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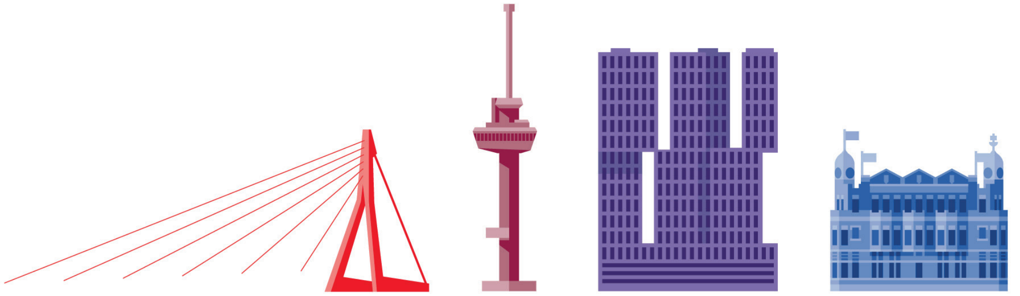
Abstracts from the 20th Congress of the European Society for Dermatology and Psychiatry



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20TH CONGRESS · 22-24 JUNE 2023

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PP02: Skin diseases in alcohol dependence syndrome -a hospital based cross sectional study. S. Bondade, A. Hosthota

PP03: The development of a self-management care plan for families managing childhood eczema. E. Guest, P. Tollow, D. Harcourt

PP04: A rare case of delusional parasitosis associated with delusional parasitosis by proxy and folie a deux. İ.E. Güngör, İ.K. Altunay

PP05: Comprehensive psychodermatological management of skin picking disorder. S. Hanneken

PP06: Can acne vulgaris affect young adults more than skin? A. Hosthota, S. Bondade

PP07: EMDR treatment for fear of cancer recurrence in patients with familial melanoma: protocol for a waiting list control trial. S.K. De Bie, L.W. Kranenburg, R. Van Doorn, S.C.H. Hinnen

PP08: Validation of the hsqol-24 tool to assess the quality of life in patients with hidradenitis suppurativa in the Argentinian population. E. Malatesta, M. Sturno, C. Greco

PP09: Experiences with societal participation and coping in Netherton syndrome. A. Nouwen, L. Van Kampen, M. Lugtenberg, V. Dalm, S. Pasmans, R. Schappin

PP10: Chronic pelvic and perineal pain: an under recognized disorder. The Psychodermatology Diploma Courses: Present And Future. F. A. Poot

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PP13: Treating the client not the disease: client-tailored treatment for obsessive-compulsive disorder induced contact dermatitis. T. Tanev

PP14: Trichotillomania: biopsychosocial-spiritual approach. A. Tareq

PP15: Developing an online intervention to reduce self-stigmatization in people with visible chronic skin diseases: a study protocol. J. Traxler, C.F.Z. Stuhlmann, N. Da Silva, R. Sommer

PP16: Assessment of cumulative life course impairment in dermatology. J. Traxler, R. Sommer, M. Augustin, C.C. Braren-Von Stülpnagel

PP17: The free ad study. E. Vandersichel, R. Willemsen, J. Gutermuth

KEYNOTE LECTURES

KL1

PAST PRESENT AND FUTURE OF PSYCHODERMATOLOGY

Anthony Bewley
Barts Health NHS Trust and Queen Mary University, London, United Kingdom

Psychodermatology is newer and emerging subspecialty of Dermatology. Although the brain's connection to the skin has been acknowledged for millennia, psychodermatology has only fairly recently been recognised as a sub-specialty of dermatology. Patients with psychodermatological diseases are common and tend to be dissatisfied with consultations in general dermatology clinics. Psychodermatology is very much a multi-disciplinary specialty and requires input from dermatologists, psychiatrists, psychologists, paediatricians, general practitioners and nursing staff. Over the last few decades, clinicians and researchers have organised themselves into national (eg Psychodermatology UK, www.psychodermatology.co.uk) and international (eg ESDaP, www.psychodermatology.net , APMNA www.psychodermatology.us and JPSD www.jpsd-ac.org) organisations which champion the clinico-academic excellence of psychodermatology. In addition training programmes have been developed (eg www.psychodermatology.net/the-psychodermatology-diploma). Finally the quality of care offered to patients with psychodermatological disease has improved hugely, as has the quality of the research into psychodermatology. Evidence for the cost benefit and cost effectiveness of dedicated psychodermatology clinics is clear (www.appgs.co.uk/mental-health-and-skin-disease-report-2020). The future of psychodermatology will be interesting as newer psychodermatological conditions are identified, newer treatments for psycho-cutaneous disease is identified, and the comprehensive provision of dedicated psychodermatology clinics globally is achieved.

KL2

PSYCHO-NEURO-IMMUNOLOGY OF THE SKIN (INCLUDING STRESS)

Hok Bing Thio
Department of Dermatology, Erasmus University Medical Center, Rotterdam, The Netherlands

The skin is a cosmetically important, extensively innervated and immune active organ covered by biologically active skin microbiota. The main microbiota reside in the gastro-intestinal tract which is strongly related to nutrition and lifestyle patterns. By their interaction with the immune system, they are capable to affect the course of an immune-mediated disease. The skin is in close contact with the outside world and functions as an alarming bell in dangerous situations. Many alarming signs can be sensed in the skin (itch, pain, pressure, high and low temperatures etc) and these will be transmitted through the spinal cord into the brain. The other way around, many physiological neurological processes in the brain have also an impact on the skin behaviour. For example, circadian rhythm alignment is important to keep the skin healthy and the immune system more alert. Immune mediated diseases are often accompanied by depression or minor psychological dysfunction. Stress has an immunomodulatory effect. Heavy exercise can also promote health by modulation of this gut-brain-skin axis. Basic knowledge about all of these processes can help the doctor to treat the patient with a chronic skin disease by prescribing the most optimal (combination) therapy. Many skin diseases are itchy (=pruritic). We can treat chronic pruritus with topical and systemic antipruritic medicines often in combination with psychological intervention. Finally, let us not forget that the warm manual touch of a caring doctor can promote the success of a therapy in a patient.

KL3

PSYCHODYNAMIC APPROACHES AND DERMATOLOGY

Jorge Ulnik
Pathophysiology and Psychosomatic Diseases, Facultad de Psicología, Universidad de Buenos Aires, Argentina

Psychoanalytic psychosomatics studies the conscious and unconscious psychological factors that intervene either in the etiology, the triggering, the evolution or the treatment of somatic diseases. It tries to describe the forms of interaction of the psychic and the somatic and generates a therapeutic attitude that, faced with a somatic illness, leads us to think about the particular relationship that the appearance of the illness has in that place and at that moment with the life of the subject who suffers from it. The same therapeutic attitude promotes the development of interdisciplinary teams. Thus, psychodynamic work in psychosomatics has benefitted more patients than standard analytic treatment usually reaches. Patients who are injured by scratching or cuts, patients suffering body disfigurement, limited social life and underestimated self-image, the ones with chronic diseases, recover their self-esteem and well-being and improve when they develop other channels of emotional expression outside the skin. Psychodynamic approaches in dermatology not only help patients with skin diseases. By understanding why an allergy or an alopecia arise after a traumatic event, a psoriasis after a separation, etc., psychotherapy advances in many fields. It advances in the understanding of the body language of the early childhood, in the symbiotic bonds of disorganized attachment, in the massive identifications, in the role of the own image and that of the others in the human psyche. Psychodynamic approach listens to the "dialogue" between the skin and the gaze and explores, beyond the skin, the mind-body relationship at stake in our patients suffering.

KL4

SKIN DISEASES IN CHILDREN AND IMPACT ON THE FAMILY

Suzanne Pasmans
Sophia Children's Hospital-department of Dermatology-Center of Pediatric Dermatology, Erasmus University Medical Center, Rotterdam, The Netherlands

Awareness is growing on the impact of skin diseases in children on their parents; less is known concerning the other family members. Although atopic dermatitis is the most common chronic skin disease in children and most studied, the results seem to be the same in the other skin diseases in children. For parents depending on the skin disease the major issues were: impact on routine household expenditure and impact on work, the amount of time spent on looking after the child's skin, sleep disturbances, regulating emotions, such as sadness and powerlessness and the financial aspects. Parents have similar concerns for teens and adolescents, they fear that their children may be unable to make friends when older. Not only professionals, but also children with severe chronic skin conditions and their parents think that care needs to be improved. Both parents and children should learn which coping strategies are helpful for themselves and for each other in the care for the skin of the child. Impairment of the wellbeing of family members should be taken into consideration in the care by professionals. Parents expect that a multidisciplinary team of care providers determines together with the patient and its family in advance which information and care is needed, at what time and by whom. Although children with a severe chronic and/or congenital skin disease are often able to adapt and self-manage, they need a more personalized integrative multidisciplinary and systematic transmural approach covering all aspects of life during their lifetime.

ORAL PRESENTATIONS

OL01

ITCH: BRIDGING A DERMATOLOGICAL AND PSYCHOLOGICAL PERSPECTIVE

Antoinette I.M. van Laarhoven

Medical and Neuropsychology Unit, Health, Leiden University, Leiden, The Netherlands

Itch is one of the most prevalent symptoms in dermatology. Especially chronic itch can cause extensive burden to patients. Despite the various dermatological treatment options, including topical and systemic treatments as well as psychological interventions, alleviating itch remains challenging. This can partly be explained by the various mechanisms underlying itch chronicity. For instance, chronic itch may be caused by inflammatory dermatoses, neuropathy, or as adverse reaction to drugs. The experience of itch is a perceptual process, indicating that also psychological processes play a role. This is clearly evident from research showing that itch can be induced audiovisually. For example, talking about itch, hearing scratch sounds, and observing scratching behaviour is sufficient to evoke itch in the observer. Psychological factors such as expectancies regarding increased itch intensity and attention have shown to be related to increased itch perception. This also means that psychological factors can be addressed as targets of psychological interventions for the treatment of itch. Given that the perception of itch is multifaceted, a multidisciplinary approach is recommended to understand the mechanisms underlying chronic itch and optimize interventions. This lecture will highlight recent evidence and possible future clinical directions in the field of psychodermatology.

OL02

CHRONIC ITCH: THE DERMATOLOGIST'S PERSPECTIVE

Elke Weisshaar

Division of Occupational Dermatology, Department of Dermatology, University Hospital Heidelberg, Heidelberg, Germany

Chronic itch (CI) lasting for a minimum of six weeks is a frequent symptom in dermatology often affecting patients for months to years. Besides dermatoses, a number of other diseases can cause CI, also depending on the patient's 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. Systemic etiologies such as chronic renal insufficiency, hematological, hepatic or malignant diseases may cause CI as well as drugs, neurological and psychiatric diseases. In daily clinical practice a mixed origin is frequent in CI. Xerosis cutis often contributes 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 is more likely to be caused by for example scabies, Atopic Dermatitis, contact dermatitis or a drug-induced reaction, whereas a slow beginning is rather caused by systemic diseases or dry skin (xerosis cutis). A multimodal therapy is necessary including topical, systemic treatment as well as UV-phototherapy and frequently supportive psychological measures. In regard to the demographic situation in Western countries with increasing life expectancy CI is likely to become a great future challenge.

OL03

CAN EXPECTATIONS AFFECT CONTAGIOUS ITCH? AN ONLINE STUDY ON THE EFFECTS OF POSITIVE AND NEGATIVE SUGGESTIONS ON AUDITORY-INDUCED ITCH

Stefanie H. Meeuwis[1,2], Aleksandrina Skvortsova[1,3], Antoinette I.M. van Laarhoven[1,4], Henning Holle[5], Andrea W.M. Evers[1,4,6]

[1]Health, Medical and Neuropsychology Unit, Institute of Psychology, Leiden University, The Netherlands, [2]Pain Research Group, Institute of Psychology, Jagiellonian University, Kraków, Poland, [3]Department of Psychology, McGill University, Montreal, Quebec, Canada, [4]Leiden Institute for Brain and Cognition, Leiden University Medical Center, Leiden, The Netherlands, [5]Department of Psychology, University of Hull, Hull, UK, [6]Medical Delta Healthy Society, Leiden University, Technical University Delft & Erasmus University Rotterdam, Rotterdam, The Netherlands

Contagious itch can be evoked by listening to people scratching their skin. Research shows that itch caused by cutaneous pruritogen (e.g., cowhage, histamine) is sensitive to placebo and nocebo effects. For instance, verbal suggestions can modulate expectations and subsequently decrease or increase itch experience. Little is known about whether itch evoked by non-cutaneous stimuli can be modulated by suggestions. Healthy participants ($n=140$) were randomized to 1) a positive suggestions, 2) a negative suggestions, or 3) a no specific suggestions control group. Participants listened to audio fragments of scratching and rubbing sounds. Beforehand, suggestions aimed to decrease or increase the intensity of itch people expected were provided, depending on group allocation. Expected itch and evoked itch were measured by self-report. The suggestions did not affect expected itch; $F(2,133)=2.09$, $p=0.13$. Rubbing and scratching sounds induced significant itch in all groups (both $p<0.001$). Within the control group, the scratching sounds evoked significantly more itch than rubbing sounds; $F(1,40)=15.19$, $p<0.001$. No differences between itch evoked by the sound types were detected in the suggestions groups (both $p\geq 0.19$). These findings replicate evidence that listening to scratching and rubbing sounds evokes itch. Moreover, they suggest that although the suggestions were found to affect itch to some extent, they may have been too short to modify expectations. This is in line with a previous study on verbal suggestions and contagious itch, which only showed effects on scratching behaviour. Further research could compare the psychological and neurobiological mechanisms of contagious itch, and placebo and nocebo effects.

OL04

CAN ATTENTION TOWARDS ITCH BE CHANGED? PRECONSCIOUS ATTENTIONAL BIAS MODIFICATION TRAINING IN HEALTHY INDIVIDUALS

Jennifer M. Becker[1], Dimitri M.L. Van Ryckeghem[2,3,4], Stefaan Van Damme[2], Geert Crombez[2], Yalou Schoot[1], Reinout W.H.J. Wiers[5], Ralph C.A. Rippe[6], Antoinette I.M. van Laarhoven[1]

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Itch signals potential harm and induces the urge to scratch. This mechanism suggests that attention is drawn towards its location which is called an attention bias towards itch (AB). Although, evidence that healthy individuals show an AB towards itch is mixed, a recent study showed preconscious avoidance of itch-related stimuli in healthy individuals. If we assume that attention plays a role in the perception and maintenance of itch symptoms in patients, like it is suggested in pain, the understanding about modification of attentional processing needs investigation. The current study used a preconscious attentional bias modification (ABM) training in 117 healthy individuals which aimed to manipulate attention, either towards- or away from visual itch stimuli. In addition, sensitivity to a mild itch stimulus was assessed before and after the training. Mixed-model analyses showed that none of the groups showed an AB towards itch at baseline. Only in the control group, without any training manipulation, participants showed avoidance of visual itch stimuli after the training. Itch sensitivity did not change after the training. The current results resemble recent null-findings on conscious ABM trainings in healthy individuals for itch as well as pain. New developments in the field have highlighted that AB is a dynamic process that is highly related to someone's current goals and their current situation. This suggests that research in patients with chronic itch is needed because itch has a clear relevance in their daily life and relates to their goal to eliminate further itch.

OL05

CAN WE USE VR-ASSISTED HYPNOSIS FOR THE TREATMENT OF CHRONIC ITCH?

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Chronic itch is a disabling condition with currently limited treatment options. Virtual reality (VR) is an approach that takes people to another place and has demonstrated to temporarily reduce itch. Hypnosis, which is a state of relaxation, has been applied with more long-term relief of itch in the specific case of severe eczema. However, hypnosis tends to depend on an individual's susceptibility, or ease to come into hypnosis. A combination of VR and hypnosis (VRH) has been proposed, since it may combine the longer-lasting effects of hypnosis with VR, making the hypnosis more accessible by facilitating imagination. Even though VRH is promising, it has never been investigated in itch. This study aims to assess the effectiveness of VRH and VR in reducing itch and its psychological burden in individuals with chronic itch. In a randomized controlled trial, a VRH and a VR treatment are studied for their potential to reduce clinical itch from baseline till after 8 sessions and at follow-up (6 weeks after the end of treatment). Secondarily, the VRH and the VR treatment groups are compared. The medical treatment need, itch sensitivity and overall wellbeing of the participants are also assessed. Currently, the study protocol is written up and the VR-environment has been created based on a focus group with the target population. Patient inclusion is expected around Spring 2023. If effective, this technique may be further optimized to provide an on-demand treatment option to alleviate itch (independent of its origin) and its associated burden of disease.

OL06

DO PATIENTS WITH PSORIASIS DISPLAY COGNITIVE BIASES TO ITCH-RELATED STIMULI?

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Implicit processes such as biased avoidance tendencies and attentional bias to itch-related information may influence itch perception in patients with chronic itch and their significant others (SOs). This study investigated whether patients with psoriasis and their SOs tend to avoid itch-related pictures and display more attention towards itch-related words compared to controls. Computer tasks with itch-related pictures and words were used to measure itch avoidance and attention in three participant groups: patients with psoriasis ($n=50$), SOs ($n=50$), and controls ($n=50$). Results indicate that approach-avoidance responses do not differ between groups ($p=0.47$, BF01 = 2.65). Furthermore, participants were generally slower in naming the colors of itch-related words, than neutral words ($p<0.001$, BF10 = 16,113.98) suggesting an attentional bias, but this did not differ between groups ($p= 0.60$, BF01 = 2.82). Our findings suggest that the processing of visual itch stimuli does not significantly differ between patients and healthy individuals. Further research utilizing different methods in various patient groups is needed to fully understand the role of avoidance and attention in itch, which may inform us on the possible mechanisms to target to combat chronic itch.

OL07

BODY DYSMORPHIC DISORDER: A SEVERE BUT STILL UNDERRECOGNIZED DISORDER

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Body Dysmorphic Disorder (BDD) has gained more attention during the last ten years within dermatology and psychiatry. A high prevalence of BDD between 10-35% at dermatology outpatient clinics have been replicated in studies worldwide. However, BDD is still strikingly underdiagnosed and only a minority of patients are motivated for evidence-based treatments including selective serotonin reuptake inhibitor (SSRI) medication and cognitive behavioral therapy (CBT). BDD patients prefer cosmetic treatments and for example insist on prolonged oral isotretinoin in case of (mild) acne symptoms. Poor insight into the origin of their symptoms, but also a limited availability of specialized clinics with multidisciplinary teams including dermatologists, psychiatrists and psychologists hinder optimal patient care. In this introductory lecture I will give an update on prevalence rates of BDD in dermatology, the role of social media in symptom severity and new treatment options for BDD including neuromodulation and trauma-focused therapy.

OL08

EVALUATING THE OUTCOME OF COSMETIC AND SURGICAL PROCEDURES IN BODY DYSMORPHIC DISORDER

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Body dysmorphic disorder (BDD) is an impairing condition in which one is preoccupied with a perceived physical flaw or defect. Its prevalence is estimated to be around 1.9% in the adult population, 11,3% in dermatology outpatients, 9.2% in cosmetic dermatology outpatients and 13.2% in general cosmetic surgery patients. Treatment guidelines recommend psychotherapy and pharmacotherapy. Although cosmetic treatment is not recommended, results of (surgical) cosmetic procedures in BDD patients are not systematically evaluated. It is not known what effect it has on the BDD symptoms. On May 9th 2022 a systematic search was conducted. Nine studies evaluating the outcome of a (surgical) cosmetic procedure in BDD patients were included. One study was on penis enlarging phalloplasty, one on penis enlarging fillers, one on nonsurgical cosmetic procedures (e.g. injectables), two on general cosmetic surgery and four on (septo)rhinoplasty. Penile procedures led to improved body satisfaction in BDD patients six months post-treatment. Body satisfaction did not differ between BDD patients and healthy controls following nonsurgical procedures though psychological distress was increased in BDD patients. General cosmetic surgeries and (septo)rhinoplasty led to mixed results in terms of satisfaction. Studies did not all include control groups or use outcome measures specific for BDD. Despite the high prevalence in dermatological patients, no studies evaluating satisfaction of dermatologic treatments in BDD patients were found. Evidence on outcome of (surgical) cosmetic interventions in BDD patients is limited. Only some short term positive effects were found after phalloplasty in BDD patients with a focus on penis size. Future studies should include a long term prospective design, use of BDD-specific outcome measures and evaluate the effect of dermatological treatments in BDD patients.

OL09

SEXUALITY, THE ULTIMATE ‘EXPOSURE OR ESCAPE’ FOR PATIENTS WITH BODY DYSMORPHIC DISORDER

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In body dysmorphic disorder (BDD) sexual engagement could be difficult. It is known that sexuality is an essential part of quality of life and that for healthcare providers it is a difficult topic to address. To date, there is no insight in how BDD interacts with sexuality. The aim of this study is to better understand this. In the outpatient setting of the psychiatry department of the Amsterdam University Medical Center 15 patients (mixed gender and sexual preference) underwent a semi-structured interview conducted by two researchers. Analyses took place by open coding and results were discussed by all researchers involved. Sexuality is strongly influenced by the presence of BDD. During intercourse patients try to navigate on a tension field that is created by opposite motives and feelings (such as avoidance versus willingness to engage or arousal versus disgust). Their sexuality is surrounded by rituals with little room for spontaneity. The success of sexual experience depends on the pleasure of the other person and can be interrupted by a confrontation with the BDD focus. In the continuous stream of negative thoughts, there is either little contact with the body or it serves as a functional instrument that is used to be less cognitive. All patients agree that discussing sexuality and bodily exercises are important. In this first qualitative study on sexuality in a diverse group of BDD patients, it became clear that sexuality is a topic full of tension. Sexuality should have a part in the treatment of patients with BDD.

OL10

PSYCHOTRICHOLOGY: PSYCHIATRIC AND PSYCHOLOGICAL ASPECTS OF HAIR DISEASE

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Psychotrichology is an emerging field aiming to better understand the psychiatric and psychosocial impacts of disorders involving hair. Recently advances in hair transplant, growing trends of appearance, attractiveness and youthfulness and patients’ awareness have given rise to the better attention and understanding of hair health and its disorders. Patients with hair disease have impaired quality of life, low self-confidence, anxiety and depression, sleep disturbances, stigmatization and self-harm ideations. The psychological impact of hair disease is predicted and directed by attitudes of society, natural History of hair disease, personality characteristics, character and values of the patient and individual life situation. Patients with hair disease may suffer from depression, anxiety, low self-esteem, body image issues, reduced quality of life and in severe cases suicidal ideations. Separate psychodermatology/psychotrichology clinics and didactics should be introduced in training programs. Initial consultation for hair disease must include psychological evaluation and Dermatology- psychiatry- trichology liaison is highly recommended.

OL11

EVALUATION OF SEXUAL DYSFUNCTIONS IN PATIENTS WITH ALOPECIA AREATA

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Alopecia leads to a weaker self-concept in people, a weaker body image, becoming less attractive to the opposite sex and becoming less desirable partners. This, causes a decrease in the quality of sexual life of patients and a sexual dysfunction. Therefore, we aimed to evaluate the sexual functions, body perceptions and dermatological quality of life of Alopecia areata (AA) patients, to determine their anxiety and depression levels, to compare them with healthy volunteers, and to determine the relationship between these parameters and disease severity. 49 patients with AA and 50 healthy volunteers were included in the study. A sociodemographic questionnaire, Arizona Sexual Experiences Scale (Arizona SES), Beck Anxiety Inventory (BECKA),Beck Depression Inventory (BECKD),Body Image Scale, The Dermatology Quality of Life Index(DLQI) were answered by participants. The severity of AA was determined by the SALT Score. The DLQI, Arizona SES, BECKD and BECKA scores in the patient group was significantly lower, the Body Image Scale score was significantly higher than in the control group. In the patient group, an inverse relationship was found between the Body Image Scale and the duration of AA and SALT Scores. Arizona SES and SALT scores was higher in women than in men. It was observed that a one-unit increase in the body image scale score decreased the Arizona SDI score by -1,326 times. These results can be explained by the fact that the sexual dysfunction occurs in these patients due to the psychological conditions accompanying alopecia and impaired body perception.

OL12

PSYCHOLOGICAL BURDEN IN PATIENTS WITH CICATRICIAL ALOPECIAS

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Background. Primary cicatricial alopecias (PCA) represent a group of uncommon disorders that cause permanent hair loss. Irreversible, progressive destruction of hair follicles is typical for PCA. Data on psychological burden in PCA are limited. Objective. QL and distress analysis in patients with PCA. Methods. Patients ($n=25$; 23 females, mean age 46.4±12.1) were diagnosed with PCA with predominance of lichen planopilaris forms ($n=22$). QL was measured with Dermatology Life Quality Index (DLQI) and Hair-Specific Skindex-29 (HSS-29). Depression and anxiety were screened with Hospital Anxiety and Depression Scale (HADS).

Results. According to the DLQI, most of the patients (64.0%) had an impaired QL, which varied from moderate to extremely large in most of the cases (44.1%). HSS-29 global score was 38.0±20.5. HSS-29 domains analysis showed significantly higher scores for emotional domain (59.9±30.1) than for symptoms (21.4±16.1) and functioning (22.1±20.2) ($p < 0.05$). The highest score was set for 3 items of the emotional domain: worrying about alopecia getting worse (№13, 89.1±20.3), worrying that it may be serious (№3, 82.8±21.8) and lead to scars (№9, 67.2±42.5). In general, anxiety was detected in 32.0% of cases (12.0% subclinical, 20.0% clinical), in 16.0% of cases with depression (12.0% subclinical, 0.4% clinical). Conclusions. A significant part of patients with PCA has decreased QL. Distress was screened in a third of patients with anxiety predominance. The QL decline is largely defined with an emotional impact of PCA with doubts about disease prognosis and possibilities of control. PCA management should involve assessment of emotions and distress as well as psychological support.

OL13

THE USE OF EHEALTH WITHIN PSYCHODERMATOLOGY

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Dermatological conditions can have a profound impact on patients' lives. Patients with skin conditions are confronted with physical symptoms, psychological complaints, experience limitations in their daily life and their health-related quality of life is diminished. The study of psychodermatology seeks to understand the connection between mind and skin, with the ultimate goal of improving the physical and psychological wellbeing of patients suffering from skin conditions. In this session the focus will be on new developments within psychodermatology, including eHealth, biomarkers for depression, patient-informed measures and developments regarding a common language in psychodermatology with the ICD-11 and an international classification of psychodermatological disorders. These are important developments to move the research and clinical practice in the field of psychodermatology forward. In this presentation the focus will be on new developments in the area of eHealth. Psychological support has been shown to improve psychological en physical wellbeing in patients with skin conditions. However, there is a lack of specialized professionals who can deliver these interventions. Digital interventions have the potential to reach more patients and increase the possibility that skin patients are offered the psychological support they need. In this presentation the use of eHealth within the field of psychodermatology will be illustrated by showing examples of eHealth developments, ranging from online screening purposes for the dermatologist to web-based self-management training and therapist-guided internet-based psychological treatment. Advantages and disadvantages of the use of eHealth will be discussed, including new developments in this field such as Virtual Reality.

OL14

DIGITAL INNOVATIONS IN PSYCHODERMATOLOGY: DEVELOPMENT OF A COMPLEX DIGITAL PSYCHOLOGICAL INTERVENTION FOR ADULTS WITH SKIN CONDITIONS

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Digital technology can support the clinical and self- management of long-term health conditions. Dermatology is no exception to this and technological advances, including Teledermatology and the use of remote telephone and video consultations, have and continue to shape and improve service provision. Dermatological conditions carry a substantial psychological burden and many patients require support to cope with and manage this aspect of their condition effectively, some require specialist help. However, there is a persisting and widespread lack of dedicated psychological support for patients. Digital technology could provide a platform for delivering some aspects of psychological support to people with skin conditions, yet research in this area is currently limited. This talk will provide an overview of an ongoing three-year global research project that aims to co-develop a complex digital psychological intervention for adults ($\geq$ 18 years) with skin conditions using a Person-Based Approach. The findings of a systematic review of existing digital psychological interventions in dermatology and implications for research and practice will be presented. Use of the Person-Based Approach to digital intervention development, including the importance of qualitative research, will be discussed in the context of recent online group and individual interview studies with adults with skin conditions. The next steps in the current project will be outlined with considerations for future digital developments in psychodermatology, including the advantages and disadvantages of conducting online research.

OL15

PATIENT-CENTRED DEVELOPMENT AND VALIDATION OF THE PATIENT-REPORTED IMPACT OF DERMATOLOGICAL DISEASES (PRIDD) MEASURE

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Dermatological conditions have a significant impact on patients' lives, but existing measures do not fully capture this. We have developed the new Patient-Reported Impact of Dermatological Diseases (PRIDD) measure in partnership with patients. Adults ($\geq$ 18 years) living with a dermatological condition worldwide participated in a mixed methods study consisting of five phases: 1) COSMIN systematic review. 2) Qualitative interview study developing the conceptual framework of impact and generating items. 3) Delphi study eliciting consensus from patients on which impact items to prioritise for inclusion in PRIDD. 4) Cognitive interview study evaluating content validity, acceptability, and feasibility. 5) Psychometric testing. 2,221 people representing 90 conditions from 61 countries participated. 1) None of the 36 PROMs reviewed were recommended for use as the 'gold standard.' 2) The conceptual framework depicted impact as a multifaceted construct involving physical, life responsibilities, psychological and social impacts. 3) The Delphi study reduced the item pool of 263 to a 27-item draft of PRIDD. 4) Cognitive interviews produced a 26-item PRIDD with evidence of content validity, feasibility, and acceptability by patients. 5) PRIDD fits the Rasch model and met the COSMIN criteria for structural validity, internal consistency, construct validity, and test-retest reliability. Measurement error and responsiveness will be tested in a future study. PRIDD is the only theory-led impact measure developed in partnership with patients and patient organisations worldwide meeting the gold-standard COSMIN criteria. PRIDD will greatly enhance patient perspectives by providing quantifiable patient impact data for better decision-making at the individual, national, and global levels.

OL16

INTERNATIONAL CLASSIFICATION OF PSYCHODERMATOLOGICAL DISORDERS

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In this presentation we will discuss the importance of Psychodermatology as a bridge between dermatology and psychiatry and the case for its promotion to the forefront of dermatology practice. For psychodermatology to advance we need a common language between all practitioners and researchers. With acknowledging the importance of a common language, The EADV (European Academy of Dermatology and Venereology) and the APMNA (Association for Psychoneurocutaneous Medicine of North America) have joined forces in preparing the international classification of Psychodermatological disorders. The classification has been approved by the boards of the two organizations and will be presented here.

OL17

IS NEUTROPHIL LYMPHOCYTE RATIO A PROMISING BIOMARKER IN PSORIASIS PATIENTS WITH PSYCHIATRIC COMORBIDITY?

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Psoriasis is a chronic inflammatory, immune-mediated disease that is frequently associated with psychological comorbidities such as depression. However, there is little evidence about patients' mood associated with their inflammatory load in psoriasis. In this background the current study was carried out to assess Neutrocyte lymphocyte Ratio (NLR) and C-reactive protein (CRP) in cases of psoriasis with depression and psoriasis patients alone. Methodology: This was a hospital-based cross-sectional study conducted for 24 months duration. Fifty patients with chronic plaque psoriasis without any systemic comorbidity were included. Psychiatrist evaluated the cases for comorbid depression. Complete blood count, NLR and CRP was measured by blood tests. Psoriasis Area and Severity Index (PASI) score was used to assess severity of psoriasis and Hamilton depression rating scale (HAM-D) was used to assess severity of depression. Results: Out of 50 cases, 20 cases had Major Depressive disorder according to DSM 5 criteria. Mean PASI score was 8.87±2.33 and mean HAM-D score was 17.66±4.66. Mean NLR was 2.21±0.3 and mean CRP was 2.3±0.4. NLR was more in Psoriasis with depression group (2.32±0.4)than in only psoriatic group (2.09±0.3) this was statistically significant ($p<0.05$). CRP was more in Psoriasis with depression (2.8±0.4)than in only Psoriatic group (1.93±0.6) this was statistically significant ($p<0.001$). Conclusion: There is increase in inflammatory markers in psoriasis with depression. So, it is important to evaluate for these basic inflammatory markers which provides insight in management of Psoriasis with underlying Psychiatric comorbidity.

OL18

ICD-11 – NEWS FOR PSYCHODERMATOLOGISTS

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The 11th Revision of the International Classification of Diseases from the World Health Organization was released in 2022. There are changes within the mental, behavioural or neurodevelopmental disorders chapter that are important for Psychodermatologists. There are new criteria for depression within the Mood disorders chapter. Anxiety or fearrelated disorders are taken out of the Neurotic, stress-related and somatoform disorders and get their own grouping. The new chapter Disorders specifically associated with stress contains new Complex post traumatic stress disorder which is important to precisely diagnose and distinguish from borderline personality disorder. There are also changes within the Psychodermatological diagnoses. Obsessivecompulsive or related disorders (OCD) get their own grouping. Within OCD Body dysmorphic disorder (former part of Somatoform disorders) is characterized by persistent preoccupation with one or more perceived defects of flaw in appearance that are either unnoticeable or only slightly noticeable to others. The new OCD chapter as well captures Body-focused repetitive behaviour disorders (hair-pulling, skin-picking, lipbiting) as well as new Olfactory reference disorder. Hypochondriasis is newly classified under OCDs in ICD-11 (in contrast to DSM-5, where it ranks under somatic symptom and related disorders). Disorders of bodily distress or bodily experience (former somatoform disorders) as well get their own grouping containing Bodily distress disorder. Vulvodynia and Burning mouth syndrome belong not to the mental, behavioural or neurodevelopmental disorders chapter but to Diseases of the genitourinary system and Diseases of the digestive system.

OL19

QUALITY OF LIFE IN KERATINOCYTE CARCINOMA

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Keratinocyte carcinoma (KC) (basal cell carcinoma and squamous cell carcinoma together) are the most frequent types of (skin) cancer, affecting around 1 in 5. Although the prognosis after treatment is usually good, the impact on health related quality of life (HRQoL) of diagnosis and treatment can be substantial. Measuring HRQoL in skin cancer it is often performed with generic of dermatology specific questionnaires, resulting in extremely low impact scores. Which can be misinterpreted as low disease impact. Disease specific quality of life measurement is therefore essential in patients with KC. Therefore the Basal and Squamous cell carcinoma Quality of Life (BaSQoL) questionnaire was developed. The BaSQoL scores 5 domains: worries, appearance, behaviour, diagnosis & treatment and other people. Measuring HRQoL with the BaSQoL shows impact in several domains in selected patient groups. Especially female patients, younger patients and organ transplant recipient with multiple tumours have increased HRQoL impact. Aspects on how, with whom and when to measure will be discussed in the presentation. What to do with the scores and how to help the individual patient will also be discussed.

OL20

LIMINALITY AND LIMBO – HOW TO HELP PEOPLE AND THEIR FAMILIES LIVE MEANINGFULLY WITH THE UNCERTAINTY OF ADVANCED MELANOMA

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Liminality is the psychological process of transitioning across boundaries and borders. Limbo is variously described as neither heaven nor hell, an in-between place, a waiting room, a pause. The introduction of immunotherapy and targeted therapy has dramatically improved the life expectancy of people with advanced melanoma. With this transformation comes new challenges, among these, prognostic uncertainty is perhaps the most prominent. Both patients and their families struggle to reconcile the positive discourse around the success of treatment in achieving long-term disease control, and the underlying uncertainty in predicting individual responses to therapy. This 'not knowing' impacts on all aspects of life; relational, financial, existential, and emotional. Patients and their families can find themselves trying to live a meaningful life in three monthly stints between scans; an extraordinary and potentially traumatising challenge for any human being given that we have evolved as a species by minimising risk through predicting and planning. Our default even from infancy is to find uncertainty threatening and to develop behaviours to avoid such threat. Ultimately prognostic difficulties, due to clinical uncertainty, and a desire to maintain hope, results in lack of preparedness for treatment failure and end of life. This presentation reflects on liminality and limbo, and how to help people live with an uncertain prognosis and find the potential for post-traumatic growth. Theory and evidence for psychological care will be reviewed and recommendations made to improve health-carers communication and the development of tailored interventions to balance prognostic hope and expectations and enhance quality of life.

OL21

PATIENT EXPERIENCES OF RESUMING LIFE AFTER IMMUNOTHERAPY AND ASSOCIATED NEEDS REGARDING SURVIVORSHIP CARE: A QUALITATIVE STUDY AMONG PATIENTS WITH METASTATIC MELANOMA

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Immune checkpoint inhibitors (ICIs) have significantly improved overall survival of metastatic melanoma. The aim of this study was to gain an in-depth understanding of patients' experiences of resuming life after ICIs and their associated survivorship care (SSC) needs. A qualitative study was conducted among 20 patients with metastatic melanoma in whom ICIs were discontinued after ongoing tumour response. One focus group and 11 individual interviews were held. Using purposive sampling we gained variety in terms of sex, age, time since discontinuation of ICIs, and perceived impact of the disease. Transcripts were subjected to thematic content analysis. The prognosis switch caused mixed feelings, mainly because of uncertainty about the future. Demands and expectations, persistent complaints and new problems in different life domains often make proceeding with life as prior to metastatic cancer challenging. Patients indicated they needed to find a new balance including learning to cope with uncertainty and a changed perspective on life and close relationships. Regarding SSC, patients particularly stressed the need for more tailored patient information, available at one location. They emphasized the need to know who to turn to with questions and the need for psychosocial support, also for their close relatives. Efforts should be focused on offering psychosocial supportive care in addition to medical care from diagnosis onwards, taking into account the patient's close relatives. A single point of contact and personalized survivorship care plan could be of added value in guiding them through the patient journey, which is particularly important in the multidisciplinary melanoma care.

OL22

NEEDS AND PREFERENCES OF PATIENTS REGARDING BASAL CELL CARCINOMA AND CUTANEOUS SQUAMOUS CELL CARCINOMA CARE: A QUALITATIVE FOCUS GROUP STUDY

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Background. Despite the high and rising incidence rate of keratinocyte cancer and the importance of incorporating patient values into evidence-based care, few studies have focused on the perspectives of these patients. Objectives. To identify the needs and preferences of patients with basal cell carcinoma (BCC) and squamous cell carcinoma (SCC) regarding care. Methods. A qualitative study was conducted consisting of three focus groups with patients with BCC and three focus groups with patients with SCC. In total 42 patients participated. In each focus group, the patients' needs and preferences regarding treatment and follow-up were discussed, using a predefined topic list. All sessions were transcribed verbatim and analysed by two researchers. Results. The following needs and preferences were identified: the need to receive all relevant, tailored information; a physician who takes you seriously and communicates well; a short waiting period and the best treatment with direct results; to be seen by the same physician; a preference for a dermatologist during treatment and follow-up; a general need for structured follow-up care and a full-body skin examination during follow-up. Patients with BCC additionally expressed the need for openness and transparency and wanting to participate in shared decision making. Conclusions. It is advocated to organize skin cancer care that is better tailored to the needs of patients with KC, providing patient-centred care. This should include investing in the patient–physician relationship, and personalizing the type and form of information and the follow-up schedules. Adding the patient's perspective to current guidelines could facilitate this process. Published in Br J Dermatol. 2019 Jan. doi 10.1111/bjd.16900.

OL23

QUALITY OF LIFE & PSYCHODERMATOLOGICAL MANAGEMENT OF PRIMARY CUTANEOUS LYMPHOMA

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Cutaneous lymphomas are not easy to diagnose. Many individuals will experience periods of severe discomfort without effective treatment. Once diagnosed, patients have to deal with flare-ups which can be painful & embarrassing. Symptoms such as pain and pruritus are common especially in advanced stages of the disease. Literature reports suggest the coexistence of psychiatric disorders or psychological symptoms in a substantial number of patients with cutaneous lymphomas. We present our experience in setting up a psychodermatology clinic with a core team composed of a dermatologist & a psychologist working collaboratively to offer a more effective, integrated, and holistic management. Its aim is to support patients affected to understand, deal, and manage the psychosocial burden attributed to their illness. Cutaneous lymphoma patients are assessed for their perception of the disease, quality of life, their skin symptoms, as well as possible symptoms of anxiety or depression through questionnaires that are completed at the beginning and at fixed intervals for an average period of 6 months. Such patients are followed up on monthly basis. The psychodermatologie clinic also offers other services including improving self-care & coping techniques as well as offering various relaxation and mindfulness tools. Potential benefits include: a positive impact on the wellbeing of both patients & their caregivers, meeting their needs, as well as an increased awareness level & education of cutaneous lymphomas natural progression & adapted management. With more experience, we hope to improve & sustain our psychodermatology clinic generating research pertinent to improving patients' access to psychological care.

OL24

PSYCHO-ONCOLOGY: THE PHYSIOLOGICAL EXPLANATION WHY CHRONIC STRESS ENHANCES CANCER GROWTH

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We published a study 20 years ago showing that chronic stress is one of the most potent co-carcinogen. During stressors, there is the activation of the HPA axis and the peripheral nerve system. There is a massive release of norepinephrine from peripheral nerves in the tumor microenvironment. We have shown that stress also mediates the marked increase and release of CGRP and SP into the peritumoral environment. The combination of these phenomena induces the shift from a Type 1 immune response to a Type 2 response. The cytokines released by these immune cells mediate tumor growth, vascularization and finally allow cancer to cross basal membranes and disseminate. Tumoral cells release nerve growth factors that attract more neurites to potentiate these effects through increased norepinephrine release. We will discuss the counter mechanisms of the parasympathetic system and how we can counter-act the deleterious effects of stress on cancer development.

OL25

STIGMATIZATION AND MENTAL HEALTH BURDEN IN PATIENTS WITH CHRONIC SKIN CONDITIONS

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Patients with chronic skin condition experience a significant psychosocial burden of their disease. Psychosocial consequences of skin conditions include an increased risk of anxiety and depression, impaired quality of life, low self-esteem, and high prevalence of perceived stigmatization. Stigmatization not only impairs psychosocial functioning, but is also a barrier to optimal health and healthcare considering its detrimental influence on health seeking behavior, treatment adherence and engagement in care. Research on stigmatization has focused predominantly on uncovering the extent and predictors of perceived stigmatization in patients with psoriasis, while work in other skin conditions and on the development and evaluation of evidence-based interventions is much more scarce. Recent data from the ESDaP-II study highlighted the extent and impact of perceived stigmatization across a broad range of skin conditions, and implicated sociodemographic, health-related, disease-related and psychological factors as determining factors. Vulnerable patient groups include younger, male, single patients with longstanding disease, and itch. It is recommended to screen for stigmatization in clinical practice, considering its high prevalence and the associated risk for psychiatric comorbidities. Furthermore, a multidisciplinary approach is recommended to increase understanding of underlying processes and optimize interventions. This lecture will focus on recent research on stigmatization and highlight future directions.

OL26

INTERVENTIONS TARGETING SOCIAL AND SELF-STIGMATIZATION AMONG PEOPLE WITH VISIBLE CHRONIC SKIN DISEASE – RESULTS FROM RANDOMIZED CONTROLLED TRIALS

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Background: People with visible chronic skin diseases (VCSD) experience social and self-stigmatization. The World Health Assembly encouraged its member states to improve quality of care of those affected, including actions against stigmatization. This was the starting point of the German programme on destigmatization in people with VCSD, targeting social stigma (ECHT). Besides, an online-intervention, HautKompass, aiming to reduce self-stigmatization among people with skin diseases is under development. Methods: Medical students ($n=127$) were randomized into an intervention or a control group. The face-to-face intervention ECHT consisted of education, self-reflection, and a patient encounter. Measures assessed agreement to negative stereotypes, disease-related false assumptions, desire for social distance, and behavioral intentions (baseline, post-intervention, 3-month follow-up). For HautKompass, patients with VCSD ($n=500$) will be randomized for the online-intervention promoting self-compassion and coping skills to lower self-stigmatization, or waitlisted. Evaluation (e.g. self-stigmatization, body image, quality of life, depression, anxiety) will be administered at baseline, post-intervention, and 6-month follow-up. Findings: Participants of the ECHT-intervention reported lower stereotype endorsement (F(1.67, 118.67)= 23.83, $p<0.001$), lower agreement with disease assumptions ($\chi^2(2)= 46.33$, $p<0.001$), less desire for social-distancing ($\chi^2(2)= 54.32$, $p<0.001$), and more positive behavioural intentions (F(1.86, 131.89)= 6.16, $p<0.01$) towards people with psoriasis over time. Discussion: Self-reflection, education and patient encounter improved stigmatizing attitudes and behaviors of medical students. The results should encourage medical faculties to invest in such courses in order to prevent stigmatization of people with VCSD. Further, an online-intervention targeting self-stigma will provide a way for individuals to seek self-guided care and improve wellbeing.

OL27

INTERVENTIONS TO REDUCE STIGMATISATION OF VISIBLE CHRONIC SKIN DISEASE: RESULTS FROM AN RCT TARGETING STIGMATIZING BELIEFS OF BODY CARE PROFESSIONALS AND A SYSTEMATIC REVIEW OF SELF-STIGMA INTERVENTIONS

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Introduction: People with visible chronic skin diseases (VCSDs) frequently experience social (interpersonal) and self-stigma (intrapersonal), which can impair functioning and lower quality of life. We present two projects targeting each type of stigma: 1) a randomized control trial that assessed the feasibility and effectiveness of a face-to-face group intervention aimed at reducing stigmatizing attitudes in persons in body care professions; 2) a systematic review (PROSPERO registration number: CRD42021284948) of interventions against self-stigma associated with VCSDs. Methods: Hairdressers, cosmeticians, nurses, and physiotherapists ($n=120$) were randomized into the intervention or control group. The intervention seminar consisted of self-experience, education, and a patient encounter. Agreement to negative stereotypes and disease-related false assumptions as well as the desire for social distance from people with psoriasis were assessed at baseline, post-intervention and at 3 months follow-up. For the systematic review, an electronic database search for original articles was conducted following the PRISMA guidelines. Results: For the RCT, the intervention group showed significant reductions in agreement with negative stereotypes and illness-related misconceptions at post-test. The systematic review found 19 studies targeting various skin conditions. Psychosocial and behavioural interventions included social skills training, self-help, and counselling. Quality assessment findings were mixed. Conclusion: The intervention successfully reduced stigma beliefs towards VCSDs among body care professionals. Furthermore, several interventions targeting self-stigma in VCSDs exist; however, this review identified a lack of high-quality studies examining their effectiveness. A novel online-intervention against self-stigmatization is currently in development and will be tested in a future randomized controlled trial.

OL28

IMPORTANCE OF STRESS FACTORS IN DISEASE ACTIVITY OF AUTOIMMUNE BULLOUS PATIENTS

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Autoimmune bullous diseases (ABD) are a rare group of diseases that can be life-threatening against structural proteins in the skin. It is thought that the disease group arises with the effect of predisposing factors such as stress, physical trauma, drugs, infections. Although there are studies showing that some psychogenic factors such as especially stress, depression and anxiety are effective in the initiation or activation of ABD, as studied in other autoimmune diseases, there are not enough studies. We aimed to investigate the activity and quality of life of the disease, how high they are affected by stress, depression and anxiety in the face of life events, and methods of coping with stress. Forty patients with ABD and 40 controls were included. The Autoimmune Bullous Disease Quality of Life Questionnaire (ABQOL), Hospital Anxiety and Depression Scale (HADS), Life Events List, Impact of Events Scale Revised Form, Stress Coping Scale and the Traumatic Experience Checklist were filled in. Disease activity was examined by the researcher. The HADS anxiety score levels and the scores of Impact of Events evaluating the post-traumatic stress disorder in the patients were significantly higher than the control group. The scores for coping with stress were significantly lower in the patient group; the coping mechanisms of the controls are stronger than the patients. Patients with ABD show more anxiety complaints, experience of traumatic events, and a higher degree of being affected by these events compared to the general population, furthermore, their capacity to cope with stress is lower than the control group. Psychogenic factors that may accompany patients should be aware of and these conditions should be taken into account when directing the treatment.

OL29

MENTAL HEALTH BURDEN RELATED TO PATIENTS WITH VITILIGO IN THE UNITED KINGDOM

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Background. Vitiligo is a skin condition that can have a profound impact on psychosocial well-being and quality-of-life. Methods. Patients with vitiligo aged ≥12 years at diagnosis as recorded in the Clinical Practice Research Datalink were included. The percentage of patients with mental health diagnoses recorded at any time, and the percentage receiving mental health (medication/psychological referrals) and vitiligo-related treatment in the 5 years following vitiligo diagnosis, were determined. Results. This study included 17,239 incident patients with vitiligo. The most common mental health disorders were anxiety and/or depression (24.6%), depression (18.5%), anxiety (16.0%), and sleep disturbance (12.7%). Mental health comorbidities were more common among females (e.g., anxiety and/or depression: 30.2% vs 18.5% in males) and White patients (29.0% vs 18.8%/16.1%/21.4% in Black/Asian/other ethnicities). In adolescents, depression/anxiety mostly occurred after vitiligo diagnosis (before, 1.8%; after, 7.4%). During the 5 years after vitiligo diagnosis, 26.6% had a record of antidepressant/anxiolytic treatment. In the year following diagnosis, 60.8% received no vitiligo-related treatment, increasing to ≥80% from year 2–5. Conclusion. We confirmed mental health burden associated with vitiligo. Depression/anxiety rates were higher than rates observed pre–COVID-19 in the general UK population. To address psychological comorbidities among patients with vitiligo, especially during adolescence, routine psychological screening is required to ensure patients can access appropriate psychological intervention/support. Evidence supporting the most effective psychological interventions for management of vitiligo-related distress is currently lacking. Consequently, research is urgently needed to support development of clear care pathways to reduce the potential burden associated with vitiligo.

OL30

STRESSFUL LIFE EVENTS AND PSYCHIATRIC COMORBIDITY IN VITILIGO-A CROSS SECTIONAL HOSPITAL-BASED CASE CONTROL STUDY

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Introduction: Skin plays a pivotal role as a sensory organ in the socialization process throughout the life cycle. Possibility of a causal influence of emotional stress, on the course of various skin diseases, has been postulated. However, it is still inconclusive about the role of stressful life events in Vitiligo. In this background, the present study was carried out to know its role in acne. Methodology: Consecutive fifty patients who were diagnosed with Vitiligo in the age group of 18 to 60 years were included. Age and sex matched 30 controls were taken. A semi structured proforma was used to collect sociodemographic details. Stressful life events were assessed using presumptive stressful life event scale. Anxiety was evaluated using Hamilton Anxiety Rating scale and Depression by Hamilton Depression Rating Scale. Results: There was no difference in total stressful life events in past one year between patients and controls. The undesirable life event was present in 28 patients (56%) and 10 controls (33%), this difference was statistically significant. Separation from spouse, sexual problems and change in social activity were the most common stressful life event in patients. Forty patients (80%) had comorbid psychiatric illness whereas in controls comorbidity was in 8(26%) and this difference was statistically significant. Conclusion: The undesirable stressful life events and psychiatric comorbidity were more in Vitiligo patients than in controls. Stress involvement in precipitation or exacerbation of Vitiligo is still a dilemma. The psychological aspects of vitiligo is clinically relevant as possible behavioural interventions may become viable options for patients.

OL31

WORDS AS MEDICINE: THE ROLE OF PLACEBO EFFECTS AS KEY FOR OPTIMIZED DERMATOLOGICAL CARE

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The effects of many treatments are determined, to a significant degree, by factors other than the medicine or treatment itself. Contributing factors are the trust placed in the healthcare professional, the expectation someone has with the treatment, as well as previous experiences of treatments. All these elements can influence treatment outcomes. However, these insights are rarely considered in regular dermatological care, despite the fact that this knowledge could be used to optimise treatments or reduce side effects of dermatological treatments. Research on placebo effects can have a large impact for daily dermatology practice, such as implications for the optimized doctor-patient communication, the role of the gut feeling of healthcare professionals and the prescription of adjusted medication dosages. In the lecture, the role of health communications in the area of placebo and nocebo effects in dermatological care will be discussed, including implications for clinical practice. It will address the underlying psychological and neurobiological mechanism in human and animal studies. Also, insight will be given into implications that originate from this for applications in daily practice.

OL32

MANAGEMENT STRATEGIES AND CORTICOPHOBIA AMONG HEALTHCARE PROFESSIONALS INVOLVED IN THE CARE FOR ATOPIC DERMATITIS: A DUTCH SURVEY

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Background: Many healthcare professionals (HCPs) deliver care for patients with atopic dermatitis (AD). Although pivotal, management strategies and corticophobia among HCPs have not been investigated. Objective: To investigate management strategies for AD, and corticophobia among HCPs. Methods: Dutch general practitioners (GPs), youth healthcare physicians, paediatricians, dermatologists, pharmacists, and pharmacy assistants participated in a survey on management strategies and corticophobia. The Topical Corticosteroid Phobia questionnaire for professionals (TOPICOP-P) was used to measure attitudes toward topical corticosteroids (TCS). Higher scores reflect a more negative attitude. Results: A total of 407 HCPs (124 GPs, 33 youth healthcare physicians, 51 paediatricians, 56 dermatologists, 58 pharmacists, and 85 pharmacy assistants) participated. Compared to dermatologists other HCPs were more reluctant with TCS as illustrated by the portion (50%) of GPs that reported to prescribe TCS of only mild potency for infants with severe AD, compared to paediatricians (16%) and dermatologists (9%). Dermatologists had lowest TOPICOP-P scores (median: 19, IQR: 12–28). GPs and pharmacy assistants had highest scores (GPs median: 36, IQR: 31–44, pharmacy assistants: median: 36, IQR: 31–42). More corticophobia was significantly associated with prescription of a lower TC potency class (B –0.04, 95%CI: –0.07–0.01, $p=0.01$), and a trend was found between more corticophobia and longer perceived durability of one TCS tube. Conclusion: This study shows the differences in management of AD and reluctance towards TCS in HCPs. Furthermore, corticophobia among HCPs and its effect on management of AD was confirmed. To reduce corticophobia and improve care for AD, more education is needed.

OL33

AN INVESTIGATION INTO MEMORY, COGNITIVE FUNCTIONING AND MOOD IN ICHTHYOSIS

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X-linked ichthyosis (XLI) is a rare genetic skin condition caused by deletion or loss-of-function genetic variants around the steroid sulfatase (STS) gene. XLI has been associated with adverse effects on mood, but recent work in rodent and worm models has suggested that STS deficiency may elicit memory-enhancing and neuroprotective effects. We aimed to test whether individuals with XLI (or female carriers) exhibited evidence for enhanced memory compared to controls matched for sex, age and skin condition. We used an online survey to assay subjective (Multifactorial Memory Questionnaire, MMQ) and objective (basic novel recall) measures of memory, and Kessler Psychological Distress Scale (K10) to assay recent mood, in adult males with XLI ($n=40$) (and female carriers, $n=78$), adult males/females with ichthyosis vulgaris (IV) ($n=30/67$ respectively), and adult males/females from the general population ($n=125/125$). Our initial findings suggest impaired memory, and a marked increase in recent adverse mood symptoms, in individuals with XLI compared to individuals from the control groups, with the strongest effect in males. A negative association was identified between mood and self-rated memory abilities in XLI, but there was no association between mood measures and objective memory recall across groups. Our study suggests that, in contrast to the prediction from STS-deficient animal models, individuals with XLI exhibit mild deficits in memory that may be related to mood; possible reasons for this apparent cross-species discrepancy will be discussed. Ongoing neuroimaging analyses in the UK Biobank are investigating whether XLI-associated genetic variants are associated with memory-associated neuroanatomy.

OL34

IMPROVING SCREENING RATES FOR DEPRESSION IN PATIENTS WITH ECZEMA

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Background: Psychiatric disturbances have been reported in at least 30% of patients with dermatologic disorders. Increased numbers of patients with Atopic Eczema are reported to suffer from depression (9.3–44.3%). In a small survey conducted amongst doctors running the Eczema subspecialty clinic at our centre, 50% of respondents felt that 11-20% of their patients suffer from depressive symptoms. However, none of them had performed formal depression screening. Aim: To improve the depression screening rates in patients seen in the Eczema clinic at the National Skin Centre, Singapore using the PHQ-9 questionnaire. Methods: A quality improvement project was undertaken. Root causes for poor depression screening rates were first identified in a multidisciplinary group brainstorming session. Various interventions were then carried out to address these issues. Results: The top 5 root causes identified were: 1. Doctors lack experience asking about depressive symptoms. 2. Patients were unaware that psychosocial factors can exacerbate eczema; 3. Patients lacked insight into their depressive symptoms; 4. Social worker counselling services were not well known; 5. Healthcare workers had no training using the PHQ9 tool. Using a multidisciplinary team approach, training sessions and patient education materials were conducted and distributed respectively. Prior to these interventions, the baseline screening rates for depression with PHQ-9 was 0%. Progressive improvement in screening rates was noted with the introduction of various interventions. Conclusion: Depression is a common and significant problem amongst patients with eczema. Interventions to improve screening rates can help detect patients with depression and provide opportunities for early intervention.

OL35

ANXIETY IN BENIGN AND MALIGNANT SKIN TUMOURS, DERMATOSES AND CONTROLS

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Background. Anxiety and depression are common complains in dermatological patients as with skin tumours, as with dermatoses. It is still underinvestigated if these skin conditions differ in psychological presentations. Methods. The study sample of 98 dermatological outpatients (male - 30, female - 68, mean age – 48,9±15,93371) with skin tumours (benign: n=53; malignant: n=14) and dermatoses ($n=31$) was examined by dermatologists and compared to 214 healthy controls. All subjects filled in the following questionnaires: GAD-2 for anxiety and PHQ-2 for depression. An additional question about the content of anxious thoughts was asked: “If you feel anxiety, what is it about?” Results. Patients with benign and malignant skin tumours, as well as patients with dermatoses differed significantly from controls in frequencies of GAD-2 positive anxiety: 28.4%, 36.4%, 34.0% vs. 15,1%, respectively ($p=0.001$). But groups did not show significant differences in frequencies of PHQ-2 positive depression: 30.4%, 37.5%, 50.0% vs. 63,3%%, respectively ($p=0.044$). The predominant content of anxious thoughts also differed between groups. In benign tumors, the fear of malignisation predominated. In malignant tumors, the fear of metastases, recurrences and finally death were the most frequent contents. In dermatoses, fear of relapse, fear for beauty and fear for unbearable symptoms predominated. In the control group, non-illnesses related fears predomianted (occupational problems, personal relationships, etc.). Conclusion. Anxiety but not depression differs in malignant and benign skin tumours if compared to dermatoses and healthy subjects. This may have important implications for patient-doctor relations and psychotherapy.

OL36

PSYCHOLOGICAL COMORBIDITY AMONG WOMEN ATTENDING A VULVAR CLINIC IN SOUTHERN SWEDEN

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There is a lack of clinical epidemiological studies in vulvar diseases. The objective of this study was to describe the distribution of diagnoses and to assess the association with psychological health among women seeking a vulvar clinic during one year. This study is questionnaire-based and conducted at the Department of Dermatology at Skåne University Hospital. Data was collected in March 2020 and from March 2022 to February 2023 and included 239 patients. The interruption was due to Covid 19. Included was: sociodemographic background variables, subclinical and clinical depression and anxiety (assessed with Hospital Anxiety and Depression Scale (HADS)). 239 women participated. The largest patient group suffered from lichen sclerosus (55.6%) followed by lichen planus (8.4%), pain disorders such as vulvodynia or dyspareunia (5.0%), dermatitis (3.3%), pruritus vulvae (2.9%) and candida vulvovaginitis (2.9%). The association with depression and anxiety was highest for women with vulvodynia or dyspareunia (anxiety 91.7% and depression 25%) followed by candida vulvovaginitis (anxiety 71.4% and depression 0.0%), pruritus vulvae (anxiety 57.2% and depression 14.3%), lichen sclerosus (anxiety 35.7% and depression 19.0%), lichen planus (anxiety 30.0% and depression 25.0%), dermatitis (anxiety 33.4% and no depression). The largest diagnose group is represented by lichen sclerosus followed by lichen planus and pain conditions. Psychological comorbidities are seen especially among women with vulvodynia or dyspareunia followed by candida vulvovaginitis and pruritus vulva. It is important to address the concomitant psychological suffering in the management of women presenting with vulvar conditions. Further studies should explore other confounders of this association.

OL37

THE PSYCHODERMATOLOGY DIPLOMA COURSES : PRESENT AND FUTURE

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Since 2019, 52 participants were trained in Psychodermatology. The courses were given online since 2020 due to the pandemic. Attendees are now from more distant countries .That’s why we decided to continue with online courses. Most of the participants are now used to online meetings . We insist on the quality of the audio as there can be a language barrier that impacts the understanding. Until now 42 of them reached the Level 1 diploma, what is the level every practitioner should acquire. The Level 2 goes more deeply in the different disorders. The trainees going on are very motivated and decided to run a Psychodermatology clinic. It gives more time for the online sessions and fruitful discussions. We are collaborating with Mohamad Jafferany from the APMNA and Pavel Chernyshov from Ukraine. Nowadays Master Classes with ESDaP Experts are organized for participants who are also ESDaP Members. Other Psychodermatology experts will be proposed in the future. Participation at ESDaP congress is required to get the Level 1 diploma . The Level 2 diploma requires also a presentation.

OL38

UK HEALTHCARE PROFESSIONALS VIEWS ON PSYCHOLOGICAL SUPPORT FOR CHILDREN AND FAMILIES AFFECTED BY SKIN CONDITIONS: A QUALITATIVE STUDY

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Skin conditions can have a psychological impact on a child and their caregivers, however, psychological support for families is not equally distributed across the United Kingdom. This study aimed to investigate the experience of National Health Service (NHS) healthcare professionals (HCPs) of addressing the psychological needs of children with skin conditions and their families, and gain expert opinion on offering specific forms of intervention. HCPs with relevant expertise were invited to participate in a qualitative study, and an advert was posted on social media. Fifteen HCPs took part in semi-structured interviews, including dermatologists ($n=4$), dermatology nurse consultants/specialists ($n=4$), clinical psychologists ($n=4$), liaison psychiatrists ($n=2$), and a children's psychological wellbeing practitioner ($n=1$). Thematic analysis revealed children often presented with anxiety, depression, body image concerns, and in some cases, self-harm and suicidal ideation. The impact on caregivers was acknowledged as equally profound. There were differences in service provision across the UK, with less support available in Wales. All HCPs recognised the need for psychological intervention to be integrated into standard dermatology care. Participants described cognitive behavioural interventions, systemic interventions, as well mindfulness as useful but requiring further testing. Barriers to the provision of psychosocial support were associated with a lack of funding and training opportunities for core and specialist staff alike. However, many professionals had overcome these to deliver unique services. In conclusion, there exist several barriers to providing support interventions, and many locations across the UK remain vulnerable as a result of continuing lack of national guidelines for the provision of psychological services for children and families.

OL39

IMPROVEMENT IN CARDIORESPIRATORY FITNESS IN CHILDREN AND ADOLESCENTS WITH DIFFICULT-TO-TREAT ATOPIC DERMATITIS IS NOT RELATED TO SEVERITY OF DISEASE: WHICH FACTORS SHOULD BE TAKEN INTO ACCOUNT?

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No abstract available

OL40

UNDERSTANDING THE PSYCHOSOCIAL NEEDS OF PAEDIATRIC PATIENTS WITH RARE BIRTHMARK CONDITIONS: A MIXED-METHODS STUDY TO INFORM THE PROVISION OF SUPPORT

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Children and adolescents with the birthmark conditions Congenital Melanocytic Naevus (CMN; large moles) and Arteriovenous Malformation (AVM; arteries connecting to veins which cause progressive enlarging) can experience appearance-related stigma, fear and uncertainty of having a rare disease, as well as the burden of associated medical problems and treatments. Consequently, psychosocial support is beneficial alongside medical treatment. However, there is little research into the psychosocial impact of living with CMN and AVM or factors associated with successful adjustment. This mixed-methods project aims to identify a set of core psychosocial outcome measures to assess psychosocial wellbeing and explore the experiences and psychosocial needs of paediatric patients and their parents. A review of existing literature and models of adjustment to appearance-altering health conditions was carried out to develop a conceptual framework and outcome measures were selected to assess key psychosocial domains (e.g., optimism, resilience, appearance investment, social support). Data is currently being collected through an NHS service and national charitable organisations supporting individuals with CMN and AVM. Additionally, an online semi-structured qualitative survey was launched to explore the psychosocial experiences of children and adolescents with CMN and AVM and to identify their psychosocial support needs. Patient and public involvement was utilised to select the outcome measures and develop the survey questions. Data collection is underway and preliminary results will be presented. The findings will help to understand key psychosocial concerns and support needs, inform support provision, and enable larger-scale longitudinal research investigating factors associated with successful psychosocial adjustment.

OL41

PEDIATRIC ATOPIC DERMATITIS PATIENTS' EXPERIENCES WITH DUPILUMAB INJECTIONS

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No abstract available

OL42

PSYCHOPHARMACOLOGICAL TREATMENT IN PSYCHODERMATOLOGY, A DERMATOLOGISTS PERSPECTIVE

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No abstract available

OL43

PHARMACOGENETICS IN PSYCHODERMATOLOGY

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No abstract available

OL44

HOW EFFECTIVE ARE PSYCHOLOGICAL INTERVENTIONS IN THE TREATMENT OF CHRONIC ITCHY CONDITIONS? FIRST RESULTS OF A SYSTEMATIC REVIEW AND META-ANALYSIS

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No abstract available

OL45

MINDFULNESS AND SELF-COMPASSION FOCUSSED APPROACHES IN FACILITATING ADJUSTMENT TO SKIN CONDITIONS: THE STORY SO FAR AND FUTURE DIRECTIONS

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Dermatological conditions have attracted relatively little attention from psychological researchers, and much of the existing literature has simply investigated levels of distress. In this invited talk whilst I will briefly outline the psychosocial issues that can be associated with skin conditions, I will also present an overview of some of the psychological variables that are implicated in positive adjustment, with a particular focus on both mindfulness and self-compassion. Mindfulness is a positive approach, typically defined as paying attention on purpose, in the present moment, non-judgementally. The related concept of self-compassion has been described as an emotionally positive self-attitude, with the concept being proposed to involve three elements which include self-kindness, acceptance of the commonality of human suffering, as well as the ability to be mindful in response to distress. Studies have found that there is a relationship between several elements or facets of both mindfulness and self-compassion and improved psychological functioning and wellbeing in chronic skin conditions. The presentation will present an up to date review of studies that have investigated the role played by such variables, and also include coverage of the studies that have investigated the effectiveness of psychological investigations that have utilized or targeted these variables. The presentation will conclude with discussion of the limitations of the existing research and indicate that whilst in many ways mindfulness research started in dermatology, research and practice in this area now currently lags behind what has been achieved within other areas. As such the presentation will conclude with specific suggestions for future research in this area.

OL46

REDUCING SCRATCHING BEHAVIOUR IN ATOPIC DERMATITIS PATIENTS USING THE EMDR TREATMENT PROTOCOL FOR URGE: A PILOT STUDY

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Objectives: To investigate the effect of treatment according the EMDR treatment protocol for urge on scratching behaviour of atopic dermatitis patients in a controlled study. Methods: This study applies a multiple baseline across subjects design. Six patients were randomly allocated to different baseline lengths and all of them started registration of scratching behaviour at the same day, using a mobile phone application. Nocturnal scratching was registered by a smart watch application. The total study duration was 46 days and was equal for all patients. Treatment consisted of two sessions using the EMDR treatment protocol for urge. Furthermore, standardized measures were used to assess disease activity, quality of life, and self-control. The nonoverlap of all pairs effect size was calculated for the daily measure data. Results: One patient dropped out. Visual inspection suggests that the scratching behaviour decreased over time in all patients. Furthermore, a moderate effect size of the treatment is found. During the baseline phase, scratching behaviour fluctuated considerably and showed a slight negative trend. Outcomes of disease activity decreased over time and patients' self-control and quality of life improved after treatment. Nocturnal scratching behaviour did not change after the intervention. Conclusion: The results of the visual analysis of day time scratching behaviour, disease activity, quality of life, and self-control seem promising. These findings pave the way for future research into the effect of the new intervention on atopic dermatitis and other skin conditions suffering from scratching behaviour, such as prurigo nodularis. Published in Front Med. Apr 2023. doi 10.3389/fmed.2023.1101935.

OL47

BASIC HABIT REVERSAL THERAPY BY DERMATOLOGISTS TO TREAT BODY-FOCUSED REPETITIVE BEHAVIOURS

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Body-focused repetitive behaviours (BFRBs) are habitual behaviours such as skin picking, hair pulling and other compulsions which can result in distressing cutaneous manifestations. Patients presenting with BFRBs in dermatology clinics often resist engaging with psychological or psychiatric treatment, and few dermatologists are comfortable offering habit reversal therapy (HRT), making it challenging to effectively treat various skin conditions associated with BFRBs. We introduced basic HRT into our dermatology clinic and treated two patients with this. A 66-year-old male with a 15-year history of a 10cm hyperkeratotic patch of lichen simplex chronicus on his left shin, with minimal improvement on topical steroids, and a 22-year-old female with trichotillomania. Both patients were firstly made aware of their behaviour by identifying situations which preceded their habit (awareness training). Feelings of stress and anxiety related to work and school were identified as triggers respectively. Subsequently, the patients were taught to substitute the unwanted habit with a different behaviour (competing response training). Social support and behavioural reward systems were utilised to enhance compliance. Individualised stress relieving strategies such as mindfulness and exercise were also encouraged. Both patients had a reduction in their repetitive behaviours and showed significant clinical improvement by 6 months. These results demonstrate the benefit of using HRT in conjunction with standard treatment for the management of skin conditions affected by repetitive behaviours. HRT is easy to learn and implementation of this educational patient-centred approach by dermatologists can serve as a tool to achieve better clinical outcomes in patients with BFRBs.

OL48

HABIT REVERSAL SUCCESS STORIES FROM THE UAE

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It is well established that dermatologic conditions can cause psychological stress in patients. In 2020, survey data demonstrated that although 98% of dermatology patients reported that their condition affected their emotional and psychological well-being, only 18% had received psychological support. Since the start of the COVID-19 pandemic, we have encountered an influx of adolescent patients with skin conditions requiring psychodermatology intervention, most of whom greatly improve with Habit Reversal Therapy (HRT). HRT is a behavioral modification technique that has been used in the management of a myriad of dermatologic conditions, including but not limited to atopic dermatitis, acne excoriee, trichotillomania, lichen simplex chronicus and pruritus ani. We would like to share cases from our clinic, where patients with recalcitrant dermatologic conditions improved with HRT. The cases consist of an 18-year-old female with trichotillomania involving the scalp and eyelashes, a 20-year-old paraplegic male with dermatotillomania of the genitalia and a16-year-old male with onychotillomania and onychophagia. We found that for our region, there may still be an element of discomfort or unfamiliarity with psychodermatology among practitioners, thus patients who would benefit from HRT are often referred to directly to psychiatry. Although nationwide mental health awareness campaigns may have helped decrease the stigma with help-seeking, there is still a hesitancy for patients in the arab region to seek psychiatric care3. HRT can be implemented by a dermatologist or dermatology trainees and can have a significant impact on the patient's quality of life.

OL49

GENERALISED BURNING SKIN – A CASE SERIES

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Cutaneous dysesthesia is characterised by chronic cutaneous symptoms without objective findings which may be localised or generalised. We report five cases of cutaneous dysesthesia managed holistically from our tertiary care centre. The average age was 62 years (45–75), M:F 2:3. All five patients had generalised burning, four also described localised genital dysesthesia; scalp, penis, scrotum and vulva. Four patients had difficulty sleeping and one worsening with hot weather, clothing and following contact with water. All patients had at least one other skin complaint including subjective hyperhidrosis, hair loss, folliculitis and concerns about oil production. Importantly all had psychiatric comorbidities with depression and anxiety most common; one had multiple previous suicide attempts. An average of 12 (6–20) other specialties were involved with their care for a variety of other diagnoses and medically unexplained symptoms (MUS). All were investigated for organic pathology; two patients were iron-deficient and one had monoclonal gammopathy of unknown significance which preceded the dysesthesia by 10 years. Of note, two patients followed vegan diets. Treatments were diverse including a variety of topical applications, phototherapy, ciclosporin and tricyclic-antidepressants. Progress was achieved when symptomatic treatments were used in combination with psychosocial interventions; liaison psychiatry, SSRI's (escitalopram), herbal therapy and habit reversal therapy. Complex psychodermatology clinics can be helpful in facilitating this care and we advocate multidisciplinary team interventions to deliver optimal treatment and reduce excessive investigation especially in the context of MUS. Our patients highlight the need for recognition of the psychological distress that these symptoms can represent.

OL50

DELUSIONAL INFESTATION – INTRODUCTION

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Delusional infestation (DI) is a rare psychiatric disorder in which individuals have a fixed, false belief that they are infested with parasites or other organisms. Despite being reassured by medical professionals that there is no evidence of infestation, people with delusional infestation persist in their belief and often engage in extreme behaviours to rid themselves of the perceived infestation, such as excessive cleaning or self-mutilation. The exact cause of delusional infestation is not fully understood, but it is believed to be related to abnormalities in the brain's functioning and/or chemical imbalances. DI can also be due to secondary causes such as drug abuse. This lecture will give you a brief overview, followed by more detail later in the session.

OL51

DELUSIONAL INFESTATION – AN UPDATE

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Recent developments in delusional infestation (DI) have shown that specific abnormalities can be shown in MRI imagery suggesting aberrant prediction as a major cause delusional infestation. Longer duration of untreated illness is negatively associated with outcome. Substance misuse is commoner in DI patients than in the normal population, adjusted for gender and age. Patients who are themselves clinicians are more difficult to engage in treatment. Antipsychotics remain first line treatment.

OL52

ORAL IVERMECTIN IN ADDITION TO ANTI-PSYCHOTICS OFFERS NO BENEFIT TO THE MANAGEMENT OF PATIENTS WITH DELUSIONAL INFESTATION

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Patients with Delusional Infestation (DI) may be reluctant to start antipsychotics because they believe their condition to be of cutaneous origin. DI patients should be managed with antipsychotics, but there are some centres which offer additional systemic ivermectin. Objective: To determine whether patients noticed an improvement when being treated with oral ivermectin plus antipsychotic when compared to antipsychotic medication alone. Materials and Methods: Data was collected retrospectively from patients in our psychodermatology clinic from 2020 to 2022. We looked at patients on dual treatment (with oral ivermectin and antipsychotic) and antipsychotic alone and compared their progress on follow up. Results: Out of 35 patients, 29 (83%) were treated with antipsychotic alone and 6 (17%) were treated with additional oral ivermectin. Of the patients on monotherapy with antipsychotic alone, 3% felt worse, 59% remained similar, 24% noticed improvements and 14% felt completely cured. Of the patients on dual therapy with antipsychotic and oral ivermectin, 33% remained similar and 67% noticed improvements. Risperidone was the most popular antipsychotic prescribed in both groups (59% in the antipsychotic alone group and 50% in the dual therapy group). The average time of follow up for patients on monotherapy and dual therapy was 15 and 5 months respectively. Conclusion: There appears to be no clear benefit on treatment with oral ivermectin in addition to antipsychotic medication. A larger sample size for the oral ivermectin patient category and an equal time of follow up for both groups is required to be able to draw stronger conclusions.

OL53

DELUSIONS OF INFESTATION: RETROSPECTIVE CASE-CONTROL STUDY AND THE ASSOCIATION WITH PRESCRIBED STIMULANTS FOR ADHD

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We performed a retrospective case-controlled study of 95 patients suffering from delusions of infestations seen in the last three years at the University of Rochester to determine the role of amphetamines for attention deficit disorder prescribed by their primary care physicians, comorbidities and, finally, evaluate the response to antipsychotics. We will discuss our results and the strategies in place to enhance adherence to therapies in this patient group. To perform the statistical analysis, we compared delusional subjects to subjects matched for age, gender, and race in a ratio of 1:3. The markedly enhanced numbers of delusional subjects that are receiving amphetamines from their physicians significantly impaired the response to the different interventions. We will also highlight the role played by narrow-band ultraviolet phototherapy and good patient rapport strategies in controlling the delusional state.

OL54

A MULTIDISCIPLINARY APPROACH TO ETHICALLY INFORM PATIENTS WITH DELUSIONAL INFESTATION

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Delusional infestation (DI) is a psychiatric condition in which patients are convinced of the delusion that some living, non-living organisms or fibres have infested their bodies. Treatment mainly consists of introducing antipsychotics as soon as possible. However, healthcare providers experience a dilemma before being able to take care of these patients. Fully informing patients about their illness and treatment could be disadvantageous due to a lack of disease insight. Consequently, patients might end the doctor-patient relationship and fall out of care. However, not fully informing the patient could motivate the patient to continue visiting several physicians for answers and treatments. This results in a delay in adequate treatment, which badly impacts the prognosis. Thus, this research examines an ethical approach to inform patients with DI. Methods: This study has recruited experts involved in the care of patients with DI. This qualitative research performs two ways of data collection. Firstly, the participants will be interviewed about their background and experiences in the care for this patient group. Secondly, two moral case deliberations will be organized to collect data about the dilemma and the considerations in a case regarding informing a patient with DI. Results: This data will be converted into a manually created code tree. Subsequently, this study will formulate several pieces of advice for healthcare providers to ethically approach the dilemma. The results are expected to be analyzed before congress in June 2023.

OL55

DELUSIONAL INFESTATION (DI) IN TWO PATIENTS WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) TREATED WITH LISDEXAMFETAMINE.

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Delusional infestation (DI) in two patients with attention deficit hyperactivity disorder (ADHD) treated with lisdexamfetamine. Case 1: A 27-year-old woman with anxiety and depression, and longstanding cannabis use. Following an ADHD diagnosis, lisdexamfetamine was started. Within months, she developed a fixed belief that fibres were infesting her skin. Management included quetiapine and reducing lisdexamfetamine; she also reduced her cannabis use. Her symptoms of DI diminished. Case 2: A 58-year-old woman, started on lisdexamfetamine for ADHD. Within months, she developed a fixed belief that a parasite was invading her skin. Tests for recreational drugs were negative. Management included anti-psychotics; it has not been possible to reduce lisdexamfetamine. Some improvement in her DI symptoms has occurred. DI is a psychodermatological disorder, characterised by a fixed belief that one is infested with living or animate organisms or material. Primary DI occurs when no underlying cause is identified. Secondary DI occurs due to organic causes including recreational and medicinal drugs, medical and psychiatric illness. ADHD is increasingly recognised in younger patients and adults (with delayed diagnosis). Treatment is commonly with stimulants. We have demonstrated the link between recreational and medicinal drugs and DI. Only one case of DI secondary to prescription amphetamines for ADHD has been reported. Clinicians should be aware of the evidence for an association between amphetamine-based treatment in ADHD and DI, and the need for monitoring. Furthermore, ADHD is associated with substance abuse disorder (SUD), itself a cause of DI. Patients with ADHD and SUD may be at especially high risk.

POSTER PRESENTATIONS

PP01

THE ROLE OF PSYCHIATRIST IN THE MANAGEMENT OF CHRONIC WOUNDS

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A chronic wound is defined as a break in the skin for a period greater than 6 weeks or a wound with frequent recurrence. It can be the consequence of a multitude of causes. The delay in the healing process can be attributed to a variety of factors, such as diabetes, chronic disease, vascular insufficiency or age, pressure, and infection. Chronic wounds are often managed by a multidisciplinary team – whose core members are often a specialized wound care nurse, surgeon, dermatologist. Psychologists or trained mental health specialists may be alternating team members at some facilities but are usually not present in all teams. We present the case of a paraplegic adult male, who was wheelchair-bound. He was referred for chronic, non-healing wounds. Detailed history and assessment, accompanied by additional investigations revealed the wounds to be self-inflicted. The patient was initially reluctant to admit this, as well as the referral to a psychiatrist. However, after several visits, during which the necessary, proper rapport was built, we managed to obtain his agreement for the referral. The psychiatrist initiated anti-depressants and it was only then the patient significantly improved with the healing of the wounds. We would like to highlight the need for a trained mental health specialist in the management of patients with chronic wounds. We also believe the education of wound care team members regarding the recognition of patients who would benefit from psychiatric care is essential and advise prompt referral. Finally, we hope to present this case with impressive results.

PP02

SKIN DISEASES IN ALCOHOL DEPENDENCE SYNDROME -A HOSPITAL BASED CROSS SECTIONAL STUDY

Swapna Bondade, Abhineetha Hosthota
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Introduction: Alcohol dependence syndrome impacts skin directly, through organ dysfunction or by modifying pre-existing skin disease. There are few studies to know the impact of alcohol use on the skin disease in Indian population. In this background the current study was carried out to evaluate the frequency and spectrum of dermatological disorders in patients with Alcohol dependence syndrome (ADS). Methodology: This was a hospital-based cross-sectional study conducted for 6 months duration. Fifty patients with ADS in deaddiction ward of tertiary care medical college hospital were included. Complete blood count, Liver function test, fasting blood sugar, serological tests were carried out. Severity of dependence was assessed using Severity of alcohol dependence syndrome questionnaire (SAD-Q). All cases were examined by the dermatologist to assess comorbid dermatological diseases. Results: Mean age of patients was 35.56±4.34 years. Mean SAD-Q score of patients were 33.25± 8.27 which indicates severe dependence. About 50% of the ADS patients had comorbid dermatological disorder. Dermatological diseases were due to nutritional deficiency, exaggeration of previous skin disease, infections and allergic reaction. In our study, 21.2% had exaggeration of psoriasis, 16.8% had pellagra, 10.4% seborrheic dermatitis and 1.6% tinea versicolor. About 5% of the patients had multiple skin diseases. Conclusion: Knowledge about cutaneous manifestations in ADS enhances early detection & proactive holistic approach in the management, before irreversible liver damage or adverse cutaneous consequences related to Alcohol use.

PP03

THE DEVELOPMENT OF A SELF-MANAGEMENT CARE PLAN FOR FAMILIES MANAGING CHILDHOOD ECZEMA

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Centre for Appearance Research (CAR), University of the West of England (UWE), Bristol, United Kingdom

Self-management care plans help individuals adhere to treatment regimens and increase their confidence in managing a health condition. Although care plans for eczema exist, they are not widely used by families and do not include psychosocial aspects of managing the condition. The aim of this study was to develop an eczema self-management care plan in collaboration with families and health professionals working in dermatology. A scoping exercise was carried out to identify key features of existing eczema care plans. The findings informed an online consensus exercise, used to determine the format, design, and content of the care plan. Twenty-three participants (8 parents, 10 health professionals, and 5 young adults) completed the consensus survey, which involved rating and ranking the importance of difference aspects of care plans. Two online workshops were held to discuss the findings of the survey, discrepancies, and reach an overall consensus. The consensus identified the care plan should include personalised stepwise information, guidance on how to treat eczema at different stages (e.g., flare up, infection), self-report questions about sleep, itchiness, life engagement, and appearance concerns, and should be in paper form. An iterative participatory approach was used to develop the care plan, involving Think Aloud interviews with parents ($n=4$), children ($n=2$) and staff at the charity Eczema Outreach Support to refine the care plan and ensure it was acceptable. The care plan is being disseminated to dermatologists, dermatology nurses, and GPs across the United Kingdom (UK).

PP04

A RARE CASE OF DELUSIONAL PARASITOSIS ASSOCIATED WITH DELUSIONAL PARASITOSIS BY PROXY AND FOLIE A DEUX

İlayda Esna Güngör, İlknur Kıvanç Altunay
Seyrantepe Hamidiye Etfal Training and Research Hospital, Istanbul, Turkey

Delusional infestation (DI), also known as delusional parasitosis, consists of a patient's strong belief that he or she is infested with a nonliving substance or living organism despite lack of medical evidence to support this belief. DI can be a primary psychiatric problem, or secondary to underlying medical conditions or other psychiatric disorders. Herein, we report a rare case of delusional parasitosis with delusional parasitosis by proxy and folie a deux. A 32 year-old woman admitted to our hospital with the complaint of parasites circulating in her and her 3-year-old daughter's skin. In the dermatological examination of the whole body, mucosa, nails, no pathological finding compatible with the complaint was seen and no organic reason was found to explain the complaint in the examinations performed. She collected bits of dead skin and some threads of clothing and believed that these were parasites from her and her daughter's bodies, a finding consistent with the matchbox sign. She also testified that she often gave her daughter oral metronidazole to help her recover. Considering all these findings, the patient was diagnosed with delusional parasitosis accompanied by Munchausen by proxy. In the interview with the patient's mother, it was seen that her mother had similar complaints and they experienced shared psychosis. The patient was consulted to psychiatry and risperidone treatment was started. 5–15% of patients share the delusion with a relative, often a woman, or with someone who is socioculturally isolated. This is called folie a deux/treis/famille according to the number of people affected.

PP05

COMPREHENSIVE PSYCHODERMATOLOGICAL MANAGEMENT OF SKIN PICKING DISORDER

Sandra Hanneken
Praxis Empoderm, Düsseldorf, Germany

The 17 y-o female patient presented with scratching of wounds and picking of skin since 1,5 years. Roughness and bumps on the skin and slightly protruding skin areas in mild acne bothered the patient with the consecutive urge to pick skin. Identified trigger were inner pressure, unresolved conflicts, boredom and perception of roughness of skin. Scratching and picking of skin were accompanied by momentary feelings of satisfaction. She had a history of extensive atopic dermatitis in childhood. Social history revealed competitive sports and school change due to bullying at school. The alexithymic patient exhibited features of social phobia and obsessive-compulsive personality trait with rigidity, perfectionism and preoccupation with mental and interpersonal control. Low self worth, feelings of fear, shame and deficiency were predominating. Long term psychotherapeutic treatment was performed with a multimodal method-integrating psychodermatological approach. Evolving from a psychodynamic therapeutic basis, psychoeducation, habit reversal technique and elements of schematherapy were applied to identify triggering factors and understand patterns of emotional and behaviour reactions. Maladaptive schemes were present and viewed in the context of systemic, biographical and social factors. Moreover, drug therapy was necessary, and sertraline updosed to 200 mg. This therapeutic procedure alongside with modification of environmental factors to reduce picking opportunities and introduction of skills to reduce inner pressure achieved improvement. The urge to pick skin decreased markedly, and in addition, the patient was able to develop more secureness in social contacts, improve communication skills and slowly stabilize self worth.

PP06

CAN ACNE VULGARIS AFFECT YOUNG ADULTS MORE THAN SKIN?

Abhineetha Hosthota, Swapna Bondade
The Oxford Medical College, Hospital & Research Centre, Bangalore, India

Acne vulgaris, one of the most common skin disorders seen with a prevalence between 30%–85% in adolescents and adults. Personality plays an important role in coping, maintaining social relationships and self-esteem. In this back ground the current study was carried out to assess personality and self-esteem in adults with acne. Methodology: A cross-sectional, case-control study was conducted, over a period of 6 months. One hundred consecutive acne cases (age range, 18–45 years) and 100 age and gender-matched controls who did not have any skin disease with consent were included in the study. Eyesenck personality questionnaire (EPQ)was used to assess the personality, Rosenberg self-esteem assessment scale (RSES) was used to assess self-esteem and severity of acne was done by Pillsbury acne grading system. Results: Mean age of cases 23.5± 3.8 And controls 21.1±5.3. Cases predominantly had grade 2 acne (46%). Mean neuroticism score was higher in acne patients (10.65±1.23) compared to controls (7.65±0.83), this was statistically significant (p value = 0.001). The RSES mean score was higher in controls (19.74±4.23) than in cases (15.72±5.06) and was statistically significant ($p<0.0001$).we found a negative correlation between neuroticism scores and RSES (R=-0.18). Conclusion: Our study observed high neuroticism score and reduced self-esteem scores in acne patients. Personality plays an important role in maintaining the self-esteem of these patients.

PP07

EMDR TREATMENT FOR FEAR OF CANCER RECURRENCE IN PATIENTS WITH FAMILIAL MELANOMA: PROTOCOL FOR A WAITING LIST CONTROL TRIAL

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Introduction: Fear of cancer recurrence (FCR) has been found to be high among patients with familial melanoma. A large group of patients indicate they need help with the uncertainty and threat of developing a new melanoma. While some amount of fear may be adaptive and bolster adequate healthcare behaviour such as UV protection and skin examination, high levels of fear have a negative impact on patients quality of life (QoL) and may lead to increased healthcare utilization. Study aim: The primary aim of the study is to investigate whether Eye Movement Desensitisation Reprocessing (EMDR) treatment is an effective treatment for reducing fear of cancer recurrence in patients with familial melanoma. Secondary aim of the study is to investigate the effect of EMDR treatment on QoL. Methods: The design a non-blinded randomized waiting list controlled trial. Patients with a high FCR will be included and randomly assigned to an intervention and waiting-list condition. Those assigned to the intervention condition will start EMDR treatment immediately after enrolment. Those assigned to the waiting-list will start EMDR treatment after 6 weeks. Before start of EMDR treatment, after the last EMDR session and 2 weeks- and 3 months after ending EMDR treatment FCR and QoL will be assessed with respectively the CWS and the EORTC-QLQ-C30. Treatment efficacy will be analysed using multilevel linear regression modeling. Expected results: this study will provide insight on whether EMDR-treatment is effective in reducing fear of cancer recurrence in patients with familial melanoma.

PP08

VALIDATION OF THE HSQOL-24 TOOL TO ASSESS THE QUALITY OF LIFE IN PATIENTS WITH HIDRADENITIS SUPPURATIVA IN THE ARGENTINIAN POPULATION

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Argentinian Society of Dermatology (SAD), Working groups of Psychodermatology and Hidradenitis Suppurativa, ADEPSI Academy of Dermatology and Psychiatry

The validation process of the Spanish scale to assess quality of life in HS begins in 2019. The objective of this study in the validation of a scale to evaluate the quality of life in patients with HS in Argentina. Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease that negatively influences the quality of life. Material and methods: A multicenter study is developed in Argentina, started in 2019 with the corresponding transculturalization of the scale from Spanish (Spain) to Spanish (Argentina). The study is based on the Spanish questionnaire Validation of the HSQoL-24 tool to assess the quality of life in patients with hidradenitis suppurativa. This poster shows the preliminary data of the validation process of the quality of life validation instrument for patients with HS in a sample of 90 patients in Argentina.

PP09

EXPERIENCES WITH SOCIETAL PARTICIPATION AND COPING IN NETHERTON SYNDROME

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No abstract available

PP10

CHRONIC PELVIC AND PERINEAL PAIN: AN UNDER RECOGNIZED DISORDER

THE PSYCHODERMATOLOGY DIPLOMA COURSES : PRESENT AND FUTURE

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Definition: any pain in the pelvic or perineal region that has developed over the past 6 months, whether or not they are associated with an underlying lesion eventually treated. It is often associated with a pain while sitting. The condition is significantly underdiagnosed and frequently inadequately or improperly treated with a dramatic impact on the quality of life. This can contribute to treatment failures, alteration of the patient-doctor relationship, excessive psychiatric diagnoses but also depression and suicide. The concomitant presence of several clinical hypersensitivity syndromes, such as irritable bowel syndrome, functional dyspepsia, fibromyalgia, temporomandibular joint dysfunction, migraines and chronic fatigue syndrome, suggests a central dysfunctional mechanism. The search of a cause "at all costs" is not without risks: risks specific to examinations, misinterpretation, but above all it can confirm the patient in the following unreal pattern: search for the cause = discovery of the latter = ablation of the cause = return to a status ante. A global therapeutic approach which associates local treatments specific from each organ, functional treatments, treatments to modulate the nociceptive system itself (anti-hyperalgic) together with psychological and psychiatric help comprising antidepressants medications is recommended.

PP11

PERCEIVED ADHERENCE AND ASSOCIATED BARRIERS TO THE NATIONAL ATOPIC DERMATITIS GUIDELINE: A SURVEY AMONG GENERAL PRACTITIONERS

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General practitioners (GPs) have an important role in the management of patients with atopic dermatitis (AD). Although pivotal, adherence to dermatological guidelines in general practice has not been assessed. Objective: To quantitatively assess GPs' perceived adherence and barriers to the Dutch AD guideline. Methods: A survey was conducted among 391 GPs in The Netherlands. GPs rated their perceived adherence and perceived barriers based on 21 statements for five key recommendation of the AD guideline, following an existing framework. Results:A total of 213 GPs (54%) participated. Perceived adherence rates varied across recommendations (43.7% to 98.1%). Lowest adherence was reported for recommendations concerning topical corticosteroids (TCS). Across all recommendations, patient factors (65.6%; SD 11.6) and lack of applicability to specific patient groups (29.5%; SD 10.5) were reported most frequently as barriers. The overall relation between adherence and barriers was strongest for knowledge (ρ 0.55; SD 0.10) and attitude-related factors (range: ρ 0.40–0.62). Conclusion: GPs' perceived adherence and barriers vary substantially across recommendations of the AD guideline. In particular, GPs reported lower adherence to recommendations concerning TCS. Next to patient-related factors, strong correlations between adherence and knowledge and attitude-related barriers suggest importance of addressing these factors as well to improve adherence.

PP12

A NEAR MISS?

Peiqi Su

National Skin Centre, Singapore, Singapore

Prejudice and stigma can generate chronic psychosocial stressors that mediate health disparities. Lesbian, Gay, Bisexual and Transgender (LGBT) persons experience disproportionately higher burdens of physical and psychosocial health conditions. Case study: The present case illustrates a patient who presented with features suggestive of delusional parasitosis. The patient was initially started on risperidone. However, further history taking revealed that the patient had undergone previous transgender operations and was facing several emotional and adjustment issues. The patient was referred to a psychologist and started on anti-depressant medications. Results: The patient made slow but steady improvement with psychotherapy and anti-depressant medication. Conclusion: Fear of stigmatization and previous negative experiences may result in inappropriate treatment from providers unfamiliar with LGBT health concerns. There may also be perceived or frank discrimination resulting in a delay seeking medical care. Dermatologists should learn to be more familiar and sensitive towards LGBT related health concerns so that they can provide medically and culturally competent care to LGBT persons.

PP13

TREATING THE CLIENT NOT THE DISEASE: CLIENT-TAILORED TREATMENT FOR OBSESSIVE-COMPULSIVE DISORDER INDUCED CONTACT DERMATITIS

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Contact dermatitis caused by compulsive hand washing is observed in portion of obsessive-compulsive patients as well as a growing number of sub-clinical cases. This case is of a young male professional with a lack of previous medical or mental health problems. The current case treatment builds on existing findings of best practices for similar cases but goes further to stress on the need of custom-tailored approaches towards clients. Important limitations of existing empirical studies, such as significant lack of understanding how cultural context acts in a client's condition, are being considered. The case assessment and treatment are conducted from a biopsychosocial framework while embracing a culturally responsive and socially just approach.

PP14

TRICHOTILLOMANIA: BIOPSYCHOSOCIAL-SPIRITUAL APPROACH

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Trichotillomania (TTM) is characterized by persistent hair-pulling behaviours, resulting in noticeable hair loss. It causes significant clinical distress and impairment in social, occupational, or other important areas of functioning. Clinical studies suggest that the prevalence of trichotillomania varies from 0.6% to 3% and is more common in females. Trichotillomania presents challenges to dermatologists in various areas, including assessment, treatment, and research. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, categorized trichotillomania as a part of obsessive-compulsive disorder (OCD) and thought to be primarily related to anxiety disorders. In this study, I reported a case where depression is the primary condition that triggers this self-inflicted intervention to relieve psychological pain. Could depression be a primary trigger for trichotillomania? I reported a case that could answer this question. It is a case of a patient, 17 years old female, whose dominant symptoms were: helplessness, unlovable, shame and loneliness. Not surprisingly, experiencing such negative feelings toward oneself over a prolonged period can lead to depression. Other Symptoms of depression include sadness, loss of interest, energy, and appetite, feelings of hopelessness, low self-esteem and suicidal thoughts that predominated the patient's story more than obsession and anxiety. This conceptualization of trichotillomania as related primarily to depression helped us choose logotherapy (meaning therapy) to approach the problem holistically using a biopsychosocial-spiritual model as a theoretical framework.

PP15

DEVELOPING AN ONLINE INTERVENTION TO REDUCE SELF-STIGMATIZATION IN PEOPLE WITH VISIBLE CHRONIC SKIN DISEASES: A STUDY PROTOCOL

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Introduction and aims: Self-stigmatization, i.e., an internalisation of prejudices and self-devaluation, is a common problem for people with a visible chronic skin disease (VCSD), which has negative effects on psychosocial wellbeing and quality of life. Currently, no interventions against self-stigma are available for this target group in German language. The current study protocol presents a randomized control trial that tests the feasibility and effectiveness of a new online intervention with the aim to reduce self-stigma in people with atopic dermatitis, alopecia areata, hidradenitis suppurativa, psoriasis, and vitiligo. Methods: First, an online structured intervention against self-stigma will be developed based on two systematic literature reviews and an expert consensus panel. Then, we will conduct pilot-testing to assess comprehensibility, accessibility, and general user-friendliness of the intervention and the online platform. Next, we will recruit 100 patients of each diagnosis ($n=500$) from dermatology clinics and practices across Germany. Participants will be randomized into the intervention group or a wait-list control group. All participants will be invited to complete questionnaires at baseline, immediately after the intervention, and at 6-months follow-up. The primary outcome will be a reduction in self-stigma. Secondary outcomes include health-related quality of life, depression, and anxiety. Expected results and conclusion: The project is expected to result in an accessible and flexible online intervention for people with different VCSDs. This would be a substantial advancement of psychosocial care with the potential to greatly improve quality of life and wellbeing in dermatological patients.

PP16

ASSESSMENT OF CUMULATIVE LIFE COURSE IMPAIRMENT IN DERMATOLOGY

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Introduction: People with chronic skin diseases experience a range of physical and psychosocial impairments, which can accumulate over time. This cumulative life course impairment (CLCI) may have a significant negative and long-lasting, sometimes non-reversible impact on patients' lives. A precise definition, clearer understanding of this process and an early identification of risk factors could open up pathways for prevention approaches. Methods: We conducted a systematic review (PROSPERO registration number: CRD42020179141) to identify risk factors and associated burden over time in patients with atopic dermatitis, hidradenitis suppurativa, and psoriasis. Based on the results of this review, the analysis of registry data, expert panels, and focus group interviews, we developed two measurement instruments to assess both persisting CLCI and future risk. The preliminary instruments were tested in a cognitive debriefing and then finalized. Results: CLCI is a theoretical construct referring to non-reversible damage caused by persisting disease burden over time. The review identified 22 potential risk factors, mainly from sociodemographic (e.g., gender, age) and clinical (e.g., disease severity and comorbidities) domains. While only few empirical studies evaluated the long-term effects of psychosocial variables, focus groups highlighted stigmatization and support at disease onset as additional important risk factors. The two resulting questionnaires are the DermCLCI-r (assessing persisting CLCI) and the DermCLCI-p (assessing current CLCI status and future risk), each consisting of 30 items. Conclusion: The measurement tools now available to assess CLCI facilitate early, appropriate dermatological and psychosocial treatment and may thus contribute to the prevention of CLCI. Psychometric testing is currently underway.

PP17

THE FREE AD STUDY

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Atopic dermatitis (AD) is a chronic, intensely pruritic inflammatory skin disease with significant prevalence of comorbid anxiety and depression. Targeting the psychosocial aspects of AD holds a strong potential to improve the quality of care and quality of life of AD-patients, but the knowledge hereof is still fragmented. The first (qualitative) objective of this study is to develop two new, specialized questionnaires. The first aims to measure factors that prevent the development of anxiety and depression in AD-patients. The second aims to measure treatment outcomes that define true value for AD-patients. Both questionnaires will be developed in a qualitative study based on interviews and focus group discussions with approximately 15 AD-patients. The second (quantitative) objective is to broadly distribute these questionnaires to 300 patients of the Belgian AD-population together with existing validated questionnaires for the measurement of psychosocial comorbidities, including anxiety and depression. For both the qualitative and the quantitative part of the study, we will recruit patients from several secondary care settings (private practices, second-line hospital dermatology units), a tertiary care/university setting and through the Belgian AD-patient association. Study endpoints will be whether AD-subpopulations express differences in the prevalence of (i.) anxiety and depression, (ii.) in the prevalence of protective factors and (iii.) in the definition of true value of AD-treatment.

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