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- The International Forum for the Study of Itch

ABSTRACTBOOK

**18th Congress of the
European Society for
Dermatology and Psychiatry
20–22 June 2019,
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ACTA DERMATO-VENEREOLOGICA

The journal was founded in 1920 by Professor Johan Almkvist. Since 1969 ownership has been vested in the Society for Publication of Acta Dermato-Venereologica, a non-profit organization. Since 2006 the journal is published online, independently without a commercial publisher. (For further information please see the journal's website <https://www.medicaljournals.se/acta>)

ActaDV is a journal for clinical and experimental research in the field of dermatology and venereology and publishes high-quality papers in English dealing with new observations on basic dermatological and venereological research, as well as clinical investigations. Each volume also features a number of review articles in special areas, as well as Correspondence to the Editor to stimulate debate. New books are also reviewed. The journal has rapid publication times.

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Abstracts from the 18th Congress of the European Society for Dermatology and Psychiatry



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Thursday June 20, 2019

11.00–13.00: ESDaP executive committee

13.00: **Opening of the Congress****Itch (K01 and OP1–OP3)**13.20–14.00: *Gil Yosipovitch*: Treatment of chronic itch (K01)14.30–14.50: *Sonja Ständer*: Impairment of quality of life in chronic pruritus (OP1)14.50–15.10: *Elke Weisshaar*: Pruritus in elderly patients (OP2)15.10–15.30: *Andrea Evers*: Conditioning of Itch (OP3)

15.30–15.45: Herman Musaph Awards Ceremony

15.45–16.00: *Agneta Andersson*: “Acta Dermato-Venereologica”**Stigmatization (OP4–OP6)**16.30–17.00: *Jan Häusser*: Stigmatization – a social-psychological perspective (OP4)17.00–17.30: *Christoph Mulert*: Stigmatization – the Psychiatric perspective (OP5)17.30–18.00: *Florence Dalgard and Joerg Kupfer*: Stigmatization in patients with skin diseases across Europe (OP6)18.00–20.00: **Come together****Friday June 21, 2019****Free communications: Group I (FC1–FC9)**09.00–09.10: *David López Valencia*: Prevalence, incidence, clinical manifestations and variables associated with head lice infestation in preschool children of a low-income area from Popayán, Colombia (FC1)09.10–09.20: *S. Spillekom-van Koulil*: Long-term effects of propranolol on development, growth and psychological functioning in children treated for infantile hemangioma (FC2)09.20–09.30: *Emadodin Darchini-Maragheh*: Quality of life, anxiety and depression in children with cutaneous leishmaniasis: major concerns or not? (FC3)09.30–09.40: *Caroline F. Zimmermann*: Skin disease implications for self-image development in adolescence and young adulthood (FC4)09.40–09.50: *Christian Krüger*: Stigmatisation in vitiligo and combating strategies (FC5)09.50–10.00: *Mahdi Razmara*: Evaluation and comparison of personality traits and emotional intelligence in patients with genital warts and healthy controls (FC6)10.00–10.10: *Ece Uğurer*: Loneliness, internalized stigmatization and life satisfaction in psoriasis (FC7)10.10–10.20: *Barbara Schuster*: Exploring happiness in patients with chronic skin diseases (FC8)10.20–10.30: *Hanna Reich*: Buffer effect of social support on skin complaints: Findings from a representative survey (FC9)**Free communications: Group II (FC10–FC17)**09.00–09.10: *Stefanie Meeuwis*: Can placebo and nocebo effects occur when people know about it? Effects of open- and closed-label verbal suggestions regarding a sham transdermal caffeine patch on itch (FC10)09.10–09.20: *Abdul Latheef.E.N.*: Hypnotherapy – a highly useful underexplored psychotherapeutic technique in Dermatology (FC11)09.20–09.30: *Radomir Reszke*: Delusional infestation in a clinical dermatology setting: a 20 years of experience (FC12)09.30–09.40: *Ulla Schmid*: Skin diseases: A question of boundaries? (FC13)09.40–09.50: *Maria-Angeliki Gkini*: Burnout in psychodermatology: results from a European survey (FC14)09.50–10.00: *Pranaya Bagde*: Perceived stress in patients with hair loss (FC15)10.00–10.10: *Bishurul Hafiz*: Willingness to receive hair transplantation and its association with body dysmorphic disorder (FC16)10.10–10.20: *Anna Michenko*: Symptomatic melanocytic lesions: when it is not about oncology (FC17)10.45–12.15: **Coffee break and Guided poster sessions (A1–A17, B1–B17)**12.15–13.00: **Mentoring lunch****Psychotherapy (K02)**14.00–14.40: *Andrew Thompson*: Addressing the psychological needs of people living with skin conditions: What works, what is available and what we need to do (K02)**Parallel symposia: Psychoneuroimmunology (PS1–PS4) ROOM: H1**15.00–15.30: *Christos Zouboulis*: Neuroendocrinology of acne vulgaris (PS1)15.30–16.00: *Eva Peters*: Hair: a target and mirror of stress responses going awry (PS2)16.00–16.15: *Georgia Lada*: From Hippocrates to cytokines and the Vietnam war: An emotional history of psoriasis (PS3)16.15–16.30: *Michael Schock*: Proof of efficacy of the structured education in patients with atopic dermatitis concept ARNE in a randomized controlled mono-centric repetition study (PS4)

Parallel symposia: Psychosomatic aspects of skin diseases (PS5–PS10) ROOM: 309

- 15.00–15.15: *Iara Yoshinaga*: The skin we ate and the skin we feel: skin - symbol - consciousness (PS5)
 15.15–15.30: *Laurent Misery*: Psychological consequences of the most common dermatoses: data from the Objectifs Peau study (PS6)
 15.30–15.45: *Dmitry Romanov*: In hair loss quality of life is influenced by anxiety and personality (PS7)
 15.45–16.00: *Johannes Kjeldstrup Kristensen*: Association of primary hyperhidrosis with depression and anxiety: a systematic review (PS8)
 16.00–16.15: *Ram Malkani*: Psychological profile of patients presenting with dermatological complaints: A cross-sectional study (PS9)
 16.15–16.30: *Francesca Sampogna*: Alexithymia, psychological distress and social impairment in patients with hidradenitis suppurativa (PS10)

Parallel symposia: Psychiatric aspects of skin diseases (PS11–PS15) ROOM: H1

- 17.00–17.18: *Francisco Tausk*: Revisiting the art of treating delusions (PS11)
 17.18–17.36: *Amelia Glowaczewska*: Indirect self-destructiveness in patients with hidradenitis suppurativa (PS12)
 17.36–17.54: *Polina Iuzbashian*: Burning mouths syndrome and comorbid mental disorders (PS13)
 17.54–18.12: *Vera Leibovici*: Is acne excoriee a subclinical form of excoriation (skin picking) disorder? (PS14)
 18.12–18.30: *Anna Michenko*: Gardner-Diamond Syndrome: a new case of psychogenically induced autoerythrocytic sensitization (PS15)

Parallel symposia: Psychological aspects of itch (PS16–PS18) ROOM: tba

- 17.00–17.15: *Jörg Kupfer, Elke Weisshaar*: Introduction
 17.15–17.35: *Laurent Misery*: The self-assessed psychological comorbidities of prurigo in Europe: data from the ESDaP study (PS16)
 17.35–17.55: *Gudrun Schneider*: Traumatic life experiences and impulsiveness in patients with chronic pruritus and chronic prurigo - a case control study (PS17)
 17.50–18.10: *Antoinette I.M. van Laarhoven*: Can Attention Bias Modification (ABM) training modify attention towards visual itch stimuli in healthy individuals? (PS18)

Parallel symposia: Quality of life and skin diseases (PS19–PS23) ROOM: 309

- 17.00–17.18: *Katarzyna Włodarek*: Quality of life impairment in hidradenitis suppurativa patients' partners (PS19)
 17.18–17.36: *Robert Ofenloch*: Interpretation of the Quality of Life in Hand Eczema Questionnaire (QOLHEQ) (PS20)
 17.36–17.54: *Igor Dorozhenok*: Mental disorders provoked by vitiligo (PS21)
 17.54–18.12: *Jacek C. Szepietowski*: Epidemic of superficial dermatophytosis in India and its impact on quality of life of afflicted patients (PS22)
 18.12–18.30: *Francesca Sampogna*: Comparison of quality of life between melanoma and non-melanoma skin cancer patients (PS23)
 19.00–23.00: *Social evening at Mathematikum with flying buffet*

Saturday June 22, 2017

9.30–12.00: *Special event*

Patient education and e-health (K03)

- 13.00–13.40: *Uwe Gielert*: Patient education and e-health for patients with skin diseases (K03)

Parallel symposia: Psychotherapy with skin patients (PS24–PS29) ROOM: H1

- 14.00–14.15: *Mohammad Jafferany*: Psychotherapeutic interventions in skin picking disorder (PS24)
 14.15–14.30: *Noemi Wahrhaftig*: Trauma, helplessness and memory: The psychoanalytic psychosomatic listening in the dermatological clinic (PS25)
 14.30–14.45: *Francoise Poot*: The ESDaP Diploma in Psychodermatology (PS26)
 14.45–15.00: *Rachael Hewitt and Christine Bundy*: Development and evaluation of the PsoWell™ approach for the management of people with complex psoriasis (PS27)
 15.00–15.15: *Ossama Osman*: Surveying dermatologists in the Middle East for the practice psychodermatology (PS28)
 15.15–15.30: *Yak Mee Wong*: The treatment of delusionality (PS29)

Parallel symposia: APD-symposium (PS30–PS34) ROOM: 309

- 14.00–14.24: *Christina Schut*: Urticaria – if no cause is known, stress is high (PS30)
 14.24–14.48: *Jochen Wehrmann*: Psoriasis is a strain (PS31)
 14.48–15.12: *Elke Winter*: Patient education in children with atopic dermatitis, report from practitioners (PS32)
 15.12–15.36: *Eva Peters*: Psychoneuroimmunology of Skin Cancer (PS33)
 15.36–16.00: *Christian Stierle*: Body dysmorphic disorder (PS34)

LIST OF POSTERS

- A1:** Can oxytocin enhance placebo effects in itch and pain? A. Skvortsova, D. Veldhuijzen, H. van Middendorp, O. van den Bergh, A. Evers
- A2:** Can placebo effects be learned for histamine-induced itch? Conditioning the effects of antihistamines. S. Meeuwis, H. van Middendorp, G. Pacheco-Lopez, M. Ninaber, A. Lavrijsen, N. van der Wee, D. Veldhuijzen, A. Evers
- A3:** Do healthy individuals prioritize itch- and pain stimuli? S.R. Vrejiling, J.M. Becker, J.J.J. Giesbers, S. Dobbings, A. Evers, D.W.S. Veldhuijzen, A.I.M. van Laarhoven
- A4:** Representative surveys show an increase in the report of 12 common skin complaints from 1998 to 2015. H. Reich, E. Brähler, U. Gieler, J. Kupfer
- A5:** Cowhage induced itch and its association with personality in patients with chronic itch. C. Schut, Z. Lambertz, L. Meier-Naust, U. Gieler, J. Kupfer
- A6:** Severity of itch of children with atopic dermatitis influence on psychosocial functioning of their mothers. A. Kobusiewicz, B. Tarkowski, K. Klatka, A. Kaszuba, A. Lesiak, J. Narbutt, A. Zalewska-Janowska
- A7:** Amplified itch in patient with lymphoplasia of the face. S. Bobko, A. Lvov, D.y Romanov
- A8:** Quality of Life impairment in psoriasis patients in Nepal. R. Tripathi, R. Shrestha, B.M.M Kayastha
- A9:** Affective Temperament Characteristics and Attachment Styles of Psoriasis Patients: A novel perspective in a disabling disease. İ.K. Altunay, K. Salaeva, E. Uğur, Ç. Aydın, E. Özkur
- A10:** Psoriasis and mental health – a focus on addictions in psoriasis. Maximilian Schielein, Linda Tizek, Tilo Biedermann, Alexander Zink
- A11:** Psycho-emotional factors in exacerbation of psoriasis. Y. Kutasevych, I. Oliinyk, V. Matiushenko
- A12:** Clinical features of guttate psoriasis in children. E. Kasikhina
- A13:** Hairloss and stigmatization: a systematic review. M. Schielein, L. Tizek, R. Sommer, M. Augustin, T. Biedermann, A. Zink
- A14:** Body dysmorphic disorder in patients with androgenetic alopecia. P. Bagde
- A15:** Evaluation of Generalize Anxiety disorder according to GAD-7 questionnaire in vitiligo patients under treatment with phototherapy. N. Emad, L. Dastgheib
- A16:** Social media use and vitiligo. C. Krüger, K.U. Schallreuter
- A17:** Psychological findings among individuals seeking minimally invasive cosmetic procedures. E. Özkur, İ.K. Altunay, G. Şekerlisoy, Ç. Aydın
- B1:** Severe pediculosis capitis in a preschool girl. First reported case in Colombia. A.M. Ortega, D.L. Valencia, D.H. Samboni, R.V. Arteaga
- B2:** Prevalence and variables associated with pediculosis capitis in kindergarten children from Popayán, Colombia. A.M. Ortega, D.L. Valencia, R.V. Arteaga
- B3:** Case report of self-inflicted lesions in child with schizophrenia. M. Makmatov-Rys, N. Buromskaya, P. Zaytsev
- B4:** Effectiveness of narrative group psychotherapy on behavioural problems and self-esteem of 9–12 year-old children: clinical trial with control group. A. Mani, M. Moridi
- B5:** Clinical features of the course of pityriasis lichenoides in children. E. Shackaya
- B6:** Cognitive behavioral lifestyle program as an adjuvant therapy in Acne excoriée. E. Darchini-Maragheh, V. Mashayekhi, A. Moradi, M. Saeidi, M. Razmara
- B7:** Palliative psycho-dermatology: science and experience. B. Hafif, U. NA, A. Husain, A. Latheef
- B8:** Indian experience of 10 years Psychodermatology practice. A. Latheef.E.N
- B9:** Assessing the Patient-Physician Trust and Relationship in a specialist psychodermatology clinic: our experience with 37 patients. P-Z. Stavrou, M-A. Gkini, R. Taylor, A. Bewley
- B10:** Experience of complex therapy of acne excoriée. A. Igoshina, A. Michenko, A. Lvov, M. Korniyat, N. Frigo
- B11:** Emotional differentiation in dermatologic patients compared to healthy control (preliminary results). I. Pluzhnikov, E. Parfenov, O. Mitina, A. Michenko, A. Lvov, I. Vakhitova, D. Romanov, E. Parfenova
- B12:** Clinical typology of nosogenic mental disorders by chronic dermatoses. Igor Dorozhenok
- B13:** Investigating motivational factors of skin lightening phenomenon and related psychological and image-related disturbances. A. Al-Sarraf, A. Bewley, D. Naughton, O. Corazza
- B14:** Dermatological manifestations in heroin and bonsai use disorder. İ.K. Altunay, Y. Can, S. Mercan, E. Özkur, G. Şekerlisoy
- B15:** Hidradenitis suppurativa: incidence, clinical features and concomitant conditions. E. Kasikhina, K. Borodulina
- B16:** Assessment of patients' quality of life taking combined regimens of rosacea medium-severe and severe. E. Hlystova, S. Bobko, A. Dmitrieva
- B17:** Mental disorders and neurosyphilis. M. Gomberg, D. Temnikov, V. Temnikova
- P1:** Application of the diagnostic criteria for “functional itch disorder” or “psychogenic pruritus” in a large consecutive sample of patients with chronic pruritus. G. Schneider, A.K. Grebe, P. Bruland, G. Heuft, S. Ständer
- P2:** Alexithymia in patients with hidradenitis suppurativa. A. Glowaczewska, J.C. Szepletowski, L. Matusiak
- P3:** A KAP study of pharmacists to the prescription of psychotropic drugs by dermatologists in Mumbai, India. R. Malkani, K. Parekh, M. Singh Setia
- P4:** Global Research on the Impact of Dermatological Diseases (GRIDD). M. Augustin, C. Bundy, R. Pattinson N. Trialonis-Suthakharan, C. Janus, J. Austin
- P5:** The impact of hidradenitis suppurativa on physical and mental health is higher than that of some relevant non-dermatological chronic conditions. F. Sampogna, L. Fania, C. Mazzanti, S. Pallotta, A. Panebianco, S. Mastroeni, B. Didona, D. Abeni
- P6:** The broad-spectrum impact of hidradenitis suppurativa on quality of life: a comparison with psoriasis. F. Sampogna, L. Fania, C. Mazzanti, A. Caggiati, S. Pallotta, A. Panebianco, S. Mastroeni, B. Didona, G. Pintori, D. Abeni
- P7:** Depression screening in patients with Basal Cell Carcinoma. I. Chlebicka, A. Stefaniak, L. Gojny, J.C. Szepletowski
- P8:** Psychogenically triggered evanescent dermatoses: ‘a novel disease’? A. Smulevich, A. Lvov, P. Iuzbashian, D. Romanov
- P9:** Skin pain and psoriasis. L. Misery, J. Shourick, C. Taieb
- P10:** Pain in atopic dermatitis. L. Misery, F. Huet, J. Schourick, S. Séité, C.Taieb
- P11:** Morgellon's disease or delusional parasitosis? A. Otleska, P. Pacan, J.C. Szepletowski
- P12:** Does stress matter in early-stage cancer? An observational study in malignant melanoma patients. E. Peters, S. Foth, P. Madeo, M. Schock, T. Jakob, U. Gieler, M. Rose, S. Philipp, A. Bender, J. Kruse
- P13:** Stigmatization experience of people with psoriasis. A qualitative analysis from the point of view of affected persons, relatives and health care professionals (HCPs). R. von Spreckelsen, R. Sommer, U. Mrowietz
- P14:** Quality of life in hidradenitis suppurativa: Psychometric properties of HSQoL-24. S.E. Marron, A.M. Palma-Ruiz, P.A. Cerro-Muñoz, A.M. Morales-Callaghan, E. Simal-Gil, Y. Gilaberte-Calzada, F.J. Garcia-L. de Aranibar, V.M. Alcalde-Herrero, M.V. Fuentelsaz del Barrio, T. Gracia-Cazaña, L. Tomas-Aragones
- P15:** Efficacy, safety and patient reported outcomes (PROs) in adult patients with atopic dermatitis treated with Dupilumab at week-52 in usual clinical practice. S.E. Marron, V.M. Alcalde-Herrero, F.J. Garcia-Latasa de Aranibar, C.A. Moncin-Torres, M.V. Fuentelsaz del Barrio, M. Alvarez-Salafraña, L. Tomas-Aragones
- P16:** Psychosocial burden in adult patients with atopic dermatitis. S.E. Marron, P.A. Cerro-Muñoz, A.M. Palma-Ruiz, E. Simal-Gil, M. Sanchez-Hernandez, A.M. Morales-Callaghan, N. Porta-Aznarez, Y. Gilaberte-Calzada, V.M. Alcalde-Herrero, F.J. Garcia-Latasa de Aranibar, L. Tomas-Aragones
- P17:** Autoimmune blistering diseases and depression. Interdisciplinary work between two governmental hospitals in Buenos Aires City,

Argentina. E. Malatesta, K. Malvido, M. Suarez Holze, M. Label, C. Dickson, M. Di Milia, L. Golberg, V. Trotta

P18: Liaison psychiatry and dermatology: differential diagnosis in a case of livedoid vasculopathy with self-inflicted lesions. A. Miranda Sivelo, S. Gadea Del Castillo, D. Herrero Escudero, D. Sadía Cohen, S. Pérez Santos

P19: The psychological burden of skin diseases in Spain. S.E. Marron, P.A. Cerro-Muñoz, A.M. Palma-Ruiz, R. Garcia-Felipe, E. Simal-Gil, M. Sanchez-Hernandez, R. Martin-Marco, R. Baldellou-Lasierra, Y. Gilaberte-Calzada, S. Boira-Sarto, L. Tomas-Aragones

P20: Patient reported outcomes (PROs) in psoriasis patients. S.E. Marron,

P.A. Cerro-Muñoz, A.M. Palma-Ruiz, E. Simal-Gil, R. Garcia-Felipe, N. Porta-Aznarez, R. Martin-Marco, R. Baldellou-Lasierra, Y. Gilaberte-Calzada, V.M. Alcalde-Herrero, M. V. Fuentelsaz del Barrio, F.J. Garcia-Latasa de Aranibar, M. Alvarez-Salafranca, L. Tomas-Aragones

P21: Attachment styles in relation to patient diagnosis in psychodermatology. T. Tanev, D. Dimitrov, A. Bewley

P22: Evaluation of healthy lifestyle behaviors in psoriasis patients. İ.K. Altunay, F. Deniz, E. Özkur, A.A. Çerman, H.K. Erdoğan, I. Bulur

P23: Depression, hopelessness and suicidality in psoriasis patients. İ.K. Altunay, F. Deniz, S. Mercan

KEYNOTE LECTURES

K01**TREATMENT OF CHRONIC ITCH***Gil Yosipovitch**Phillip Frost Department of Dermatology and Cutaneous Surgery and the Miami Itch Center, USA*

Our growing understanding of mechanisms of chronic itch has significantly advanced in the last decade. The cross talk of nervous system and immune pathways enables us to identify new therapeutic strategies. This lecture will cover targeted topical and systemic therapies for different types of chronic itch that includes drugs targeting the neural system in the periphery such as topical drugs targeting TRP channels, Nav1.7, PDE4, and Systemic drugs such as gabapentinoids, Neurokinin 1 inhibitors and kappa opioids as well as systemic biologics such dupilumab, IL31 inhibitors and JAK/Stats. Our therapeutic armamentarium for treating chronic itch has expanded in the last five years with developments of topical and systemic treatments targeting the neural and immune systems in the skin, spinal cord and brain.

K02**ADDRESSING THE PSYCHOLOGICAL NEEDS OF PEOPLE LIVING WITH SKIN CONDITIONS: WHAT WORKS, WHAT IS AVAILABLE AND WHAT WE NEED TO DO***Andrew Thompson**Department of Psychology, University of Sheffield, UK*

Skin diseases can be associated with a high psychosocial burden. However, despite a significant number of international bodies and guidelines making the case for the need for psychological intervention, the availability of dedicated psychological services across Europe is generally poor. This invited talk will draw on a number of studies conducted by the author and other researchers in the field, to present firstly an overview of the types of psychosocial

presenting problems commonly found in patients living with skin conditions, before moving onto discuss the available interventions. The presentation will end with a call for further studies that can demonstrate the value that psychological interventions can add when provided alongside routine dermatology services.

K03**PATIENT EDUCATION AND E-HEALTH FOR PATIENTS WITH SKIN DISEASES***Uwe Giele^{1,2}**¹Department of Dermatology, University Clinic of Giessen, Germany, ²Department of Dermatology, Hamad Medical Corporation, Doha, Qatar*

After LeBovidge et al. (2017) “Effective patient and caregiver education about the disease and its management is a necessary and important component of Atopic dermatitis care”. Therapeutic patient education (TPE) is a patient-centered process that aims to transfer information and skills necessary to manage and cope with a disease from health care professionals to patients and caregivers. TPE programs for patients with AD and their caregivers are typically provided by multidisciplinary teams and utilize a number of different methods and tools to facilitate the transfer of knowledge and skills through both individual care and group-based educational sessions. TPE has been demonstrated to improve outcomes such as AD disease severity, treatment adherence, QOL, and coping with itch. In nearly all guidelines of atopic dermatitis education for patients are recommended and the present at least 10 randomized controlled studies showed a high evidence of efficacy. The possibilities to use E-learning systems for Atopic dermatitis patients increased in the past years. Despite the promising impacts of these technological interventions in the way patients consume educational materials, it looks like that they are not widely used. The ongoing discussion questioned the E-learning systems as Friend or foe?

ORAL PRESENTATIONS

ITCH

OP1

IMPAIRMENT OF QUALITY OF LIFE IN CHRONIC PRURITUS

Sonja Ständer

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Chronic pruritus (CP) is known to be the most common symptom in dermatology. One-third of dermatological patients worldwide are thought to be affected by it. Recent studies have found that its intensity is connected to an impaired mood, decreased social interactions and sleep disturbances. CP thus negatively impacts patients' health-related quality of life (HRQoL) what is well documented for pruritic skin conditions such as atopic dermatitis, psoriasis and urticaria. Despite not being itch-specific, the Dermatology Life Quality Index (DLQI) is a popular instrument used for documenting the HRQoL of dermatological patients with CP. Another instrument, the ItchyQoL, is a 22-item, pruritus-specific questionnaire designed to improve measurement of CP effects on the HRQoL of affected patients. Recently, the ItchyQoL was validated in seven European countries. Interestingly, lowest median and mean total ItchyQoL score was found in Russia and in Italy; the highest in Poland. Also pruritus duration, frequency, intensity differed between European centers and dermatological diagnoses. In addition, women tend to have higher DLQI and ItchyQoL total scores and subscale scores. In conclusion, the HRQoL is a critical parameter for consideration in the daily routine and clinical trials and should be considered for CP.

OP2

PRURITUS IN ELDERLY PATIENTS

Elke Weisshaar

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Chronic itch (CI) lasting for a minimum of six weeks is a frequent symptom in elderly people. It appears that the etiologies vary according to age. The Heidelberg Pruritus Prevalence Study showed that the risk of CI increased by two percent with each additional year of life and CI was twice as high in retired compared to working individuals. In elderly patients, systemic or mixed CI frequently occurs. Systemic etiologies comprise chronic renal insufficiency, hematological, hepatic or malignant diseases. The latter should always be ruled out. Xerosis cutis may occur in up to 69% of elderly people and may also contribute to CI. Precise diagnostics is necessary to evaluate the underlying etiology, to identify the best treatment available and to improve patients' care and patients' quality of life. A sudden onset of itch in the elderly is more likely to be caused by scabies, contact dermatitis or by a drug-induced reaction, whereas a slow beginning is rather caused by systemic disease or Xerosis cutis. A multimodal therapy is necessary including topical, systemic treatment as well as UV-phototherapy. With regard to the demographic situation in Western countries with increasing life expectancy CI is likely to become a great future challenge.

OP3

CONDITIONING OF ITCH

Andrea Evers

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Increasing evidence demonstrates the neurobiological underpinnings and relevance of psychological learning processes in itch

for dermatological conditions. For example, physical complaints, such as itch or pain, can be effectively altered by learning processes, particularly conditioning based on previous experience ("Itch already reduces when seeing the itch medication"). This phenomenon have been frequently described in research on placebo effects. The same is true for negative treatments effects which are induced by expectations of a possible unfavorable treatment outcome or side effects (also called nocebo effects). Learning mechanisms also play a role for immune functioning through pharmacological conditioning. In the presentation, results will be presented to demonstrate the evidence for learning processes of itch in both non-clinical and clinical samples as well as possible innovative treatment methods to alter conditioned itch responses. The results have direct implications for the treatment of dermatology patients. Treatment outcomes might be optimized by using both conscious and automatic strategies, for example, by applying conditioning principles for therapy adherence, adding environmental cues to the preferred outcome strategies or reducing regular pharmacological treatments partly by altered medication dosages that make use of conditioning principles.

STIGMATIZATION

OP4

STIGMATIZATION – A SOCIAL-PSYCHOLOGICAL PERSPECTIVE

Jan Häusser

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Belonging to groups and cooperating with others makes humans thrive. As social animals, both our self-esteem and our well-being are contingent on others' behavior towards us. Therefore, the need to belong is a fundamental human motive, driving behavior, emotion, and cognition, and the unfulfillment of this need has far-reaching psycho-physiological consequences. In this talk, I will outline social psychological concepts of violations of the need to belong, that is, social rejection and ostracism, isolation and loneliness, and stigmatization as a chronic and particularly severe form of being socially excluded. I will illustrate that even very subtle forms of rejection can produce considerable negative effects. Rejection even hurts when belonging has no functional value, even if belonging to a specific group would be aversive. Building on experimental research from the social psychological laboratory, as well as on research conducted in real life field settings, this talk will provide an overview of the consequences social rejection has on well-being and health. As a theoretical framework to understand stigmatization and to derive protective and vulnerability factors, I will discuss the Social Identity Theory.

OP5

STIGMATIZATION – THE PSYCHIATRIC PERSPECTIVE

Christoph Mulert

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OP6

STIGMATIZATION IN PATIENTS WITH SKIN DISEASES ACROSS EUROPE

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From the previous ESDaP study and other studies we know that patients with common skin diseases have frequent psychosocial comorbidities like depression, anxiety and suicidal ideation and reduced quality of life. This new ESDaP II study is a continuation of the previous and aims at investigating further other psychosocial factors of the burden of skin diseases. This study focuses on stigmatization, experience of stress and body image problems in a large sample of patients with skin disease in comparison to skin healthy controls. The study is an observational cross-sectional multi-centre study across 17 European countries

with 22 dermatological clinics. Data from 250 consecutive patients have been recruited in each out-patient clinic and 125 skin healthy controls from the same cities. The main outcome parameters are: mood disorders assessed by short versions of the PHQ, general health assessed by Eq5-VAS; stigmatization experience assessed by Perceived Stigmatization Questionnaire; stress assessed by Perceived Stress Scale; and body image assessed by the Dysmorphic Concern Questionnaire. All patients completed the questionnaires prior to clinical examination by a dermatologist. *Results:* By now there are data from over 5000 patients and 2000 controls. The first results of the ESDaP II study will be presented at the conference.

FREE COMMUNICATIONS

FREE COMMUNICATIONS – GROUP I

FC1

PREVALENCE, INCIDENCE, CLINICAL MANIFESTATIONS AND VARIABLES ASSOCIATED WITH HEAD LICE INFESTATION IN PRESCHOOL CHILDREN OF A LOW-INCOME AREA FROM POPAYÁN, COLOMBIA

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Research Center on Microbiology and Parasitology (CEMPA), University of Cauca, Popayán, Colombia. From Lab to the Field Corporation (DLC), Bogotá, Colombia

The worldwide-distributed ectoparasite, *Pediculus humanus capitis*, known as head-lice causes pediculosis capitis. Although risk factors for children are known, studies about its clinical description are rare. Here, it is showed the prevalence, incidence, clinical manifestations and risk factors associated to pediculosis capitis in kindergarten children. Cross-sectional descriptive study based on a sample of 356 children aged 1 to 5 from a low-income area of Popayan, Colombia. It was made two observations: at the beginning and at the end of the year (2017). It was examined hair, scalp, lymphatic nodules and frontal, parietal, temporal, occipital, nuchal and retroauricular regions of the skin. Insects were mechanically removed by wetting the hair and using lice combs and they were gathered and stored for future studies as well. The prevalence and incidence of head lice infestation were 5.1% and 20.2%, respectively. The most associated epidemiological variables were infestation antecedent, long hair, female sex and removing with shampoo (15–20%). The most common clinical variables were presence of adenopathies, scalp inflammation and nape adenopathies (25–35%). It is important to know those variables associated to pediculosis capitis for preventing, controlling and eradicating head-lice.

FC2

LONG-TERM EFFECTS OF PROPRANOLOL ON DEVELOPMENT, GROWTH AND PSYCHOLOGICAL FUNCTIONING IN CHILDREN TREATED FOR INFANTILE HEMANGIOMA

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Objectives: Propranolol is an effective treatment for infantile hemangioma (IH). However, more knowledge about long-term safety concerning the development of young IH-patients is needed. **Methods:** All patients were recruited from the large cohort of IH-patients treated with propranolol for ≥ 6 months during infancy in our center. Study 1 evaluated the psychomotor development (Van Wiechen Scheme) at 3 years of age ($n = 103$). Study 2 assessed developmental risk and growth impairment (Ages and Stages Questionnaire) in 4-year old children ($n = 82$), compared with healthy controls. For Study 3, parents of IH-patients ($n = 27$, mean age 6.6), completed self-reported questionnaires assessing the social, emotional, behavioral and executive functioning of their child. **Results:** Study 1 showed that only 1 child of immigrant parents scored abnormal in communication and therefore had an increased risk of psychomotor developmental delay. In Study 2, no significant differences were found between the IH-patients and controls on development and growth. Study 3 showed that only 1 child had abnormal scores on psychological functioning based on established cut-off scores. This child was diagnosed with a pervasive developmental disorder, unlikely related to

propranolol. **Conclusion:** After 10 years of propranolol, with impressive clinical effects on severe IH, also long-term safety appears to be guaranteed.

FC3

QUALITY OF LIFE, ANXIETY AND DEPRESSION IN CHILDREN WITH CUTANEOUS LEISHMANIASIS: MAJOR CONCERNS OR NOT?

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Introduction: Cutaneous leishmaniasis (CL) is a common parasitic infectious disease which is distributed worldwide. Despite low morbidity rate, the disorder negatively impact in psychological well-being and social life in patients. **Aim:** It was aimed to evaluate the frequency of psychiatric morbidity including depression and anxiety levels as well as quality of life (QOL) in children who have CL. **Materials & Methods:** Forty-two patients with CL were evaluated through a cross-sectional study. Levels of depression and anxiety were assessed with the Child Depression Inventory (CDI) and the State-Trait Anxiety Inventories for Children (STAIC), respectively. QOL was evaluated by means of Children's Dermatology Life Quality Index (CDLQI). **Results:** Forty-two patients including 29 girls (69.04%) and 13 boys (30.95%) with mean age of 9.10 ± 1.87 years were studied. According to the CDI scores, 13 patients (30.95%) had depression disorder. Girls showed significantly more depression levels compared to boys ($p = 0.021$). According to the STAIC scores, 9 patients (21.42%) had anxiety state and 6 patients (14.28%) had anxiety trait. Based on CDLQI scores with a mean \pm SD of 5.94 ± 6.27 , 24 patients (57.14%) had non-acceptable QOL. Significant lower QOL was detected in patients with divorced parents ($p = 0.038$) and those who had lesions on head and neck compared to other parts of the body ($p = 0.023$). **Conclusion:** The results showed that CL has negative effects on QOL and mental health including depression and anxiety symptoms among affected patients. Psychological effects of CL should be measured through interdisciplinary scrutiny that combines dermatological and psychiatric evaluations.

FC4

SKIN DISEASE IMPLICATIONS FOR SELF-IMAGE DEVELOPMENT IN ADOLESCENCE AND YOUNG ADULTHOOD

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Physical appearance holds particular significance for how adolescents and young adults perceive themselves. Skin diseases, outwardly visible to others, may disrupt and influence self-image. This review addressed how stigma and poor self-image may hinder normative development and psychosocial functioning among adolescents and young adults with a visible chronic skin disease. Literature was searched from 2000–2018 using PubMed and PsychINFO with the terms: (self-image OR self-esteem OR “body image” OR stigma) AND (psycholog* OR “mental health” OR “quality of life”) AND (adolescen* OR teenager OR “young adult” OR “emerging adult”) AND (eczema OR “atopic dermatitis” OR psoriasis OR acne OR “acne vulgaris”). 164 studies resulted from PubMed but only 9 from PsychINFO, with 98 relevant, non-

duplicated, and in English. Studies revealed individuals with skin disease are subject experience multiple types of stigma, including being seen as contagious. Psychosocial effects of skin disease included psychopathology, lowered quality of life, and problems with sexual functioning, which were often linked to diminished self-image. By utilizing a developmental framework this review contributes to the literature on adaptation to chronic illness and suggests areas for clinical practice. Future research should elucidate how anticipated and experienced stigma may impact health behaviors (e.g., avoidance of fitness centers).

FC5

STIGMATISATION IN VITILIGO AND COMBATING STRATEGIES

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Vitiligo is a common, acquired and non-contagious depigmentation disorder, causing white patches with sometimes complete depigmentation of the skin. Besides occasional pruritus, no other physical symptoms are involved. The cause of the disease is still unknown. Many patients show signs of depression, anxiety, lower self-esteem and an impaired quality of life. Children's lives are often severely affected. We added unpublished data ($n = 81$) to two previous studies (adults/ $n = 96$ and children/ $n = 74$) confirming stigmatisation through disease-related questions/remarks and negative comments/picking-on as significant finding, leading in turn to lower quality of life and increased depression levels with only a weak link to Body Dysmorphic Disorders. Early disease onset and extensive disease distribution increase the risk of stigmatisation. Children tend to develop avoidance patterns, while adults often reduce some activities (e.g. hobbies/sports) and seek vitiligo-related information by surfing social media. Children benefit from other family members with vitiligo. They need support from friends and family during or after stigmatisation incidents. These findings suggest minimisation of stigmatisation and its negative consequences as an important strategy in patient's guidance by using training in assertiveness, developing appearance-independent competencies, enabling contacts to other sufferers/role models, support groups as well as informing the environment about the non-contagious character of vitiligo.

FC6

EVALUATION AND COMPARISON OF PERSONALITY TRAITS AND EMOTIONAL INTELLIGENCE IN PATIENTS WITH GENITAL WARTS AND HEALTHY CONTROLS

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Introduction: Genital warts is a sexually transmitted disease (STD), which is a viral infection called human papillomavirus (HPV). Genital wart may cause psychological effects among the patients. Thus, the aim of the current study is to determine personality traits as well as Emotional Intelligence Quotient (EQ) criteria in patients with genital wart and compare to the healthy control group. **Method:** Seventy patients (35 patients with definite diagnosis of genital wart and 35 controls) who referred to Imam Reza Hospital of Mashhad, Iran were studied. The research tool for personality traits was a five-factor personality of the Neo

that was run on the participants. EQ assessment was performed by means of Bar-On model and compared with healthy control. Data were analyzed using SPSS version 21. **Results:** There was a significant difference between personality traits, except openness to experience, between the study group with illness and control group ($p < 0.05$). Thirteen criteria out of 15 criteria of Bar-on, were significantly more frequent in the study group ($p < 0.05$). Reality testing and happiness did not show any significant difference between the groups. **Conclusion:** STDs specifically genital wart are in association with lower EQ level as well as more personality disturbances. Therefore, mental health professionals need to take the necessary measures to identify the personality traits of the patients.

FC7

LONELINESS, INTERNALIZED STIGMATIZATION AND LIFE SATISFACTION IN PSORIASIS

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Background: Life satisfaction, level of loneliness, internalized stigma which affect quality of life have not sufficiently been addressed in psoriasis. **Objective:** To evaluate the effect of psoriasis on the life satisfaction, level of loneliness, internalized stigma and examine how these values may change through treatment. **Methods:** Fifty psoriasis patients participated in the study. All patients patients completed the UCLA Loneliness Scale (ULS), the Satisfaction With Life Scale (SWLS) and the Internalized Stigma of Mental Illness Inventory (ISMI) both before and 3 months after the treatment. PASI and DLQI were used for the assessment of disease severity. **Results:** Statistically significant changes were observed in the mean values of SWLS, ULS and ISMI scores before and after the treatment. Statistically significant differences were observed in all scales evaluated before the treatment according to disease severity groups. All questionnaires were also evaluated according to the disease severity and duration. **Conclusion:** Loneliness, satisfaction with life and internalized stigma are negatively affected in psoriasis patients. As the severity of the disease increases, satisfaction with life decreases and feelings of loneliness and internalized stigma increase. This results highlights the fact that psoriasis is not merely a cutaneous condition but should also be addressed as a complex disease that impacts the psychological functioning of the patient.

FC8

EXPLORING HAPPINESS IN PATIENTS WITH CHRONIC SKIN DISEASES

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Background: Previous research on the mental burden of skin diseases has focused on measuring mental comorbidities like depression. To achieve a more holistic understanding, this study sought to explore happiness in patients with different chronic skin diseases. **Methods:** Cross-sectional study (12/2017–03/2019). Dermatologic patients recruited at the Department of Dermatology and Allergy, Technical University of Munich, and a group of healthy controls recruited by an external service provider filled in a questionnaire consisting of validated scales for measuring happiness and subjective well-being. **Results:** The data of 144 dermatologic patients (mean age 52.9 ± 19.9 years, 43% women) and 106 healthy controls (mean age 38.4 ± 13.4 years,

49% women) were analysed. Controlling for age and gender, we found lower levels of positive affect ($p=0.005$) and reported happiness ($p=0.002$) and higher levels of negative affect ($p=0.029$) in patients with chronic inflammatory skin diseases (psoriasis and atopic dermatitis) compared to patients with skin cancer and healthy controls. In contrast, we found higher levels of satisfaction with life in patients with skin cancer compared to the others ($p=0.021$). *Discussion:* Chronic inflammatory skin diseases showed to negatively impact happiness. Positive factors of well-being such as happiness should be considered in future research about the mental burden of skin diseases.

FC9

BUFFER EFFECT OF SOCIAL SUPPORT ON SKIN COMPLAINTS: FINDINGS FROM A REPRESENTATIVE SURVEY

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Introduction & Objectives: In general, younger age and female sex are related to higher skin morbidity. Beyond that, a buffer effect of social support on skin diseases has been reported. The present study aimed to assess the associations between age, sex, social support and different complaints of the skin. *Methods:* Sociodemographic variables and skin complaints were assessed by self-report questionnaires in a nation-wide face-to-face household survey with a representative sample of the general population ($n=2,511$). Reported ORs from logistic regression analyses were statistically significant were more affected by sensitive skin, dryness, erythema, skin ant ($\alpha=.05$). *Results:* Women alterations, and itch (ORs = 1.2–2.3), while men reported more dandruff, body odor, and ingrown hairs (ORs = 1.2–1.8). With age, the frequencies of pimples, biting of the nails, oily skin, feeling of disfigurement, excoriations, and sun damages decreased (ORs = 0.7–0.9 per 10 years), while higher age was associated with more dryness, skin alterations, tingling, and an itchy scalp (OR = 1.05–1.07). Persons living with a partner reported less itch, excoriations, and dryness of the skin (ORs = 0.8). *Conclusions:* Beyond a biological approach, these results reinforce the importance of a psychosocial understanding of skin complaints, and the special relevance of interactions between the individual and its social context.

FREE COMMUNICATIONS – GROUP II

FC10

CAN PLACEBO AND NOCEBO EFFECTS OCCUR WHEN PEOPLE KNOW ABOUT IT? EFFECTS OF OPEN- AND CLOSED-LABEL VERBAL SUGGESTIONS REGARDING A SHAM TRANSDERMAL CAFFEINE PATCH ON ITCH

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Negative and positive verbal suggestions may influence psychosomatic symptoms such as itch, even when it is known that a treatment is inert (i.e. open-label). Few studies have investigated the efficacy of such suggestions for itch under comparable open-label and closed-label (i.e. concealed) conditions. A randomized controlled between-subjects design was applied in which healthy volunteers ($n=112$, 84% female) were randomized to 1) a closed-

label negative verbal suggestions (VS) group, 2) an open-label negative VS group, 3) a closed-label positive VS group, or 4) an open-label positive VS group. Participants were told that a transdermal patch would be applied, which would positively or negatively (depending on group allocation) influence itch. Participants in the open-label groups were given an explanation of the procedure. Itch was induced experimentally at baseline and following suggestions by histamine iontophoresis. Open- and closed-label suggestions significantly influenced both itch expectations and itch experienced during iontophoresis (all $p < 0.008$). Within-group analyses of baseline-to-post-suggestions change demonstrated that itch reduced significantly in both positive VS groups (all $p < 0.001$), but did not change in the negative VS groups (all $p > 0.22$). The current study shows that open-label suggestions may be a promising method for utilizing placebo effect mechanisms in clinical practice.

FC11

HYPNOTHERAPY-A HIGHLY USEFUL UNDEREXPLORED PSYCHOTHERAPEUTIC TECHNIQUE IN DERMATOLOGY

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Introduction: Hypnotherapy is a useful adjunctive psychotherapeutic procedure used in various conditions like pain disorders, psoriasis, atopic dermatitis and alopecia areata, but it is less utilized in the field dermatology. Only limited data exist on its role in the management of various skin diseases. Mental stressors activate two major neural pathways, hypothalamo pituitary adrenal axis and sympathetic nervous system producing neurogenic inflammation. Skin being a component of NICE (neuro-immunocutaneous-endocrine) system, emotional disturbances can alter immunological status of the individual. *Hypnotic technique.* Hypnosis can be induced by means of relaxing suggestions by instructing to do the following actions; to lie down comfortably on a coat, to close the eyes and to take deep breath and exhale slowly. The respiratory comment is repeated a few times. Then the patient is asked to concentrate on body parts from head to foot as per the instruction of the therapist and to imagine that all the parts are completely relaxed. On repeating this patient will slowly reach the hypnotic trance. How does it work? Past events are stored in our brain as memories that will produce a particular physical and emotional response (healthy/unhealthy). During hypnotic trance unhealthy responses are changed to healthy responses by positive suggestions, mental imageries, more over hypnosis acts as a stress buster leading to a healthy psycho neuro immunology. Thus the immune status of the individual will be boosted up leading to cure of the diseases. The author is a qualified psychologist trained in hypnotherapy and conducting a psycho dermatology OPD in Calicut medical college for last 10 years. Medical hypnotherapy AIMS to decrease sufferings (like pain, itching), promote healing and help the person alter a destructive behavior. Conditions where hypnotherapy tried by the author Atopic dermatitis, Neurodermatitis, Nummular eczema, Post herpetic neuralgia, chronic Pruritus, Psoriasis, Acne excoriee, Alopecia areata, Glossodynia, factitious dermatoses, Hyper hydrosis, Lichen planus, Vitiligo, Trichotillomania, chronic urticaria, Hansen's disease, veneereophobia, cutaneous dysesthesia, pemphigus vulgaris. Conclusion Hypnotherapy is a highly useful adjunctive therapeutic procedure along with standard dermatological treatment. The associated stress and anxiety decreases and self esteem increases and the overall psychological wellbeing is boosted up. The response in above mentioned conditions where highly rewarding.

FC12**DELUSIONAL INFESTATION IN A CLINICAL DERMATOLOGY SETTING: A 20 YEARS OF EXPERIENCE**

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Introduction: The mutual associations between skin and psyche are widely acknowledged by clinicians. Patients suffering from delusional infestation (DI) are falsely convinced that their organs, especially the skin, are infested by various pathogens or objects. Despite the psychiatric nature of the disease these individuals frequently seek help from the dermatologists. **Aim:** This study aimed to summarize key clinical features of subjects suffering from DI who were hospitalized in the dermatology ward over a period of 20 years. **Materials and Methods:** We conducted a retrospective analysis in a series of DI subjects who attended our clinic between 1997 and 2019. The data included the time of the onset of symptoms, major psychiatric complaints, underlying comorbidities, the instigated treatment and issues associated with the diagnostic and therapeutic process. **Results:** The data from 21 patients was obtained (76.2% females, 23.8% males). The mean age of subjects was 65.2 ± 13.3 years, while the mean time of the duration of symptoms was 1.93 ± 1.68 years. Fifty-seven percent of subjects gave the history of previous psychiatric consultations. Nearly half of the patients (47.6%) revealed the specimen sign. The suspected infesting factors were mainly portrayed as worms (52.4% of patients), unspecified parasites (42.9%) or “something” (33.3%). The main established diagnosis was primary delusional disorder (F22) (76.2% of subjects), followed by shared delusional disorder (F24) and secondary delusional disorder of organic origin (F06.2) (9.5% each). Risperidone was the most common drug instigated in 61.9% of subjects, while only 33.3% attended the follow-up visit. **Conclusions:** The background, clinical features and outcomes of DI vary among individuals. Managing these patients is a complex issue requiring cooperation between dermatologists and psychiatrists.

FC13**SKIN DISEASES: A QUESTION OF BOUNDARIES?**

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In medicine, the skin is commonly understood as a functional boundary, i.e. a barrier mediating between organism and environment. In psychoanalysis, the skin is conceived as a symbolic boundary in that functions of the skin are associated with functions of the subject (Anzieu), e.g. an intact integument with mental integrity or touch with binding to others. Accordingly, skin diseases manifest irritations of the organism's/subject's boundaries in either a functional or symbolic sense. The picture of a ‘barrier’ or ‘boundary’ suggests that the skin serves to separate two dimensions, i.e. ‘inside’ and ‘outside’ the subject. The skin must be physically or symbolically ‘overcome’ to get from one dimension into the other. Skin conditions represent ongoing ‘within’ the subject/organism or the ‘outer’ environment's effects on the subject. Though not entirely wrong, I think this picture is reductive. It overlooks the skin's ‘in between’ character, in particular (1) its contributing to the constitution of both, subject/inside and world/outside, (2) its configuring space (orientation, distances, width), (3) its being

the site and medium of sociality. I suggest that integrating these aspects into our understanding the skin issues a multidimensional (and hence ‘multidisciplinary’) picture and thus allows to rethink skin diseases from a psychosomatic viewpoint.

FC14**BURNOUT IN PSYCHODERMATOLOGY: RESULTS FROM A EUROPEAN SURVEY**

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Introduction: Burnout is defined as a work-induced syndrome combining emotional exhaustion, depersonalisation and a sense of reduced personal accomplishment. Recent data have shown that 44% of physicians experience burnout, with dermatologists being among the least burnt out (32%). **Objectives:** To assess the prevalence of burnout among physicians who practise psychodermatology as well as to evaluate potential contributing factors. **Materials/Methods:** A 33-item questionnaire, including the Oldenburg Burnout Inventory, was sent to physicians/healthcare professionals (HCP)-members of Psychodermatology UK (311) and European Society for Dermatology and Psychiatry (90), through a SurveyMonkey. **Results:** 70 physicians/HCP responded, 73% were dermatologists with 61% being female, 76% were specialists and the majority work in UK, and 76% practise psychodermatology regularly. Interestingly, half of respondents see such patients in a general setting and only 33% in a psychodermatology clinic. Mean number of working hours was 32 hours. Mean score for burnout was 2.27 i.e. high/very high. The mean scores for disengagement and exhaustion were 2.24 and 2.34 respectively, also high. **Conclusions:** Treating psychodermatology patients seems to be associated with an increased risk for burnout, disengagement and exhaustion. Further studies are required to compare burnout levels in general dermatology. Finally, development of support networks in psychodermatology should be encouraged, including regular burnout sessions.

FC16**PERCEIVED STRESS IN PATIENTS WITH HAIR LOSS**

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Hair disorders, especially Androgenetic alopecia, Telogen effluvium, Alopecia areata are commonly seen in dermatology outpatient department. According to etiology of individual diseases, though the genetic, nutritional and immunological factors are responsible for these conditions, stress in acute and chronic form can aggravate or precipitate the hair fall. 150 patients with hair loss or hair fall symptoms were observed for perceived stress in our study for a period of 3 years. Patients overall evaluation of hair fall was done and treated accordingly. Out of 150, there were 21 patients with Alopecia Areata, 74 patients with Telogen effluvium and 55 patients with Androgenetic alopecia. Mild to severe stress was seen in 102 patients (68%). Perceived Stress Scale (PSS) was used to assess their stress response in each visit. Counselling and relaxation therapies were given to manage stress in these patients. To conclude, in patients with hair loss, stress plays important role in triggering and precipitating hair disorders. Along with dermatological treatment of hair conditions, psychological interventions also should be initiated to relieve stress.

FC17

WILLINGNESS TO RECEIVE HAIR TRANSPLANTATION AND ITS ASSOCIATION WITH BODY DYSMORPHIC DISORDER*Bishurul Hafi, Uvais NA, Muhammed Razmi**Consultant Dermatologist, IQRAA International Hospital & Research Institute, Kozhikkod, India*

Background: Male pattern hair loss (MPHL) is a common type of non-scarring alopecia which been recognized as having significant psychological effects on affected patients. Body dysmorphic disorder (BDD) is a common body image disorder that increases self-consciousness and perception of one's body as abnormal.

Aims: This study has been carried out to understand the attitude of Kerala population towards MPHL and its relationship with BDD.

Methodology: Online surveying was done in snowball fashion among 50 adult males (> 18 yrs) with MPHL using BDD questionnaire – Dermatology version. **Results:** Mean age of patients was 30.24 ± 8.7 yrs with equal number of married and unmarried individuals. Vast majority of responders were either graduates or postgraduates (48% each). No medical co-morbidities was present among 82% of patients. Most common type of MPHL was Hamilton type I (32%), II (24%) and IV (22%). Only 4 patients had consulted doctor before. Median of the total score of BDD questionnaire was 3 (IQR- 2,7). No significance was noted with marital status, affordability of hair transplantation and total score. Total score was higher among group who agreed that transplantation does improve quality of life (median- 6 v/s 3) and the difference was significant ($p=0.0148$). Same was seen in group who was ready to accept transplantation if given cheap (5 v/s 2, $p=0.0141$). Those who visited consultant prior had very high total score (8 v/s 3) and the difference was significant ($p=0.0221$). **Conclusion:** This study encourages dermatologists to assess for

BDD before hair transplantation since it may have direct effect on post treatment patient satisfaction.

FC18

SYMPTOMATIC MELANOCYTIC LESIONS: WHEN IT IS NOT ABOUT ONCOLOGY*Nikolay Potekaev¹, Konstantin Titov², Andrey Lvov¹, Anna Michenko¹, Dmitry Romanov³, Anastasiia Allenova³, Irina Vakhitova¹**¹Moscow Scientific and practical center of dermatovenereology and cosmetology, ²Moscow clinical scientific center, ³I.M. Sechenov First Moscow State Medical University, Moscow, Russia*

Background: It is known that melanocytic nevi are not accompanied by subjective symptoms, and itch, pain or any other sensations are considered an alarming sign, since it can be a sign of the malignancy. **Purpose:** Assessment of the spectrum, causes and clinical significance of subjective sensations in symptomatic nevi. However, the clinical relevance of symptomatic nevi has not been studied. **Materials and Methods:** The study included patients over 18 years old who complained of symptomatic nevi. Dermatoscopy with histopathological examination in suspicious cases were performed; one patient was examined by psychiatrist. **Results:** 210 patients with complaints of melanocytic nevi were examined, 20 of them had symptomatic nevi (16 women, mean age 32 ± 12 years). 19 patients had itch, 1 patient complained of painful nevi (as well as painful scars, dermatofibroma, lymph nodes). As potential cause of sensations growth of the neoplasm and the Meyerson phenomenon in pruritus and somatoform disorder in pain were recorded. All nevi had no clinical and dermatoscopic signs of melanoma. **Conclusion:** Subjective sensations in melanocytic tumors in most cases were not associated with malignancy. In case of multiple painful lesions other pseudo-somatic complaints and associated psychosomatic disorders should be excluded.

GUIDED POSTER SESSIONS

A1 CAN OXYTOCIN ENHANCE PLACEBO EFFECTS IN ITCH AND PAIN?

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Placebo effects relieve various somatosensory symptoms, including dermatological symptoms such as itch, but it is yet unclear how treatment outcomes can be optimized. Oxytocin can enhance trust and relief stress and may therefore potentially enhance placebo effect. In this study we investigated the influence of oxytocin and positive verbal suggestions on treatment expectations and self-reported itch and pain. In a randomized, placebo-controlled study, 108 female participants were allocated to one of four groups: 1) oxytocin with positive verbal suggestions, 2) placebo with positive verbal suggestions, 3) oxytocin without suggestions, and 4) placebo without suggestions. The administration of 24 IU oxytocin or a placebo spray was preceded by positive verbal suggestions regarding the itch- and pain-relieving properties of the spray or no suggestions, depending on group allocation. Itch was assessed in response to a histamine iontophoresis test and pain was assessed with a cold pressor test. Positive verbal suggestions induced expectations of lower itch ($F = 5.38, p = 0.022$) and lower pain ($F = 4.77, p = 0.031$). Moreover, positive verbal suggestions elicited placebo analgesia ($F = 5.48, p = 0.021$), but did not decrease itch. No effect of oxytocin on either itch or pain expectations or on the placebo effect was found.

A2 CAN PLACEBO EFFECTS BE LEARNED FOR HISTAMINE-INDUCED ITCH? CONDITIONING THE EFFECTS OF ANTIHISTAMINES

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Placebo effects for allergic symptoms could be induced by conditioning antihistamines, which may extend to histamine-induced itch specifically. However, effects under open-label conditions (i.e. telling subjects about the learning mechanisms involved) are not yet clear. A two-phase randomized conditioning paradigm was used, consisting of a learning phase, in which a conditioned stimulus (CS; distinctively-tasting beverage) was repeatedly combined with an unconditioned stimulus (UCS; the antihistamine levocetirizine) or placebo, and a testing phase, where the CS was presented with a placebo. Participants were assigned to 1) an open-label conditioned group, 2) a closed-label conditioned group, 3) a conditioned-not-evoked control group, or 4) a placebo control group. At baseline and during the testing phase, itch was induced through histamine iontophoresis. Participants in the combined conditioned groups reported marginal lower itch than participants in the combined control groups, but no differences between separate groups were found. Groups did not differ in physiological data with the exception of heart rate, which reduced significantly over time in the control groups, but less consistent in the conditioned groups. Overall, limited evidence is provided for antipruritic placebo effects by conditioning. More research is needed to examine when placebo effects by (open-label) conditioning may influence itch.

A3 DO HEALTHY INDIVIDUALS PRIORITIZE ITCH- AND PAIN STIMULI?

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Itch and pain both demand attention, presumably to protect from potential bodily harm. A meta-analysis suggested that healthy people allocate their attention preferentially towards pain-related information. This so-called attentional bias (AB) has also been found towards itch-related information. Yet, despite the similarities between itch and pain, to our knowledge, earlier studies did not directly compare an AB towards itch and pain. Furthermore, it is unclear whether an AB towards itch and pain is specific to the somatosensory content, rather than due to the inherent negative valence of these stimuli. Therefore, the current study examined an AB towards itch- and pain-related visual stimuli, and negative visual stimuli, in 70 healthy volunteers. Despite that negative stimuli overall slowed down responses when compared to the responses to itch and pain stimuli, the findings did not support an AB towards itch, pain, and negative stimuli. This finding suggest that healthy people do not prioritize itch- and pain-related visual stimuli. Further investigation should indicate whether patients with chronic symptoms show an attentional bias towards these stimuli, as they might be more relevant and salient for them. Furthermore, measuring eye-movements and electro-encephalography (EEG) could further elucidate the role attention plays in itch and pain perception.

A4 REPRESENTATIVE SURVEYS SHOW AN INCREASE IN THE REPORT OF 12 COMMON SKIN COMPLAINTS FROM 1998 TO 2015

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Introduction & Objectives: The Global Burden of Disease study reported about an increase in the prevalence of skin diseases over time worldwide. However, there are no studies on the changes in the report of skin complaints over time at a symptom level. The present study aimed to describe point prevalence rates of 12 common skin complaints, and to analyze the changes in the report of skin complaints over time. **Methods:** Two cross-sectional nation-wide face-to-face household surveys with representative samples of the general population were conducted in 1998 and 2015 (1998 $n = 2,079$, 2015 $n = 2,511$). Sociodemographic variables and skin complaints were assessed by self-report questionnaires. **Results:** For almost all skin complaints, a statistically significant increase over time ($p < 0.05$) with small to very small effect sizes was observed. The point prevalence rates of the most common skin complaints in 1998/2015 were: 8.6%/10.5% dandruff*, 6.4%/10.0% pimples***, 4.6%/9.1% skin alterations***, 6.5%/9.0% itchy scalp**, 5.3%/8.1% itch***, 5.0%/8.1% oily skin***, 3.6%/7.5% erythema***, 4.9%/6.8% body odor**, 3.0%/5.5% excoriations***. **Conclusions:** The point prevalence rates were consistent with previous studies. This study is the first to show an increase in the report of skin complaints over time at a symptom level.

A5

COWHAGE INDUCED ITCH AND ITS ASSOCIATION WITH PERSONALITY IN PATIENTS WITH CHRONIC ITCH

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Itch can be induced e.g. by the application of cowhage or the presentation of itch-related audiovisual material (mentally induced itch). The latter was shown to be related to psychological variables (depression, self-consciousness) in patients with chronic itch. This study investigated whether also cowhage-induced itch is related to psychological variables in patients with chronic itch. 40 patients with atopic dermatitis (AD) and 37 patients with psoriasis (PS) were presented two non-itch inducing videos (10 min each). Immediately before the second video, cowhage was applied to the forearm and not removed until after the second video presentation. After each video, patients rated their maximal itch intensity during the last 10 min. Itch increase was determined and correlated with personality factors, depression- and anxiety-scores. Cowhage led to a significant increase of maximal itch intensity [$p < 0.001$]. Induced itch was significantly positively related to neuroticism [$p < 0.001$; $r = 0.544$]. In PS-patients no significant relationships occurred. This study showed that AD-patients, who report to be rather emotionally instable, are more prone to experience itch due to cowhage than patients with the opposite psychological phenotype. Psychological interventions aiming to improve AD-patients' assertiveness and self-confidence might also help to improve their itch.

A6

SEVERITY OF ITCH OF CHILDREN WITH ATOPIC DERMATITIS INFLUENCE ON PSYCHOSOCIAL FUNCTIONING OF THEIR MOTHERS

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Introduction: Atopic dermatitis (AD) is a common chronically relapsing pruritic skin disease. It is observed that the severity of AD and pruritus influence the psychosocial functioning of their mothers. **Objectives:** To evaluate the impact of pruritus of children with atopic dermatitis on quality of life, family functioning, stress, sleeplessness, depression and anxiety of their mothers. **Material and Methods:** 64 mothers of children with AD participated in the study. The severity of AD was estimated by the Scoring Atopic Dermatitis (SCORAD) index and the intensity of pruritus was assessed with Numerical Rating Scale (NRS). Mothers were asked to complete the Polish version of the Family Dermatology Life Quality Index (FDLQI), Polish version of Flexibility and Cohesion Evaluation Scales (FACES-IV) the Perceived Stress Scale (PSS 10), Athens Insomnia Scale (AIS), Hospital Anxiety and Depression Scale (HADS). **Results:** In the analysed group of 64 mothers of children with AD, mean age was 34.52 years (SD = 6.29). The severity of itch significantly correlated with scores obtained by FDLQI ($ps = 0.48, p < 0.001$), AIS ($ps = 0.39, p = 0.003$) and PSS 10 ($ps = 0.291, p = 0.023$). There was no significant correlation between severity of itch and HADS and FACES-IV. **Conclusion:** Severity of itch affects the quality of life and sleep of mothers of children with AD and also has influence on the level of stress perceived by them. Development of depression and anxiety is not associated with severity of itch. Management of children with AD

should include psychological support for their mothers to maintain long-term treatment compliance.

A7

AMPLIFIED ITCH IN PATIENT WITH LYMPHOPLASIA OF THE FACE

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The patient 68 years old applied to our center with complains on the rash on the trunk and upper extremities and face accompanied with intensive itch, burning, aggravated by the evening. Concomitant diseases: nodular goiter, arterial hypertension, arthrosis, varicose disease, spastic torticollis. Since 2016 she had noted periodic rash on the skin of her back and hands, was examined by the allergist and recommended antihistaminic treatments, moisturizers that she used without effect. Since 2018 she had noticed changes on the skin of the face, accompanied by itching and burning, that she connected with the herpetic process, used antiviral treatment without effect. Later she noticed the appearance of infiltrates on the skin of the upper lip, chin, than she applied to a dermatologist, where she was recommended to use zinc paste, hydrocortisone cream, calcium gluconate solution. During the examination demodex was not found. Further, she used doxycycline 100 mg 2 times a day 14 days, antihistaminic treatment, topically hydrocortisone cream with acidum fusidicum – without positive dynamics, the diagnosis was still unknown. The differential diagnosis was the following: postherpetic pseudolymphoma? Jessner-Kanof lymphocytic infiltration? eosinophilic granuloma? There was done a diagnostic biopsy from the skin of the face that proved eosinophilic granuloma. In addition she was consulted with psychiatry who diagnosed artificial disorder with elements of limited hypochondria on somatically changed background (Pseudo-allergy?) and recommended alimemazin 5 mg 1 tab at night for several months that reduced itch. The patient used clobetasol ointment 2 times a day for 14 days, later tacrolimus ointment twice a day during a month with regress of the rash on the face, body and hands.

A8

QUALITY OF LIFE IMPAIRMENT IN PSORIASIS PATIENTS IN NEPAL

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Introduction: Impact of psoriasis is broad and deep, including effects on emotional wellbeing, psychological stress, self esteem, relationships, work, social activities, financial burden, and even physical function. We aimed to study burden of psoriasis on Quality of life and risk factors for experiencing poorer Quality of life, by using DLQI. **Materials and Methods:** A cross-sectional prospective study was conducted (March 2015 to February 2016) on 60 consecutive patients of plaque-type psoriasis. BSA and PASI were calculated. Patients completed DLQI questionnaire, scored according to recommendation by Finlay and Khan. **Results:** A very large effect on patients' lives was seen with Mean DLQI of 13.67 ± 6.85 . Two-third of patients (66.67%) had DLQI score > 10 indicating a severe quality of life impairment. Presence of psoriatic arthritis and large body surface area involvement were associated with statistically significant impairment ($p = 0.049$ and $p = 0.048$, respectively). DLQI was found to be slightly higher for male, unmarried and with facial involvement. The most affected aspect of life was symptoms and feelings followed by daily activities and discomfort caused by Treatment. Stress was reported to aggravate the disease in 16.7 % of cases. **Conclusions:** There is severe impairment in quality of life of psoriasis patients in Nepal.

A9

AFFECTIVE TEMPERAMENT CHARACTERISTICS AND ATTACHMENT STYLES OF PSORIASIS PATIENTS: A NOVEL PERSPECTIVE IN A DISABLING DISEASE

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Background: In recent years, a substantial link is suggested between attachment styles and cutaneous disorders associated with psychosocial comorbidities. Attachment styles are actually related to temperament characteristics, and interaction between them may affect coping strategies for chronic diseases such as psoriasis. While psoriasis patients suffer from some psychological disorders, these factors are likely to predict possible associated psychopathologies. **Objective:** To review the attachment styles and affective temperament characteristics of psoriasis patients. **Methods:** The patient group included 50 psoriasis patients not having any systemic/psychiatric disorder. In control group, there were volunteers ($n=50$) not having chronic dermatoses/systemic/psychiatric disorder. TEMPS-A (Temperament Evaluation of Memphis, Pisa, Paris and San Diego Autoquestionnaire) and Adult Attachment Style Scale were used for assessments. **Results:** Compared to the control group, psoriasis patients had higher anxious temperament and lower cyclothymic temperament scores ($p<0.05$). There was statistically significant relationship between anxious/hyperthymic temperament scores and anxious attachment style of patient group ($p<0.05$). Psoriatic patients with anxious/hyperthymic temperament had more anxious attachment profiles. **Conclusion:** This is a preliminary study points out the link between psoriasis, affective temperament and attachment styles. Particular temperament and attachment styles may have an effective role in the development of psychopathologies in psoriasis.

A10

PSORIASIS AND MENTAL HEALTH – A FOCUS ON ADDICTIONS IN PSORIASIS

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Background: Psoriasis is often accompanied by comorbidities, including mental diseases. The aim of this study was to investigate the prevalence of depression, anxiety and different addictions among dermatological patients. **Methods:** Physicians of a physician network focusing on psoriasis (Psoriasis-Praxisnetz Süd-West e. V.) were invited to participate in the recruitment process. Besides general patients' characteristics, Psoriasis Area and Severity Index (PASI), the highest documented PASI (Peak-PASI) and Dermatological quality of life (DLQI) were assessed. Furthermore, standardized questionnaires were used to examine depression, anxiety disorder and six common addictions, including for example tobacco addiction, alcoholism, gambling disorder and internet addiction. **Results:** First results considering 186 patients (45.1% females, mean age 51.4 ± 12.8 years) showed that the mean DLQI was 7.6 ± 6.1 and the mean PASI 7.7 ± 6.1 with 31.2% of the patients suffering from a moderate to severe psoriasis. The mean PeakPASI was stated with 16.5 ± 7.6 . **Discussion:** Further analyses of this study should give a good summary of psoriasis patients' mental health. Furthermore, a set of risk factors will be presented. These could be considered for future identification of psoriasis

patients who have a higher risk of an additional mental burden.

A11

PSYCHO-EMOTIONAL FACTORS IN EXACERBATION OF PSORIASIS

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Introduction: Stress, once an abstract psychological phenomenon, is now appreciated as an elaborate physiologic pathway by which bilateral communication occur between the body and the brain. Psychological stress has long been considered to have the capacity to initiate, maintain, or exacerbate psoriasis. **Materials & Methods:** There were 127 patients examined (69 men, 58 women, age range 36.92 ± 14.61 years) with psoriasis in the acute stage. The family histories & case histories were scrutinized. Patients had no mental pathology or treatment with psychotropic drugs for 3 months prior to participation in the study. **Results:** The occurrence of clinical manifestations associated with stress and conflict situations, psycho-emotional and mental overstrain was noted in 53 (41.73%) patients with psoriasis. 37 (29.13%) patients with psoriasis noted the occurrence of clinical manifestations of the skin process with previous diseases of the internal organs and acute respiratory diseases. In 14 (11.02%) patients with psoriasis and relapses were associated with a gross violation of the diet, exposure to drugs that can cause sensitizing effects, contact with chemicals. In 6 (7.72%) patients with psoriasis, a relationship with changes in weather conditions was revealed, overcooling, overheating, excessive insolation led to manifestation. 17 (13.38%) of people with psoriasis could not find out the conditions that led to the exacerbation of the disease. **Conclusion:** Psoriasis makes stress itself, and in turn, stress can worsen psoriasis. However, most Psoriatic patients who reported episodes of psoriasis precipitated by stress describe disease-related stress, resulting from the cosmetic disfigurement and social stigma of psoriasis. So, considering the psychosocial aspects of the disease is very important in psoriatic patients, recognition and treatment of the psychosocial problems can decrease health care costs and shorten the therapeutic period.

A12

CLINICAL FEATURES OF GUTTATE PSORIASIS IN CHILDREN

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In this retrospective clinic study, the data from 45 children (ages 5 to 17 years) with guttate psoriasis registered at the Moscow Scientific and Practical Center of Dermatovenereology and Cosmetology in 2014 to 2017. There were 28 (62.23%) boys and 17 (37.77%) girls, with a male to female ratio of 1.65:1. The mean age of onset was 7.2 ± 1.3 years. The peak age of onset in boys was in the 6–10-year age group, whereas the majority of girls showed an onset of psoriasis between the ages of 10 and 14 years. A positive family history was present in 9 (20.0%) patients. Streptococcal pharyngitis and pneumonia provoked exacerbations of guttate psoriasis. All children have a teardrop shape for several years transformed into a plaque ($p=0.02$). In 6 children, an excess of body weight and a tendency to the development of obesity were noted. In children with increased body weight, itching was much more pronounced and with less standard therapy than in children with normal body weight. At the beginning of the study, all children had vitamin D deficiency. The average values of vitamin D were 16.01 ± 3.98 ng/ml.

A13

HAIRLOSS AND STIGMATIZATION: A SYSTEMATIC REVIEW*Maximilian Schielein¹, Linda Tizek¹, Rachel Sommer², Matthias Augustin², Tilo Biedermann¹, Alexander Zink¹*¹Department of Dermatology and Allergy, University Hospital Klinikum rechts der Isar, Technical University of Munich, ²Institute for Health Services Research in Dermatology and Nursing (IVDP), University Medical Center Hamburg-Eppendorf (UKE), Germany

Background: Hair loss varies in severity and can have several causes. As a typically visible finding, hair loss can lead to an altered perception of ones' appearance and stigmatization. **Methods:** A systematic literature review using selected MeSH terms and keywords related to the studied topic and according to PRISMA guidelines was carried out using PubMed, EMBASE, PsycINFO and PsycNET databases until February 8th 2019. The review was registered at PROSPERO database, prior to execution. All studies considering stigmatization of hair loss were included and evaluated using according STROBE and COREQ statements, respectively. **Results:** The literature research identified 92 articles. Of those, 10 fulfilled all criteria and were therefore included in the review. Three were conference abstracts, three articles consisted of qualitative research and four studies were cross sectional. Reasons for hair loss included chemotherapy induced alopecia, alopecia areata, trichotillomania and others. Most common tool for the evaluation of stigma was the Hairdex which contains a stigmatization subscale. Selective measurement of stigma was rare. Overall, alopecia was described as distressing and stigmatizing. **Discussion:** Alopecia, regardless of its origin seems to be highly burdening and stigmatizing. Due to the limited number of studies available further research is needed.

A14

BODY DISMORPHIC DISORDER IN PATIENTS WITH ANDROGENETIC ALOPECIA*Pranaya Bagde**Consultant Dermatologist and Psychologist, DermaVue Skin Clinic, Thiruvananthapuram, Kerala, India*

Androgenetic alopecia with varying grades are commonly seen in dermatology outpatient department. Though it has genetic etiology, early onset of Androgenetic alopecia disturbs the psyche of young patients. Stress in acute and chronic form leads to negative body image, phobia, and distortion of social interactions. We observed 200 patients with Androgenetic alopecia (Grade 3–7) for a period of 3 years. Patients overall evaluation of hair fall was done and treated by medical and surgical treatment which included topicals, PRP therapy and Hair transplant surgery. 46 patients out of 200 were diagnosed with Body Dysmorphic Disorder. They were screened through Body Dysmorphic Disorder Questionnaire (BDDQ) and referred to psychiatrist for further systemic treatment. Regular follow up was kept to assess their stress response in each visit. Counselling and relaxations therapies were also given to manage these patients. To conclude, in patients with hair loss, stress plays important role in triggering and precipitating hair disorders. Along with dermatological treatment of hair conditions, psychological and psychiatric interventions also should be initiated to treat these cases.

A15

EVALUATION OF GENERALIZE ANXIETY DISORDER ACCORDING TO GAD-7 QUESTIONNAIRE IN VITILIGO PATIENTS UNDER TREATMENT WITH PHOTOTHERAPY*Neda Emad, Ladan Dasgheib**Shiraz University of Medical Science, Shiraz, Iran*

Introduction: Vitiligo is a pigmentary disorder of skin which has considerable frequency in society and one of its principal treatment modalities is Phototherapy. While this depigmentation can involve exposed area and this type of treatment (phototherapy) is different with many diseases that may cause some degree of anxiety in patients. Therefore, we decided to evaluate Generalize Anxiety disorder (GAD) according to GAD-7 questionnaire in vitiligo patients under treatment with phototherapy. **Material and Method:** This case-control study was based on the recall of vitiligo patients under treatment with phototherapy, whose files were recorded in outpatient clinics. Patients aged 18–60 years old and were without other skin or psychiatric disease or addiction. Finally, 110 patients (68 Female/42 Male) were evaluated. As control group, patient's companions (48 Female/60 Male) were involved voluntarily. **Result:** In this questionnaire, severity of GAD divides into 3 groups: (score 0–10 <) mild, (score 10–15) moderate & (score > 15) severe. Therefore, patients are categorized as: 59.1% mild, 27.3% moderate, 13.6% severe & control group: 66.7% mild, 20.4% moderate, 12.9% severe. Mean GAD score in patient group was 9.67 (Female 9.77/Male = 9.50) and in control group was 8.35 (Female 9.45/Male 7.47), which revealed that GAD is significantly more in patients' group (T-score = 0.046). **Conclusion:** Although vitiligo basically involves skin, due to impressive frequency of GAD in patients, it is suggested to evaluate them psychiatrically to improve their anxiety and enhance quality of life. Due to limited sample size and budget, more comprehensive studies are recommended to obtain much accurate data.

A16

SOCIAL MEDIA USE AND VITILIGO*Christian Krüger¹, Karin U. Schallreuter^{1,2}*¹Institute for Pigmentary Disorders (IFPD), in association with University of Greifswald, Greifswald, Germany, ²Centre for Skin Sciences, University of Bradford, UK

Objectives: Vitiligo causes white depigmented patches on the skin, often leading to an impaired well-being. Psychosocial implications are widely documented. Here we investigated whether using social media for different disease-related purposes has any effect on well-being of patients. **Methods:** 81 patients with vitiligo answered questions regarding social media use and socio-demographic/vitiligo-related data, the Dermatology Life Quality Index, the PHQ-9-Depression Scale and the Body Dysmorphic Disorder Questionnaire. **Patients:** mean age 46.4 years (17–71 years), 52 females/29 males, $n = 65$ with skin phototypes I-III and $n = 16$ with IV-VI (Fitzpatrick classification). **Results:** Two thirds were social media users at all, mostly for longer than one year and with an average use of less than one hour/day. Regarding vitiligo, patients used social media rather passively for seeking information than actively for sharing information or experiences. Disease-related cyberbullying was rare, albeit influential on well-being. Reduced social media activities with friends/family were linked to depression and Body Dysmorphic Disorder. The latter cases also had fewer contacts. Patients sharing vitiligo-related experiences were older, often divorced/widowed/separated and did not imply psychological stress in the disease course. **Conclusions:** Social media are used by a minority of patients for disease-related purposes and are only of little help for improving well-being.

A17

PSYCHOLOGICAL FINDINGS AMONG INDIVIDUALS SEEKING MINIMALLY INVASIVE COSMETIC PROCEDURES*Ezgi Özkur, İlknur Kıvanç Altunay, Gül Sekerlisoy, Çiğdem Aydın*
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Background: Nowadays, so many people want to alter their physical appearance with the purpose of raising their psychosocial well-being, and thus demand for minimally invasive cosmetic procedures (MICP) continue to increase. In fact, we do not entirely know about psychiatric symptoms or behavioral patterns of these patients. **Objective:** To investigate psychological factors behind motivation to seek for MICP. **Methods:** This observational cross-sectional study was conducted with a sample of 54 participants seeking MICP (botulinum toxin injections, soft tissue filler injection, mesotherapy, platelet-rich plasma and dermaroller treatments) and compared to the age, sex matched control group ($n = 52$) who didn't have any kind of cosmetic procedure (including cosmetic surgery) before and not want to have any of these procedures. All participants filled out sociodemographic data form, Brief Symptom Inventory (BSI), Automatic Thoughts Scale (ATS) and Social Adaptation Self-Evaluation Scale (SASS). **Results:** MICP seekers were mostly married female (46 [85%]) and mean age was 38.4 ± 10.5 . Comparing to the controls, MICP seekers had higher scores of General Severity Index ($p = 0.013$), anxiety ($p = 0.018$), depression ($p = 0.004$), and interpersonal sensitivity ($p = 0.008$) of BSI and ATS ($p = 0.022$), and also lower scores of SASS ($p = 0.001$). **Conclusion:** Our study findings highlight the importance of understanding individuals' psychological motivations for seeking cosmetic procedures.

B1

SEVERE PEDICULOSIS CAPITIS IN A PRESCHOOL GIRL. FIRST REPORTED CASE IN COLOMBIA

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Pediculosis capitis is the most frequent ectoparasitosis around the world. This infestation is caused by *Pediculus humanus capitis* (head lice), which affects hair, hair scalp and skin. In the majority of cases, pediculosis capitis shows a benign course if treated properly. We present the case of a scholar girl with head lice who was infested during a year. She did not improve with shampoo treatment. This case was associated with furunculosis, skin lesions, multiple adenopathies and anemia. Pediculosis capitis causes a negative impact on individuals (psychological, economic, social and health problems). Knowledge about risk factors and sanitary control are necessary in order to control this infestation. Pediculosis capitis persistence and intense scratching can induce changes on skin integrity, facilitating opportunistic bacterial superinfection which leads to impetiginization, furunculosis, excoriations, hematic crusts, anemia, alopecia and lymphadenopathies. Our patient presented with uncommon symptoms reported in literature. The appearance of such symptoms was facilitated by risk factors persistence, absence of head inspection and mechanical removal of insects.

B2

PREVALENCE AND VARIABLES ASSOCIATED WITH PEDICULOSIS CAPITIS IN KINDERGARTEN CHILDREN FROM POPAYÁN, COLOMBIA

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Pediculosis capitis is a skin disease that affects the hair and scalp, and is caused by the *Pediculus humanus capitis* ectoparasite. High levels of infestation are reported worldwide, affecting especially

children. **Objectives:** To determine the prevalence and the variables that are associated with pediculosis capitis in kindergarten children in Popayán, Colombia. Cross-sectional descriptive study based on a sample of 148 children aged between 1 and 5 years of age. Only the head was examined. Nits, nymphs and adult lice were mechanically removed using lice combs and wetting the hair, covering the frontotemporal, parietooccipital, mastoid and nuchal regions. An informed consent and a structured survey were filled out by each parent or guardian. The prevalence of pediculosis capitis in the studied population was 11.5%. The variables associated with ectoparasitosis were female sex, long hair (> 3 cm) and scalp pruritus. Pediculosis capitis is present and perpetuated in children from Popayán. Promotion, prevention and pediculicide treatment campaigns are strongly recommended.

B3

CASE REPORT OF SELF-INFLICTED LESIONS IN CHILD WITH SCHIZOPHRENIA

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Self-inflicted lesions could be observed in schizophrenic patients and should be thoroughly evaluated. A 14-year-old girl came to our center with her mother, complaining of difficulties in child's behavior, instability of the emotions, reduced volitional activity, refusal to attend school, itching, accompanied «feeling ants crawling on the skin» and «scratching to ulcers». These complains were persisting and aggravating for 3 years. Physical examination revealed multiple excoriations, spots of secondary pigmentation, linear scars without any strict localization on the face, trunk, and extremities. In past she was repeatedly consulted by dermatologists, allergologists, was examined at the Institute of Parasitology. She was diagnosed with prurigo infantilis, however, the treatment was not effective. A pathopsychological examination revealed significant disturbances of the associative sphere in the form of inconsistency, diversity and loss of logic thinking, accompanied by cognitive alternations caused, probably, by organic CNS disorder. In the dynamics, there were a gradual decrease in psychiatric symptoms and relief of itching while taking medications with antipsychotic and sedative effects, as well as antidepressants. Based on above-described manifestations we diagnosed pseudoneurotic schizophrenia.

B4

EFFECTIVENESS OF NARRATIVE GROUP PSYCHOTHERAPY ON BEHAVIOURAL PROBLEMS AND SELF-ESTEEM OF 9–12 YEAR-OLD CHILDREN: CLINICAL TRIAL WITH CONTROL GROUP

Arash Mani, Melika Moridi Shiraz, Iran

Introduction: Self-esteem is one of the most important factors that one can have in life. It is one of the most important factor for personality changes and plays an important role in children's mental health. Researchers have shown that narrative therapy has good effect on self-esteem improvement. **Material and Method:** This project is a randomized clinical trial with control group. The goal population is all 9–12 year old students in 2nd area of education of shiraz. These students participated in group psychotherapy and before, after and 3 month later would be evaluated by couper smith self esteem and SDQ questionnaire. **Results:** This study was on 40 students with age of 8.78 ± 0.34 . There were no significance difference between the two groups in demographic variables. Behavioural problems were evaluated by four univariates. The mean of behavioural problems in SDQ

form and self esteem in cooper smith were not significantly different, but all the univariates of behavioural problem and self esteem had decreasing and increasing pattern respectively through the time. *Conclusion:* The results show that there is a small room for mental health in education system. So, it is recommended that programming for students' health should be one of the important priorities.

B5

CLINICAL FEATURES OF THE COURSE OF PITYRIASIS LICHENOIDES IN CHILDREN

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In this retrospective clinic study, the data from 5 children with pityriasis lichenoides registered at the Moscow Scientific and Practical Center of Dermatovenereology and Cosmetology in 2018. There were 4 (80%) boys and 1 girl (20%) girl aged 2.5 to 14 years. All boys pityriasis lichenoides et varioliformis acuta debuted at the age of 4 to 11 years. Rashes were flat pink papules up to 0.8 cm with grayish scales. After antibiotic therapy, papules regressed of secondary erythematous spots, hyper- and depigmentation, tended to regress. The girl's pityriasis lichenoides ulceronecrosis and hyperthermia began at the age of 1.5. The skin process was common, persistent and resistant to systemic and external therapy. Rashes were bubbles with central hemorrhagic necrosis and flat lenticular pink papules with peeling in the center. Multiple whitish atrophic scars were formed on the varioliform elements, some papules were resolved with hyperpigmentation. The early onset causes a more aggressive course of parapsoriasis with severe scarring. Positive titers of IgG to Epstein-Barr virus were found in 4 patients, human herpesvirus type VI – in all 5 patients, to cytomegalovirus – in 2 patients. That doesn't allow to exclude the provoking role of herpesviruses of children in the development of parapsoriasis.

B6

COGNITIVE BEHAVIORAL LIFESTYLE PROGRAM AS AN ADJUVANT THERAPY IN ACNE EXCORIÉE

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Background: Acne excoriée (AE) is a difficult challenge in dermatology practice. AE is mostly associated with some psychiatric disorders particularly mood disorders thus, patients generally continue to manipulate their lesions. Aims: It was aimed to compare the effectiveness of cognitive behavioral therapy (CBT) as a treatment for AE in adults in a randomized controlled clinical trial. *Methods:* Thirty-two adults with AE were randomly assigned to a CBT or control group. Both the groups received similar standard medication. Furthermore, eight sessions of CBT were held during 2 months for the study group. At pretreatment, and a 2-month follow-up, self-reported Skin Picking Scale (SPS) was assessed, and photographs were taken of the most damaged area to determine clinical severity rating. Besides, symptoms of anxiety and depression were evaluated and classified by means of Beck anxiety and depression inventories at the baseline and after a 2-month follow-up. *Results:* Participants in the treatment condition showed significantly more improvement on photograph severity score as well as SPS score after 2 month follow-up, in comparison to the control condition. Both anxiety and depression symptoms were significantly improved after CBT in the study group, while no significant reduction were recorded in the control group. The

therapy resulted in complete remission after 5.70 ± 2.02 months in the study group which took significantly less time compared to the control group. *Conclusion:* CBT constitutes a utile treatment option for AE and should be considered as an adjuvant therapy in the management of these patients in clinical setting.

B7

PALLIATIVE PSYCHO-DERMATOLOGY: SCIENCE AND EXPERIENCE

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Palliative care is aimed at reducing the physical, mental, social and spiritual pain of the critically ill patients irrespective of the diagnosis. Role of dermatologist in palliative care team is under-recognized yet. Our past literatures had classified the relationship between both branches in to dermatoses among palliative patients and dermatoses requiring palliative care. However, our clinical experiences clearly led us to revisit the concept to include psychodermatological approach in most cases. It has been reported that in hospice services 50% of the patients will experience symptoms of depression, 70% will experience clinically significant anxiety, and nearly all patients will experience delirium as death nears. In this context, all the dermatoses with emotional or neural components can appear de novo or the pre existing diseases can be aggravated. In our experience reverse situation also prevail among palliative patients that skin disorders irrespective of the diagnoses cause significant anxiety of disfigurement and social inhibitions in such patients. Hence this presentation aims to share our undocumented experiences and project palliative psycho-dermatology as potentially innovative scientific approach to alleviate dermatological symptoms in end of life patients.

B8

INDIAN EXPERIENCE OF 10 YEARS PSYCHODERMATOLOGY PRACTICE

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Introduction: Every dermatologist knows that chronic skin diseases located on visible areas of the skin may lead to considerable emotional and psychosocial stress in the affected patients, especially if the lesion is disfiguring or tends to heal with scars. In the same way, emotional or psycho vegetative disorders may trigger skin diseases also. The relationship between the skin and the psyche or the psyche and the skin is being given increasing attention. Emotional or socio cultural factors of influence have dramatically changed the morbidity, pathogenetic understanding of causality, and therapy concepts in dermatology over the past decades. Since both skin and brain originated from the same ectoderm, skin diseases can affect mind and vise versa. Skin is a part of NICE- (neuro-immuno-cutaneous-endocrine) system and stress can induce or exacerbate many of the pathogenic mechanisms mentioned in a variety of dermatological conditions. In dermatology practice Psychiatric morbidity in OP patients ranges from 30–40%, and IP patients up to 60%. Anxiety, depression and adjustment disorders are common. Stress has a great role in the pathogenesis of many dermatological conditions where skin diseases are primarily or secondarily related to psychic involvement and also diseases of polygenic etiology. Common skin conditions encountered. The presenter is a qualified Dermatologist and psychologist conducting a Psychodermatology OPD in Govt. medical college, Calicut, Kerala, India, for last 10 years. Around 500 patients are attending the clinic yearly. The common conditions attending the OPD include Psoriasis, Atopic

dermatitis, Neurodermatitis, Prurigo nodularis, Nummular eczema, Pruritus, Lichen planus, Vitiligo, acne excoriee, alopecia areata, glossodynia, hyper hydrosis, trichotillomania, factitious dermatitis, delusion of parasitosis, urticaria, Hansen's disease, venereophobia, cutaneous dysesthesia, Post herpetic neuralgia, pemphigus vulgaris, skin picking syndrome, systemic sclerosis etc. (detailed statistics will be presented). Common psychological comorbidities The common psychiatric co-morbidity includes depression – (various types and grades) anxiety, adjustment disorder, social withdrawal, learning difficulty and rarely delusional disorder, body dysmorphic disorder and manic depressive psychosis. *Management:* Our management should include methods to relieve stress. Non pharmacological and pharmacological methods are useful for the management. The various non pharmacological Psychotherapeutic procedures I am using include cognitive behaviour therapy, relaxation therapy, group therapy, family therapy, hypnotherapy, behavior therapy transactional analysis, neurolinguistic programming, Psycho analysis, guided imagery techniques, breathing exercise and deep psychologically based psychotherapy. In cases of minor psychiatric morbidity psychotherapy alone is sufficient. In case of moderate to severe psychiatric morbidity pharmacotherapy with anti-depressants and or anxiolytics may be needed in addition to psychotherapy. *Conclusion:* The quality of treatment and patient satisfaction level is very high in my experience through the psychodermatology approach. The presenter has observed very good therapeutic response in many above mentioned conditions by combining psychotherapeutic interventions along with routine dermatological management. The presenter believe that all dermatologist should have a basic psycho dermatological orientation for executing better patient care.

B9
ASSESSING THE PATIENT-PHYSICIAN TRUST AND RELATIONSHIP IN A SPECIALIST PSYCHODERMATOLOGY CLINIC: OUR EXPERIENCE WITH 37 PATIENTS

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Patient-physician trust is a key factor in achieving compliance/adherence to treatment. Data shows that psychodermatology patients are more likely to blame doctors for misdiagnosis and complain more than dermatology patients. Our objective was to assess the patient-physician trust and relationship in our specialist psychodermatology clinic. All consecutive patients, seen in our specialist psychodermatology clinic in March 2019 were enrolled in the study. The 11-item Patient-Physician-Trust and Relationship Questionnaire was used in order to assess patients' views about their treating physician. Only 37 out of 90 patients consented to take part in the trial. 84% of participants were above the age of 30 while the remaining 16% were between 18–30 years. Duration of disease for all patients was above 6 months. Most common presentation was delusional infestation (32%) followed by nodular prurigo (14%) and BDD (8%). 25% and 45% of them thought that their doctors do not really care or are inconsiderate of their needs respectively. 25% reported limited trust levels towards their physician, while 33% reported wish for a second medical opinion. Our data highlight the high levels of distrust towards dermatologists in psychodermatology, although lower than expected. Further research is required for interventions in order to improve our holistic approach.

B10
EXPERIENCE OF COMPLEX THERAPY OF ACNE EXCORIEE

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Therapy of excoriated acne (EA) includes acne treatment and management of self-inflicted skin ulcers and scars using laser technology. The patients' habitual scratching is the cause of low efficacy of acne therapy. The use of psychotropic treatment in complex therapy can help to stop the further progression of EA. *Aim:* To assess the efficacy of hydroxyzine treatment in combination with isotretinoin (0.2–0.3 mg/kg) and spatially modulated ablation (SMA) with erbium laser. *Methods:* Thirty females with EA were divided into two groups. The first group received hydroxyzine in combination with low dose isotretinoin (8–10 mg/day) and SMA with an erbium laser (2,936 nm, energy density 2.21–2.65 J/cm², spot diameter 5 mm, three procedures at 1.5 months interval). The second group received only isotretinoin in low doses and SMA with an erbium laser. Life quality (DLQI) and qualitative global scarring grading system (QSGS) were applied before treatment and 6 and 12 month after treatment. *Results:* In the first group more significant clinical improvement of scars and EA was achieved. QSGS mean score declined to 3.4±1.34 (group 1), 7.6±1.89 (group 2) ($p < 0.001$). Life quality improved 98.99% patients (group 1) and 63.72% (group 2) ($p < 0.01$). Psychiatric treatment in combination with low dose isotretinoin and laser technology showed efficacy, long remission.

B11
EMOTIONAL DIFFERENTIATION IN DERMATOLOGIC PATIENTS COMPARED TO HEALTHY CONTROL (PRELIMINARY RESULTS)

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Background: Patients with dermatologic diseases have difficulties in emotional differentiation, i.e. there are different structure and severity of alexithymia. Specifics of these disturbances might be one of the psychological mechanisms of pathogenesis in some dermatological diseases. *Objective:* To study intensity and structure of emotional differentiation disturbances in patients with dermatological diseases. *Methods:* All participants completed two self-reported questionnaires — Emotional Differentiation Questionnaire (EDQ) and Positive and Negative Affect Schedule (PANAS). The study sample comprised patients ($n = 180$, mean age – 44,6 years) with different skin diseases (mainly L40, L82) and melanocytic NEVI (D22.5), and control group ($n = 155$, mean age – 41 years). *Results:* In EDQ, statistically significant differences between patients and control group were observed in scales “randomness” ($p < 0.001$), “ambivalency” ($p < 0.01$) and “indifference” ($p < 0.01$). Besides, significant differences between male

and female were found on the “indifference” scale ($p < 0.05$). In PANAS, statistically significant differences between groups were observed in “negative affect” scale ($p < 0.001$). Also, differences on the scale of “negative affect” were found when comparing patients with different severity of skin disease ($p < 0.05$). **Conclusion:** Such affective disorganization and pronounced negative affect in patients with dermatoses may be a significant psychological factor for their pathogenesis and treatment.

B12

CLINICAL TYPOLOGY OF NOSOGENIC MENTAL DISORDERS BY CHRONIC DERMATOSES

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Objectives: Study and development of clinical typology of nosogenic mental disorders by chronic dermatoses. **Method:** 874 patients (av. age 39.5 ± 6.4) with nosogenic disorders (ND) (F43; F45) were examined in Dermatology Hospital FMSMU I.M. Sechenov (psoriasis 137; atopic dermatitis 132; acne 118, rosacea 115, eczema 109, lichen planus 93; seborrheic dermatitis 88, vitiligo 42, pemphigus 40 patients) by clinical methods and with use of standart sets of diagnostical scales. **Results:** Depressive and dissociative-hypochondriacal ND revealed in severe dermatoses with predomination of somatogenic and vital factors. External-based and internal-based ND revealed in moderate dermatoses with predomination of psychogenic factors (affection of open skin areas, associated with cosmetic defect). The clinical typology of ND can be schematically represented as an incomplete continuum, at one pole of which are ND with the most severe forms of pemphigus and classical dermatoses; in the center - ND with classical dermatoses, ranked by degree of clinical severity; at the other extreme, ND with objectively light, but cosmetically significant dermatoses: vitiligo, acne, seborrheic dermatitis, rosacea, etc. **Conclusion:** The predominant role in the formation of the clinical picture of ND, including cases of paradoxical dissociation of social disadaptation with severity of dermatosis, has a personality structure and somatoperceptive accentuations.

B13

INVESTIGATING MOTIVATIONAL FACTORS OF SKIN LIGHTENING PHENOMENON AND RELATED PSYCHOLOGICAL AND IMAGE-RELATED DISTURBANCES

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Introduction: In a society that strives for beauty and perfection, people are increasingly adopting risky behaviours to enhance their body image. One of these behaviours is the use of skin-lightening products. Those products are available to buy from unregulated Internet websites with no medical prescriptions. Some of these products might contain contaminants, or undisclosed ingredients, which are responsible for skin or systemic side-effects. On the other hand, little is known about the motivational factors behind this risky practice including the presence of mental health problems, like Body Dysmorphic Disorder among others. **Methods:** After an initial literature review, an internet-based research has been carried out in beauty and skin care websites. Then, a semi-structured questionnaire will be administered in dermatological and beauty clinics and it is available online on relevant networks. In addition, those interested will be invited to attend a face-to-face in-depth semi-structured interview with the researcher. **Discussion:**

This study will shed new lights into the intricate relationship between mental health problems especially body image disturbances, and the use of skin lightening products. The results will improve the recognition and the treatment of underlying mental health problems in clinical practice. Results will be revealed at the day of conference.

B14

DERMATOLOGICAL MANIFESTATIONS IN HEROIN AND BONSAI USE DISORDER

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Backgrounds: There is a rapid increase in substance use disorder (SUD) worldwide. In patients with SUD, dermatological findings may provide significant information. Awareness of cutaneous signs may help physicians recognize substance use. **Objectives:** To detect cutaneous signs of patients with heroin and bonsai use disorder. **Methods:** The study was carried out at Alcohol and Drug Research, Treatment and Training Centre inpatient clinic of Bakırköy Research and Training Hospital and 156 males with SUD (heroin, $n = 104$ and bonsai, $n = 52$) were included. A sociodemographic form and Drug Use Disorders Identification Test (DUDIT) were filled out by each patient. Dermatological examinations were performed by a dermatologist. **Results:** The most frequent findings in all SUD cases were tattoos, blade scars, traumatic scars, infections, acne, nevi and vascular lesions. In comparisons between heroin and bonsai users, injection scars and vascular lesions were detected at higher rates in heroin users. Acne lesions were significantly higher in bonsai users ($p = 0.022$). The rate of having tattoos was 32.7% ($n = 17$) in bonsai users and 51% ($n = 53$) in heroin users. Regular substance use and age of first treatment for substance use were earlier in tattooed patients. **Conclusions:** Evaluation of dermatologic findings is important for detecting SUD. Some tattoos may be conspicuous for awareness.

B15

HIDRADENITIS SUPPURATIVA: INCIDENCE, CLINICAL FEATURES AND CONCOMITANT CONDITIONS

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Hidradenitis suppurativa (HS) is a chronic recurrent inflammatory disease that mainly involves large skin folds. **Objectives:** To describe the prevalence and clinical features of HS in patients treated at Moscow Scientific and Practical Center of Dermatovenereology and Cosmetology. **Material and Methods:** Retrospective descriptive cross-sectional study. Information was extracted from the computerized clinical records of patients with a diagnosis of HS managed in 2015 to 2017. **Results:** Incidence of HS in Moscow was 0.45 per 100,000. The prevalence of this diagnosis was 0.3%. We examined 98 patients of HS. The duration of the disease ranged from 6 months to 37 years. Thirty-four percent of the patients were women. The armpits, anogenital areas, and groin folds, were the locations most frequently affected. Smoking, overweight, and obesity were the most commonly recorded concomitant conditions. We found that metabolic syndrome was present in 14.28% of HS patients (OR 2.78, 95% CI 2.25–3.55). Autoimmune diseases were in 5.10% of patients. Male sex and perianal and gluteal locations were associated with severity. **Conclusion:** Our findings are consistent with the literature on HS. This is the first Moscow study to describe the incidence and prevalence of this disease as well as the concomitant conditions found.

B16
ASSESSMENT OF PATIENTS' QUALITY OF LIFE
TAKING COMBINED REGIMENS OF ROSACEA
MEDIUM-SEVERE AND SEVERE

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Rosacea is a chronic inflammatory disease characterized by the skin of the face and often difficult to tolerate by patients. The aim of our study was to compare the efficiency of topical monotherapy as a control (brimonidine tartrate and ivermectin 1%) and combination therapy (systemic therapy with oral doxycycline 100 mg/oral isotretinoin 0.2–0.4 mg/kg in combination with external therapy with ivermectin and brimonidine tartrate) and to evaluate the results according to the criteria of DLQI and IGA. Our survey in Moscow scientific and practical center of dermatovenereology and cosmetology included 35 patients with an established diagnosis of rosacea. Depending on the rosacea subtype, all patients were divided into 2 groups: patients with erythematous rosacea subtype and patients with papulo-pustular rosacea subtype. Each group was divided into subgroups depending on the prescribed treatment regimen, patients on monotherapy represented the control group. Based on the data survey, in patients of all groups receiving combination therapy, the results of treatment were more significant than in the groups receiving external therapy. In general, the severity of rosacea according to the IGA correlates with the level of DLQI. According to the dynamics assessment of severity of rosacea by IGA, the effectiveness of combination therapy was higher by 28.1%. According to DLQI assessment, the indicators of patients

receiving combined treatment were also higher than in the group on monotherapy by 14.3%. Based on our study, clear should be considered the ultimate goal of treating patients with rosacea, as this result significantly improves the quality of life of our patients.

B17
MENTAL DISORDERS AND NEUROSYPHILIS

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Aim: To identify the frequency of psychiatric symptoms in patients with neurosyphilis who did not receive timely specific treatment time, and to suggest measures for prevention of late diagnostics in such patients. *Materials and Methods:* Analysis of database of clinical records of 617 patients with neurosyphilis for the period between 1999 and 2017 in the Rostov region (Russian Federation). *Results:* Neurosyphilis was found in 67 patients (10.86% out all 617 cases). who were treated by psychiatrists with false diagnoses of: schizophrenia – 25 cases (4.05%/617; 37.31%/67), vascular dementia – 19 cases (3.08%/617; 28.36%/67); personality disorder – 17 cases (2.76%/617; 25.37%/67), neurotic disorder – 4 cases (0.65%/617; 5.97%/67), Alzheimer's and Parkinson's diseases – 1 case each (0.16%/617; 1.49%/67). *Conclusion:* In 10.86% of all cases of neurosyphilis found in the region it had not been recognized by psychiatrists. It seems necessary to recommend wide use of serological tests for syphilis in all psychiatric cases that may mask neurosyphilis (schizophrenia, vascular dementia and personality disorder) in order to optimize the diagnostics.

PARALLEL SYMPOSIA

PSYCHONEUROIMMUNOLOGY AND SKIN DISEASES**PS1****NEUROENDOCRINOLOGY OF ACNE VULGARIS***Christos Zouboulis**Departments of Dermatology, Venereology, Allergology and Immunology, Dessau Medical Center, Brandenburg Medical School Theodor Fontane, Dessau, Germany*

The possibility of a causative influence of emotional stress, especially of stressful life events, on the course of acne has long been postulated. Clinical wisdom and experience, as well as several anecdotal observations and uncontrolled case series, support this opinion. Stress was considered as the cause of acne from 50% of the patients. However, the role of stressful events in the triggering or exacerbation of acne has not been explored in detail. In the only methodologically acceptable, prospective study with 22 university students, changes in acne severity strongly correlated with increasing emotional stress from external sources. Cutaneous neurogenic factors may contribute to the onset and/or exacerbation of acne inflammation. Central or topical stress may, indeed, influence the feedback regulation in the sebaceous gland, thus inducing the development of clinical inflammation in early acne lesions. The identification of the precise action of such neuromediators on the pilosebaceous unit has initiated clinical studies with novel neuropeptide-like active substances and/or neuropeptide inhibitors (botulinum toxin, melanocortin-5 receptor inhibitor, α -melanocyte-stimulating hormone mimetic peptide, synthetic cannabinoids) in order to normalize the altered formation of sebaceous lipids and to reduce inflammation in acne.

PS2**HAIR: A TARGET AND MIRROR OF STRESS RESPONSES GOING AWRY***Eva Peters^{1,2}**Psychoneuroimmunology, ¹Department of Psychosomatic Medicine, Justus-Liebig University, Giessen, ²Center for Internal Medicine and Dermatology, Charité-University Medicine, Berlin, Germany*

Hair decorating a head is plainly visible and carries an abundance of information about its carriers, not at least about their stress and health. A close connection between psychosocial wellbeing and the state of one's hair is therefore widely accepted. However, clinicians often doubt its relevance. Here, the abundance of scientific evidence for the stress-hair connection will be reviewed to show that if we go below the skin's surface, we will find plenty of explanations for the close connection: hair follicle associated epithelial, mesenchymal and functional cell populations produce an abundance of stress mediators and carry corresponding receptors as do the cells of the immune system surrounding each hair follicle. Due to its dense innervation and blood vessel supply, this hair follicle microcosmos is closely linked to superior stress response systems such as the hypothalamus pituitary adrenal axis, the autonomic nervous system and the peptidergic peripheral nervous system. This clearly affects hair biology but is presently also used to study neuroendocrine stress responses in humans using hair as an abundant and easily accessible surrogate material for the detection of hormones, neurotrophins and even epigenetic regulations in response to stresses such as life events, trauma, anxiety or depression.

PS3**FROM HIPPOCRATES TO CYTOKINES AND THE VIETNAM WAR: AN EMOTIONAL HISTORY OF PSORIASIS***Georgia Lada^{1,2}, Hector Chinoy^{2,3}, Peter Stanley Talbot^{2,4}, Richard Bruce Warren^{1,2}, Christine Elise Kleyn^{1,2}**¹The Dermatology Centre, Division of Musculoskeletal and Dermatological Sciences, the University of Manchester, ²NIHR Manchester Biomedical Research Centre, ³Division of Musculoskeletal and Dermatological Sciences, ⁴Division of Neuroscience and Experimental Psychology, the University of Manchester, Manchester, UK*

We present the fascinating history of psoriasis and mental health through the ages, with an emphasis on emotional distress. Recognition of a connection between skin disease and affective states is traced back to the antiquity. But it was not until the 19th century, that the interest in psychosomatics was revived in the West and the bidirectional relationship between psoriasis and emotional distress emerged as a subject of debate. In the beginning of the 20th century, psoriasis became the focus of some psychoanalysts. There are anecdotal reports that early electroconvulsion treatment for mental disorders also improved coexistent psoriasis. After World War II, pioneering studies provided the first evidence for the role of stressful events on psoriasis onset and course. Meanwhile, observations of armed conflict survivors, from concentration camp victims to Vietnam veterans, highlighted the link between psoriasis and severe post-traumatic stress. In the last three decades, the high comorbidity between psoriasis and depression has been well established. The aetiology behind the relationship of psoriasis with affective and stress-related disorders has been increasingly investigated. Current neuroimmunology research, which has reported that immunological factors may underlie this relationship, has significantly moved the field forward, corroborating astute clinical observations by physicians through the ages.

PS4**PROOF OF EFFICACY OF THE STRUCTURED PATIENT EDUCATION IN ADULTS WITH ATOPIC DERMATITIS CONCEPT ARNE IN A RANDOMIZED CONTROLLED MONO-CENTRIC REPETITION STUDY***Michael Schock¹, Sanaz Zanjani¹, Scherwin Zanjani¹, Thilo Jakob², Johannes Kruse³, Uwe Giele^{2,4}, Eva Peters⁵**¹Psychoneuroimmunology, Department of Psychosomatic Medicine, ²Department of Dermatology and Allergology, Justus Liebig University (JLU), ³Department of Psychosomatic Medicine, Justus-Liebig University, Giessen and University of Marburg, Marburg, ⁴Department of Dermatology, Hamad Medical Corporation, Doha, Qatar, ⁵Psychoneuroimmunology, Center for Internal Medicine and Dermatology, Charité-University Medicine, Berlin, Germany*

The multidisciplinary educational program ARNE was shown to improve skin health and itch self-report in treated atopic dermatitis patients compared to waiting list controls. Repetition studies are required to provide further evidence of treatment effectiveness. In addition, comparison levels of healthy individuals and effects on mental and biomolecular distress are of interest. The aim of the here presented study was to replicate reported results on ARNE effectiveness. In addition, ELISA measurements of IgE and the stress mediators cortisol, BDNF and Secreted-Ly-6/urokinase plasminogen activator receptor related protein-1 (SLURP-1) were analyzed in a monocentric comparison group study including 34 ARNE participants, 33 AD waiting list control patients and 34 age and sex matched healthy comparison control subjects. Participation in the ARNE program effectively reduced AD severity with respect to SCORAD. In addition, it reduced self-reported itch intensity and improved quality of life and SLURP-1 levels. We therefore conclude that ARNE can be confirmed as an effective intervention for AD and produces robust and clinically relevant improvements of SCORAD, itch and SLURP-1.

PSYCHOSOMATIC ASPECTS OF SKIN DISEASES**PS5****THE SKIN WE ATE AND THE SKIN WE FEEL: SKIN - SYMBOL - CONSCIOUSNESS***Iara Yoshinaga¹, Iraci Galias²**¹SBD DERMATOLOGIA INTEGRATIVA, São Paulo - SP BRASIL /Founding Member of NÚCLEO PED (PSICOENDOCRINODERMATOLOGIA, SBPA ²Founding Member of SBPA (Brazilian Society for Analytical Psychology) São Paulo, SP Brasil*

The human somatosensory system works in a dynamic way. Our organs receive and produce stimuli that will be converted into biological information, which are necessary for formation, maturation and the overall functioning of the body, mind, and spirit. The “wellbeing sensation” is a result of several biological phenomena that involve the central nervous system. In this context, the role of skin, tact and touch in the development and structuring of our consciousness will be discussed. The concepts of “symbolic skin” and “sensorial psychic skin” will be explored.

PS6**PSYCHOLOGICAL CONSEQUENCES OF THE MOST COMMON DERMATOSES: DATA FROM THE OBJECTIFS PEAU STUDY***Laurent Misery¹, Charles Taieb², Martine Schollhammer¹, Sylviane Bertolus², Eva Coulibaly², Nathalie Feton-Danou², Laurence Michel², Jean Christophe Sezne², Julie Versapuech², Pascal Joly², Florence Corgibet², Khaled Ezzedine², Marie-Aleth Richard²**¹University Hospital, Brest, France, ²French Society of Dermatology, Paris, France*

This ancillary study used data from the Objectifs Peau survey on 20,012 French adults. The EQ5D score was similar in participants who did not report any skin disease and in those reporting warts or contact dermatitis but significantly lower if patients declared rosacea, atopic dermatitis, urticaria, fungal infections, psoriasis or acne. The proportions of participants reporting being extremely anxious or depressed in patients with skin diseases, especially in case of rosacea, atopic dermatitis or contact dermatitis. Between 20 and 30% of patients with psoriasis, atopic dermatitis, contact dermatitis or urticaria declared to be introverted but more than 50% in case of acne. Difficulties in sexual or conjugal life were reported by 10 to 20% of people with psoriasis, atopic dermatitis, contact dermatitis or urticaria (but 5% for warts and up to 35% for acne). Sleep disorders were present in 30 to 50% of cases of acne, rosacea, eczema, psoriasis or especially urticaria. These results were sometimes surprising, especially those on warts or mycoses. Sleep disorders may be not only be related to pruritus but also to disfiguring skin diseases. Anxiety and depression mainly complicated disfiguring diseases. Sexual/conjugal dysfunctions were associated with all dermatoses.

PS7**HAIR LOSS QUALITY OF LIFE IS INFLUENCED BY ANXIETY AND PERSONALITY***Dmitry Romanov¹, Yulia Romanova², Aleksei Brazhnikov¹, Andrey Lvov²**¹I.M.Sechenov First Moscow State Medical University (Sechenov University), Mental Health Research Center; ²Moscow Scientific and Practical Center of Dermatology, Venereology and Cosmetology of Moscow City Health Department, Moscow, Russia*

Background: Hair loss is a “mild” condition, but is considered to cause significant decrease in quality of life (QL). **Objective:** Analysis of factors influencing QL in different types of alopecia. **Methods:** Patients ($n = 106$; 86 females, mean age 36.9 ± 13.5) were diagnosed with alopecia areata (AA, $n = 22$), androgenic alopecia (AnA, $n = 39$), diffuse telogen effluvium (DTE, $n = 36$),

and cicatricial alopecia (CA, $n = 9$). QL was measured with Dermatology Life Quality Index (DLQI) and Hair-Specific Skindex-29 (HSS-29). Depression and anxiety were screened with the Hospital Anxiety and Depression Scale (HADS); assessment of personality disorder (PD) was performed with SCID-II-PD. **Results:** The global HSS-29 and DLQI scores correlated strongly ($\rho = 0.779$). HSS-29 domains analysis showed significantly higher scores on emotional domain (46.2 ± 22.7) than symptoms (19.4 ± 20.6) and functioning (20.6 ± 22.1) domains ($p < 0.05$). There was mild negative correlation of QL with age (-0.23 , $p = 0.017$), but no association with gender, alopecia severity and duration. QL decrease was significantly lower in AA compared to AnA, DTE, and CA ($p = 0.041$). Both DLQI and HSS-29 showed moderate correlation with HADS anxiety ($\rho = 0.5$ and 0.526 , respectively), but not depression. Patients with any PD showed significantly lower QL compared to patients with no PD ($p = 0.018$ and 0.036 for DLQI and HSS-29, respectively).

PS8**ASSOCIATION OF PRIMARY HYPERHIDROSIS WITH DEPRESSION AND ANXIETY: A SYSTEMATIC REVIEW***Johannes Kjeldstrup Kristensen¹, Dorthe Vestergård Grejsen²**¹Hidros Denmark, Copenhagen, Denmark ²Hidros Denmark, Copenhagen, Denmark*

Background: Primary hyperhidrosis has been associated with anxiety and depression but the magnitude of the alleged association is largely unknown. **Objective:** To perform a systematic review of the association between primary hyperhidrosis and depression, anxiety and if possible, suicidal behavior. **Methods:** The medical databases PubMed, Embase, and PsychINFO were searched using the following search terms: primary hyperhidrosis AND depression OR suicide OR suicidal ideation OR antidepressants OR anxiety OR anxious OR panic attacks OR worry OR anxiolytic. All studies in English examining the relationship between patients with primary hyperhidrosis and either depression, anxiety, or suicidal ideation were reviewed according to title and abstract. Furthermore studies were identified by screening reference lists and citations lists of key articles and review articles. It was our aim to include controlled studies examining the association between primary hyperhidrosis and depression, anxiety or suicidal ideation. **Results:** A total of 842 articles were identified. After screening the titles and abstract 815 were excluded and 27 were obtained for full text review. Of the 27 screened articles 20 were excluded due to lack of relevant control groups. Seven (7) studies seemed to merit further study and will be further analyzed. **Limitations:** Included studies used different definitions of hyperhidrosis, depression and anxiety. The severity of hyperhidrosis was measured mostly by HDSS. The control groups differed and a normal reference population was rarely used. The sample size was sometimes small, as was response rate. A meta-analysis was impossible due to the differing quality of the studies. **Conclusions:** Depression and anxiety should be considered by doctors when treating patients with primary hyperhidrosis. Because disease improvement appears to reduce the burden of comorbidity, this should be a priority. The paucity of controlled studies in this field makes it mandatory to study this question in detail in the future.

PS9**PSYCHOLOGICAL PROFILE OF PATIENTS PRESENTING WITH DERMATOLOGICAL COMPLAINTS: A CROSS-SECTIONAL STUDY***Ram Malkani¹, Komal Parekh¹, Suman Karmarkar¹, Maninder Singh Setia²**¹Dr Skinpimples Clinic Pvt Ltd, ²Consultant Dermatologist and Epidemiologist, Mumbai, India*

Objectives: The present study was conducted to evaluate the psychological profile in patients presenting to a dermatological clinic in Mumbai, India. **Methods:** We evaluated anxiety, depression, stress, anger, body image, and relationships in 63 patients presenting with dermatological complaints. We used linear regression models for multivariate analyses for co-efficient and 95% confidence intervals [CI]. **Results:** The mean age (standard deviation [SD]) was 37.4 (14.9) years; 30 (51%) were females and 31 (49%) were males. The common diagnoses were papulosquamous conditions (24%), acne (18%), hair fall (15%), pigmentary conditions (11%), pruritus (10%), and infection (8%). Mean (SD) anxiety scores were highest in pigmentary conditions (11.6 [13.9]), depression (15.0 [5.0]) and post-traumatic stress scores (16.3 [25.6]) in pigmentary conditions, social phobia scores in allergy (21.8 [17.0]), and anger scores in acne (25.4 [6.3]). Mean (SD) family scores were lowest in pruritus (8.0 [4.2]), body image in infection (3.6 [0.9]), self-image in pigmentation (6.0 [2.3]). Mean social phobia scores were significantly higher in allergy compared with acne (12.2, 95% CI: 1.6, 22.8, $p=0.02$). Body images scores were lower in pruritus (-7.7, 95% CI: -14.5, -0.9, $p=0.03$). **Conclusion:** The psychological parameters differ in various dermatological conditions; hence a complete profile analyses will be useful for designing interventions in these patients.

PS10

ALEXITHYMIA, PSYCHOLOGICAL DISTRESS AND SOCIAL IMPAIRMENT IN PATIENTS WITH HIDRADENITIS SUPPURATIVA

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Background: Hidradenitis Suppurativa (HS) is a chronic, inflammatory skin disease which has a substantial adverse impact in patient's lives. However, only a few studies investigated the presence of alexithymia, i.e., the difficulty in describing or recognizing emotions, in patients with HS. **Objective:** To examine the prevalence of alexithymia in patients with HS, and its association with demographic and clinical variables, quality of life, and psychological distress. **Methods:** Ninety outpatients with HS completed the Toronto Alexithymia Scale (TAS-20), the Dermatology Life Quality Index (DLQI) and the Skindex-17 for health-related quality of life (HRQoL) evaluation, and the SF-36 for general health evaluation. **Results:** Alexithymia or borderline alexithymia was observed in 44.4% of patients with HS, with a higher prevalence of the alexithymic trait in women than men (51.7% vs 31.2). No association was observed between alexithymia and clinical variables; however, we observed a statistically significant association between alexithymia and HRQoL and psychological distress. The mean scores of all the subscales of the SF-36 were significantly lower in patients with alexithymia compared to those with no alexithymia. **Conclusions:** Physicians should consider alexithymia in the diagnosis and treatment of HS patients, given its important role in general health status, HRQoL impairment, and psychosocial distress.

PSYCHIATRIC ASPECTS IN SKIN DISEASES

PS11

REVISITING THE ART OF TREATING DELUSIONS

Francisco Tausk, Elizabeth Cusick, Julia Stiegler
University of Rochester, NY USA

I will present the experience of the last 2 years in the treatment of 60 patients with delusions of parasitosis/Morgellons disease with emphasis on the streamlined approach to attempt to obtain subject compliance with antipsychotic medication.

PS12

INDIRECT SELF-DESTRUCTIVENESS IN PATIENTS WITH HIDRADENITIS SUPPURATIVA

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Introduction & Objectives: Hidradenitis suppurativa (HS) is a chronic, debilitating skin condition which negatively affects patients' mental health. Indirect self-destructiveness refers to unfavorable behaviours, such as addictions, neglects, risky behaviours, resignation and helplessness, which may hinder adherence during the treatment of HS patients. Therefore, the objective of the study was to identify and assess the indirect self-destructive behaviors in patients suffering from this disease. **Methods:** The study involved 100 patients diagnosed with HS (59 males and 41 females) aged 18–59 years, recruited between January 2017 and October 2018. Disease severity was assessed with Hurley staging and Sartorius scale. Intensity of indirect self-destructiveness was evaluated by Polish version of the Chronic Self-Destructiveness Scale (CS-DS) Kelley in the Suchanska adaptation. **Results:** The average score of indirect self-destructiveness in the population studied was 130.16 ± 21.3 (median = 128). Its overall severity was in the higher range of average results. The most expressed class was helplessness and passivity. Smoking patients presented statistically significantly higher scores compared to non-smoking subjects ($p < 0.006$). **Conclusion:** The results enrich the existing knowledge with an additional factor impeding the achievement of positive clinical effects in the treatment of HS patients.

PS13

BURNING MOUTHS SYNDROME AND COMORBID MENTAL DISORDERS

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Background: Burning mouths syndrome (BMS) is a functional disorder with painful sensations in the oral cavity without obvious organic pathology. Mental disorders in BMS are underinvestigated, and limited to data on comorbidity with anxiety and depression. However, the range of comorbid disorders in BMS seems to be much wider. **Aim:** Clinical and psychometrical evaluation of mental disorders in BMS. **Methods:** The study sample (16 subjects; 15 female; mean age 59.5 ± 13.6 years) were examined by dermatologists and psychiatrists both clinically and psychometrically for anxiety (GAD-2), depression (PHQ-2), personality disorders (SCID-II-PD), and other ICD-10 disorders. **Results:** According to the psychometric assessment, depression (PHQ2) and anxiety (GAD-2) were observed in 31.3% ($n=5$) and 68.7% ($n=11$), respectively. The clinical evaluation revealed the following ICD-10 disorders: (1) dysthymia in 5 subj.; (2) somatization disorder ("health anxiety" and cancerophobia with avoiding behavior) in 2 subj.; (3) chronic somatoform pain disorder (tortious local pain with auto-aggressive behavior) in 9 subj. Comorbid personality disorders (SCID-II-PD and clinical evaluation) were detected in 87.5% of cases ($n=14$): schizotypal ($n=7$), histrionic ($n=4$), paranoid ($n=2$), and avoiding ($n=1$). **Conclusion:** Glossalgia is associated with anxiety, depression, somatoform, and personality disorders. The association requires further research.

PS14**IS ACNE EXCORIEE A SUBCLINICAL FORM OF EXCORIATION (SKIN PICKING) DISORDER?**

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Objective: We conducted a prospective study of acne excoriee in Israeli acne patients and assessed associated mental health correlates. **Methods:** Eight hundred and twenty Israeli acne patients were given 8 questionnaires for screening perceived stress, depression, anxiety, obsessive compulsive disorder, body dysmorphic disorder, impulse control disorders, stigmatization. **Results:** A total of 520 acne patients (63%) responded and were included in the analysis. Mean age was 25.34 (± 8.44), 87.2% being females. Acne excoriee was associated with severity of acne ($p < 0.001$), years of education ($p = 0.02$) attractiveness to self ($p < 0.01$), attractiveness to others ($p < 0.01$) and stigmatization, involving rejection ($p = 0.01$) and other's opinion ($p = 0.03$). Psychiatric disorders associated with acne excoriee were: body dysmorphic disorder ($p < 0.001$), anxiety ($p < 0.01$), obsessive compulsive disorder ($p < 0.001$), perceived stress ($p = 0.001$). **Conclusion:** Acne excoriee is associated with stigmatization and psychiatric comorbidities. Clinicians and public health officials should be aware of this and screen for it.

PS15**GARDNER-DIAMOND SYNDROME: A NEW CASE OF PSYCHOGENICALLY INDUCED AUTOERYTHROCYTIC SENSITIZATION**

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Background: Gardner-Diamond Syndrome (GDS) is a rare psychodermatological disorder characterized by stress-induced painful eruptions turning into ecchymosis. Data on the role of psychopathological disorders in GDS and their relation to the disease course are contradictory and worth to be studied. **Aim:** Description of the GDS case including psychiatric and personality disorders related to the disease course. **Methods:** A 72-year-old patient was examined by dermatologists and psychiatrists, a skin biopsy and intracutaneous test with autoerythrocytes was performed, as well as other clinical examinations to exclude other underlying pathology. Psychiatric examination included clinical interview with SCID and SCID-II-PD. **Results:** The GDS onset and three severe exacerbations occurred after severe stress – reactive depressions due to the probable and actual loss of the significant other. In fact, there is a particular type of stress-induced psychosomatic reaction: somatization of psychogenically induced disorder in accordance with the conversion mechanism. As a predisposing factor to the described psychosomatic reactions, the patient's premorbid personality could be considered: histrionic personality (SCID-II-PD confirmed) also included overvalued fixation on the welfare of the lost significant other. The peculiarity of the case is that among with the stress-induced onset and some exacerbations, the further disease course was not related to psychogenic provocations.

PSYCHOLOGICAL ASPECTS OF ITCH**PS16****THE SELF-ASSESSED PSYCHOLOGICAL COMORBIDITIES OF PRURIGO IN EUROPE:****DATA FROM THE ESDAP STUDY**

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Prurigo is defined by the presence of chronic pruritus and multiple localized or generalized pruriginous lesions. The aim of this study was to assess the psychological burden of prurigo in patients of European countries. In this multicentre European study, 3,635 general dermatology outpatients and 1,359 controls were included. Socio-demographic data and answers to questionnaires (regarding quality of life, general health, anxiety and depression and suicidal ideation) were collected. There were 27 patients with prurigo; of these, 63% were men, and the mean age was 58.6 years. Among patients with prurigo, 10 of 27 (37%) suffered from anxiety and 8 of 27 (29%) from depression. Suicidal ideation was reported in 5 of 27 (19%) patients, and for 4 of these 5 patients, suicidal ideation was related to their skin disease. These frequencies were higher in the 10 commonest dermatological diseases (including psoriasis, atopic dermatitis and leg ulcers). The impact on quality of life was severe, with a mean Dermatologic Life Quality Index (DLQI) of 12.4, with an extreme impact on quality of life for 23% of patients and a very large impact for 27% of patients. The psychological comorbidities of prurigo are common, greater than those of other skin diseases, and their impact on quality of life is significant. Thus, it is important to study this condition and to find new treatments.

PS17**TRAUMATIC LIFE EXPERIENCES AND IMPULSIVENESS IN PATIENTS WITH CHRONIC PRURITUS AND CHRONIC PRURIGO – A CASE CONTROL STUDY**

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Background: Chronic prurigo is associated with extensive scratching which leads to the prurigo nodules. In other chronic conditions, e.g. chronic pain, a higher prevalence of traumatic life experiences has been recorded, in women more than in men. A possible link between trauma and scratching could be higher impulsiveness resulting from traumatic life experiences. **Objective:** To explore whether prurigo patients are more impulsive than patients with chronic pruritus (not including prurigo), whether they have experienced more traumatic life events and if there are gender differences. **Methods:** 120 patients with chronic prurigo (60 male, 60 female) were compared to 120 patients with chronic pruritus (60 male, 60 female). They filled in questionnaires on sociodemographic and clinical aspects, the Childhood Trauma Scale, the

Trauma History Questionnaire and the Baratt Impulsiveness Scale. *Results:* There were no significant differences between chronic pruritus and chronic prurigo patients regarding the number of traumatic life experiences and the levels of impulsiveness. Women reported more traumatic life experiences than men. *Conclusion:* The extensive scratching of patients with chronic prurigo cannot be explained by higher impulsiveness or more traumatic life events when compared to patients with chronic pruritus.

PS18

CAN ATTENTION BIAS MODIFICATION (ABM) TRAINING MODIFY ATTENTION TOWARDS VISUAL ITCH STIMULI IN HEALTHY INDIVIDUALS?

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Someone else's scratching somehow captures our attention as we often tend to start scratching ourselves. Patients with chronic itch are more susceptible to this phenomenon of itch contagion, which may play a role in their symptoms. Therefore, it may be helpful to intervene in the extent to which people direct attention towards itch-related information. This proof-of-principle attention bias modification (ABM) training-study aimed at investigating whether attention towards itch pictures and words can be modified. Healthy volunteers' attention was attempted to be trained away from ($n=37$) or towards ($n=40$) pictorial itch stimuli, or not trained (control condition; $n=39$). In a modified dot-probe task, the location of targets to which the participants responded as opposed to itch pictures was manipulated (e.g., targets were always presented at the itch-picture location when trained towards itch). Pre- and post-ABM training, attention towards itch-related pictures and words was assessed using regular dot-probe tasks. Results showed that the healthy participants' attention towards the itch pictures and words was not modified by this single-session ABM-training. Even though itch can be contagious in healthy people, attention re-training may be more relevant to patients with chronic itch. Future research may study whether ABM training is effective in patients.

QUALITY OF LIFE AND SKIN DISEASE

PS19

QUALITY OF LIFE IMPAIRMENT IN HIDRADENITIS SUPPURATIVA PATIENTS' PARTNERS

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Hidradenitis suppurativa (HS) is a chronic, debilitating disease, associated with patient's stigmatization, pain, depression and disability. The condition strongly influences the QoL not only of the patients but also their partners and relatives. The aim of

this study was to assess the impact of HS on the QoL of patient's partners. The study group consisted of 50 pairs of HS patients and their partners. Disease severity was evaluated using two standardized scoring systems: the Hurley staging and Hidradenitis Suppurativa Severity Index. The patients' partners QoL was assessed with the Family Dermatology Life Quality Index (FDLQI). The average FDLQI score obtained in the study was 8.7 ± 6.78 points, indicating a moderate effect of the disease on patients' partners lives. Slight, but statistically significant positive correlation was found between FDLQI score and the severity of HS as measured by Hurley staging and high positive correlation between FDLQI and HSSI. The impact of HS is not only limited to the patient but may extend to the partners and family members as well. Partners of HS patients experience a devastating effects in terms of various financial, psycho-social and physical aspects, but this burden is still often underestimated.

PS20

INTERPRETATION OF THE QUALITY OF LIFE IN HAND ECZEMA QUESTIONNAIRE (QOLHEQ)

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The Quality of Life in Hand Eczema Questionnaire (QOLHEQ) assesses impairments in HRQOL in hand eczema (HE) in the domains of (a) symptoms, (b) emotions, (c) functioning and (d) treatment/prevention. To date, however, it is not clear what a single score of the QOLHEQ means to a patient. Therefore, it was the aim of this study to assign bands of the QOLHEQ-score, in order to aid interpretation of the QOLHEQ-score. We calculated median, mean and mode for a set of anchor questions (AQs) each representing the content of a QOLHEQ domain. Weighted kappa was calculated in order to identify the set of bands with the best agreement between QOLHEQ domains and AQ. Overall, 408 HE patients were included in the study (mean age: 46.9 years (SD = 12.2), 38.7% female). With a weighted kappa of 0.64 the total QOLHEQ-score showed the best agreement for the following band: QOLHEQ < 15 = minimal impairment; QOLHEQ 15–33 = slight impairment; QOLHEQ 34–52 = moderate impairment; QOLHEQ 53–79 = severe impairment; QOLHEQ > 79 = very severe impairment. This banding represents a standardized means of interpreting the QOLHEQ total score. Further studies are needed to explore which banding may be adequate for different language version of the QOLHEQ.

PS21

MENTAL DISORDERS PROVOKED BY VITILIGO

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Objectives: To study nosogenic mental disorders provoked by clinical manifestations of vitiligo. *Material and Methods:* 42 patients (11 men and 31 women; average age 23 ± 4.6 years) with the diagnosis of vitiligo and comorbid nosogenic disorders were examined by psychopathological and dermatological methods using the following scales: VASI (Vitiligo Area Severity Index), DLQI (Dermatology life Quality Index). *Results:* Patients with sociophobic nosogenic reactions (social anxiety with obsessive fear of negative assessment of the appearance by others) had the average VASI score –38.1%, DLQI –17.4 (moderate social maladjustment). Patients with masked hypochondria (formal absence of hypochondriac fixation along with strict compliance with medical recommendations) had VASI –27.9, DLQI –6.14 (low level of social maladjustment). Patients with overvalued hypochondria of beauty (predomination of ideas of removing of objectively minor,

but “intolerable” cosmetic defect in order to achieve the “perfect” appearance) had VASI -5.6% , DLQI -21.6 (pronounced social desadaptation). *Conclusion:* in the case of sociophobic nosogenic reactions, a direct correlation was revealed, while in the case of masked hypochondria and overvalued hypochondria of beauty, a clinical dissociation between the prevalence of the skin process and the quality of life in vitiligo patients was revealed.

PS22

EPIDEMIC OF SUPERFICIAL DERMATOPHYTOSIS IN INDIA AND ITS IMPACT ON QUALITY OF LIFE OF AFFLICTED PATIENTS

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During the last years an increase in the prevalence of dermatophytosis was noted in the whole India. Many patients were treated by themselves with drug combinations containing corticosteroids. 100 consecutive patients diagnosed with dermatophytosis were asked to participate in the study. 76 of them (38 females and 38 males) agreed. Patients were asked to fill Dermatology Life Quality Index (DLQI) and additionally the intensity of itch was assessed with Numeral Rating Scale. The mean DLQI score for the whole group of patients was 8.2 ± 5.1 points, indicating moderate influence of patients' quality of life (QoL). Very large and extremely large effect was reported by 26.3%, moderate by 40.8% and only 3.9% of patients had normal QoL. Patients with combination of tinea corporis, tinea cruris and tinea faciei showed the lowest QoL (11.0 ± 4.5 points), followed by those with tinea corporis and tinea cruris (9.0 ± 5.4 points), tinea corporis (7.8 ± 5.7 points) and tinea cruris (6.7 ± 3.8 points). Females were more heavily affected than males (9.3 ± 5.2 and 7.1 ± 4.7 points, respectively) ($p = 0.038$). We demonstrated significant relationship between impairment of QoL and intensity of itch ($r = 0.37$; $p < 0.002$). Additionally, there was a clear trend ($p = 0.11$) to lower QoL in patients who were previously treated with topical agents including corticosteroids (9.5 ± 5.9 and 6.7 ± 4.2 points, respectively).

PS23

COMPARISON OF QUALITY OF LIFE BETWEEN MELANOMA AND NON-MELANOMA SKIN CANCER PATIENTS

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The impact of skin cancers on patients' health-related quality of life (HRQoL) is often overlooked, and direct comparisons between melanoma and non-melanoma skin cancer (NMSC) are rare. The aim of this study was to compare HRQoL in patients with melanoma and NMSC. Participants were unselected, consecutive adult patients with a diagnosis of melanoma at the time of wide excision, or NMSC at the time of surgery. HRQoL was measured using the two scales of Skindex-17. The 12-item General Health Questionnaire (GHQ-12) was used to identify patients with possible anxiety or depression. The study population included 433 patients: 65 with melanoma and 368 with NMSC. Skindex-17 symptom mean scores were higher in NMSC than in melanoma patients. Melanoma patients had significantly higher scores for the item “feeling depressed”. The percentage of GHQ-12 cases (with possible non-psychotic, minor psychiatric disorders) was significantly higher in patients with melanoma (32.8%) compared to NMSC patients (8.7%). In conclusion, NMSC places a greater

burden of symptoms on patients than melanoma, while the psychological impact of melanoma is higher.

PSYCHOTHERAPY WITH SKIN PATIENTS

PS24

PSYCHOTHERAPEUTIC INTERVENTIONS IN SKIN PICKING DISORDER

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Skin picking disorder, also known as Excoriation disorder, is an obsessive-compulsive and related disorder classified with other body focused repetitive behavior disorders in recent edition of diagnostic and statistical manual of mental disorders, 5th edition (DSM-V). Skin picking disorder is associated with significant comorbidity and psychosocial dysfunction. The disorder has a female predominance across studies and average age of onset varies, commonly occurring in adolescence and adulthood. A full clinical and dermatological examination and multidisciplinary approach is important in the diagnosis and treatment of this condition. There is no specific or recommended treatment option but cognitive behavioral therapy, particularly habit reversal therapy and acceptance and commitment therapy have shown promise in many studies. This presentation will focus of psychotherapeutic techniques in the treatment of skin picking disorder.

PS25

TRAUMA, HELPLESSNESS AND MEMORY: THE PSYCHOANALYTIC PSYCHOSOMATIC LISTENING IN THE DERMATOLOGICAL CLINIC

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Becoming ill is a way to get attention, the look and the care of the other. Some elderly people can be listened to, looked at, touched and treated by others, only when they get sick. I present cases of two survivors of the Second World War, a man and a woman, who had psychogenic pruritus. They have in common being nonagenarians, Jewish background, married, with children, grandchildren, lucid, politicized, have never undergone psychotherapy and both cultivate orchids. The human being suffers some helplessness in life and does not always develop resources to deal with them. In these cases, the patients presented worsening of the pruritus, at night, when they took off their clothes they were alone with their thoughts and had the possibility of encounter themselves. The clothing functioned as a second skin that restricted them from scratching and feeling, as a contention. These two patients had good psychological resources, went through different movements, he was progressively getting physically disorganized with various diseases and hospitalizations and she was always reorganizing herself. The pruritus symptom appears as a pain of a reaction to a loss. In these two clinical cases the pain of the past returns to the present as a new pain, another symptom, in the specific case of pruritus, a passage to the act, a psychosomatic clinical picture. The improvement of these patients under the psychoanalytic psychosomatic perspective was achieved through frequent visits to the dermatologist as they told their stories, their dreams. A more active and communicative physician helped them to name and express their affections. Even if the pruritus was not improved, it became more bearable. Patients usually would like a drug to relieve their symptoms and be cured, however with the approach of Psychoanalytic Psychosomatic, they are invited to deal more actively with their condition, to listen to their body messages and to realize what profoundly occurs on the surface of the skin.

PS26**THE ESDAP DIPLOMA IN PSYCHODERMATOLOGY**

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Psychodermatological consultations are a reality in most European countries nowadays. It is therefore important for health providers to be properly trained to deal with dermatological patients who present with specific needs. Throughout Europe, psychotherapy is being regulated and protected by law and the idea is for this diploma in Psychodermatology to be adapted to current regulations. ESDaP will offer these training courses on an international basis. Each teaching module offered will be the same in different European countries, and offered in different languages by a team of experts coordinated by an ESDaP EC member. The training program will consist of 3 levels. The levels and topics covered are as follows: *Level 1*: psychodermatologist, skin-psychologist, skin-psychiatrist. Acquiring competences in: doctor-patient relationship and communication skills, alexithymia, anxiety, depression, self-inflicted skin lesions, body dysmorphic disorders, delusion of parasitosis and other delusions, quality of life, psychopharmacological treatment, and psychological interventions. *Level 2*: Psychotherapeutic level A. Counsellor: first level dermatologist/psychologist/psychiatrist trained as counsellor in various approaches (Habit reversal, atopy school, etc.) B. Practitioner: the same candidates reaching the requirements for the European Certificate in Psychotherapy Additionally, ESDaP will acknowledge and certify a multidisciplinary consultation dermatologist-psychologist/psychiatrist when one of the consultants reaches Level 2.

PS27**DEVELOPMENT AND EVALUATION OF THE PSOWELL™ APPROACH FOR THE MANAGEMENT OF PEOPLE WITH COMPLEX PSORIASIS**

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Psoriasis, a long-term immune-mediated inflammatory skin disease, affects 2–3% of the UK population; around a third of patients develop associated joint disease (psoriatic arthritis). These conditions are associated with increased cardiovascular disease (CVD) risk, greater prevalence of modifiable CVD risk factors that include smoking, excessive alcohol consumption, obesity, physical inactivity and associated distress. Interventions should address the psychological and lifestyle factors that precipitate these associated comorbid conditions and CVD risk, focusing on behaviour change. Psoriasis disease requires effective health behaviour change, yet clinicians feel unprepared to facilitate this. PsoWell™ (Psoriasis and Wellbeing), a novel training programme, that incorporates Motivational Interviewing, improves clinicians' knowledge and skills to manage psoriasis and is acceptable and feasible to incorporate into clinical consultations. We report on a mixed-methods implementation study to: 1) Establish PsoWell™ clinics within dermatology services across the UK. 2) Investigate whether the PsoWell™ training improves clinicians' consultation skills, knowledge of psoriatic diseases, comorbidities and risk factors. 3) Determine whether the PsoWell™ training programme is feasible and acceptable to dermatology specialists and psychologists. 4) Explore whether the PsoWell™ consultation style is acceptable to patients. 5) Develop the evidence base for PsoWell clinics as part of dermatology service provision.

PS28**SURVEYING DERMATOLOGISTS IN THE MIDDLE EAST FOR THE PRACTICE PSYCHODERMATOLOGY**

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Background: Many dermatologic patients suffer from comorbid psychiatric symptoms. Proper treatment of these patients require parallel psychiatric care. The main objective of this study was to assess awareness of Middle East dermatologists to psychocutaneous medicine. *Methods*: we utilized a survey originally developed for dermatologists in the U.S. to assess regional experience with psychodermatologic disorders. *Results*: Fifty-seven dermatologists from 7 countries (United Arab Emirates, Saudi Arabia, Egypt, Kuwait, Iraq, Jordan and Lebanon) completed the survey. Forty-nine (86%) reported clear understanding of the term psychodermatology, 9 (16%) were very comfortable in diagnosing and treating these disorders, and 52 (91%) were unaware of patient/family professional electronic resources on psychodermatology. Acne, alopecia, vitiligo, atopic dermatitis, and psoriasis were common skin diagnoses coupled with psychiatric manifestations. Thirteen (23%) dermatologists expressed interest in attending educational activities on managing psychodermatologic diseases. *Conclusion*: Managing patients with psychocutaneous disorders required more sufficient experience. This survey supports need for incorporating formal training on psychodermatology in postgraduate dermatology programs. There is also a need for establishing dermatology-psychiatry liaisons, especially acquainted with managing these patients. *Reference*: Osman OT, et al. Attentiveness of dermatologists in the Middle East to psychocutaneous medicine. *Prim Care Companion CNS Disord* 2017; 19(2):16.

PS29**THE TREATMENT OF DELUSIONALITY**

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Delusional thinking is a key element in certain psychiatric disorders. Multiple factors are involved in the generation of delusional thinking. Selective attention is the most investigated possible contributor of delusional thinking. Cognitive Behavioral Therapy (CBT) for delusional thinking in patients who have an At Risk Mental State (ARMS) for a first psychosis yields promising results. Based on this research we have conducted a pilot study for treating delusional thinking (NEMO Group) in patients with Body Dysmorphic Disorder with CBT encompassing a training in recognizing and correcting cognitive biases including selective attention. The training was realized in an academic outpatient clinic. Results ($n=4$) indicate that delusional thinking decreased, with respect to cognitive biases, and that quality of life improved. Moreover, we will present case series of 2 patients with delusional infestation (DI), who were treated at our psychodermatology outpatient clinic by a psychiatrist, psychologist and dermatologist with antipsychotics, CBT for delusional thinking like in our pilot group, regular dermatological evaluation and systemic interventions. Combined treatment resulted in a decrease of hallucinations, alcohol and benzodiazepines use, cleaning, compulsive rituals and self-injury and quality of life improved. In conclusion, we show new CBT interventions to treat delusional thinking and underline the importance of treating patients with DI in a multidisciplinary team.

APD-SYMPOSIUM

PS30

URTICARIA – IF NO CAUSE IS KNOWN, STRESS IS HIGH

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Background: Chronic spontaneous urticaria (CSU) is held to be associated with high mental distress, especially when no underlying physical condition is identifiable, but studies in support of a stress and disease severity relationship are largely missing and the stress-contribution to CSU is unclear. **Methods:** 303 CSU patients were assessed for stress using validated questionnaires and then for potentially relevant underlying physical CSU conditions (e.g. autoreactivity, infections, intolerances). In 249 CSU patients, underlying conditions were identified. Levels of self-reported stress in these patients (CSU+) were compared to levels of self-reported stress in patients without identified underlying conditions (CSU-). The link between distress contribution and disease activity was analyzed by correlation and regression analysis. **Results:** No demographic and selected immunological differences were found between CSU- and CSU+ patients ($p > 0.05$). CSU- reported higher PSQ "tension" compared with CSU+ ($p = 0.039$). CSU- patients also had higher urticaria activity (UAS7; $p = 0.042$). Correlation- and regression-analyses revealed that disease activity was linked to PSQ factor "demands" (adjusted $R^2 = 0.195$) and PSQ-factor „tension“ (adjusted $R^2 = 0.082$) in CSU- patients. **Conclusions:** CSU-patients showed higher stress levels, even before they knew that no potentially relevant underlying condition could be identified. Stress perception was linked to disease activity only in CSU-. This suggests a possible causal link between CSU- and mental distress and encourages further research and implementation of psychological interventions especially in CSU- treatment.

PS31

PSORIASIS IS A STRAIN

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Depending on population a psoriasis frequency of 0.1% and 11.4 % has been reported. The chronic course of the disease is characterized by frequent relapses and a number of comorbidities give evidence of its systemic character (cardiovascular diseases, metabolic disease, and depression a.o.). Consequently, the WHO ranks psoriasis among the severe non-communicable diseases (resolution WHO 67.9). In addition, quality of life is often dramatically compromised by stigmatization or intense pruritus. The S3-guidelines mention numerous treatment options and the recent development of biologics allows to reduce PASI90-rates by up to 70% even in severe cases. Given that the primary interest of most patients is rapid clearance of their skin lesions and ideally complete remission under therapy (Blome et al. 2011), biologics appears to provide a satisfactory and simple solution and respective studies report not only improved skin but also improved mood and relationships as well as reduced social anxiety. But what are the long term side effects of biologics? How well do the patients adhere to long term therapy? How are health care

systems coping with the high costs of biologics? What is the role of psychosomatic medicine in this context? These questions will be discussed with the auditorium.

PS32

PATIENT EDUCATION IN CHILDREN WITH ATOPIC DERMATITIS, REPORT FROM PRACTITIONERS

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Neurodermitis (atopic dermatitis AD) is a frequent manifestation of atopic disease in children. The diagnosis is disruptive and leads to insecurity of parents and families. Questions come up that demand answers, but during dermatological consultation, time to answer these questions and cover the tremendous need for information is scarce. In 1999 a number of dermatologic and pediatric centers founded the working group neurodermitis (in German Arbeitsgemeinschaft Neurodermitis Schulung e.V., acronym AGNES) and developed an interdisciplinary schooling program for affected families. Schulung mostly takes place in an ambulatory setting and addresses children of different age groups: Training for parents of children between 0 and 7 years of age, training for children between 8 and 12 years of age and their parents and training for teenagers between 13 and 18 years of age. In 2018 a revised manual was completed for these trainings, which comprised experiences and developments of the past 20 years. To inform parents and families about trainings and the possibility to participate in them, close communication between doctors and schooling centers is essential. Trainings can not replace visits to a doctor but can serve as an additional source of information and provide exchange opportunities. Good cooperation pays off in many ways: doctors can offer parents more than a brief advice and a prescription, schooling centers can run full courses, parents can learn to cope well with their childrens disease and affected children will suffer less.

PS33

PSYCHONEUROIMMUNOLOGY OF SKIN CANCER

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Getting a cancer diagnosis is initially a shock for many patients, which is often underestimated by their doctors. Patient's first thoughts commonly address a potential fatal outcome while doctors rate prognosis according to tumor stage. When conventional medicine has exhausted all treatment options and health advice, patients therefor often turn to alternative measures to regain some control over their disease and their life as cancer patients. Often these measures claim to strengthen the immune response, but rarely do they supply the corresponding scientific evidence. Psychoneuroimmunology can fill this knowledge gap. Mostly by doing animal experiments, key immune responses that shape tumor immune-surveillance have been described, the knowledge of which may aid research on the role of psychosocial wellbeing in the development and spread of cancer cells. This presentation will sketch the consequences of this knowledge for the diagnosis, counseling and therapeutic options of patients with skin cancer and the respective research to be done.

PS33

BODY DYSMORPHIC DISORDER

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Body dysmorphic disorder (BDD) states a prevalence of up to 2% and therefor can be considered a common mental disorder. Patients suffer from a preoccupation with flaws in their appearance that are not or only slightly recognizable from the outside. The preoccupation often goes along with excessive repetitive behaviors such as checking behaviors, safety behaviors and avoidance. Patients often show great suffering and social impairment such as isolation due to high shame and social anxiety. Patients also often suffer from suicidal ideas and self-manipulating behaviors. Dermatological concerns such as “skin problems” or flaws concerning hair are

among the most common preoccupations in BDD. The dermatological practice is typically a place where patients address their worries for the first time. The current presentation addresses the core clinical features of BDD and illustrates the challenges in working with patients. Treatment should include specific interventions such as exposure and behavioral experiments as wells as perceptual re-training (mirror exposure, video interventions etc.). Additionally cognitive strategies to tackle dysfunctional scheme and psychological functionalities will be portrayed. Future developments such as the inclusion of compassion fostering modules will also discussed.

POSTERS

P1

APPLICATION OF THE DIAGNOSTIC CRITERIA FOR “FUNCTIONAL ITCH DISORDER” OR “PSYCHOGENIC PRURITUS” IN A LARGE CONSECUTIVE SAMPLE OF PATIENTS WITH CHRONIC PRURITUS

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Background: In 2007, the French Psychodermatology Group suggested diagnosis criteria for “functional itch disorder” or “psychogenic pruritus”. **Objective:** To screen a large consecutive sample of patients with chronic pruritus (CP) for these criteria. **Methods:** Data of 6374 patients were screened for concordance to the three compulsory the seven optional criteria. **Results:** Only 374 patients (5.9%) fulfilled all 3 compulsory criteria, 143 of these fulfilled two or more and 34 three or more optional criteria. 560 (8.8%) of all the CP-patients were referred for psychosomatic diagnostics: In the referred patients, the diagnosis “psychosomatic co-factors in CP” (F54 in ICD-10) was much more frequent ($n = 318$) than “somatoform” or “psychogenic” pruritus (F45.8) ($n = 48$). While for a diagnosis of “psychogenic” pruritus somatic etiology must be excluded, somatic and psychosomatic factors co-exist in the etiology of multifactorial CP with psychosomatic co-factors. In addition to the optional criteria already proposed, we identified other clinical features which were more pronounced in patients with somatoform CP or multifactorial CP with psychosomatic co-factors than in patients without a psychiatric diagnosis. **Conclusions:** The diagnosis “psychosomatic co-factors in CP” seems to be of more clinical relevance than the diagnosis of “psychogenic” or somatoform itch.

P2

ALEXITHYMIA IN PATIENTS WITH HIDRADENITIS SUPPURATIVA

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Introduction & Objectives: Hidradenitis suppurativa (HS) is a chronic inflammatory disease which negatively affects patients’ mental health and quality of life. Alexithymia may be another psychological disorder associated with HS. The aim of the study was to assess the prevalence and its associated factors in HS patients. **Methods:** The study involved 100 patients, 59 males and 41 females. Alexithymia was assessed by Twenty-Item Toronto Alexithymia Scale (TAS-20) questionnaire. HS severity was assessed with Hurley staging and Sartorius scale. Quality of life was evaluated with Dermatology Life Quality Index (DLQI). **Results:** Alexithymia was observed in 32% of patients. The prevalence of alexithymia was higher in men than in women with 35.6% and 26.8%, respectively. The statistical analysis revealed significant correlation between alexithymia and DLQI ($r = 0.61; p < 0.0001$) and Sartorius score ($r = 0.36; p < 0.0003$). **Conclusion:** Our results demonstrate high prevalence of alexithymia in HS patients. It occurs more frequently among HS patients compared to the general population. Alexithymia can be considered as another HS psychological comorbidity with a negative impact on patients’ quality of life.

P3

A KAP STUDY OF PHARMACISTS TO THE PRESCRIPTION OF PSYCHOTROPIC DRUGS BY DERMATOLOGISTS IN MUMBAI, INDIA

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Background: The present study was conducted to assess the knowledge, attitudes, and behaviours of pharmacists towards dispensing psychotropic medications to patients who have been prescribed these by dermatologists in Mumbai, India. **Methods:** We conducted structured interviews in 81 pharmacists in Mumbai. The responses were collected on a 5-point Likert Scale (strongly disagree to strongly agree). The means were compared using t-test or Analysis of Variance, and proportions using chi square test. **Results:** The mean (SD) age was 32.4 (10.9) years; 72 (89%) were male and 9 (11%) were female, and median (IQR) experience was 5 (2, 14.5) years. About 45% pharmacists received prescription of psychotropic drugs from dermatologists; however, 32% of these were not comfortable prescribing them. About 68% agreed that psychological factors can lead to skin conditions including eczema and itching. About 46% agreed that they have a right to refuse the prescribed medication; of these, 41% refused to give medication to patients. Pharmacists who disagreed with statement that psychological stress can lead to skin conditions were more likely to discourage psychotropic prescription from dermatologists (33% vs 11%, $p < 0.001$). **Conclusion:** Awareness and education among pharmacists will be an important intervention for appropriate dispensing of psychotropic medications in patients with dermatological conditions in India.

P4

GLOBAL RESEARCH ON THE IMPACT OF DERMATOLOGICAL DISEASES (GRIDD)

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Introduction: The Global Research on the Impact of Dermatological Diseases (GRIDD) project is the first systematic, international study of the impact of living with dermatological disease. Existing measures markedly underestimate the burden of skin disease leading to under-investment in research and services for these patients. **Objective:** GRIDD will develop a global patient-reported measure of the impact of living with skin disease. It will be designed with high levels of patient engagement and meet strict psychometric criteria. **Material and Methods:** GRIDDs consists of five phases. Phase 1 a systematic review (SR) of existing dermatology-specific patient-reported measures. Phase 2 will focus on item generation and refinement with substantial input from patients worldwide. In Phase 3, the psychometric properties of the measure will be tested. In phase 4 and 5 the new measure will be launched and disseminated. **Results:** Phase 1 SR results are presented here; of the 36 measures identified, none met all essential psychometric standards, 30 had the potential to be recommended for use, subject to further validation, and 6 were not recommended for use. **Conclusion:** No existing measure has sufficient psychometric rigour to be considered the gold standard. This justifies the need to develop a new measure with substantial patient engagement.

P5

THE IMPACT OF HIDRADENITIS SUPPURATIVA ON PHYSICAL AND MENTAL HEALTH IS HIGHER THAN THAT OF SOME RELEVANT NON-DERMATOLOGICAL CHRONIC CONDITIONS

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Background: Hidradenitis suppurativa (HS) has a heavy impact on patients' quality of life. A comparison with non-dermatological diseases has not yet been done. **Objective:** To compare the impact of HS on patients' health status to that of some frequent, chronic, non-dermatological conditions. **Methods:** A cross-sectional study was conducted on consecutive HS outpatients at a dermatological center. Health status was measured using the SF-36 and compared to U.S. normative scores for some non-dermatological diseases. **Results:** Health status in HS patients was worse than that of patients with minor medical and psychiatric conditions for the physical component, and significantly lower than those with severe medical conditions for pain. As for the mental components, HS patients had significantly lower scores than patients with medical conditions and scores almost equivalent to those with psychiatric conditions. **Conclusions:** The impact of HS is much stronger than that of medical conditions such as type-2 diabetes and hypertension. The real burden of HS, measured by patient-reported outcomes, must be taken into account in the routine daily management and treatment of the condition, as well as in health policy and planning.

P6

THE BROAD-SPECTRUM IMPACT OF HIDRADENITIS SUPPURATIVA ON QUALITY OF LIFE: A COMPARISON WITH PSORIASIS

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Background/Aim: Hidradenitis suppurativa (HS) is a chronic skin disease with a heavy impact on patients' quality of life (QoL). The aim of this study was to evaluate in detail the QoL impact of HS comparing it with other skin conditions and in particular to psoriasis. **Methods:** Patients with a diagnosis of HS were recruited. QoL was measured using the Skindex-17 questionnaire. **Results:** Data were available for 69 HS patients. HS had the worst QoL among several skin conditions. Compared to psoriasis the mean symptoms score was 69.4 vs. 53.7, and the mean psychosocial score was 56.1 vs. 32.7. Overall, the scores of patients with HS were higher than those of psoriasis patients on 16 of the 17 items of the Skindex-17. **Conclusions:** When compared to many different skin conditions, and in particular to psoriasis, HS was the most impairing condition, even at low levels of clinical severity.

P7

DEPRESSION SCREENING IN PATIENTS WITH BASAL CELL CARCINOMA

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Introduction: Basal Cell Carcinoma (BCC) is the most prevalent type of cancer among Caucasian populations worldwide. The purpose of this study was to assess the presence and severity of depression of the patients with a diagnosis of BCC. **Material & Methods:** Fifty-two patients (twenty-six females and twenty-six males) with histologically confirmed BCC were enrolled in the study. Demographic data were collected and the depression was evaluated with the self-assessment method using the Beck Depression Inventory (BDI). Additionally, the presence and severity of itch were assessed with numeral rating scale (NRS). **Results:** The total Beck Depression Inventory scores of all participants were between 0 and 23 points; the mean was 7.1 ± 5.8 . 19.2% of patients had clinically suspected depression (BDI > 11). Patients with head and neck location of the BCC had significantly lower BDI values ($p = 0.003$) compared to those located on the other sides. Additionally, there was a significant correlation between BDI scores and intensity of itch ($r = 0.28$, $p = 0.022$) and the age of the patients ($r = 0.3$, $p = 0.014$). **Conclusions:** BCCs can significantly influence patients well-being in a reasonable number of subjects.

P8

PSYCHOGENICALLY TRIGGERED EVANESCENT DERMATOSES: 'A NOVEL DISEASE'?

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Background: Along with functional, sine materia disorders (e.g. somatoform, self-inflicted etc.), there are some rare and underinvestigated psychodermatological disorders with clinical predominance of sensory phenomena, manifesting after psychogenic triggers and accompanied by observable dermatological symptoms (e.g., psychogenic purpura etc.). **Aim:** Clinical characteristics of a group of reactively provoked psycho-dermatological disorders occurring with sensory phenomena and objectively observed skin symptoms. **Methods:** Study sample (12 patients, 10 female; mean age – 45.5 years) was examined by dermatologists and psychiatrists. Dermatological examination included assessment of skin status, microbiological examination, biopsy. The psychiatric examination included clinical interview (SCID). **Results:** A group of relatively rare psychodermatological diseases has been distinguished. It differs from somatoform and self-inflicted disorders in observable primary evanescent lesions accompanied by skin sensations. Psychogenically triggered evanescent dermatoses include (1) Gardner-Diamond syndrome with psychogenic purpura and painful ecchymoses ($n = 1$); (2) glossodinia with lesions resembling rash and painful erosions in lichen ruber planus ($n = 6$); (3) psychogenic urticaria with itching/burning and urticaria-like rash ($n = 3$); (4) psychogenic form of pain angioedema ($n = 2$). Their onset is psychogenically triggered, directly or in the structure of reactive depression. Further disease course is phasic ($n = 7$) or continuous ($n = 5$).

P9

SKIN PAIN AND PSORIASIS

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Pruritus and joint pain are well known in psoriasis patients, but the prevalence of skin pain is poorly known. We aimed to evaluate the presence, frequency and characteristics of skin pain among patients with psoriasis. A representative sample composed of 5,000 individuals of the French 18–80-year-old population was surveyed. Pain and quality of life were evaluated. This study showed that skin

pain was reported by one-third of the patients with psoriasis, with an intensity that was almost 6–10 and with consequences on the quality of life (assessed by DLQI and SF-12 measurements). The main limitation of this study was that the diagnosis of psoriasis was self-reported and not confirmed by doctors. The pathophysiology remains unclear; however, the management of skin pain is an unmet need, and all further clinical trials should take into account the suffering of patients.

P10

PAIN IN ATOPIC DERMATITIS

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Background: Pruritus in atopic dermatitis has been extensively studied; however, skin pain is very poorly understood. We aimed to evaluate the presence of skin pain in patients with atopic dermatitis, its frequency and its characteristics. **Methods:** A survey was conducted on a representative sample of 5000 18– to 80-year-old individuals from the French population. Pain and quality of life were evaluated. **Results:** This study showed that skin pain was reported by more than half of the patients with atopic dermatitis with an intensity that was almost 6/10. A neuropathic component was suggested by the DN4 questionnaire, as well as the presence of pain inside and outside of skin lesions. Severe alterations in quality of life were assessed by DLQI and SF-12 measurements. **Conclusions:** Whereas the pathophysiology remains unclear, the management of skin pain is an unmet need, and all further clinical trials should take patient suffering into account.

P11

MORGELLON'S DISEASE OR DELUSIONAL PARASITOSIS?

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Introduction: Both delusional parasitosis and Morgellon's disease are psychotic disorders where delusions play a crucial role in their pathogenesis. Here, we present an unusual case first presented with typical Morgellon's diseases features, then moving to delusional parasitosis. **Case report:** A 58-year-old woman was referred because she has been observing for over a year a various types of fibers growing up from the skin of her soles of the feet and hands. The patient reported the disease progression, manifested by the emergence of growing fibers on the skin of subsequent parts of the body. During the hospitalization, the patient began to suspect a parasitic infestation as a possible cause of the symptoms. She was convinced of its presence. Stinging and itching sensation increased. The patient underwent a psychiatric consultation, where the diagnosis of delusional parasitic syndrome was made. **Conclusions:** The presented case shows the possible development of a delusional parasitosis in a person with an earlier psychotic disorder such as Morgellon's disease. The study of this case shows that it is important to consider, whether these are really two separate disease entities or closely related diseases, where one is the next stage or is a part of the other.

P12

DOES STRESS MATTER IN EARLY-STAGE CANCER? AN OBSERVATIONAL STUDY IN MALIGNANT MELANOMA PATIENTS

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Progressed malignant melanoma (MM) and psychosocial distress are associated. Corresponding release of neuroendocrine stress-mediators is well documented in mice. Here we first assessed self-reported distress and key neuroendocrine stress-mediators (cortisol, BDNF, Secreted-Ly-6/uPAR-related-protein-1 [SLURP1]) in early-stage MM ($n = 37$) compared with healthy controls ($n = 46$), atopic dermatitis ($n = 35$), psoriasis ($n = 37$), anxiety disorder ($n = 18$) and depression ($n = 44$). Second, we screened MM patients for psycho-oncologic need (PO, $n = 30$) comparing high and low need (HPO, LPO). Third, patients were followed for one year (baseline, 3, 6, 12 months [T1–T4]). In the first analysis, MM distress, cortisol and BDNF were comparable to controls but differed significantly from all comparison disease groups while SLURP1 was significantly lower. In the second analysis, HPO compared to LPO showed higher PSQ and STAI and lower SF-12 but no other group differences. In the third analysis, BDNF and SLURP1 levels rose and then dropped between T1 and T4 and low T4-BDNF was associated with high symptoms of depression. These findings demonstrate that early-stage MM initially have relatively low psychosocial and neuroendocrine stress but marked changes occur with time. Hence, repeated mental health screening and offer of psycho-oncologic support is recommendable for early-stage MM patients to detect and combat health decline.

P13

STIGMATIZATION EXPERIENCE OF PEOPLE WITH PSORIASIS. A QUALITATIVE ANALYSIS FROM THE POINT OF VIEW OF AFFECTED PERSONS, RELATIVES AND HEALTH CARE PROFESSIONALS (HCPS)

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Background: A large number of studies in people with psoriasis have shown that such patients suffer from severe loss of health-related life quality. At the same time, the experience of stigmatization increasingly becomes apparent. With the support of the Federal Ministry of Health, specific formats of structured destigmatization are to be designed, developed and scientifically evaluated in terms of the interactions between affected and non-affected people. In the context of this study, the stigmatization experience was recorded from the perspective of affected persons, relatives and health care professionals (HCPs) by means of qualitative surveys in focus groups as well as individual interviews. **Methods:** Subjects were recruited from the Psoriasis Center at the University Hospital Schleswig-Holstein, Campus Kiel. For all groups of participants, separate guidelines were developed in advance and subjected to a pre-test. The data from the guideline-based, semi-standardized individual and focus group interviews with affected persons, relatives and HCPs were transcribed verbatim, evaluated by computer-aided content analysis and transferred to a category system with main and subcategories. **Results:** In the period from May to June 2018,

two focus groups with a total of 14 patients, six individual interviews with accompanying relatives and 14 individual interviews with HCPs were conducted. Stigmatization was reported in all surveyed subgroups. In particular, self-stigmatization among those affected and their relatives was evident and perceived as a limitation within social and professional environments. *Discussion:* Through meetings between affected and unaffected persons, which can act as possible multipliers, it is hoped that both the public and self-stigmatization experienced by sufferers of psoriasis can be reduced.

P14
QUALITY OF LIFE IN HIDRADENITIS SUPPURATIVA: PSYCHOMETRIC PROPERTIES OF HSQOL-24

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Introduction: Hidradenitis Suppurativa (HS) has been associated with impaired quality of life (QoL). There are various measuring systems to assess physical severity; however, there are no specific QoL questionnaires for this disease in the Spanish language. *Objective:* To develop and validate a disease-specific instrument to measure QoL in patients with HS. *Methods:* A literature search was carried out to prepare a semi structured interview for patients with HS, as well as a Delphi expert consensus among health professionals. The validation with a sample of 130 patients is presented. The preliminary validation of the HSQoL-24 was passed twice to a group of 30 patients with 30 ± 10 days of interval. The DLQI and the Skindex-29 were used for its validation. *Results:* Cronbach alpha 0.87 indicates a good internal consistency of the questionnaire. The intraclass correlation coefficient (ICC) with the DLQI was 0.70 (*p*-value) (<0.001), and 0.87 (*p*-value) (<0.001) with the Skindex-29. *Conclusions:* The HSQoL-24 is the first specific self-administered questionnaire to assess QoL in patients with HS in Spanish. It is user friendly and easy to. This study demonstrates the excellent properties of the instrument: comprehensibility, reliability (test-retest), internal consistency, validity, comparison with DLQI and SKINDEX-29, and discriminative capacity.

P15
EFFICACY, SAFETY AND PATIENT REPORTED OUTCOMES (PROS) IN ADULT PATIENTS WITH ATOPIC DERMATITIS TREATED WITH DUPILUMAB AT WEEK-52 IN USUAL CLINICAL PRACTICE

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Background: Dupilumab, an anti-interleikin-4-receptor- α monoclonal antibody, is a new treatment for atopic dermatitis in adults. *Objective:* To evaluate – at week 52 – patient reported outcomes, satisfaction, efficacy and safety, with dupilumab in adult patients with moderate-to-severe atopic dermatitis

refractory to the usual treatments previously performed under conditions of usual clinical practice. *Methods:* Twelve patients were enrolled. Patients from our hospital, under routine clinical practice, were treated with subcutaneous dupilumab 300 mg every 2 weeks. The outcomes were evaluated at baseline, week 4, 8, 12, 16, 28, 40 and week 52. The variables evaluated were: itch, difficulty to sleep, previous stressful life events, severity (SCORAD), anxiety and depression symptoms (HADS), quality of life (DLQI, EQ5D3L), satisfaction, adherence to the treatment, efficacy and safety. *Results:* At week 52 significant improvement was observed in severity, itch, difficulty to sleep, anxiety and depression symptoms, and quality of life. Satisfaction with dupilumab compared to previous treatments was significantly higher in all aspects assessed. No significant dupilumab-induced laboratory abnormalities were noted, and adverse events were mild and transient. *Conclusions:* Dupilumab used under routine clinical practice for 52 weeks improved atopic dermatitis signs and symptoms, with a good safety profile and patient satisfaction.

P16
PSYCHOSOCIAL BURDEN IN ADULT PATIENTS WITH ATOPIC DERMATITIS

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Objective: Atopic dermatitis affects patients' quality of life (QoL) in many ways. It is important to analyze the impact that the disease produces in order to better define the healthcare needs of adult patients with atopic dermatitis. *Patients and Methods:* 14 adult patients with atopic dermatitis were interviewed. The qualitative interviews were semi-structured and supported by a simple script, which allowed a complete and flexible interview. *Results:* Six affected areas of the patient's life with atopic dermatitis were identified: economic, work-related, personal, psychosocial, clinical and relational. It is emphasized that atopic dermatitis has a great psychosocial impact on the adult patient, since it alters interpersonal relationships, generates rejection, stigmatization and social isolation, limits the patient in various areas and activities of their daily life or alters sleep, among others. The visible aspect, the itching-scratching cycle, the lack of awareness and ignorance of the disease, the lack of a definitive solution among the treatments and the side effects of some of them are of great concern. *Conclusions:* The QoL of the patients with atopic dermatitis is negatively affected and a holistic multidisciplinary intervention is necessary in order to mitigate the negative impact of the disease.

P17
AUTOIMMUNE BLISTERING DISEASES AND DEPRESSION. INTERDISCIPLINARY WORK BETWEEN TWO GOVERNMENTAL HOSPITALS IN BUENOS AIRES CITY, ARGENTINA

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It has been reported the relation between depression and autoimmune blistering disease. Thus, The aim of the poster is:

- To highlight the importance of the mental area in patients with autoimmune blistering disease, understanding it as a co-

morbidity. Depressive disorders associated with this pathology can be caused by the imbalance of the same pro-inflammatory cytokines responsible for the blistering disease. • To establish the benefits of the articulated multidisciplinary work on patients with autoimmune blistering diseases • To raise awareness of the need for new prospective studies to deepen the understanding of the underlying inflammatory mechanism shared by depression, anxiety and ABD.

P18

LIAISON PSYCHIATRY AND DERMATOLOGY: DIFFERENTIAL DIAGNOSIS IN A CASE OF LIVEDOID VASCULOPATHY WITH SELF-INFLICTED LESIONS

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We present a case of livedoid vasculopathy in a 73-year-old woman with poor evolution of the lesions and multiple treatments. Dermatologist suspect self-inflicted lesions and make an interconsultation to liaison psychiatry during hospitalization episode in internal medicine for poor pain control. The patient presents necrotic ulcer lesions on the legs and on the forefinger of the right hand. From the psychopathological point of view, she presents chronic anxious-depressive symptomatology secondary to dermatological disease. She recognizes authorship of the lesions and presents compulsive scratching and continued manipulation of the lesions. There is no intention of assuming the role of the sick person. Therefore factitious disorder is ruled out and we make a diagnosis of excoriation disorder (DSM -5). We prescribe a psychopharmacological treatment (mirtazapine, venlafaxine and pregabalin) and after the hospitalization she starts living in a nursing home. Then the lesions significantly improve in follow-up dermatology consultation. Through this work we want to highlight the importance of consultant liaison psychiatrist in psychodermatology hospital care and review the differential diagnosis of self-induced dermatoses.

P19

THE PSYCHOLOGICAL BURDEN OF SKIN DISEASES IN SPAIN

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Introduction: The contribution of psychological disorders to the burden of skin disease has been poorly explored. We present the results obtained in Spain as part of a large-scale study performed in Europe and published in 2015. **Method:** A sample of 249 consecutive adult out-patients completed the Hospital Anxiety and Depression Scale (HADS) to screen for possible cases of depression and/or anxiety. They also completed a questionnaire with socio-demographic data, negative life events and suicidal ideation. A clinical examination was performed by a dermatologist who completed a questionnaire with diagnosis and comorbidities. A control group was recruited among hospital employees. **Results:** There were 249 patients and 116 controls, with a participation rate of 89.5%. Of the patients, 5.6% screened positive for depression (controls 3.4%, OR 1.40 (0.42–4.59)), and 10.4% screened positive for anxiety (controls 9.5%) OR 1.24 (0.56–2.74)). Suicidal ideation was reported by 10.0% (controls 9.5%, OR 2.44 (0.89–6.73)). **Conclusions:** No significant association was found between any

specific diagnosis and anxiety, depression or suicidal ideation. Patients with non-melanoma skin cancer and skin infections scored higher in depression, and patients with psoriasis and acne scored higher in anxiety. Suicidal ideation was higher in patients with psoriasis and eczema.

P20

PATIENT REPORTED OUTCOMES (PROS) IN PSORIASIS PATIENTS

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Introduction: Psoriasis is a chronic skin disease with negative physical, mental and social manifestations. **Method:** We carried out a longitudinal and prospective study under routine clinical practice conditions. The objective of the study was to measure quality of life with the Short Form-36 Survey (SF-36) and correlate the results with clinical variables using the PASI and BSA in a group of 17 patients with moderate to severe psoriasis treated with Ustekinumab. **Results:** In the baseline evaluation we observed the following results: 35.3% reported physical malfunction, 64.7% debilitating pain, 82.3% poor health in general, 76.4% bad vitality, 88.2% social malfunction, 100% emotional malfunction and 82.3% poor mental health. At week 78 we observed the following results: 41.15% reported very good physical functioning, 76.1% no pain, 58.8% good general health, 58.8% very good vitality, 70%, 5% good social functioning, 70.5% good emotional functioning and 52.9% good mental health. **Conclusion:** We observed that the perception of patients with moderate-severe psoriasis regarding their health at the beginning of treatment with Ustekinumab was poor and that they experienced a significant improvement throughout the successive weeks of treatment.

P21

ATTACHMENT STYLES IN RELATION TO PATIENT DIAGNOSIS IN PSYCHODERMATOLOGY

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Despite the availability of research in the area of attachment and psychodermatology, topics regarding the effects of attachment style and its relation to patient diagnosis remain to be explored. The main objective of this study was to investigate the possible relationships between patient attachment styles and diagnosis. Patient diagnosis and demographic information were collected from a clinician-maintained database at a psychodermatology clinic. Participants were randomly selected and placed into one of three diagnostic groups based on their diagnosis. Participants were contacted by telephone and asked to complete the Revised Adult Attachment Scale. Control group responses were obtained by administering an online survey to the social media platforms of Facebook and Twitter. A total of 120 participants took part in the study. Statistically significant differences between diagnostic groups and patient attachment style were noted in this study. The study concludes with a discussion of the findings of the study, and particularly the associations found between attachment style and diagnosis. Recommendations are given on the direction of future

research and patient-centered strategies that can be implemented in psychodermatology clinics.

P22

EVALUATION OF HEALTHY LIFESTYLE BEHAVIORS IN PSORIASIS PATIENTS

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Aim: In our study, we aimed to compare healthy lifestyle behaviors between psoriasis patients and healthy controls. **Materials and Methods:** This cross-sectional, two-center pilot study included 80 psoriasis patients and 80 healthy controls aged over 18. Participants completed the sociodemographic data form and the Health Promoting Lifestyle Profile-II (HPLP-II) which consists of six subgroups: spiritual development, interpersonal relations, nutrition, physical activity, health responsibility and stress management. Higher scores show that the individual applies the specified health behaviors at a high level. **Results:** Total HPLP-II score showed no significant difference between two groups ($p=0.222$). Spiritual development score of patients was statistically lower than the controls ($p=0.040$), and there was a negative correlation between spiritual development score and disease duration in the patient group ($r=-0.287$, $p=0.010$). Also, nutrition score of those with additional physical disease was significantly higher than those with psoriasis alone ($p=0.002$). **Conclusion:** This is the first study to compare healthy lifestyle behaviors of psoriasis patients and healthy volunteers in Turkish population. The task of dermatologists is not only the medical treatment of psoriasis;

but also questioning patients' lifestyle behaviors and supporting the development of healthy behaviors in patients.

P23

DEPRESSION, HOPELESSNESS AND SUICIDALITY IN PSORIASIS PATIENTS

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Aim: Referring the relationship between depression symptoms and suicidality, the closest related factor is "hopelessness". In this study, we aimed to investigate depression and hopelessness in psoriasis patients and get an idea of hidden suicide risk in these patients. **Materials and Methods:** 88 patients with plaque psoriasis and 88 healthy controls were included in this cross-sectional study. Patients with psoriatic arthritis, systemic and psychiatric diseases were excluded. Participants completed the sociodemographic data form, Beck Depression Inventory (BDI) and Beck Hopelessness Scale (BHS). **Results:** BDI scores of patients were statistically higher than controls ($p=0.001$). BHS scores were higher in patients than controls; with a tendency towards statistical significance ($p=0.053$). In psoriasis group, BDI scores were statistically higher in women than men ($p=0.008$) and there was a negative correlation between educational level and BHS scores ($p=0.043$). Disease severity was positively correlated with BDI scores ($p=0.030$) while disease duration was negatively correlated with BDI scores ($p=0.007$). **Conclusion:** In our study, psoriasis patients were found to have subclinical depression and mild levels of hopelessness which was not high enough to suggest suicide risk. BDI and BHS can give us a hint about suicidality which is an important component of psychosocial comorbidity in psoriasis patients.

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