Provider Handout-Emotional Well Being in Dermatologic Diseases (Psychodermatology)

Introduction:

Psychodermatology is the study of the relationship between with mind and the skin. The three categories of disorders in this field are defined below. Research shows that mental health and dermatology are inter-connected resulting in psychological conditions that can negatively affect a patient’s dermatologic disease; the therapy he or she is receiving for their dermatologic disease and their personal as well as their professional lives. For these reasons it is vital to address a patient’s psychosocial experiences and coping mechanisms while managing their skin condition. A multidisciplinary approach is recommended.

Definitions:

* Psychophysiologic disorders: skin conditions negatively affected by stress
* Primary psychiatric disorders: psychiatric conditions leading to self-induced skin conditions
* Secondary psychiatric disorders: Skin conditions that alter one’s appearance leading to psychological manifestations
* Itch-Scratch Cycle: Phenomenon involving the adverse cyclic relationship between stress and chronic dermatologic conditions

Provider Tools: Tips to remember during clinical encounters:

* Prior to clinical encounter
  + Consider brief psychological questionnaire for all patients with chronic dermatologic disease
* History
  + Ask about personal and familial history of mental health conditions (depression, anxiety, etc)
  + Ask how patient is coping with their chronic skin disease
  + Screen for depression, anxiety, PTSD, other mood disorders
  + Always inquire about SI/HI/GD
* Physical Exam
  + Recognize changes in your patients’ mood, behavior, relationships, or unexplained physical symptoms

Management:

* DUAL TREATMENT: Therapy + Pharmacologic (for severe cases)
* Medication:
  + Anxiety: Benzodiazepines (short-term PRN), SSRI (chronic), Buspirone (non-sedating, non addictive)
  + Depression: SSRI
* Support:
  + Support groups (see “resources for patients” section), telephone support networks, relaxation techniques, music, exercise, one-on-one therapy/counseling, stress management classes
* Referral (psychiatry, psychologist, therapist):
  + Discuss as an adjunct to pharmacologic therapy
* Responding to emergencies:
  + If your patient endorses suicidal ideation or homicide ideation, take it seriously.
  + Consider inpatient hold if patient has a plan or is unstable.

Resources for patients:

ALOPECIA: National Alopecia Areata Foundation ECZEMA: National Eczema Association

www.naaf.org http://nationaleczema.org/

415-472-3780

Email: info@naaf.org

PSORIASIS: National Psoriasis Foundation

ROSACEA: National Rosacea Society https://www.psoriasis.org/

http://www.rosacea.org/ 503-245-7404 or 800-723-9166

888-NO-BLUSH Email: getinfo@psoriasis.org

Email: rosaceas@aol.com

Contra Costa County Mental Health Resources:

-Contra Costa Crisis Center Hotline: 800-833-2900 (24 hours/7 days per week)

-Psychiatric Emergency Services (CCRMC)

-George & Cynthia Miller Wellness Center (psychiatric urgent care)

-http://cchealth.org/mentalhealth/