paris France): L'entre: rencontre d'un patient et d'un psychothérapeute

12.00–12.30: Irène Frachon (Brest, France), Philippe Reinert (Créteil, France) et Alexandre Ostojic (Créteil, France): table ronde «La relation médecin malade et la confiance»

12.30–14.00: ***Lunch***

ESDaP6: Psyche and skin diseases (IL14–IL16)

14.00–14.30: *Gaëlle Quereux* (Nantes): Coping stratégies in melanoma *(IL14)*

14.30–15.00: *Nicole Basset-Seguin* (Paris, France): Psychological consequences of surgical treatment of skin cancers *(IL15)*

15.00–15.30: *Carle Paul* (Toulouse, France): Psoriasis and alexithymia *(IL16)*

15.30–16.00: ***Poster session***

Groupe Psychodermatologie: Repères théoriques et abords pratiques

14.00–14.45: Jean-Christophe Seznec (Paris, France): prise en charge d'une trichotillomanie en pratique

14.45–15.30: Alain Golay (Genève, Suisse): Peau et éducation thérapeutique

15.30–16.15: Françoise Poot (Bruxelles, Belgique): Peau et thérapie familiale

16.15–17.00: Martine Schollhammer & Myriam Chastaing (Brest, France): Consultation conjointe de psychodermatologie

LIST OF POSTERS

PP1: Improving chronicle skin diseases with metaphors... Or vocal therapy? G. Gabison

PP2: Increased levels of anxious-depressive mood in parents of children with vitiligo. C. Krüger, K. Schallreuter

PP3: Psychological impact atopic dermatitis: a cross-sectional study. L. Misery, K. Ezzedine, J. Seneschal, Z. Reguiai, S. Merhand, C. Taieb

PP4: Enhancing psychological self-help with implementation intentions for those with a visible skin difference and fear of negative evaluation: a randomised controlled trial. J. Lane, T. Webb, A. Thompson

PP5: Instruments to assess stigmatization in dermatology. J. Szepietowski, D. Dimitrov

PP6: Quality of life impairment in chronic spontaneous urticaria is linked with disease severity, gender and psychopathology. B.R. Ferreira, M. Gonçalo

PP7: Psychotropic medication and psychiatric comorbidities in moderate to severe psoriasis: a case-control study. B.R. Ferreira, J.F. Simões, M.M. Brites, J.P. Reis, A. Figueiredo

PP8: Prurigo nodularis and psychopathology: a case report of interface between obsession and delusion. B.R. Ferreira, J.L. Pio Abreu, J.P. Reis, A. Figueiredo

PP9: Experiences of rosacea and its treatment: an interpretative phenomenological analysis. S. Johnston, M. Krasuska, A. Millings, A. Lavda, A. Thompson

PP10: Pemphygus and comorbid mental disorders. I. Dorozhenok, N. Tepljuk, D. Katranova

PP11: Multiple ulcerations in a patient with delusions of parasitosis. M-I. Sarbu, M. Tampa, I-C. Irimescu, A-E. Sarbu, C-I. Mitran, M-I. Mitran, C. Matei, S-R Georgescu

PP12: Oral lesions: a new approach on a sort of no-man's land. E.M. Malatesta

PP13: A qualitative study to assess the severity of chronic pruritus and its impact on health-related quality of life, from the patient's perspective using focus groups. J. Theunis, C. Nordon, Y. Chalem, M. Orri, J. Cuervo, G. Berdeaux, M. Auges, M. Valerie, L. Misery

PP14: Post-traumatic stress disorder following the announcement of de novo neurofibromatosis type 1: C. Abasq-Thomas, J. Huguen, S. Audebert-Bellanger, E. Brenaut, L. Misery

PP15: The need for linguistically and culturally adapted standard questionnaires to assess itch: a preliminary study. D-H. Kim-Dufor, A. Poulaliou, L. Misery

PP16: Screening for neuropathic pain, anxiety and other associated chronic pain conditions in vulvodynia: a pilot study. L. Misery, A-C. Tersiguel, E. Postec, C. Bodéré, P. Tandéo, B. Quinio, E. Brenaut, M. Schollhammer

PP17: Primary burning mouth syndrome: a questionnaire study of neuropathic and psychological components. M. Sevrain, E. Brenaut, G. Le Toux, L. Misery

PP18: Is stress related to skin symptoms in german students? Results of an online survey. S. Kiupel, J. Kupfer, S. Kottlors, U. Gieler, C. Schut

PP19: Evaluation of tactile sensitivity in children with autism spectrum disorders. M. Boudjarane, M. Grandgeorge, L. Misery, E. Lemonnier

PP20: Trichotillomania – a challenging diagnosis. M.I. Mitran, C.I. Mitran, M. Tampa, M.I. Sarbu, C. Irimescu, S.R. Georgescu

PP21: Case report of sands-like dysesthetic syndrome. D. Dimitrov, M. Elsabbahy

PP22: Case report of self-inflicted onychodystrophy. D. Dimitrov

PP23: Impact of pruritus in systemic sclerosis according to autoimmune status. G. Gourier, C.Théréné, C. Abasq-Thomas, E. Brenaut, H. Sonbol, E. Pasquier A. Saraux, V. Devauchelle, E. Le Moigne, L. Misery, Y. Renaudineau

PP24: Case of successful treatment of psoriasis with inclusion psychosocial factors. Y. Kutasevych, V. Matiushenko

PP25: The broad-spectrum impact of hidradenitis suppurativa on quality of life. F. Sampogna, C. Mazzanti, A. Caggiati, S. Pallotta, R. Grande, S. Mastroeni, B. Didona, G. Pintori, D. Abeni

PP26: Tactile perception disturbances in delusional infestation and hypochondriasis circumscripta (preliminary results of neuropsychological examination). E. Parfenov, I. Pluzhnikov, A. Lvov, D. Romanov

PP27: Medical tattoo: some examples. C. Gravelier, V. Marro, T. Maritato, C. Deffinis

PP28: Spatially modulated ablation of an erbium laser in combination with isotretinoin in acne excoriee. A. Igoshina, A. Michenko, A. Lvov

PP29: Evaluation of quality of life in patients with morphea – a cross-sectional study. J. Szczęch, A. Tobiasz, A. Reich

PP30: Patients at risk of melanoma: is there correlation between medical information resource and nosogenic reaction? A. Michenko, I. Vakhitova, K. Titov. A. Lvov, O. Zhukova, N. Potekaev

PP31: Case report of acute stress event of patient with treatment resistant warts. D. Dimitrov, T. Tanev

PP32: The sociotype questionnaire: assessing the social burden of skin diseases. S.E. Marron, L. Tomas-Aragones, R. del Moral-Bergos, J. Navarro-Lopez, P.C. Marijuan-Fernandez

PP33: The effectiveness of a psychodermatological multidisciplinary approach for patients with rosacea. M. Perera, L. Soriano, S. Shinhmar, R. Taylor, A. Bewley

PP34: Screening for body dysmorphic disorder in patients with acne. A. Miranda-Sivelo, M.J. Tribó-Boixareu, S.E. Marron-Moya, L. Tomas-Aragones

PP35: Multiple nevi in shereshevsky-turner syndrome: dermoscopic peculiarities and psychosocial sequelae. A. Michenko, I. Vakhitova, K. Titov, N. Zatorskaya, A. Lvov, O. Zhukova, N. Potekaev

PP36: The meaning of tattoos – a cross sectional study. J. Putek, J. Szczęch, P. Pacan, A. Reich

PP37: A 10-year-old girl with multiple purpuric macules. E.V. Meis, N.E. Salvado, P.F. Canga, T.A. Alonso, S.V. Delgado, J.C. Gonzalez, M.A. Rodríguez Prieto

PP38: How dermatologists are affected when treating patients with delusional infestation (DI)? M-A. Gkini, D. Dimitrov, T. Tanev, R. Taylor, A. Bewley

PP39: Trichotemnomania: a need for holistic psychodermatological care – case study. A. Kobusiewicz, K. Tomaszewska, A. Zalewska-Janowska, A. Kaszuba

PP40: Extrapyramidal symptoms as adverse event of risperidone in a patient with delusional infestation. M-A. Gkini, T. Tanev, R. Taylor, A. Bewley

PP41: A case of folie à deux: safeguarding issues? K. Hussain, M-A. Gkini, R. Taylor, A. Bewley

PP42: Long standing dermatitis artefacta (DA) masquerading as pyoderma gangrenosum: a case-report. M-A. Gkini, R. Taylor, A. Bewley

PP43: Morgellons disease, a report of a case. J.V. Valdazo, E.V. Meis, N.E. Salvado, S.V. Delgado, T.A. Alonso

PP44: Why is the Indian dermatologist reluctant to acknowledge the magnitude of psychodermatology? R. Malkani

PP45: Laughter as a diagnostic measure of psoriasis severity. L. Tomas-Aragones, S.E. Marron, P.C. Marijuan, R. del Moral, J. Navarro-Lopez

PP46: The psychosocial burden of hidradenitis suppurativa: the patients' perspectives. S.E. Marron, L. Tomas-Aragones, J. Cebrian-Martinez, R.M. Diaz-Diaz, E.M. de Miguel

PP47: Psychosomatic aspects in patients with rosacea-associated dermatoses. E. Khlystova, A. Lvov, I. Dorozhenok, K. Bagdasarova

PP48: Comparison of the impact of hidradenitis suppurativa on quality of life with other chronic conditions using the SF-36. F. Sampogna, C. Mazzanti, A. Caggiati, S. Pallotta, R. Grande, S. Mastroeni, B. Didona, G. Pintori, D. Abeni

PP49: Relationships between psychiatric conditions and different types of hair loss. Y. Romanova, D. Romanov, A. Lvov

PP50: Delusional parasitosis – a mysterious problem of psychodermatology. R. Reszke, A. Reich, P. Pacan, J. Szepietowski

PP51: Walk of skin. D. Dupre-Goetghebeur, S. Dutray, A. Gueguen, M. Schollhammer

PP52: Deregulation of proopiomelanocortin (pomc) gene expression in male androgenetic alopecia. L. Michel, P. Reygagne, S. Almeida, P. Benech, A. Bensussan, J-C. Choulot

INVITED LECTURES

IL1

NEURO-CUTANEOUS SYNAPSES

Matthieu Talagas
Brest, France

The skin is a highly innervated sensory organ. Some of the sensory nerve fibres reach the epidermis, forming the interface between the body and the environment. Four cell types are present in the epidermis: keratinocytes, the predominant cell type, melanocytes, responsible for skin pigmentation, Langerhans cells, antigen-presenting cells, and Merkel cells, which report the static nature of touch stimuli. Sensory neurons but also all epidermal cells types secrete neurotransmitters that ensure the dialogue between the skin, the nervous system and the immune system, defining the neuro-immuno-cutaneous system. Therefore, epidermal cells modulate neuronal activity and growth. Reciprocally, the nervous system modulates epidermal cell properties and skin functions. These data allow us to understand how the nervous system, and further the psychism, is involved in the maintenance of cutaneous homeostasis. However, these chemical contacts are not exclusive, and physical contacts are also present between sensory neurons and each type of epidermal cell. Recent functional and molecular data associated with ultrastructural information provide evidence that Merkel cells communicate with nerves by synaptic transmission. Interestingly, synaptic features are also present in contacts of keratinocytes, melanocytes and Langerhans cells. These findings present new perspectives to understand the dialogue between the nervous system and the skin.

IL2

FROM SOMATOFORM DISORDERS TO DSM-V SOMATIC SYMPTOM AND RELATED DISORDER

Silla Consoli
Paris Descartes University of Medicine and Department of Consultation-Liaison Psychiatry, European Georges Pompidou Hospital, Paris, France

For many years, the diagnostic category of "somatoform disorders" has been a relatively consensual concept for psychiatrists, designating a set of physical symptoms, syndromes, complaints or worries concerning physical health, and for which no identifiable organic abnormality could be incriminated. Psychopathological factors (personality disorders, stressors or conflict situations, prior to the occurrence of the disorders) were supposed to participate in the genesis of these disorders. Such a conception was long shared by health professionals not working in the field of mental health: general practitioners, internists, specialists in various disciplines, including dermatologists, who, rather than adopting the technical term of "somatoform disorders" have generally preferred to use the term of "functional symptoms" or "medically unexplained symptoms". A critical review of the questionable separation between functional and organic disorders, the inconstancy of precipitating psychological factors and, above all, the non-reassuring and even offensive character of the expression "medically unexplained symptoms", as well as the persistent confusion in the mind of the lay people between the model of hysterical conversion and the notion of simulation, have played an essential role in the evolution of psychiatric nosographic classifications and the change of vocabulary. There was also a question of fairness in the relations with the insurance companies, since somatoform disorders, although classically inorganic, can cause considerable healthcare costs and a major handicap. The DSM-V, by creating the new category of "Somatic Symptom and Related Disorders", attempted to overcome these issues by grouping together all clinical situations characterized by the presence of somatic symptoms causing a significant psychosocial distress or a significant functional impairment. Despite this unifying wish, the result of this nosographic change can leave many practitioners, and in particular the dermatologists, confused. On the one hand, the body dysmorphic disorder, now classified among the obsessive-compulsive disorders and related disorders, disappeared from the previous category, along with various other behavioral disorders or even the self-inflicted skin lesions, such as excoriated acne or trichotillomania. On the other hand, they are now juxtaposed in the same large group, on the pretext that somatic preoccupation generates a major distress and a pervasive demand for care, classical functional disorders, various medical diseases with persistent somatic complaints, medical diseases with precipitating psychological factors (or diseases encompassing a "psychosomatic component"), such as coronary heat disease or psoriasis, and factitious disorders, including factitious dermatoses caused by the patient himself, without the abnormal behavior being recognized by the patient. This very large heterogeneity of mechanisms underlying the production of this set of disorders implies therapeutic approaches and patient management strategies very specific to each class of disorders. Nevertheless, it is true that the presence of a pervasive somatic preoccupation that characterizes all these disorders, whatever their nature, generates a particular suffering that deserves to be taken seriously, understood and treated. It is also true that although the psychoanalytic model of hysterical conversion is no longer mentioned by the DSM-V, all these disorders – with a focusing of the patient on a somatic concern – have in common a mechanism of "displacement" on a discomfort, an embarrassment, or sometimes a resistant physical pain, of an even greater psychological suffering, which can thus be distanced and better supported. Having this explanatory model in mind can help dermatologists, in a multidisciplinary approach, manage more effectively this very diversified range of patients, who represent a major percentage of any medical practice.

IL3

PLACEBO AND NOCEBO EFFECTS IN DERMATOLOGICAL CONDITIONS

Andrea Evers
Leiden University, Leiden, The Netherlands

Increasing evidence demonstrates the neurobiological underpinnings and relevance of placebo effects for dermatological conditions. For example, physical complaints, such as itch or pain, can be effectively altered by placebo effects, due to induction of expectations of a possible beneficial treatment outcome ("Pain already reduces when seeing the painkiller"). The same is true for nocebo effects which are induced by expectations of a possible unfavorable treatment outcome or side effects. In addition, placebo mechanisms also play a role for immune functioning through pharmacological conditioning. In the presentations, recent results will be presented to demonstrate the evidence for placebo and nocebo effects in dermatological conditions as well as innovative methods to induce or change placebo and nocebo effects. The results have direct implications for the treatment of dermatology patients. Treatment outcomes might be optimized by using both conscious and automatic strategies of optimizing expectancy effects, for example, by applying conditioning principles for therapy adherence, adding environmental cues to the preferred outcome strategies or replacing regular pharmacological treatments partly by expectancy interventions.

IL4

SKIN AND SLEEP DISORDERS

Ladan Mostaghimi
University of Wisconsin, Madison, USA

Sleep has an essential role in proper brain functioning. Multiple case reports and publications have documented various sleep problems in patients with dermatologic disorders. While these publications are important the subject has not entered the dermatology daily practice and many dermatologists do not routinely ask about sleep problems. At university of Wisconsin, Madison, we have studied sleep and skin from different angles and in different clinical and laboratory settings including; effect of sleep deprivation on wound healing in rats, effect of chronic skin disorders on sleep quality, and association of inflammatory skin disorders with possible sleep disorders. We also surveyed dermatologists' knowledge of sleep problems and their treatment, through anonymous survey of members of APD (Association of Professors of dermatology). Our results have shown the following; there is difference between acute and chronic sleep deprivation in wound healing in rats, our human trials showed that there is poor sleep quality in patients with chronic skin disorders independent of presence of mood problems, and an increase in insomnia rates in patients with inflammatory skin disorders that is directly related to the burden of their disease. We also identified areas of need in dermatology education.

IL5

PSYCHOSOMATIC ASPECTS OF ITCH

Gudrun Schneider[1], Anna Lisa Grebe[1], Sonja Ständer[2]
Departments of [1]Psychosomatics and Psychotherapy, and [2]Dermatology, University Hospital Münster, Münster, Germany

In accordance with the bio-psycho-social model this talk presents different psycho-somatic as well as somato-psychic factors and aspects that can influence the development, the course and the clinical management of pruritus. A systematic of pruritus associated psychosomatic and psychiatric disorders according to the International Classification of Diseases (ICD-10) and the Diagnostic and Statistical Manual (DSM 5) is introduced and results from 18 years of clinical and scientific cooperation with the Dermatological Department/Competence Center for Chronic Pruritus (CCCP) of the University Hospital Münster are presented. This will be supported by own research on psychosomatic aspects of chronic pruritus, e.g. first results from a database of over 6000 patients with chronic pruritus diagnosed and treated at the CCCP.

IL6

PSYCHOGENIC ITCH

Laurent Misery
Department of Dermatology of the University Hospital and Laboratory of Neurosciences of the University of Western Brittany, Brest, France

Psychogenic itch can be defined as "an itch disorder where itch is at the center of the symptomatology and where psychological factors play an evident role in the triggering, intensity, aggravation or persistence of the pruritus". The disorder is poorly known by both psychiatrists and dermatologists and this review summarize data on psychogenic itch. Because differential diagnosis is difficult, the frequency is poorly known. The burden is huge for people suffering from this disorder but a management associating psychological and pharmacological approach could be very helpful. Classification, psychopathology and physiopathology are still debating. Psychological factors are known to modulate itch in all patients, but there is a specific diagnosis of psychogenic itch that must be proposed cautiously. Neurophysiological and psychological theories are not mutually exclusive and can be used to better understand this disorder.

IL7

PSYCHIATRIC EQUIVALENTS OF ITCH

Andrey Lvov, Dmitry Romanov, Svetlana Bobko
Moscow research and practical center of dermatovenereology and cosmetology, Moscow, Russia

The importance of psychodermatological approach for treatment of patients with itch is obvious. From the one hand many skin diseases and psychiatric disorders are accompanied with itch. From the other hand chronic itch could result in mental pathology. Psychological link between patients' character and its influence on duration, course, quality, intensity of itch is a special interest. The problem of correlation of itch sensations with psychopathological manifestations (depression, anxiety) is often mentioned. Psychiatric equivalents of itch are rather wide and could be reflected in different psychodermatological interactions: hypochondriasis circumscripta, somatoform and amplified itch, glossodynia, glossopyrosis, trichodynia. Phenomenalogic characteristics include itch, burning, tingling, tickling, pricking, prickling, tightness, stinging, feeling of xerosis. Somatovegetative disorders accompanied with itch are not limited only to erythema. The possibility of manifestation of rash as type of psychogenic "pseudoallergic reactions" in form of urticium, papular, bullous (sometimes - petechial) elements, as well as in form of angioedema is mentioned. Psychopathological classifications of such somatic sensations are still discussed. The importance of psychiatric consultation for patients with different types of itch is undoubted. There is a strong association between pruritus and psycho, since embryogenesis community. That is why only complex therapy using different psychotropic drugs including antipsychotics is effective.

IL8

PSYCHOLOGICAL INTERVENTIONS AND ITCH

Christina Schut
Institute of Medical Psychology, Justus-Liebig-University Gießen, Germany

Itch is a symptom which usually goes along with scratching and can provoke catastrophizing cognitions (e.g. "My skin will bleed after scratching and I will look awful"). There are several studies which have shown that itch is related to psychological factors like stress, coping or depression in patients with chronic itchy skin diseases. Thus, it is self-evident that psychological interventions could be beneficial in the treatment of chronic itch. Indeed, there are some studies which explicitly investigated the effects of psychological interventions on itch, scratching and/or itch-related cognitions. Psychological treatments shown to be effective in lowering itch and scratching are relaxation methods and habit-reversal trainings. Also, a combination of different methods as commonly used in cognitive behavioral therapies or patient education programs can improve itch and/or itch-related cognitions. Another psychological intervention which could be helpful to lower itch is Mindfulness-Based Stress Reduction (MBSR) focusing on increasing the degree to which persons pay attention to the present moment on purpose and without judging. MBSR is able to lower pain in chronic pain patients and to increase psychological well-being in patients with chronic itchy skin diseases.

IL9

THERAPEUTIC EDUCATION IN ATOPIC DERMATITIS

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Therapeutic patient education (TPE) is a patient-centered process which entails the transfer of skills (e.g., self-management, treatment adaptation) from a trained healthcare professional to patients and/or their carers. TPE has been shown to help improve adherence, prevent complications, and improve quality of life (QoL) in chronic illnesses such as diabetes, asthma, and cardiovascular disease. Recently, TPE recommendations for patients with atopic dermatitis (AD) have been proposed. TPE is a four-step process: (*i*) understanding the patient's knowledge, beliefs and hopes; (*ii*) setting age-appropriate educational objectives; (*iii*) helping the patient (or carer) to acquire skills; and (*iv*) assessing the success of the program. TPE programs should involve a multi-disciplinary team of healthcare professionals, including nurses, psychologists, doctors, and dieticians who have an expertise in AD. TPE should be offered to (never forced upon) any patient who has experienced treatment failure, or to families who feel they lack social support. High-quality TPE programs should be evidence-based, tailored to a patient's individual educational and cultural background (rather than being standardized in form and content), and have well-defined content and activities.

IL10

TREATING THE Y AND Z GENERATION: A CHALLENGE FOR 21ST CENTURY PHYSICIANS

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As parents, doctors might feel disarmed in the face of nowadays adolescents. When this young patient is treated for several weeks or even several months, suddenly turns into a locked door whose code has changed, the obstacle can be impassable. Especially at an age when the therapeutic relationship imposes mutual trust and empathy. Understanding the peculiarities of this generation then becomes a necessary challenge, exciting but complicated. Addressing adherence, lifestyle or risk behaviors requires awareness of the new adolescent codes. With the obligation to place each consultation in the context of a superinformed and hyperconnected generation, which no longer considers the legitimacy of the adult as evidence. A new era, marked by the search for immediate pleasures and the difficulty of projecting itself into the future. An era in which the dermatologist must adapt to create a climate conducive to listening. Know how to convince rather than coerce. Explain the reasons for our decisions, referring to our experience rather than to science. And to start by teaching this generation lucid and creative, but also hedonistic and pressed, to give meaning to time.

IL11

HYPOCHONDRIASIS CIRCUMSCRIPTA AND RELATED ARTIFICIAL DISORDERS IN DERMATOLOGY

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Hypochondriasis circumscripta (HC) is a psychodermatological disorder to be distinguished from dermatitis artefacta, skin picking disorder and delusional infestation. Hence these disorders share some common features (e.g. self-mutilation resulting in artificial skin lesions, occurrence of pathological skin sensations etc.), HC seems to be characterized with some peculiar clinical presentations validating it as a separate diagnostical entity. HC has a binary structure of symptoms represented by (1) pathological skin sensory phenomena and (2) corresponding cognitive presentations. Sensory phenomena affect focal skin loci (circumscribed areas) and include (*i*) intradermal dysaesthesia, (*ii*) idiopathic pain, (*iii*) tactile illusions, and (*iv*) body fantasies. Cognitive presentations are related to sensory phenomena and comprise hypochondriacal over-valued ideas of a struggle against disturbing and tortious skin loci perceived as foreign or even "alien" ones. There is an urge to eliminate ("exorcise") from the skin circumscribed, "pathological" areas "possessed" by sensations. So patients use nails, needles, scissors, knifes, pincers, scalpels. Typically artificial elements are represented by local ulcers. Thus, HC diagnosis and treatment requires taking into account both components of the disorder – as pathological skin sensory phenomena, as over-valued ideas – that differ from presentations of other artificial syndromes in dermatology.

IL12

NEWER DEVELOPMENTS IN THE MANAGEMENT OF PATIENTS WITH DELUSIONAL INFESTATION

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Delusional infestation (DI) is a disorder (delusional disorder, somatic type – ICD-10 F22) in which patients have the delusional belief that they or their immediate environment is infested with parasites or other living creatures (worms, fungi etc.), or inanimate pathogens such as fibres, threads or particles. DI can present as primary or secondary. Primary DI meets criteria of a persistent delusional disorder in ICD 10 (code F22) or a delusional disorder, somatic type, in DSM 5 (code 297.1). DI can be secondary to mental illnesses such as schizophrenia, obsessive compulsive disorder, dementia and depression; or secondary to medical illnesses such as diabetes, certain cancers that can cause pruritus, stroke, and recreational drug usage. Prescribed medication can also cause secondary DI. The prevalence of DI is estimated at 5.58 cases per 1 million inhabitants, based on cases reported to hospitals and public health services in Germany, while a much higher prevalence was estimated based on the survey of private practices (83.23 per million). Because patients with DI do not believe that they have a psychiatric illness, they usually seek referral to dermatologist or other specialists. They are often huge users of resources. For that reason patients are most cost-effectively seen in dedicated multidisciplinary psychodermatology clinics. Patients' search for an identifiable infestation leads them to visit multiple physicians, often over a period of months (or even years) without initiation of appropriate treatment. As a result long duration of untreated psychosis (DUP) may be a common problem in patients with DI. Treatment strategies include engaging the patient in the first instance, and then managing their skin and their psychological/psychiatric disease concurrently. There have been many interesting recent advances in the management of patients with DI.

IL13

PSYCHODERMATOLOGICAL CONSULTATIONS IN PRACTICE

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Psychodermatological consultations are based on the interdisciplinary team namely dermatologist (first consultant), psychiatrist (second consultant) and psychologist (third consultant). Psychodermatological consultation delivered by dermatologist in Poland is of commercial nature and lasts minimum 45 minutes. The psychodermatological interdisciplinary team follows the bio-psycho-social nature of interactions and full adherence of the patients who agreed to the treatment plan and its necessary modifications. The patient is expected to run self-monitoring diary and answer 6 short questions every day in order to discuss the observations with the doctors and psychologists afterwards. Psychodermatological consultations is a perfect and cost-effective example of coordinating medicine.

IL14

COPING STRATEGIES IN MELANOMA

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Despite recent progresses in the treatment of metastatic melanoma, a diagnosis of melanoma remains a stressful event. As it is a life threatening disease, it may create fear, emotional distress and existential questionings which can generate change in values and spiritual transformations. Coping is defined as all cognitive and behavioral adaptive strategies used with the aim to cope with such a stressful event. In oncology patients problem-focused, active coping styles are associated with better adjustment to the disease compared with passive or avoidant strategies coping strategies. In this lecture we will examine the various coping strategies commonly adopted s among patients with melanoma. We will also discuss the results of studies conducted in our skin cancer Unit concerning spirituality and change in values in melanoma patients and the links between coping strategies at time of a diagnosis of melanoma and quality of life several years later.

IL15

PSYCHOLOGICAL CONSEQUENCES OF SURGICAL TREATMENT OF SKIN CARCINOMAS

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Skin carcinomas are the most frequent cancer in adult patients and their incidence continues to increase worldwide. The major carcinogenic factor is UV light and these tumors more frequently localize on sun exposed skin. Patients are often affected by the disgracious appearance of their tumor which affects their social quality of life. This can lead to paradoxical deny of the disease and some patients are seen at a very advanced stage. This is not limited to patients with poor social outcome, living in medical deserted areas and isolated. Some patients have a family life and busy jobs. We can hypothesize a combination of poor self estime, deny, medical phobia and probably other psychological reasons. Other patients agree with the surgical treatment of their tumor but can have a hard time accepting the consequences of the surgical procedure. This is not linked to the extend of the surgery. Dermato oncologist and plastic surgeons must be aware of these facts. They have to anticipate, evaluate and accompany the consequence of the surgical act on their patients together with the help of a psychologist or a psychiatrist when needed.

IL16

ALEXITHYMIA AND PSYCHOSOCIAL COMORBIDITIES IN PSORIASIS: PREVALENCE AND OUTCOME

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Individuals with alexithymia have limited ability to identify and describe emotions. They have difficulties to interact positively with the health practitioner. As a consequence, they have reduced capacity to be heard and to have their needs satisfied. In the EPIDEPSO study, we investigated the prevalence of alexithymia and psychosocial comorbidities in 719 psoriasis patients. The prevalence of alexithymia (ALX) is increased in psoriasis as compared with the general population with 25% of patients experiencing alexithymia (Toronto Alexithymia Scale). Alexithymia in psoriasis patients is significantly associated with depression, anxiety, high impairment in quality of life and hazardous alcohol drinking behaviour (Alcohol Use Disorders Identification Test). Although it has been postulated that alexithymia is a personality trait, it can be reversed with effective psoriasis treatment. In the EPIDEPSO study, 53.8% of ALX patients became non-ALX at 12 months. Overall, 59% of patients who became non-ALX achieved PASI 90 versus 21.3% of patients who remained ALX. Patients who became non-ALX as compared with patients who stayed ALX experienced higher improvement in anxiety and depression and reduced alcohol dependency. EPIDEPSO data support the potential reversibility of psychological comorbidities with psoriasis clearance.

ORAL PRESENTATIONS

OP1

PSORIASIS AND DEPRESSION – A REVIEW

Vera Leibovici

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Psoriatic patients have one and a half times more depression than the normal population. Suicidal ideation in psoriasis ranges between 1.44–8.6%. Depression in psoriasis is likely caused by the impaired quality of life, in addition to the common inflammatory mediators implicated in both diseases, as well as serotonin acting as a growth factor on the keratinocyte proliferation and T cell activation of psoriasis. The detrimental body image of psoriatic patients, leading to stigmatization, their difficulties in establishing social and interpersonal relationships, such as interpersonal anxiety, along with shame, embarrassment and isolation leads to depression. Age higher than 45 years, late-onset of psoriasis, female sex, lower monthly income, cultural factors, such as country-specific features and lower levels of social support, presence of comorbidities, and psoriatic arthritis are associated with higher depression. Psoriatic patients with severe pruritus and sexual dysfunction present higher scores of depression. Treatment with biologics reduce depression. Sporadic cases of suicide were described after Brodalumab, Etretinate, Adalimumab and Apremilast.

OP2

THE POTENTIAL ROLE OF MINDFULNESS IN REDUCING DISTRESS IN DERMATOLOGY PATIENTS

Kerry Montgomery[1], *Andrew Thompson*[1], *Paul Norman*[1], *Andrew Messenger*[2]

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Mindfulness, defined as “paying attention in a particular way: on purpose in the present moment and non-judgmentally”, has shown promise in improving outcomes in both mental health and physical health populations, and studies have implicated a role for mindfulness in improving distress associated with skin conditions. The current presentation will explore the theoretical underpinnings of mindfulness, in particular, the role it may play in managing maladaptive thought processes. This will be examined in the context of how mindfulness interventions may support dermatology patients using the findings of our recent study of group mindfulness based cognitive therapy (MBCT) for social anxiety in people living with visible skin conditions. A multiple baseline single case design was used to explore the process of change in levels of mindfulness, social anxiety, anxiety and depression over 16 weeks in people living with a range of visible skin conditions. Seven participants completed the 8-week MBCT intervention and experienced clinically significant reductions in social anxiety (TAU = –0.54, $p < 0.001$) and reliable and/or clinically significant change in at least one other measure of distress. Findings suggest that learning flexible ways of attending to negative self-beliefs through MBCT can be beneficial for dermatology patients.

OP3

TREATMENT OF SKIN PICKING: INTERDISCIPLINARY ROLE OF DERMATOLOGIST AND PSYCHIATRIST

Mohammad Jafferany

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Skin picking is characterized by recurrent skin picking resulting in skin lesions causing significant distress or impairment in social, occupational or other important areas of functioning. There is no specific treatment recommended however pharmacological and psychotherapeutic treatments have been reported in the literature. The special role of psychiatrist and dermatologist is discussed in relation to treatment of this disorder.

OP4

USEFULNESS OF PSYCHOLOGICAL INTERVENTION FOR THE TREATMENT OF BURNING MOUTH SYNDROME

Vinciane Le Bris, Martine Schollhammer, Myriam Chastaing, Laurent Misery

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Introduction: Primary burning mouth syndrome (BMS) is a term used for chronic oral mucosal pain without organic cause. Its prevalence is estimated between 0.7% and 15% of general population. No guidelines exist regarding the treatment, which is mainly based on chemical antidepressants. Moreover, some studies have shown the involvement of psychological morbidities in the genesis of this disease. *Objectives*: The aim of the study was to evaluate the usefulness of psychological intervention in a joint consultation with a psychiatrist and a dermatologist, as an adjuvant of chemical treatment (antidepressant) in BMS curing. *Methods*: Subjects were recruited through a consultation dedicated to psychiatric and dermatologic diseases. The diagnosis of primary BMS was already assessed. Most of the patients were receiving an antidepressant treatment. Patients answered a questionnaire. Primary outcome was the pain decrease after consultations: complete or partially (>50%; 30–50%; <30%). Secondary outcomes included the persistence of antidepressant treatments, medical wandering, and psychotherapeutics elements who contributed to clinic improvement. *Results*: First results tend to show that the bi-specialized consultation has a positive impact in the curing of BMS, added to the antidepressant. *Conclusion*: This psychological intervention should be considered as an additional tool in the global strategy of BMS treatment.

OP5

PIGMENTARY DISORDERS IN DARK SKINNED PERSONS CAUSE IMMENSE MENTAL ISSUES

Melanie Miyanji de Souza

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Skin disorders and even minor skin blemishes on exposed, visible skin are distressful. Moreover, cultural factors, beliefs and taboo link certain conditions to weird causes hence resulting in undue distress, anxiety, embarrassment and reclusion. Rejection and maltreatment of these victims by certain members of society compound the mental anguish of sufferers. Admiration of a lighter skin colour by dark skinned persons has led to the false concept of Skin Bleaching leaving many with disastrous health issues. Paradoxically, disorders of pigmentation, hypopigmentation, depigmentation and hyperpigmentation are considered taboo with absurd, unnatural, spiritual theories, curse, revenge and other strange explanations. Communities in Africa and other coloured races have varying attitudes and behavioural patterns to these conditions Dealing with the psychological aspects of these are a dilemma. Individual anxiety and peculiar mental responses are diverse and the medical and professional approach to each requires an understanding of their concerns and anxieties My presentation details several conditions and their presumed causes with degrees of mental devastation emerging forthwith. Difficulties in managing these cases will be presented.

OP6

STIGMATIZATION IN DERMATOLOGY - AN OVERVIEW

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Numerous medical conditions are recognized as stigmatizing their sufferers and certain skin diseases are among them. The visible lesions might become reason for stigmatization with consequent psychological stress and social withdrawal We aimed to analyze dermatological conditions where stigmatization process has been studied. We performed search on PubMed until November 2016 and found a huge number of articles ($n=548$). After selection 58 articles remains, describing 20 dermatological conditions. Our research found that psoriasis is the most common skin disease, where the stigmatization experience was studied. Out of 58 articles, 18 dialed with stigmatization in psoriatic patients. Vitiligo, acne, leprosy, atopic dermatitis was among others skin conditions where stigmatization was studied. We found that stigmatization is a common and important problem. Visibility of skin lesions as well as cultural factors are the main ones contributing to the feeling of stigmatization. Different instruments were used to evaluate stigmatization by different research groups which limit the possibility to make a direct comparison between the studies. There is a need for more research in the field of stigmatization in dermatological conditions and an urgent need for creation special anti-stigmatization program/programs for patients suffering from dermatoses.

OP7

APPEARANCE COMPARISONS AS MEDIATOR AND RISK FACTOR FOR ACNE-RELATED STIGMA

Kate Adkins[1]*, Andrew Thompson*[1]*, Paul Overton*[1]*, Julia Moses*[2]

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The present study was conducted to examine the relationship between Facebook use and internalised acne-stigmatisation, and to test whether appearance comparisons mediated this relationship. UK adults ($n=650$) with acne symptoms completed online measures of Facebook use, Facebook photo-related activity, self-compassion, upwards/downwards skin-appearance comparisons (UPACS/DACS), and an adapted version of the Feelings of Stigmatisation Questionnaire. Multiple regression and bootstrapped moderated-mediation analyses were conducted to test the relationships between Facebook use and stigmatisation. Within Facebook users (91.1%), levels of photo-related activity positively correlated with upwards appearance comparisons $r(592)=0.17$, $p<0.001$, and stigmatisation $r(592)=0.14$, $p=0.001$. Photo-related activity no longer predicted stigmatisation when UPACS was added into the regression. Severity, UPACS score, DACS score and self-compassion accounted for 42% of the variance in stigmatisation. UPACS score and self-compassion accounted for the greatest change in R2 – 24% and 5.4%, respectively. Mediation analysis indicated that there was a significant indirect effect of Facebook photo use on stigmatisation via upwards appearance comparison. The results suggest that upwards appearance comparisons mediated the relationship between Facebook photo-activity and acne-stigmatisation. Social media use should be considered when working with individuals with acne-related distress, with particular attention to the role of appearance comparisons. Self-compassion provides an additional avenue for reducing stigmatisation.

OP8

MEASURING THE IMPACT OF DERMATOLOGICAL CONDITIONS ON FAMILY AND CAREGIVERS: A REVIEW OF DERMATOLOGY-SPECIFIC INSTRUMENTS

Francesca Sampogna[1]*, Andrew Finlay*[2]*, Sam Salek*[3]*, Pavel Chernyshov*[4]*, Florence Dalgard*[5]*, Andrea Evers*[6]*, Dennis Linder*[7]*, Liana Manolache*[8]*, Servando Marron*[9]*, Françoise Poot*[10]*, Saskia Spillekom-van Koulil*[11]*, Åke Svensson*[5]*, Jacek Szepietowski*[12]*, Lucia Tomas-Aragones*[13]*, Damiano Abeni*[1]

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The patient is the centre of a web of relationships and the impact of his/her disease on family members and caregivers must be taken into account. The aim of this study was to identify the specific instruments that measure the impact of a dermatological disease on the quality of life (QoL) of family members, by performing a systematic search of the literature. Fifteen papers were identified, describing the creation and validation of nine instruments. Four of them concerned atopic dermatitis (Dermatitis Family Index, DFI; Parents' Index QoL Atopic Dermatitis, PiQoL-AD; QoL in Primary Caregivers of children with Atopic Dermatitis, QPCAD; Childhood Atopic Dermatits Impact Scale, CADIS), two measured the impact of psoriasis in family members (Psoriasis Family Index, PFI; FamilyPso), one the impact of epidermolysis bullosa (Epidermolysis Bullosa Burden of Disease, EB-BoD), one of ichthyosis (Family Burden Ichthyosis, FBI), and one was generic for dermatological conditions (Family Dermatology Life Quality Index, FDLQI). The EADV quality of life taskforce recommends that the impact of a skin disease on family and caregivers should be measured as part of any thorough evaluation of the burden of a disease.

OP9

IS COPING OF ATOPIC DERMATITIS PATIENTS ORIGINATED FROM THEIR OWN CHARACTER OR SECONDARILY REMODELED BY DISEASE SUFFERING? OBVIOUS IMPROVEMENT OF COPING AND PSYCHIATRIC SYMPTOMS AFTER "TIGHT ECZEMA CONTROL"

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Objectives: Atopic dermatitis (AD) is well known to require stress management including coping strategies. However different maneuver is needed according to whether their coping are originated of their own or secondarily remodeled by disease suffering. We have executed successful "tight control" for severe adult AD, initial remission induction by educational hospitalization followed by proactive treatment monitoring serum biomarker TARC. The aim of this study is to know the psychiatric symptoms and coping of severe adult AD and to clarify if they change after "tight control". *Methods*: Psychiatric symptoms (Hopkins Symptom Checklist: HSCL) and Coping (Brief COPE) of 317 adult with severe AD were measured, and compared with Japanese population based standard data (study 1). Fifty-five adult patients with severe AD who participated in our "tight control" program were assessed. Follow-up data collected 6 months later were compared with pre-interventional data (study 2). *Results*: Study 1: Depression (83.6%), Interpersonal Sensitivity (63.7%), Somatization (50.5%) was obviously high. Maladaptive coping were higher than standard. Study 2: IGA, QOL, TARC confirmed the achievement of long-term tight control. Depression and Interpersonal Sensitivity were significantly improved. Maladaptive coping significantly decreased (P-0.006). Each item of them but self-blame were significantly improved. There was a strong correlation between depression and self-blame (r=0.640, $p<0.001$).

OP10

STRUCTURED PATIENT EDUCATION IN ADULTS WITH ATOPIC DERMATITIS – RESULTS FROM A GERMAN MULTI-CENTER STUDY

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Background: Atopic dermatitis (AD) is a chronic relapsing skin disease affecting 1–3% of adults in Western industrialized countries. The aim of this study was to evaluate the effects of a structured patient education training on disease activity, coping and quality of life (QoL). *Methods:* 315 adult AD patients (disease severity: SCORAD index$\geq$20) were eligible for the study and either randomized into the intervention group (12 h of manualized treatment by a multi-professional team) or the control group. At baseline and after one year patients were dermatologically examined and they completed the questionnaires. The primary study endpoints are: "catastrophizing cognitions" with respect to itching (JKF), "social anxiety" (MHF), subjective burden by symptoms (SKINDEX) and skin symptoms (SCORAD). At baseline there were no significant differences between groups regarding sociodemographic variables and primary endpoints. *Results:* At 1 year follow-up patients from the education group showed a significant higher improvement compared with the control group in the following endpoints: "catastrophizing cognitions" with respect to itching ($p<0.001$), subjective burden by symptoms due to the disease ($p<0.001$) and skin symptoms ($p<0.001$). *Discussion: The* structured patient education training for adult AD patients shows significant improvement of coping and QoL and the severity of AD.

OP11

FACTORS INFLUENCING PATIENT SATISFACTION: ASSESSMENT IN OUTPATIENTS IN DERMATOLOGY DEPARTMENT

Claire-Alice de Salins, *Emilie Brenaut*, *Laurent Misery*, *Anne-Marie Roguedas-Contios*
University Hospital, Brest, France

Improving patient satisfaction may lead to better adherence with treatment and consequently to better clinical outcomes for skin diseases. The aim of this study was to determine factors influencing patient satisfaction in consultations with dermatologists. All patients presenting to the secretariat for a medical consultation received a one-page anonymous questionnaire to fill at the end of the consultation. Two hundred forty-seven questionnaires were completed. Mean age of the population was 43.6 years with 58.4% of women and 41.6% of men in the sample. Patients were generally satisfied with their consultation (77.1%). Patient age was significantly related to overall satisfaction ($p<0.01$), with greater satisfaction among patients aged 50 years and older. The factors that influence overall satisfaction the most were quality of life, physician's concerning, interest in the medical problem and attention given to symptoms. Performance of a full-body skin examination, use of dermatoscopy, performance of a skin biopsy and comfort of the waiting room were additional factors contributing to satisfaction among patients 50 years and older. Interpersonal skills of dermatologists and attention to the quality of life are important factors in outpatient satisfaction.

OP12

STIGBATE: SOCIOLOGY FOR BETTER TREATMENT OF BURNED PATIENTS WITH FACE OR ARMS INJURIES

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Several studies showed quality of life modifications for burned patients with visible zones (face, scalp, hand, arm, neck) at the stage of return in socialization. Difficulties and anxiety in social situation are frequently reported by these patients. The French implementation of sectors for treatment of serious burn victims in Interregions centralizes the care on a site, often very remote of the place of residence. *Goal:* Qualitative study to analyse patients' sociological burned parameters (so much point of seen by formal data by means of the medical record; that by sociological interviews with discourse analysis of these patients in a forward-looking way) to determine the presence or not of recurring elements of life at the patients the serious burn victims. *Methods:* analyse of verbatim after semi-managed sociological interview and extraction of the recurring themes. The conversations have on-site place of the medical follow-up in the fall of consultation of care scheduled within the framework of the systematic surveillance of the serious burn patients (consultations of 9 months, 12 months, 18 months, 2 post-traumatic years). The study is in progress on Metz regional Hospital. We will present intermediate results. We will talk about some typical narratives of this metamorphosis by pointing the observable variations according to social backgrounds and courses of the people. But also, tracks which the techniques of coverage of the serious burn victims affix on their experiences: since the putting in artificial coma producing ellipses at the end of which the people wake up endowed with another body and with radically different sensori-motor and social experiences; Up to objects used to force the processes of healing which can, according to the situations.

POSTERS

PP1

IMPROVING CHRONICLE SKIN DISEASES WITH METAPHORS... OR VOCAL THERAPY?

Germaine Gabison
Paris, France

As most chronicle diseases, psoriasis, prurigo and UCS affects quality of life and quality of life affects the severity of UCS and prurigo... Using metaphor exercises in a very practical way to help our patients to feel better. Nowadays most of our patients report stress as a trigger, even as a cause of the symptoms; explaining that when the pain begins it is a fact and we build a virtual projection around it! If it is virtual let it be a good story or at least keep it as it is really and not worse.

PP2

INCREASED LEVELS OF ANXIOUS-DEPRESSIVE MOOD IN PARENTS OF CHILDREN WITH VITILIGO

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Objectives: Vitiligo is a pigmentation disorder causing white skin patches. Psychosocial implications for children have been widely investigated, but such reports are missing for their parents. Our aim was to explore levels of anxious-depressive mood in parents. *Methods:* The Anxious-Depressive Mood (ADM) scale of the Adjustment to Chronic Skin Disorders Questionnaire (ACS) with additional questions was used in 85 parents. Their affected children answered the Children Dermatology Life Quality Index (CDLQI). Eighteen parents and their healthy children served as controls. Groups' characteristics: Parents/controls: 66/16 mothers, 19/2 fathers, mean age 41.7/37.9 years, children/controls: 30/5 boys, 55/13 girls, mean age 10.5/9.3 years, 69/18 with skin phototypes I-III and 16/0 with IV-VI. *Results:* Parents of children with vitiligo were more anxious-depressive than controls. Higher ADM-scores were linked to sleep disturbances/tiredness and searching for new white spots. Improvement and worsening of vitiligo was more disturbing than an unchanging condition. Disease extension had no influence. ADM and CDLQI-scores revealed no correlation. Parents implicated psychological stress in disease worsening. Only a minority of parents felt that their lives are restricted by their children's vitiligo. *Conclusions:* Although parents are a "forgotten" part in the field of vitiligo, they deserve attention by experts when treating their children.

PP3

PSYCHOLOGICAL IMPACT ATOPIC DERMATITIS: A CROSS-SECTIONAL STUDY

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Introduction: To date only a few studies have been conducted evaluating the burden of atopic dermatitis (AD) in adults. *Material/methods:* We conducted a cross-sectional study to evaluate the impact of AD on daily life and included validated tools for the evaluation of disease burden (ABS-A), quality of life (DLQI) and economic impact of AD. In addition, the severity of AD was evaluated by using a modified version of the PO-SCORAD *Results:* We present the intermediate results of this study, with 225 patients answered the questionnaires including 149 women and 76 men. Mean age of patients was 33 years in women and 38 in men. Of the 225 patients, 108 declared moderate AD whereas 117 declared severe AD. 59% of patients consider their atopic dermatitis to be a "disease" and 24% to be a "disability". This feeling is different depending on whether the severity of the disease, with 35% and 12% respectively among moderate and 66% Severe AD. In patients who considered the disease as a disability, the quality of life (DLQI) and burden (ABS-A) scores were more severely altered in severe patients compared to moderate patients. In patients with severe AD, 80% said they were "moderately" or "extremely" anxious, versus 61% in patients with moderate AD. In patients with moderate AD, 26% declared to be "very often" or "permanently" sad and depressed. They are 56% subjects with a severe AD. *Conclusions:* Our intermediate results show confirm that the psychological impact of AD in terms of psychodermatology is real, considerable, suggesting that adequate care (with regular consultation of a psychologist for example) would be useful and relevant.

PP4

ENHANCING PSYCHOLOGICAL SELF-HELP WITH IMPLEMENTATION INTENTIONS FOR THOSE WITH A VISIBLE SKIN DIFFERENCE AND FEAR OF NEGATIVE EVALUATION: A RANDOMISED CONTROLLED TRIAL

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Background: People with a visible skin difference commonly fear negatively evaluation during social interactions. Online self-help interventions tailored to this population may be beneficial; however, the effectiveness of such materials can be limited by failure to undertake recommended exercises or deploy learned techniques. *Aim:* The present research examined the effectiveness of a self-help intervention incorporating implementation intentions (or if-then plans) designed to promote use of the materials. *Methods:* $n=326$ individuals who reported lowered confidence due to their skin difference were recruited online (predominantly through skin charities) and randomly allocated to one of three conditions: self-help, self-help enhanced with implementation intentions, or a waiting list control. Participants in the self-help conditions were provided with a PDF of the self-help materials. Outcome measures included fear of negative evaluation and symptoms of anxiety and depression. The study was registered at https://clinicaltrials.gov/ct2/show/NCT03004027. *Results:* A series of ANCOVAs indicated no statistically significant differences between the groups at follow up on any of the outcome measures despite positive participant feedback. *Conclusion:* In contrast to previous research, the findings suggest either the self-help techniques were not effective at reducing fear of negative evaluation or if-then planning does not promote the use of these techniques.

PP5

INSTRUMENTS TO ASSESS STIGMATIZATION IN DERMATOLOGY

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Stigmatization among sufferers of various skin conditions is well known. Proper stigmatization assessment would help for better understanding of the problem, to examine how evolve during the treatment and to compare the stigmatization in various dermatoses. At present, there is no generally accepted single or group of instruments to measure its level. We performed search on PubMed until November 2016 and found that numerous instruments of the form of questionnaires exist. They were utilized in various researches to assess the stigmatization level in patients with skin problems. After analyzing, we divided them on two main groups: dermatology specific instruments and dermatosis/disease specific ones. After review of the literature, we would like to recommend to use dermatology-specific instruments to compare the stigmatization level in various skin conditions. They can be utilized as well as a first line tools to study feeling of stigmatization in specific skin diseases, however where is possible they should be supplemented with the disease-specific instrument for deeper analysis of both qualities of life and stigmatization. It has already been demonstrated that a significant positive correlation exists between the results obtained with dermatology- and disease-specific stigmatization instruments**.**

PP6

QUALITY OF LIFE IMPAIRMENT IN CHRONIC SPONTANEOUS URTICARIA IS LINKED WITH DISEASE SEVERITY, GENDER AND PSYCHOPATHOLOGY

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Introduction: Quality of life (QoL) impairment for each chronic dermatosis deserves analysis to better define treatment goals. *Objective:* Evaluate the link between chronic spontaneous urticaria (CSU) and QoL impairment. *Methods:* Prospective study (10 months) with CSU patients from a tertiary dermatology department. Clinic-demographic data, chronic urticaria quality of life questionnaire (CU-Q2oL), hospital anxiety and depression scale (HADS) – cut-off value for psychopathology ≥ 8 for anxiety and depression subscores – and urticaria activity score over 7 days (UAS7) were analyzed (statistical significance: $p<0.05$). *Results:* Seventy-two Caucasian patients (53 female/19 male; age 16–78 years, mean 47 years) were evaluated. Increasing urticaria activity is associated with poorer QoL: mean CU-Q2oL score 58 vs. 36 for UAS7 >6 vs. UAS7 ≤ 6, $p<0.001$ and mean CU-Q2oL score of 77 vs. 46 for UAS7 >27 vs. UAS7 ≤ 27, $p<0.001$. Female gender has higher impact on QoL: mean CU-Q2oL score 52 vs. 41 for male, $p=0.02$. When HADS subscore ≥ 8 vs. <8, both for anxiety and depression subscores, QoL impairment is higher (mean CU-Q2oL score 64 vs. 45, $p<0.001$). *Conclusion:* Management of CSU should aim complete control, as QoL is already impaired at mild forms and impairment further increases with CSU severity, and should include psychopathology assessment, with particular attention for females.

PP7

PSYCHOTROPIC MEDICATION AND PSYCHIATRIC COMORBIDITIES IN MODERATE TO SEVERE PSORIASIS: A CASE-CONTROL STUDY

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Introduction: Moderate to severe psoriasis has several comorbidities, including psychopathology, and can have important medical complications. The research on comorbidities can improve its knowledge and management. *Objective:* To investigate if psychotropic medication is significant and to identify the most prevalent psychiatric comorbidities in moderate to severe psoriasis. *Methods:* We conducted a case-control study involving 79 inpatients with moderate to severe psoriasis (53 male, 26 female, mean age 59±17 years), from a tertiary dermatology department, and a control group without chronic dermatoses, matched by age and gender, including inpatients from the same hospital. *Results:* At least one psychotropic medication (anxiolytics, antipsychotics or antidepressants) was present in 63% of inpatients with psoriasis and 27% of controls ($p<0.05$). Anxiolytics were the most common: 48% in psoriasis group and 16% in controls ($p<0.05$). The most prevalent psychiatric diagnoses in the psoriasis group were substance-related and addictive disorders (41%), 90% alcohol-related ($p<0.05$), followed by anxiety, depression and sleep disorders. *Conclusion:* The prevalence of psychotropic medication is significant in moderate to severe psoriasis, highlighting the need for psychopathology assessment and psychological interventions. Substance-related and addictive disorders should be considered in the management of these patients as they are linked with comorbid psychopathology and may worsen psoriasis.

PP8

PRURIGO NODULARIS AND PSYCHOPATHOLOGY: A CASE REPORT OF INTERFACE BETWEEN OBSESSION AND DELUSION

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Introduction: Prurigo nodularis can be linked with psychopathology that should be considered in its management. *Case report:* A 47-year-old female was referred to our psychodermatology clinic with a 4-year history of pruritic papulonodules, with central scale-crust on legs, thighs, arms, forearms and back, with the “butterfly sign”, typical of prurigo nodularis. Clinical assessment and laboratory study did not show systemic disease. She had done clobetasol propionate for months and narrowband UVB without benefit. The patient had the belief that strange material was under her skin but admitted scratching, worsening the lesions. However, she could not stop as a result of feeling better after scratching, exhibiting obsessive-compulsive symptoms with somatic delusion. There were normal levels of anxiety and depression subscores in Hospital Anxiety and Depression Scale. We started simple cognitive behavior therapy (CBT), as previously described, risperidone 1mg at night, escitalopram 20 mg in the morning, hydroxyzine 12.5 mg bid, capsaicin cream and calcipotriol ointment, with improvement after 2 months. *Conclusion:* Although obsession and delusion are different, studies have suggested that an obsession can coexist with and become a delusion. In this context, CBT, selective serotonin reuptake inhibitor and antipsychotic are useful together with topical treatment in the management of prurigo nodularis.

PP9

EXPERIENCES OF ROSACEA AND ITS TREATMENT: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

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Background: Rosacea is a chronic skin condition that can often have a large psychosocial impact and there is a need to understand the experience of life with rosacea. *Aims:* To investigation the experience of living with rosacea and of receiving treatment. *Methods:* Nine participants took part in semi-structured interviews, analysed using interpretative phenomenological analysis. *Results:* Three superordinate themes were found: self-consciousness, focused on the fear of others’ blaming participants for the condition; internal and external avoidance, referring to the coping strategies; and lack of consistency in medical support. *Conclusions:* The study provides dermatology professionals with a nuanced account of the patient experience of rosacea. Awareness of the themes found in this study should facilitate the discussion and identification of psychosocial issues affecting patients. Rosacea can have a negative impact for some people, contributing to embarrassment and feelings of shame. Engaging in avoidant-focused coping strategies was commonplace, and patients may need to be referred for psychological support in some cases.

PP10

PEMPHYGUS AND COMORBID MENTAL DISORDERS

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Objectives: Investigation of comorbid mental disorders in pemphygus. *Methods:* 40 patients (22 f., 18 m.; av.age 53.7) with pemphygus (22 – vulgar, 18 – seborrheic form) were examined in process of steroid therapy by clinical methods and The Dermatosis Severity Index (DSI), The Dermatology Life Quality Index (DLQI). *Results:* In 15 patients (37.5%) were identified manifestation of pemphygus influenced by the various psychogenic stressors. DSI II-III, DLQI 17–21. In 25 patients (62.5%) were found nosogenic reactions. 14 had masked hypochondria: the rational attitude to illness inspite of disabling complications of steroid therapy. DSI III, DLQI 5–9. 5 had anxious-depressed type of nosogenic mental disorders: hypothymia, insomnia, pessimism, fears of disability. DSI III, DLQI 15-21. 6 had an aberrant hypochondria: paradoxical disregard of gravity and danger of the skin disease. In 5 of them were identified drug (iatrogenic) hypomania during the high doses of glucocorticosteroids therapy. DSI III, DLQI 5. *Conclusion:* Among the psychogenic stressors of pemphygus manifestation were distinguished the genuine and conditionally pathogenic. The study revealed in the clinical picture of nosogenic reactions the dissociation between objective severity of dermatosis and patient's subjective reaction, due to the predominance of somatogenic, vital or psychogenic factors correlating with the type of personality.

PP11

MULTIPLE ULCERATIONS IN A PATIENT WITH DELUSIONS OF PARASITOSIS

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Delusional parasitosis is a rare condition in which the patient has the fixed, false belief that he is infested by parasites. A 68-year-old female patient from the urban area was referred to our Dermatology Department for multiple ulcerations with a generalized distribution. The patient asserted that she started feeling parasites crawling under her skin approximately 3 years beforehand and that she was picking her skin with her fingernails daily to help eliminate the parasites. She was then applying alcohol to sterilize the area. The patient had consulted several specialists in infectious diseases but parasite infestation was never confirmed. On local examination we noticed multiple ulcerations of 0.5–1.5 cm in diameter covered by hematic crusts as well as several atrophic scars. The lesions had a generalized distribution but they were mostly located in easily reachable areas like the face and limbs. The psychiatric examination supported the clinical suspicion of self-inflicted lesions in a patient with delusions of parasitosis. Skin manifestations in patients with delusions of parasitosis, if present, are usually mild. We report a rare case of multiple, self-inflicted ulcerations in a patients with delusional parasitosis.

PP12

ORAL LESIONS: A NEW APPROACH ON A SORT OF NO-MAN'S LAND

Estela María Malatesta

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The aim of this poster is to raise awareness in our colleagues of the importance of taking Psychodermatology as a starting point in the study of stomatological pathology. The consultation due to oral lesions can be related to repeated trauma in different areas causing erosions, ulcers, leukoplakia and other injuries, as well as lesions secondary to psychiatric disorders such as eating disorders, addictions and psychotic conditions. We consider it extremely important to get to an early diagnosis of the oral lesions in order to start the appropriate treatment, bearing in mind that, in many cases, these findings may lead to a psychiatric diagnosis not yet suspected until the moment of the consultation. The interdisciplinary work between dentists and psychodermatologists is not only necessary for a correct differential diagnosis and subsequent treatment of the lesion but also for the detection of the underlying psychiatric condition that either causes or derives from the oral injury. Images of patients with oral pathology with involvement of the psychological sphere are shown in the poster.

PP13

A QUALITATIVE STUDY TO ASSESS THE SEVERITY OF CHRONIC PRURITUS AND ITS IMPACT ON HEALTH-RELATED QUALITY OF LIFE, FROM THE PATIENT'S PERSPECTIVE USING FOCUS GROUPS

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Objectives: To understand how patients suffering from Chronic Pruritus (CP) perceive the severity of CP and its impact on health-related quality of life (HRQoL). *Methods:* A preliminary conceptual framework was developed after a structured review of the literature. It was revised based on qualitative data generated through focus groups (FG) with patients suffering from psoriasis, atopic dermatitis, seborrheic dermatitis of the scalp, urticaria and CP of elderly people. Patients' verbatim were textually reported into transcripts, which were thematically analyzed using qualitative content analyses (inductive approach). *Results:* Nineteen patients were recruited in one site and interviewed through 3 FG sessions. The severity of CP was reported in terms of: (*i*) intensity of itch (sensation type and scratching response), (*ii*) duration, and (*iii*) extension. Sub-domains of interest for HRQoL were organized into: (1) sleep and fatigue; (2) coping and anticipation; (3) sexual life; (4) emotions and cognitions; (5) concentration; (6) daily activities; (7) cognitions attributed to others; (8) social relations; and (9) time spent. These sub-domains of interest were consistent across all underlying skin conditions. *Discussion:* A comprehensive and clinically sound conceptual framework of CP severity and its impact on patients' HRQoL has been achieved through structured literature review and focus groups.

PP14

POST-TRAUMATIC STRESS DISORDER FOLLOWING THE ANNOUNCEMENT OF DE NOVO NEUROFIBROMATOSIS TYPE 1

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Neurofibromatosis type 1 (NF1) is one of the most common autosomal dominant genetic disorders. It is characterized by highly variable expression with unpredictable course. The aim of our study was to evaluate post-traumatic stress disorder (PTSD) in patients and their families following the disclosure of sporadic NF1. Patients were recruited at the Neurofibromatosis Competence Center, University Hospital, Brest, France. Diagnosis of NF1 was retained according to NIH criteria and familial forms were excluded. The French version of the Impact of Event Scale–Revised was used for the diagnosis of PTSD. A questionnaire was sent to 53 eligible patients, and 31 responded (58.5%). Fourteen patients or family members suffered from PTSD (45.2%). Of these sufferers, thirteen were parents of a child with NF1. Five people also had a score between 24 and 32 meaning that PTSD was a clinical concern. Diagnosis disclosure in sporadic NF1 is a traumatic event, mainly for the parents of a child with NF1. Study limitations include recall bias and a small, relatively heterogeneous sample. This result suggests that one focus of intervention should be the alleviation of parental stress, with particular attention to scheduling a follow-up appointment to discuss psychosocial care.

PP15

THE NEED FOR LINGUISTICALLY AND CULTURALLY ADAPTED STANDARD QUESTIONNAIRES TO ASSESS ITCH: A PRELIMINARY STUDY

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Itch is defined as an unpleasant sensation leading to the need to scratch. Nonetheless, the meaning is not necessarily the same depending on languages, cultures and historical periods. For patients and even doctors, it is not always evident to differentiate itch from close sensations such as pain, burning, tingling, tickling, prickling, tightness or stinging, and it is not obvious that the borders between these sensations are the same in all languages. The present study is a preliminary framework for the creation of standard and validated questionnaires considering cross-cultural and linguistic adaptations. Twenty-seven languages classified into 6 language families are included in our study. The adequate understanding of the sensations experienced by patients is undeniably crucial in the patient-doctor relationship and indispensable for clinical trials, investigations into quality of life, psychological studies and pathophysiological research. The present preliminary study confirms the need and proposes a method for the creation of standard and validated questionnaires. Further international studies with patients will be proposed**.**

PP16

SCREENING FOR NEUROPATHIC PAIN, ANXIETY AND OTHER ASSOCIATED CHRONIC PAIN CONDITIONS IN VULVODYNIA: A PILOT STUDY

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Vulvodynia has been defined as a vulvar discomfort, which is most often described as a burning pain, occurring in the absence of relevant visible findings or a specific, clinically identifiable, neurologic disorder. The aim of this study was to characterize the pain, particularly the neuropathic pain component, in patients suffering from vulvodynia. Sixteen patients were included. Patients responded to the following questionnaires: the Hospital Anxiety and Depression Scale (HAD), the Douleur Neuropathique en 4 Questions (DN4) and the French version of the McGill Pain Questionnaire. Sensory tests were carried out using a cotton swab, a brush and a filament. The following pain descriptors were most commonly used were: tightening (9 /16), burning (12 /16), itching (9 /16), and depressing (9 16). Eight of the 16 patients had other comorbid pain conditions, and 9 patients had chronic low back pain. Sixty-six percent of the women patients suffered from anxiety. Neuropathic pain was detected in 10/15 patients. Sensory tests were produced painful in 15 patients. Our results confirm the association between vulvodynia and other chronic comorbid pain conditions. A neuropathic component was frequently observed, whereas although vulvodynia is often considered to be as a psychosomatic disorder. These results suggest that specific treatments for neuropathic pain could be used in patients suffering from vulvodynia after following screening with the DN4.

PP17

PRIMARY BURNING MOUTH SYNDROME: A QUESTIONNAIRE STUDY OF NEUROPATHIC AND PSYCHOLOGICAL COMPONENTS

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The pathophysiology of primary burning mouth syndrome (BMS) is extensively debated but poorly understood. The aim of the study was to evaluate neuropathic and psychological components of BMS in patients with primary BMS. Subjects were recruited through a consultation dedicated to mouth diseases, during which a diagnosis of primary BMS was assessed. Patients answered the abbreviated Douleur Neuropathique 4 questionnaire (DN4i), the Hospital Anxiety and Depression Scale (HADS) and the questionnaire de la douleur de Saint-Antoine (QDSA), the French version of the McGill pain questionnaire. Thirty-five patients with primary BMS were included in the study: 31% of them had a DN4i score in favour of neuropathic pain and 34.3% had a HADS overall score in favour of anxiety and depressive disorder. Both physiological and psychological aspects of BMS need to be actively investigated by clinicians to successfully manage these patients. The physiological and psychological aspects are not mutually exclusive. The DN4i and the HADS are easy-to-use tools and could be used in an initial assessment of BMS patients.

PP18

IS STRESS RELATED TO SKIN SYMPTOMS IN GERMAN STUDENTS? RESULTS OF AN ONLINE SURVEY

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Background: Students often have to cope with stressors like exams or financial strain. Stress is related to different skin complaints. A recent US-study found more skin complaints in highly stressed students (HSS) compared to lowly stressed students (LSS). The present study aims to replicate these findings in a sample of German students. *Methods:* 135 male and 659 female students filled in the Perceived Stress Questionnaire (PSQ) and a modified version of the Self-Reported Skin Questionnaire online. By determination of the 25th and 75th percentile of the PSQ index participants were grouped into LSS and HSS. We calculated Odds Ratios to compare the occurrence of skin symptoms between LSS and HSS. *Results:*

HSS (n=201) reported to have itch, itchy rash on hands, oily/waxy/flaky patches on the scalp, scaly skin, other rash on face, dry/sore rash, pimples and warts more often than LSS (n=207; all $p<0.05$). *Discussion:* The results are similar to the ones in the US-study. However in the US-study other rash on face, dry/sore rash, pimples and warts and not occur more often in HSS than in LSS. Future studies could compare the occurrence of skin symptoms between students of different disciplines.

PP19

EVALUATION OF TACTILE SENSITIVITY IN CHILDREN WITH AUTISM SPECTRUM DISORDERS

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Autism Spectrum Disorders (ASD) are characterized by social and behavioral disturbances. Individuals with those disorders produce unusual responses to their environment notably with sensory stimuli. Sensory disorders get a great part in the symptomatology of ASD, since more than 96% of these individuals would display sensory disorders through hypo- or hypersensitivity in several domains. Tactile sensitivity receives far less attention in literature than visual or auditory processing. Studies on this issue highlight tactile hypersensitivity in adults with ASD while no difference appears in children with ASD compared to typical development (TD). Moreover, spatial discriminative abilities seem unaffected in individuals with ASD. Finally, a recent study show loss of free nerve endings (C-tactile fibers) in children with ASD that could support these differences of sensitivity reported. In our study, we used a paradigm with a set of Von Frey's filament to evaluate tactile sensitivity. We applied the stimuli onto two areas, on the palm and on the forearm. This evaluation was realized with 27 children with ASD (Asperger and High functioning Autism) paired with 25 TD children. Through our paradigm, we attempted to observe tactile hypersensitivity in our children with ASD. The main results will be presented during the congress.

PP20

TRICHOTILLOMANIA – A CHALLENGING DIAGNOSIS

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Introduction: Trichotillomania is a psichodermatological disease characterized by recurrent pulling out of one's hair, most commonly from the scalp, resulting in hair loss. The main differential diagnosis is alopecia areata. *Case presentation:* A 16-year-old girl addressed our clinic for hair loss in the last five months. He had been diagnosed with alopecia areata and treated with local corticosteroids without any improvement. The patient was complaining of moderate scalp pruritus. She denied any stressful event. Physical examination revealed diffuse alopecia of the scalp with no signs of inflammation and a negative pull test. In some areas, hair regrowth was observed. The gynecological and endocrinological examination revealed no pathological findings. A scalp biopsy was performed and was not suggestive for any dermatological disease. Based on the clinical aspect and histopathological features the diagnosis of trichotillomania was established. The patient was referred to a psychologist and admitted that she pulled her own hair out. She stated that she was not satisfied with her personal life. After several visits to the psychologist the evolution was favorable. *Conclusion:* We presented a case of trichotillomania in a teenager, initially diagnosed as alopecia areata. Among children and adolescents trichotillomania is a diagnosis that should not be overlooked.

PP21

CASE REPORT OF SANDS-LIKE DYSESTHETIC SYNDROME

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Numerous examples can be found in medical literature regarding psychological deviations of patients after general anesthesia. Most of them have a short duration and the reason usually remain unclear. Herein, we are presenting uncommon case of 81-year-old female patient developed unusual skin sensation, kind of tactile hallucination after general anesthesia. According to the patient soon after she recovered from the anesthesia, she felt that has sand on her hands. The sensation is that real that she tried every few seconds to brush the sands with her hands. Taking of shower helped her to release from that feeling but only for 30 minutes and then it started to build up again. The sand sensation started 3 years ago and still continue. Anesthetics affect the cerebral neurochemistry and in such a way might cause hallucinations. The brain is susceptible to anesthetic neurotoxicity and in the aging brain, subtle cognitive dysfunction can persist long after clearance of the drug. One can speculate that those sensation is result of anesthesia; various drugs use during the surgery or combination of all of them. We believe, this case is an example of the enormous unexplored area of psychodermatology.

PP22

CASE REPORT OF SELF-INFLICTED ONYCHODYSTROPHY

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Patients with nail disorders often visit dermatologists and onychomycosis is considered as one of the most common reasons. There is increasing tendency worldwide, the treatment to be based only on clinical examination and to be initiated without laboratory confirmation. Articles has been published in reputable dermatological journals, encouraging such practice. Herein, we are presenting a 30-year-old lady with long-lasting nail-problems, treated few times with topical and oral antifungal medicines. The last course was with oral terbinafine for 6 months. Despite the treatment her condition become worst. The medical examination revealed characteristic changes for mechanical impact on the fingernails and surrounding skin. Detailed history discovered an excessive traumatization since years that has been increased recently. Discussion with the patient ascertained she always felt the need of help but never ask since a shame. The stigma of being labeled as a person with mental problem kept her away from mental health care. After a prolong discussion, the patient agreed to consult mental health specialist. Early recognition of the problem could protect the patient from an unnecessary treatment and to prevent time and resources waste of the health system.

PP23

IMPACT OF PRURITUS IN SYSTEMIC SCLEROSIS ACCORDING TO AUTOIMMUNE STATUS

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Introduction: During systemic sclerosis (Scl), pruritus is frequently observed (42.6–62.3%), which in turn affects the quality of life (QoL) of the patients. The relation with the immunological profile and in particular anti-centromere antibody positivity (ACA+) was tested in this study. *Patients and methods:* A standardized questionnaire was developed to study Scl characteristics, pruritus, and impact on QoL. In these patients, immunological data including autoantibody status were collected. *Results: Pruritus* was reported by 37/57 (64.9%) of the patients and among them ACA were detected in 17/36 (47.2%). The ACA group was characterized by (1) a pruritus concommitant with the development of Scl, (2) a longer time of pruritus, and (3) a less severe pruritus. In contrast, in the diffuse form of Scl (ACA-), it was observed (1) more scrapping, (2) a higher depression, and (3) patients that were worried that their pruritus lasts forever with as a consequence in the ACA+ group the report that they spent less money on dermocosmetic products to prevent pruritus. *Conclusion:* The impact of pruritus is in part related to the autoimmune status in Scl, and patients with diffuse forms present higher depressive symptoms.

PP24

CASE OF SUCCESSFUL TREATMENT OF PSORIASIS WITH INCLUSION PSYCHOSOCIAL FACTORS

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Psoriasis is a chronic, non-infectious disease that affects people of all ages, with no predilection for sex. Psychosocial factors are important in the onset and exacerbation of psoriasis. The psychosocial consequences of skin diseases in secondary care is studying, extensively, little is known about the psychosocial well-being of patients with skin diseases in primary care. A 27-years-old man had psoriasis, psoriatic arthritis for 10 years. During 2016 year patient had many exacerbations; medical treatment included systemic corticosteroids and methotrexate, therapy use was chronic and unsuccessful. During that time he had chronic psychosocial stress at the work. When patients changed place of the work and psychosocial interventions, psoriasis become stationary stage. After long use systemic corticosteroids therapy patient has Cushing's syndrome, exactly heart disease, gastrointestinal disturbances, osteopenia, central obesity, hirsutism, stretch marks. Identification patients of psoriasis with negative psychosocial factors early in the course of treatment and incorporation of specific psychosocial interventions in their overall treatment regimen may improve the course of illness and have a better long-term prognosis.

PP25

THE BROAD-SPECTRUM IMPACT OF HIDRADENITIS SUPPURATIVA ON QUALITY OF LIFE

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Hidradenitis suppurativa (HS), also known as acne inversa, is a chronic, inflammatory skin disease with abscess and often fistula formation, predominantly affecting intertriginous sites. Because of its comorbidities, the stigma and pain it causes, it has often compared to psoriasis. The aim of this study was to describe the quality of life (QoL) of patients with HS and to compare it with patients with psoriasis. Data on HS were collected in a single dermatological institution. Patients with psoriasis were part of a previous study on the QoL of skin conditions. QoL was measured using the Dermatology Life Quality Index (DLQI) and the Skindex-17. We collected data on 80 patients with HS, having a mean (standard deviation; SD) age of 32.0 (13.2) years, and 58.8% of whom were women. The mean (SD) Sartorius score was 87.0 (80.1). The mean (SD) DLQI score was 12.6 (7.5), and the values for the symptoms and psychosocial scales of the Skindex-17 were 69.4 (24.8) and 56.1 (29.9), respectively. The mean scores of the single items of the Skindex-17 were always higher in HS than in psoriasis. The high burden that HS poses on the life of patients has to be taken into account when diagnosing and treating this condition.

PP26

TACTILE PERCEPTION DISTURBANCES IN DELUSIONAL INFESTATION AND HYPOCHONDRIASIS CIRCUMSCRIPTA (PRELIMINARY RESULTS OF NEUROPSYCHOLOGICAL EXAMINATION)

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Background: Delusional infestation (DI) and hypochondriasis circumscripta (HC) belong to delusional and overvalued psychiatric disorders respectively, both sharing a common feature – occurrence of tactile disturbances. *Objective:* Study tactile disturbances in DI and HC with neuropsychologic approach to specify their cerebral attribution. *Methods*: The following neuropsychological tests were administered: "localization of touch", "skin-reading test", "form board test", "figures that are hard to verbalize", "perception of weight and size", "texture perception", "stereognosis", "finger gestures with an example", "copying finger gestures". The study sample comprised 18 patients (*n* = 12 female, mean age – 60 years; 10 – DI, 8 – HC). *Results:* In DI two types of neuropsychological signs were discovered. The first included disability in simultaneous perception of stimulus, their localization attribution, low dynamics, problems with texture perception and diminished perception of objects size as a reflection of disturbances in the parietal areas of the right hemisphere. The second encompassed kinesthetic dysfunction and alexia related to bilateral dysfunction of postcentral area of brain. In HC difficulties in perception of shape, weight and size of an object were observed as a reflection of dysfunction in lower section of talamoparietal complex – thalamus. *Conclusion:* Tactile disturbances in DI and HC differ in neuropsychological presentations and cerebral attribution.

PP27

MEDICAL TATTOO: SOME EXAMPLES

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Aim: The purpose of this poster is to review the data available on medical tattoo and to show some examples of medical tattoo performed by French tattooist. *Methods:* Review of the scientific and informal literature on the subject (MeshTerms: Burn, Tattoo, Dermography, Dermopigmentation). *Results:* In recent years, tattoo became commonplace and number of tattooed individuals has increased significantly. Alongside these changes some patients become tattoo seekers on pathological skin. This practice is still marginal and unstructured. Several studies show that damaged-skin camouflage is increasing quality of life for patients complaining about their physical aspect. However, sometimes surgery is refused by patients so it is important to propose other possibilities. We present some tattoo performed on pathological skin. *Conclusions:* Medical tattoo can be used in some skin pathology. Advantages as inconveniences has to be known by patients.

PP28

SPATIALLY MODULATED ABLATION OF AN ERBIUM LASER IN COMBINATION WITH ISOTRETINOIN IN ACNE EXCORIEE

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Therapy of excoriated acne (EA) requires complex approach and often includes retinoids. Post-acne lesions are successfully treated with lasers. Combination of retinoids and lasers is underinvestigated since laser treatment is generally contraindicated during and after retinoid therapy without notice of differences in physical and biological effects on tissues of laser radiation with different wavelengths. *Aim:* To assess efficacy of isotretinoin (low doses 0.2–0.3 mg/kg) in combination with spatially modulated ablation (SMA) with erbium laser that is not accompanied by thermal skin damage. *Methods:* Five females (mean age 26) with acne excoriee received low dose isotretinoin (8–10 mg/day) and SMA with an erbium laser (2,936 nm, energy density 2.21–2.65 J/cm^2, spot diameter 5 mm, one pass; three procedures at 1.5 months interval). Life quality was assessed before treatment and 1 month after 3rd laser procedure (DLQI). *Results:* treatment resulted in complete regression of inflammatory papules and comedones, stable post-acne inflammatory and hyperpigmented spots, atrophic scars regressed completely or their depth significantly improved. Skin surface became smoother. No new excoriations and acne lesions developed. Quality of life improved and self-reported satisfaction with appearance was high. Thus, combination of low dose isotretinoin with laser technology showed efficacy, good tolerability and no side effects.

PP29

EVALUATION OF QUALITY OF LIFE IN PATIENTS WITH MORPHEA – A CROSS-SECTIONAL STUDY

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Introduction: Morphea is a rare fibrotic disease which leads to thickening of the dermis, subcutaneous tissue or both. Until recently the problem of quality of life (QoL) among morphea patients has not been widely discussed and previous studies have shown conflicting results. *Objective:* To analyze the impact of morphea on QoL in relation to selected clinical and demographic data. *Methods:* A total of 24 patients with the mean age of 48.8 ± 20.7 years diagnosed with morphea were recruited into this cross-sectional study. All patient underwent thorough anamnesis and detailed physical examination. Subtype of morphea, immunological disturbances and accompanying symptoms were determined. The severity of skin lesions was evaluated with Localized Scleroderma Cutaneous Assessment Tool (LoSCAT). QoL was assessed with Dermatology Life Quality Index (DLQI) and EQ-5D. *Results:* The most common morphea subtypes were limited plaque-type morphea ($n=12$, 50.0%), atrophoderma of Pasini and Pierini ($n=4$, 16.7%) and generalized morphea ($n=4$, 16.7%). Most frequently skin lesions were localized on the trunk ($n=22$, 91.7%) and lower legs ($n=14$, 58.3%). Mean value of Localized Scleroderma Skin Activity Index (mLoSSI) was 7.7 ± 11.4 point, and mean value of Localized Scleroderma Skin Damage Index (LoSDI) was 9.0 ± 6.7 points. Patients with lesions involving head and neck had significantly higher mLoSSI than the rest of patients (21.0 ± 29.7 vs. 5.8 ± 6.2, $p=0.03$). The mean DLQI was 3.0 ± 2.7 points, mean EQ5D 5.9 ± 1.1 points and general health status was 64.3 ± 16.6%. According to DLQI, 9 (37.5%) patients had normal QoL, 10 (41.7%) had slightly and 5 (20.8%) moderately impaired QoL. Morphea activity score (mLOSSI) correlated with DLQI ($r=0.56$, $p<0.01$), but not with generic QoL measures. No significant differences were observed between different variants of morphea regarding QoL. *Conclusions:* Morphea lesions seem to have rather a modest effect on patients' QoL. Further studies are needed to better characterize the most relevant morphea subtypes in respect of QoL.

PP30

PATIENTS AT RISK OF MELANOMA: IS THERE CORRELATION BETWEEN MEDICAL INFORMATION RESOURCE AND NOSOGENIC REACTION?

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Spreading of information through media and Internet about the dangers of melanoma and nevi often leads to actualization of hypochondriacal ideas. *Objective:* To characterize the ways in which patients receive information about risk factors for skin melanoma and assess the relationship with the nature of the nosogenic response in patients at high risk. *Methods:* 25 patients (mean age 51 years old, 9 men) with complains on suspicious pigmented skin lesions filled out a specially developed questionnaire and Hamilton anxiety and depression scale. *Results:* patients over 50 years old received information most often from relatives or doctors, less often from TV shows, and young people and middle-aged patients from the Internet. In all cases, there was an anxious reaction, in 6 patients – subclinical depression. One woman (33 years old), anxious-hypochondriacal ideas developed following hypochondria of beauty. In another female (36 years old) dysplastic nevus syndrome was accompanied by nevofobic symptoms and removal of eleven neoplasms. *Conclusion:* To inform young and middle-aged patients about risk factors, it is preferable to use Internet resources, to inform elderly patients, information should be provided by doctors and specialists in the media. Patients with hypochondriacal manifestations more often use Internet resources to search for medical information.

PP31

CASE REPORT OF ACUTE STRESS EVENT OF PATIENT WITH TREATMENT RESISTANT WARTS

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Herein, we present an uncommon case of a 10-year-old child with treatment resistant warts, diagnosed since the age of 5. Multiple treatments with topicals and liquid nitrogen failed which resulted in the decision of the parents to stop treatment. A year later, the child was bitten by a dog. After several weeks, the warts disappeared and the child has been wart free for the last 3 years. Stress is commonly considered as a contributor to numerous health conditions, including dermatological. It is generally accepted that stress could trigger or exacerbate certain skin diseases such as psoriasis, atopic dermatitis, alopecia areata. Another widely accepted opinion is that stress, especially chronic one could have a negative effect on the immune system, and can activate an infectious skin disease such as common warts. The question we raise is what consequences can be expected on the various skin condition from acute stress. It is well known fact that common warts can clear spontaneously. One might speculate that the acute stress from the traumatic event was the reason the warts cleared. We believe our case opens a door for discussion on the impact of the acute stress on various dermatological conditions.

PP32

THE SOCIOTYPE QUESTIONNAIRE: ASSESSING THE SOCIAL BURDEN OF SKIN DISEASES

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Skin diseases can cause a significant psychosocial burden. A number of studies have considered issues such as a lower quality of life, increased anxiety, depression, suicidal ideation and other psychological disorders. However, adequate means for evaluating social interaction difficulties, diminished social networks, and the impoverished conversational exchanges that affect the wellbeing and mental health of the individual, have not been sufficiently developed. This study is based on the sociotype approach that has recently been proposed as a new theoretical construct implemented in the form of a questionnaire; it examines the social bonding structures and relational factors associated with dermatological conditions. A pilot study was conducted at the Hospital of Alcañiz (Aragon, Spain), with 159 patients suffering from a variety of dermatological conditions: psoriasis, acne and eczema. Results showed that in both structural terms (subjective estimates concerning family, friends, work, and acquaintances) and quantitative aspects (social contacts, length or duration of conversations, moments of laughter), there were significant differences between segments of the sample regarding diagnostic severity, dermatological diseases and gender. When used in conjunction with other health questionnaires (UCLA, GHQ-12, and EPQ-R), the sociotype was shown to have a high level of reliability (α-Cronbach $=0.83$) and the results were closely correlated.

PP33

THE EFFECTIVENESS OF A PSYCHO-DERMATOLOGICAL MULTIDISCIPLINARY APPROACH FOR PATIENTS WITH ROSACEA

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Background & aim: Rosacea is a common, chronic, relapsing inflammatory dermatological condition causing psychosocial morbidity in affected individuals. This study investigated the psychosocial impact of rosacea and the effectiveness of a psychodermatological approach in managing this condition. *Method:* We performed a retrospective evaluation of consecutive patients with rosacea managed within a regional psychodermatology clinic. A telephone-survey was conducted using a standardized questionnaire after the second follow-up appointment, which occurred 3 to 9 months after the initial appointment. Hospital Anxiety and Depression Scale (HADS) scores were used as objective measures of psychological burden before and after treatments, which were compared using a paired t-test. *Results:* 12 out of 16 patients participated. Eight participants were female and 4 male. Median age was 45 years (range 23–77). Rosacea was noted to affect social activities ($n=11$), work ($n=10$), diet ($n=8$), exercise ($n=7$) and hobbies ($n=5$). Ten patients underwent active treatment with oral mood-stabilising medications only ($n=4$), cognitive behavioural therapy only ($n=2$) or both ($n=4$) used. A statistically significant improvement in HADS score (0.0068) was seen in those where pre and post-treatment HADS scores were obtained ($n=5$). *Conclusion:* Our study demonstrates that a psychodermatology approach is effective in reducing psychological burden for patients with rosacea.

PP34

SCREENING FOR BODY DYSMORPHIC DISORDER IN PATIENTS WITH ACNE

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Body Dysmorphic Disorder (BDD), is a mental health disorder that is difficult to diagnose, causes much suffering and is a challenge to treat. The main symptoms are the preoccupation with the perceived defect and the actions taken to reduce accompanying feelings of distress. Prevalence of BDD is between 9% and 12% in dermatology patients. Although the onset of BDD is usually during adolescence, patients are usually diagnosed after many years of suffering, in part because patients are too ashamed to talk about their symptoms. The main objective of this multicenter study carried out in Spain, was to screen patients diagnosed with acne vulgaris for BDD by asking appearance-specific questions. A total of 403 patients were screened. Patients were informed about the study and asked to read and sign consent. The Dermatologist filled in a socio-demographic questionnaire and asked patients appearance-specific questions. Patients who answered positively to the screening questions were offered information about BDD and the possibility of a referral to a Mental Health specialist. Screening for BDD in acne patients is easy and should be implemented in the daily clinic. The use of appearance specific questions asked by the dermatologist can help patients with BDD to seek professional help.

PP35

MULTIPLE NEVI IN SHERESHEVSKY-TURNER SYNDROME: DERMOSCOPIC PECULIARITIES AND PSYCHOSOCIAL SEQUELAE

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Turner syndrome (45X) is often characterized by multiple nevi. Dermoscopic characteristics and psychosocial aspects of multiple nevi in Turner syndrome were not yet addressed. *Aim:* To assess dermoscopic patterns and psychosocial aspects of multiple nevi in Turner syndrome in different age groups. *Materials:* Two patients with confirmed diagnosis of Shereshevsky-Turner syndrome (12 and 37 years old) were examined. Clinical and dermoscopic characteristics of all skin lesions were documented and compared. *Results:* In both cases multiple nevi developed after initiation of estrogen replacement therapy. Total number of nevi – 86 and 276 accordingly. In the child most lesion were flat with few elevated nevi. In the adult patient multiple flat and multiple elevated, eclipse (targetoid) and "fried-egg" nevi up to 2 cm in diameter were present. Signature dermoscopic pattern was globular in the child as well as in the adult (even in eclipse and "fried-egg" nevi). The adult patient reported parting with boyfriend due to multiple nevi after multiple attempts to force her to remove lesions. *Conclusion:* Estrogen replacement therapy in Turner syndrome induces development of multiple nevi and stimulates growth of melanocytic lesions and persistence of dermoscopic patterns, usually seen in childhood, through adult age. Psychosomatic sequelae of multiple nevi should be addressed by specialists in psychodermatology.

PP36

THE MEANING OF TATTOOS – A CROSS SECTIONAL STUDY

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Over the last decades tattoos have been becoming very popular in European countries. The aim of our study was to analyze, why people perform tattoos and when they decide to do them. The study was performed according to the questionnaire, which was elaborated based on the cooperation of a psychiatrist and dermatologist. As tattoo could be considered as an artificial cutaneous lesion, we have prepared a scale, which could be used as a "severity scale" of such skin "lesions". More than 400 volunteers were assessed regarding the presence of tattoos. Majority of included subjects indicated esthetic considerations as the major reason for performing a tattoo. Most of analyzed subjects started tattooing before the age of 20 years, frequently already as they were teenagers. The proposed "Severity scale of tattoos" demonstrated good interrater reproducibility as well as convergent validity. People may perform a tattoo for various reasons, however, based on our results, currently tattooing is mostly performed for esthetic reasons. If tattoo should be scored regarding its medical relevance, Tattoo Severity Scale could be taken into consideration due to its good reproducibility and validity.

PP37

A 10-YEAR-OLD GIRL WITH MULTIPLE PURPURIC MACULES

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A 10-year-old girl with an unremarkable personal medical history was remitted to the Dermatology Department for multiple asymptomatic skin lesions that had appeared spontaneously over the past six months, with clinical suspicion of vasculitis. No other symptoms were referred. Upon examination, she presented multiple purpuric round macules on the extensor surface of both arms and ankles. Autoimmune and coagulopathy disorders were ruled out by hematologic and immunological tests. Finally, the diagnosis of dermatitis factitia was made, as the purpura had been caused by self-inflicted suction. Dermatitis factitia consists in self-induced skin lesions for which the patient denies all responsibility. Occasionally, it may reflect an emotional neediness or psychological disturbance, but the motivational background is not always elucidated. The wide variety of clinical manifestations in this dermatitis supposes a clinical challenge for dermatologists. Frequent forms of presentation include excoriations, blisters, ulcers, burns, hematomas and panniculitis among others. This is why, clinical suspicion is the basis to achieve the correct diagnosis. Location of lesions on sites that are readily accessible to the patient with a geometrical pattern can be key diagnostic clues. The correct diagnosis of this entity will avoid unnecessary therapeutic attitudes and help to recognize other commonly related psychiatric conditions.

PP38

HOW DERMATOLOGISTS ARE AFFECTED WHEN TREATING PATIENTS WITH DELUSIONAL INFESTATION (DI)?

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Patients with delusional infestation (DI) usually deny referral to psychiatrist and seek help from dermatologists. Psychiatrists are at high risk of being stalked. Objectives of our study were to assess the number of dermatologists who treat patients with DI and their approach, and to evaluate the prevalence and nature of complaints and/or stalking to dermatologists. A 10-item questionnaire was sent to dermatologists – members of Psychodermatology UK Society and European Academy of Dermatology and Psychiatry. We had 44 respondents. Mean number of patients seen by physician yearly is 11.68. Fourteen dermatologists manage psychodermatological patients, while 8 refer them to a psychodermatology clinic and 22 to a psychiatrist. Mean consultation time is 37.67. Seventy-five percent admitted feeling stressed when dealing with DI patients. Sixteen (36.36%) had complaints about misdiagnosis and/or wrong diagnostic tests with 6 of the complaints being escalated to local clinical governance team/chief executive and 3 to GMC. Finally, 5 colleagues were verbally abused and/or threatened of defamation. This study was the first to evaluate the prevalence and nature of complaints among dermatologists, who manage patients with psycho-cutaneous diseases. Dermatologists and their regulatory bodies need to be aware of the specific personal and litigious risks to themselves of dealing with DI patients.

PP39

TRICHOTEMNOMANIA: A NEED FOR HOLISTIC PSYCHODERMATOLOGICAL CARE – CASE STUDY

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A 16-year-old girl was admitted to the Dermatology Department with a bizarre pattern of scalp hair loss that started at night before admission. A close dermatological examination revealed patches of incomplete alopecia and shorter hair in the frontoparietal and parietotemporal area, without inflammation, desquamation and scaring. Hairs were of variable length – from 1 to 3 cm. The hair pull test was negative. On microscopic examination all infundibula were filled with a hair shaft and showed cut surfaces. A diagnosis of trichotemnomania was established. The patient denied compulsive habit of cutting and shaving her scalp hair and denied discussing her problems and feelings. Her past medical history revealed self-harm (reported by her mother). Trichotemnomania is a rare obsessive-compulsive disorder that should be distinguished from trichotillomania. It is a psychiatric problem, however many patients are first presented to a dermatologist. Therefore psychodermatological approach to this issue and cooperation of the interdisciplinary team (dermatologists, psychiatrists and psychotherapists) is of utmost importance. The patient is under further evaluation at the psychodermatological team.

PP40

EXTRAPYRAMIDAL SYMPTOMS AS ADVERSE EVENT OF RISPERIDONE IN A PATIENT WITH DELUSIONAL INFESTATION

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A 69-year-old Caucasian female presented in our psychodermatology clinic due to her belief of being infested with mites. Her past medical history was unremarkable. Full laboratory and scanning investigations were normal. She was diagnosed with delusional infestation and she was started on risperidone 1 mg daily and Chlorhexidine Hydrochloride 0.1% topically. Over a 5-year period, her risperidone was progressively increased till the dose of 3mg,resulting in the complete resolution of the symptoms. After a tapering dose regime, medication was ceased and the patient was discharged. After two years the symptoms recurred and the patient was re-started on risperidone 1 mg. Nevertheless, a tremor as well as slurred speech were noticed after 3 months of treatment. Brain scanning was negative. She was further referred to neurologists who excluded other organic causes. Therefore, extrapyramidal symptoms were attributed to risperidone, which was stopped, resulting in their significant improvement only with some residual akathisia remaining. The patient was finally switched to quetiapine, which improved her delusional symptoms. Risperidone has been widely used in the treatment of delusional infestation. Despite its effectiveness, physicians should be alert of potent adverse events like extrapyramidal symptoms, which resolve after its cessation. A multidisciplinary management is crucial.

PP41

A CASE OF FOLIE À DEUX: SAFEGUARDING ISSUES?

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A 57-year-old Caucasian female presented to our clinic due to her belief that fibres were coming out of her skin. Her only medical history included a road traffic accident resulting in chronic back pain. Blood, urine and microbiological investigations were negative. She was diagnosed with Morgellons disease and was started on risperidone. She was also accompanied to clinic appointments with her 23-year-old son, who was profoundly deaf, autistic, with cortico-visual impairment, had also developed Morgellons. She believed that her son developed the condition as a young child and she described symptoms of infestation in her son's skin on his behalf, as he was not able to talk and communicate. He was taken into care due to his needs as a young child. She also identified dietary factors as a causative factor and wanted them removed from her son's diet. Her son only had seborrhoeic dermatitis on clinical examination. We present an interesting case of folie à deux, in which the delusional beliefs of the mother have been projected onto her son. Issues of safeguarding children and later vulnerable adults are raised in such cases, suggesting the crucial role of the physician in maintaining patient safety.

PP42

LONG STANDING DERMATITIS ARTEFACTA (DA) MASQUERADING AS PYODERMA GANGRENOSUM: A CASE-REPORT

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A 58-year-old Caucasian woman was referred to our clinic due to a 40-year history of ulcer on her left forearm, accompanied by severe pain. Her past medical history included oesophagus Barrett, epilepsy and bowel symptoms under investigation by gastroenterologists. 40 years ago she had septic paronychia of the left forefinger, which was finally treated with amputation. On clinical examination, a very large ulcer covering most of the left forearm with a few satellite lesions was present. Edges were purplish suggesting pyoderma gangrenosum. Skin swab, blood investigations, including autoimmune profile and vasculitis serology, and scanning were unremarkable. Furthermore, the patient appeared to be severely depressed with suicidal ideation. Biopsy revealed non-specific inflammatory features and ulceration, indicating the diagnosis of dermatitis artefacta (DA). Urgent psychiatric assessment was performed and she was started on citalopram. Daily change of dressings with silver was initiated, management of pain was arranged by the pain team and further assessment by orthopaedic surgeons was proposed. This is an interesting case report suggesting that DA should always be considered in the differential of chronic ulcers. Most patients with DA present with psychological and psychiatric comorbidities and treatment can be challenging.

PP43

MORGELLONS DISEASE, A REPORT OF A CASE

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A 68-year-old woman with history of pemphigus foliaceus for 3 years had taken micofenolate mofetil and ebastine, with good clinical response. She was remitted to the Dermatology Department for a 6-month history of multiple self-inflicted cutaneous lesions on the surface of both arms. The patient insisted she had multiple intradermal foreign bodies, and tried to extract them by mechanical manipulation. Finally, she was diagnosed of possible Morgellons disease. Morgellons disease is considered as a delusional infestation; where patient complaints of multiple fibers or fiber-like material coming out of the skin, with associated pruritic or pain sensation. Frequent forms of cutaneous presentation include excoriations, ulcerations and blisters, among others. Moreover, extracutaneous manifestations as fatigue, muscular and joint pain or anxiety disorders have been reported. The knowledge of this entity by dermatologist and psychiatrists will avoid unnecessary therapeutic attitudes, allowing an early diagnosis and treatment of this condition.

PP44

WHY IS THE INDIAN DERMATOLOGIST RELUCTANT TO ACKNOWLEDGE THE MAGNITUDE OF PSYCHODERMATOLOGY?

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Psychoneurocutaneous diagnoses are an important part of the dermatological practice. Though the specialty has been recognized world-wide, it is yet to receive adequate recognition in India. This apathy also often translates in clinical practice. For example, Indian dermatologists talk about physical and clinical details are willing to treat patients with steroid, immunomodulators, and biologics. However, they do not enquire about emotional state of the individual, relationship with family members, temperament, financial liabilities, sleep disturbances, or appetite and bowel movements. This may be due to: 1) Limited knowledge about psychoneurocutaneous diseases or conviction of the relation between stress and dermatology; 2) No training to elicit psychological history; 3) Not comfortable in prescribing psychotropic medications; and 4) Limited monetary benefits. This often results in inadequate diagnosis and management of dermatological cases.

Thus, the International Psychocutaenous Society should identify interested Dermatologists to start an India chapter. A newsletter called "Psychological Truths" is being circulated to the dermatologists in India. An online survey among Indian Dermatologists is planned to assess the numbers practicing the bio-psycho-social model while taking the history and subsequently counseling and prescribing psychotropic drugs.

PP45

LAUGHTER AS A DIAGNOSTIC MEASURE OF PSORIASIS SEVERITY

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Laughter has been studied for its beneficial effects on health and as a therapeutic method to prevent and treat medical conditions. We explore the predictive potential of laughter as a psoriasis severity diagnostic tool. In this study, the dermatologist first examines the patient and registers the PASI and BSA scores. Then patients complete the DLQI and EQ-5D-3L (quality of life), as well as the HADS (anxiety and depression) and the NEO PI-R (personality traits). Finally, the laughs of 30 patients with plaque psoriasis (15 mild cases and 15 moderate to severe cases), and 30 healthy controls will be registered. To do this, patients and accompanying health controls (in pairs), watch a 15-minute video with humorous sketches. Each has a microphone, which records the laughter. The processing of the laughter will be done in Matlab, with calculation of 8 variables per laugh plosive. General and discriminant analysis will be done to distinguish between patients, controls, sex and the association between laughter and the other quality of live and psychological measures used. Our hypothesis is that people with psoriasis will laugh less than the healthy controls, and that the more severe the psoriasis, the less they will laugh.

PP46

THE PSYCHOSOCIAL BURDEN OF HIDRADENITIS SUPPURATIVA: THE PATIENTS' PERSPECTIVES

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We designed a qualitative study to interview 12 patients with Hidradenitis Suppurativa. This was done by means of a semi-structured interview. Questions on quality of life, the impact of their skin disease on family, friends, work, intimate relationships, treatments, etc. were asked. Patients consented to be interviewed and to be video taped to facilitate the transcription of the interviews. The interviews lasted between 30 and 60 minutes and were carried out by a psychologist and a social worker. The dermatologist had previously seen the patients and filled in a form with the Hurley Stage, years of evolution and treatment. The interviews were transcribed and analyzed. A total of 96 codes were identified, grouped into 9 categories. Finally, 6 main areas, which affect patients with HS, were identified: economic, work, personal/intimate, psychosocial, medical, and social interaction. These patients often feel isolated and stigmatized, they suffer in silence and their suffering is usually invisible to others. The analysis of these interviews will be presented more fully.

PP47

PSYCHOSOMATIC ASPECTS IN PATIENTS WITH ROSACEA-ASSOCIATED DERMATOSES

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Mental disorders (nosogenic reactions) in patients with chronic facial dermatoses – rosacea and perioral dermatitis – were studied. It was found that depressive reactions prevailed in both groups (56.8% – rosacea and 43.2% – perioral dermatitis), represented by depressions of mild and moderate severity. The severity of depression symptoms correlated with the activity of the inflammatory process and affected area of the skin. It was shown that significant differences between patients with rosacea were sensitive reactions, the severity of which corresponded to the severity of dermatosis. For anxiety and depression, to the foreground were concerns about the outcome of the disease, coupled with a sense of hopelessness, the fear of lifelong ugliness. Such conditions develop in young women with early onset of persistent dermatosis, with a large area of damage (over 50%). Among the manifestations of hypochondriacal depression, fixation on bodily sensations dominates even with minimal skin symptoms. In the fading activity of the skin process is the reduction of depressive symptoms. In patients with seborrheic dermatitis, socio-phobic reactions in the form of hypochondria dominated with a variety of subjective complaints not associated with objective clinical symptoms. Nosogenic reactions in patients with facial dermatosis exacerbate their course and in most cases require psychopharmacological correction.

PP48

COMPARISON OF THE IMPACT OF HIDRADENITIS SUPPURATIVA ON QUALITY OF LIFE WITH OTHER CHRONIC CONDITIONS USING THE SF-36

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Hidradenitis suppurativa (HS), also known as acne inversa, is a chronic, inflammatory skin disease which may have a strong impact on patients' quality of life (QoL). The aim of this study was to compare the QoL in patients with HS to that of patients with other chronic conditions, using the SF-36, a generic indicator of health status for use in population surveys and evaluative studies of health policy. It has 36 items and 8 scales. The results obtained for HS were compared with normative scores for patients with hypertension, congestive heart failure (CHF), type II diabetes, recent acute myocardial infarction, and with a population of patients with psoriasis. We collected data on 56 patients with HS. SF-36 scores were the lowest (indicating a worse QoL) in patients with HS for the Body Pain, Social Functioning, Role-Emotional, and Mental Health scale (36.3, 50.9, 43.1 and 51.0, respectively). They were slightly higher than the worst condition (i.e., CHF) in the General Health and Vitality scales (50.8 and 45.5), and similar to (but always lower than) all the other conditions in the Physical Functioning scale. HS poses a significant burden on patients' life, often higher than other chronic conditions.

PP49

RELATIONSHIPS BETWEEN PSYCHIATRIC CONDITIONS AND DIFFERENT TYPES OF HAIR LOSS

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Background: Hair loss is common in dermatology and can be associated with psychiatric and personality disorders. *Objective:* Analysis of psychiatric comorbidity (anxiety, depression) and personality disorders in patients with hair loss. *Methods:* Patients ($n=118$; 97 female, mean age 36.6±13.4) were diagnosed with androgenic alopecia (AGA, $n=44$), diffuse telogen effluvium (TE, $n=37$), alopecia areata (AA, $n=28$) and cicatricial alopecias (CA, $n=9$). Depression and anxiety were screened with the Hospital Anxiety and Depression Scale (HADS); assessment of personality disorder (PD) – with SCID-II. *Results:* HADS measured anxiety was higher (6.4±4.0 points) then depression (4.8±2.9 points, $p<0.05$). Anxiety was more prominent in AA (7.1±3.4 points) compared to AGA (6.1±3.8 points, n.s.), TE (6.1±4.3 points, n.s.) and CA (6.0±5.3 points, n.s.). In general anxiety was detected in 34.7% cases (16.9% subclinical, 17.8% clinical), depression – in 16.1% cases (12.7% subclinical, 3.4% clinical). SCID-II PD were detected in 86.4% cases. The most common PD was obsessive-compulsive (21.2%), followed by borderline (12.7%), narcissistic (11.9%), avoidant (8.5%), paranoid (7.6%), schizoid (5.1%), passive–aggressive (4.2%), histrionic (4.2%), antisocial (3.4%), schizotypal (3.4%), depressive (2.5%), dependent (1.7%). *Conclusions:* Anxious symptoms seem to predominate in patients with different types of hair loss. Personality disorders are common among them, especially OC.

PP50

DELUSIONAL PARASITOSIS – A MYSTERIOUS PROBLEM OF PSYCHODERMATOLOGY

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Introduction: The association between psyche and skin is multidimensional. One of the most peculiar psychodermatosis is delusional parasitosis (DP) in which patients are falsely convinced that their skin is infested with various parasites. *Objective:* To analyse clinical features of DP patients hospitalized in the Department of Dermatology, Venereology and Allergology, Wroclaw Medical University, Poland. *Material and Methods:* We performed a retrospective analysis of DP patients treated in our Department between 1997 and 2017. We obtained data regarding 15 consecutive patients which were subjected for further analysis. *Results:* The mean age of included patients was 65.2±13.8 years (range 41–89 years) and the male:female ratio 1:6.5. The first symptoms of DP occurred at the age of 63.7±14.3 years. Patients described the suspected organisms as parasites (40%), worms (40%), flies (15%), spiders (13.3%), and bacteria (6.7%). The specimen sign was present in 26.7%. Two patients (a married couple) presented induced delusional disorder. Microscopic examinations excluded the presence of parasites. Psychiatric consultation was performed in each patient. Treatment regimens included risperidone (66.7% of patients), haloperidole (6.7%), haloperidole with paroxetine (6.7%), promazine (6.7%) and chlorprotixen (6.7%). Follow-up visit was only attended by 40% of patients. *Conlusions:* DP mostly affects females in their seventh decade of life. Treatment modalities are based on antipsychotics, especially risperidone. Cooperation between dermatologists and psychiatrists warrants proper diagnostic and therapeutic approach to those patients.

PP51

WALK OF SKIN

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The dermatology department's Skin Workshop Team at Brest University Hospital introduces its new therapeutic tool aimed at children and teenagers suffering from atopic dermatitis. "Walk of Skin" is a boardgame designed to help them take care of their skin through different landscapes and seasons. Players will learn about their condition and how to work around it, as they find answers along their path and in the villages they cross. Each player selects a goal before the game begins and shares the solutions they have found with the other players once it is ended. This final role-playing allows players to communicate with each other and with the facilitators. There will be a presentation of the game board, deck of cards, characters and tools designed by the Team, as well as a step-by-step explanation of the game's rules that will outline its structure and general purpose.

PP52

DEREGULATION OF PROOPIOMELANOCORTIN (POMC) GENE EXPRESSION IN MALE ANDROGENETIC ALOPECIA

[5]

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Male androgenetic alopecia (AGA) is the most common form of hair loss in men and is characterized by a distinct pattern of progressive hair loss starting from the frontal area and the vertex of the scalp, with a prevalence increasing with age. Although several genetic risk loci have been identified, the full mechanism of hair growth impairment in this disorder remains to be elucidated. We aimed to identify molecular biomarkers associated with AGA through whole-genome transcriptomic analyses of scalp biopsies from AGA subjects. Two groups of 18–35 years old caucasian volunteers were included in this monocentric study: group A: 14 hairless/bald participants (alopecia, "A"; age: 29.4±3.4), with premature AGA, with stage V to VII according to the Hamilton's classification as modified by Norwood; – group C: 14 control subjects (age: 26.1±3.6) (<2% white hairs, with I-II stage). Two scalp biopsies (2 mm diameter each) were carried out on the vertex, either at the edges of alopecia area in the group A subjects, or at a similar emplacement for the control group. Gene expression analysis of human skin biopsies was performed using Agilent Whole Human Genome Oligo Microarrays. Gene expression profile differences between A and C groups were evaluated by pair comparison using a discriminant analysis and functional annotation. Among the numerous genes altered in alopecia group vs controls, the transcriptomic analysis reveals a significant downregulation of genes involved in stem cell development as well as pro-opiomelanocortin (POMC) in particular. POMC is the precursor of ACTH and MSH, two peptides involved in the local activation of hair growth and response to neuromediators. One of the highest downregulated gene expression in group A was VGF, an inducible member of the Nerve Growth Factor family that might also contribute to POMC downregulation. Validated by microfluidic qPCR and immunochemistry, our results indicate that alteration of POMC synthesis affects Wnt/βcatenin signaling pathway and contributes to alopecia. These two pathways might be potential therapeutic targets in hair loss in young subjects.