

IS03**Psychodermatological burden of skin diseases**

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Skin diseases are mostly chronic and lifelong with recurrences. The special thing about skin diseases is their psychosocial burden. Pruritus and in fewer instances pain are common physical symptoms of skin diseases. All of these facts influence a patient's life, social network and psychological status. Different dimensions of quality of life and psychiatric comorbidities: depression and anxiety were evaluated among patients with dermatovenereological diseases. Two hundred and ninety female and male patients suffering from different dermatoses and venereological diseases participated in the study. All participants were treated in an inpatient and outpatient treatment at the Department of Dermatovenereology. Participants were divided into three groups. The first group of patients were those with symptomatic dermatoses like psoriasis, atopic dermatitis and venous ulcer. The second group were asymptomatic dermatoses like vitiligo, alopecia and acne. The third group involved venereological patients with diagnoses of anogenital warts, genital Herpes simplex infection and Balanopostitis. Consenting participants completed the following standardized psychological questionnaires: Dermatology Specific Quality of Life Index, Beck's Index of Depression and State and Trait Anxiety Inventory. Participants with symptomatic skin diseases had the highest influence of the disease on their quality of life.. Depression and anxiety symptoms were mild but 4,1 % of the participants had high depression scores and 13-15 % had very high anxiety scores. Patients with high intensity of the skin lesions were more depressed, but patients with always exposed lesions were more anxious as a state and trait. Patients with pruritic and painful dermatoses have the highest influence of skin disease on their quality of life. Localisation and intensity of the dermatovenereological disease influence symptoms of depression and anxiety.

IS04**Adopting the paradigm shift into clinical practice**

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Growing evidence demonstrates an intimate relationship between the immune system and the endocrine and nervous systems. The psychoneuroendocrine system can influence the immune response and thereby the capacity of the organism to cope with the illness and vice-versa the immune system can have an impact on neuroendocrine functions. Such cross-talk among systems is dependent upon feedback loops working to maintain homeostatic equilibrium, thus pointing out the need for an interdisciplinary, integrative approach where biological and psychological systems interact with each other reciprocally. Diseases are the result of an alteration at the bio-psycho-social level that can indicate lifestyle changes that should be made in addition to appropriate medical management and treatment. Emotions and stress significantly affect health and one's susceptibility to pathology, as well as one's ability to recover from an illness. This idea is the embodiment of a new physiology in clinical practice, leading to paradigm shift, which should be incorporated into clinical practice. Such a vision forms the basis of a new integrated approach in prevention and therapy and at the same time opens the possibility of removing the historical and philosophical opposition between mind and body, as well as medicine and psychology.

