

Abstract N°: 32**Depression and anxiety among hidradenitis suppurativa patients**

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Depression and anxiety among hidradenitis suppurativa patients**Introduction & Objectives:**

Hidradenitis suppurativa (HS) can negatively impact patients' mental state and quality of life. HS was suggested to be associated with a higher risk of depression and anxiety. The objective of this study was to evaluate the incidence of depressive and anxiety symptoms among HS patients.

Materials & Methods:

114 patients with HS (53.1% females; mean age 36.6±13.1 years) were enrolled. Severity of the disease was measured using Hurley and IHS4 scales. The assessment of mental state was based on the Patient Health Questionnaire (PHQ-9) evaluating the depressive symptoms and the General Anxiety Disorder (GAD-7) scale.

Results:

The PHQ-9 mean score was 5.58±5.72 points; range 0-27 points). 41.2% of participants had the depressive symptoms (15.8% mild, 18.4% moderate and 7% severe level). Mean GAD score of the study group was 4.48±4.99 points; range 0-21 points). 40.4% had anxiety (25.4% mild, 8.8% moderate and 6.1% severe level). Depressive symptoms and anxiety level did not correlate with the clinical severity of HS and age of patients. Weak correlation ($r=0.197$) was found between anxiety level and duration of the disease ($p = 0.039$).

Conclusion:

Prevalence of depressive symptoms and anxiety, even on moderate and severe level among HS patients is high. Factors related to the underlying disease and sociodemographic factors didn't affect the level of depressive symptoms and anxiety reported by patients. Mental state of HS patients should be monitored carefully and systematically in daily clinical practice.

Abstract N°: 117**Impact of chronic wounds on quality of life in Ukrainian patients**

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Introduction & Objectives:

Chronic wounds have a significant impact on patients' health-related quality of life (HRQoL). Dermatology-specific HRQoL instruments may help to measure this impact and compare it with the impact of other skin diseases. In this study we assessed HRQoL of Ukrainian patients with chronic wounds.

Materials & Methods:

Patients with chronic wounds were invited to fill-in the Dermatology Life Quality Index (DLQI) questionnaire. The diagnosis of chronic wounds was based on anamnestic data and results of examination by dermatologists. The DLQI has 10 items scored on a range of 0-3. The total score is calculated by summing the score of each item resulting in a maximum of 30 and a minimum of 0. The higher the score, the more quality of life is impaired. There is an established score banding system for the DLQI: no effect (score 0-1), small effect (score 2-5), moderate effect (score 6-10), very large effect (score 11-20) and extremely large effect on patient's life (score 21-30). Spearman nonparametric correlation (Spearman *r*) was used to study correlation of the DLQI scores with age of patients. The study was approved by the local ethics research committee.

Results:

The results of 41 patients with chronic wounds were collected and analysed. The mean age of patients was 63.40 ± 14.07 years. The mean total DLQI score was 7.49 ± 4.80 . No effect on patients' HRQoL was reported by 3 (7.32%), small effect by 12 (29.27%), moderate effect by 18 (43.90%) and very large effect by 8 (19.51%) of patients with chronic wounds. The item on symptoms had the highest impact (1.85 ± 0.82) and item on sexual life had the lowest impact (0.07 ± 0.47) on patients' life. Patient age did not correlate significantly with DLQI total scores ($r = -0.23$, $p = 0.15$).

Conclusion:

In our study almost two third of patients with chronic wounds had a moderate or very large effect on patients' HRQoL. DLQI total scores did not correlate significantly with the age of patients. Symptoms had the highest impact on patients HRQoL.



Abstract N°: 236

Translation, cross-cultural adaptation and assessment of psychometric properties of Nepalese version of Skindex-16

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Introduction & Objectives:

Assessment of the quality of life is an important aspect of managing skin diseases. The tools to measure the health-related quality of life are still scarce in our country. We have planned to add one useful and widely used tool in the local language.

The main objective of this study was to translate English version of skindex-16 in Nepali language and evaluate its psychometric properties.

Materials & Methods:

Standard protocol was followed to translate the English version of Skindex-16 into Nepali language after due permission from the Mapi Trust. The translated version was completed by the patients in the out-patient unit of dermatology department, which was subjected to statistical validation. Some participants completed the same questionnaire in seven to ten days gap. Cronbach's alpha, Intra-Class correlation, Pearson's correlation and factor analysis were performed for validation of newly translated Skindex-16 version.

Results:

In total 190 people were enrolled in this study, 92 (48.4%) were males. One hundred and nineteen of the total participants had inflammatory conditions, 8 had facial pigmentation and remaining 63 had a solitary non-inflammatory skin lesion. Overall Cronbach's α was .91, for items related to symptoms it was .74, for emotions .91 and for functioning .86. The mean inter-item correlation coefficient was .403, the Intra-class correlation coefficient was .918 and the Pearson's correlation coefficient .929 (P value <.001). The principal component analysis derived three factors and the items loaded on these factors satisfactorily.

Conclusion:

The Nepali version of Skindex-16 is a well translated and validated tool to measure the health related quality of life in skin diseases.

Abstract N°: 499

Development of a novel, complex, digital psychological intervention for adults with skin conditions: a qualitative online group interview study with prospective users

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Introduction & Objectives:

Skin conditions carry a substantial psychological burden yet support for patients is limited. Digital technology can support dermatology patients to self-manage. Our mixed methods systematic review of digital psychological interventions found evidence for the effectiveness and acceptability of mostly web-based educational interventions for adults with dermatological conditions, although evidence was limited, inconsistent and lacking patient input. The development of a new digital psychological intervention is, therefore, warranted, but qualitative research is needed to determine appropriateness for patients.

Aim: We aimed to:

1. Explore the impact and self-management of, and existing support for, adults with skin conditions.
2. Establish the perceived acceptability of a novel psychological intervention delivered via a smartphone application (app), plus possible barriers and facilitators to use.

Materials & Methods:

A qualitative online group interview study with 43 English-speaking adults (≥ 18 years) with skin conditions. Concepts of the Common-Sense Model of Self-Regulation, the Theoretical Framework of Acceptability and the COM-B Model of behaviour change informed the interview topic guide and data analysis. Data were analysed thematically using a hybrid inductive-deductive approach.

Results:

Six superordinate themes were derived. (1) *Visibility underpinning life course impairment* provides evidence for cumulative life course impairment particularly for vulnerable groups (i.e., children and young people, females and adults with late condition onset). (2) *Seeking control amid uncertainty* highlights patients' limited understanding of causal factors and the role of knowledge, self-management and acceptance in regaining personal control. (3) *Existing support for people with skin conditions* emphasizes issues with medical, social and peer support, including poor awareness of skin conditions, and benefits and barriers of existing psychological support. (4) *Patients' attitudes and concerns* discusses the appropriateness of the app and highlights poor coherence in patients' beliefs about skin conditions and the intervention. (5) *Ideas for the app* shows the importance of supporting personal competence and autonomy, and understanding others, for self-management. (6) *Barriers and facilitators* indicates how personal capability, opportunity and motivation could influence app use.

Conclusion:

Adults with skin conditions, mainly those with vitiligo and psoriasis living in the UK, expressed the need for support to manage the psychological impact of their condition(s). The idea of a novel psychological intervention comprised of informational, emotional, practical and social support and delivered via a smartphone app was welcome and may be especially beneficial for certain patients. However, potential barriers need to be addressed to

maximise engagement and giving users choice, flexibility and control is imperative to this.

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Abstract N°: 745**Pattern of dermatoses in two groups of admitted psychiatric patients: A preliminary study from a tertiary care hospital of Kashmir valley of India.**

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Introduction & Objectives: Psycho-dermatology implies the relation between the mind and the skin. While dermatology conveys the extrinsic disease, psychiatry addresses with internal disease. Psychological factors are involved in several dermatological conditions like alopecia, eczema, prurigo, psoriasis, acne, alopecia, vitiligo, etc. Several cutaneous manifestations have been reported in patients with primary psychiatric illness. Contrarily, more than 75% of dermatological patients have associated psychiatric manifestations. The literature regarding the cutaneous manifestations of psychiatric patients is scarce. Most studies, though meagre, which have been published regarding this subject, are mainly concerned with screening of outpatient psychiatric patients. Not much has been published regarding the spectrum of cutaneous manifestations in psychiatric patients admitted in various settings, like those with accompanying family members as care takers, and those living in closed wards under custodial care and neglected by the family. The main aim of this research was to study and compare the pattern and spectrum of cutaneous manifestations in these two groups of admitted psychiatric patients.

Materials & Methods: This cross sectional hospital based study involved two groups of admitted psychiatric patients over a period of one year, involving 100 patients in each group. In the first group, designated as family ward group, patients were accompanied by family members as care takers. In the second group, designated as closed ward group, patients were living in custodial care set up comprising of chronic psychiatric patients admitted in the hospital for months to years, mostly neglected by their families. The diagnosis of psychiatric disorder was done by a consultant psychiatrist according to the criterion given in Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV). A preformed proforma was filled regarding the demographic variables like age, sex, marital status, occupation, psychiatric diagnosis. A detailed dermatological examination was done by the same dermatologist in all patients. Relevant investigations like scraping for fungus and biopsy for histo-pathological examination were done when required. Finally, data was compiled and analyzed statistically and p value <0.05 was taken as significant.

Results: In the family ward group, eczema was the most common finding observed in 29, followed by atrophic scarring in 28, erythema ab igne in 25 and bacterial infections in 5. Various forms of nail changes were seen in 18 patients. In the closed ward group, most common dermatological involvement was parasitic infestation seen in 56, generalized pruritus in 53, atrophic scarring in 52, fungal infections and xerosis in 18 each, neurotic excoriation in 10, while as bacterial infections and seborrhoeic dermatitis in 8 each. Nail changes were present in 38 patients.

Conclusion: Recognizable differences were observed between family and closed ward patients regarding various pattern of dermatological involvement. Cutaneous manifestations were more common in psychiatric patients under custodial care which can be explained due to their chronicity of disease, lack of self- and family care, and less attention and care provided by healthcare workers. It also reveals how the lack of family care has a bearing on the pattern of dermatoses which gets reflected by the severity and prevalence of dermatosis in closed ward patients.

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Abstract N°: 836

Prevalence of depression, anxiety and psychopathological symptoms among hidradenitis suppurativa patients.

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Introduction & Objectives:

Hidradenitis suppurativa (HS) can negatively impact patients' satisfaction with life (SWL). The objective was to thoroughly analyze the SWL of the patients with HS in relation to the disease severity, sociodemographic factors, depressive and anxiety symptoms, the presence of psychopathological symptoms as well as the quality of life.

Materials & Methods:

114 patients with HS (53.1% females; mean age 36.6±13.1 years) were enrolled. Severity of the disease was measured using Hurley and IHS4 scales. The assessment of: SWL was based on the *Satisfaction with Life Scale* (SWLS); depressive symptoms measured with *Patient Health Questionnaire-9* (PHQ9); anxiety symptoms with *Generalized Anxiety Disorder-7* (GAD7); psychopathological symptoms with *General Health Questionnaire* (GHQ-28) and quality of life with *Hidradenitis Suppurativa Quality of Life Scale* (HiSQoL).

Results:

Low SWL was found among 36 (31.6%) subjects. Moreover, 48 patients (42.1%) presented average SWL and the remaining ones showed high SWL – 30 patients (26.3%). No statistical significance was found in SWL between HS severity groups (Hurley, IHS4). Additionally, there was no correlation between SWL and IHS4. SWL of both male and female participants with HS were much alike (Male: 19.7 ± 5.7; Female: 19.8 ± 5.7). Therefore, no statistical significance was found in comparison of SWL in both groups. SWL did not correlate with the age, number of hospitalizations, and the duration of the disease. A strong, negative correlation between SWL and depressive symptoms (PHQ9) among our HS patients ($r=-0.603$ $p<0.001$) was found. Moreover, a strong, negative correlation was established between SWL scores and anxiety symptoms (GAD7) of HS participants ($r=-0.579$ $p<0.001$). Additionally, there was a strong, negative correlation between SWL scores and psychopathological symptoms, measured by the (GHQ-28) ($r=-0.651$ $p<0.001$). SWL correlated weakly, negatively with symptoms measured by HiSQoL experienced by the patients ($r=-0.331$ $p=0.011$). SWL compared with the psychosocial part of HiSQoL questionnaire presented moderate, negative correlation among all patients ($r=-0.478$ $p<0.001$). Lastly, SWL of our participants correlated negatively, weakly with problems with everyday activities measured by HiSQoL, such as: walking, sport, sleep, hygiene and dressing up ($r=-0.366$ $p<0.001$).

Conclusion:

SWL is low in reasonable number of patients with HS. No relation was found between SWL and Hurley as well as IHS4 scores. Similar results were obtained between male and female groups in relation to the SWL.** Factors related to the underlying disease and sociodemographic factors didn't affect the level of SWL reported by patients. **Patients with low SWL presented depressive and anxiety symptoms.** We noted that participants with low SWL were at risk of developing psychiatric disorders. Finally, the HS patients with low SWL had low quality of life.

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Abstract N°: 1157**Patients' Perspectives in the understanding of psoriatic disease: Results from the French Psoriasis and Beyond Survey**

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Patients' Perspectives in the understanding of psoriatic disease: Results from the French Psoriasis and Beyond Survey**Introduction & Objectives:**

Psoriatic disease (PsD) is a chronic systemic inflammatory disorder that comprises a wide spectrum of manifestations¹. It has a substantial impact on patients' quality of life (QoL) and is associated with a significant psychosocial burden².

However, the patients' perspectives in the understanding of PsD remains insufficiently explored.

The **Psoriasis and Beyond study** was conducted in partnership with IFPA, to assess the patients' understanding of the systemic nature of their disease.

Materials & Methods:

This study was a cross-sectional, quantitative 30-minutes online survey, conducted in multiple countries, in patients aged ≥ 18 years with moderate-to-severe plaque psoriasis (PsO) with or without concomitant psoriatic arthritis (PsA). Patients were recruited through online panels by Ipsos SA and patient advocacy groups ("France Psoriasis" in France), between February 2021 and April 2021.

Primary objective of the study was to assess patients' understanding of PsD, related manifestations, associated comorbidities and burden of disease. Secondary objectives included evaluation of patients' perceptions related to treatments and to relationships with their physicians.

The French specific results of the survey are presented here.

Results:

There were **418 French patients included** (52% men; mean age 47), of whom 142 recruited through France Psoriasis. Using the Dermatology Life Quality Index (DLQI) tool, a third of patients (33%) indicated their skin problems have a 'very large' to 'extreme' impact on their QoL. On average, patients have received a diagnosis for 2 comorbidities (such as anxiety (32%) and obesity/overweight (24%)); and 18% of patients reported concomitant PsA (n=74). Using the Psoriasis Epidemiology Screening Tool (PEST) for PsA, 28% of PsO only patients screened positive for PsA.

Although **62% of patients were aware of their disease being a systemic disease, only 39% had heard the "psoriatic disease" term** and 25% reported that their physician never mentioned the connection between PsO and PsA. **Only, 29% were aware for rheumatoid arthritis/chronic joint inflammation** or axial symptoms (13%). The **awareness of comorbidities associated with PsD was also low**, especially for cardiovascular disease (11%) and diabetes (11%) (figure 1).

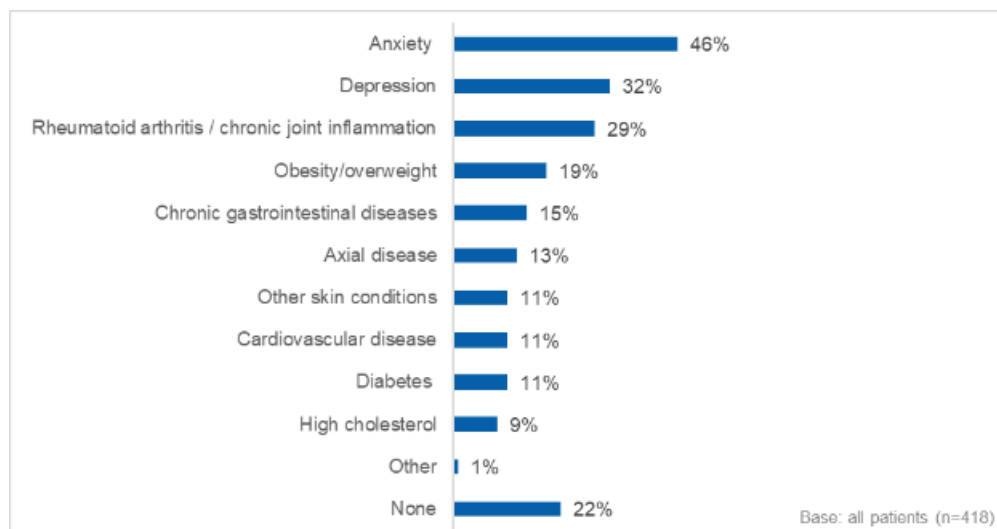
Overall, 58% of patients were not involved in deciding their treatment goals. Only 50% of all treated patients and

35% with concomitant PsA were satisfied with their current treatment; even fewer patients reported a better condition with their current treatment (26% of treated patients with or without PsA).

Conclusion:

Majority of the French patients seemed to be unaware of the comorbidities associated with PsD and may not fully understand the systemic nature of their disease. These results highlight the need for greater education among patients and caregivers.

Figure 1: Awareness of French patients on comorbidities that may be related to PsO or PsA



References

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Keywords: psoriatic disease, patients’ perspectives, survey



Abstract N°: 1304

Impact of atopic dermatitis and psoriasis on patient life plans

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Introduction & Objectives: Atopic dermatitis (AD) and psoriasis (PSO) have a significant impact on patients' lives to the point of changing their life projects. This study intended to better assess the long-term burden of these chronic dermatoses from patients' own point of view using a questionnaire that was recently validated in French, the MLCDP (Major Life Changing Decision Profile).

Materials & Methods: This study was conducted using data from an online transversal 2021 study of adult AD and PSO patients recruited via the patient associations "Association Française de l'Eczéma" [*French eczema association*] and "France Psoriasis". The MLDCP questionnaire was recently validated in French and aims to assess the impact of dermatosis on patients' life choices. The questionnaire comprises 32 items organised into 5 topics (education, job/career, family/relationships, social and physical) has never been previously used in France. The relationship between MLCDP scores, patient quality of life (Dermatology Life Quality Index, DLQI) and disease severity (Patient-Oriented Eczema Measure, POEM for AD; Simplified Psoriasis Severity – severity (SaPSI-s) for PSO) was described using a Pearson coefficient ($|r|$).

Results: Data from 1209 AD patients and 1239 PSO patients were analysed. For AD and PSO, median MLCDP graded scores were 8.0 (Q1-Q3 1.0-30.0) and 4.0 (0.0-19.5) out of 128, respectively; for disease severity, this was 7.0 [4.0-12.0] out of 28 for AD (POEM) and 2.0 [0.5-5.5] out of 50 for PSO (saPSI-s); for patient quality of life, they were identical for AD and PSO [4.0 (1.0-10.0) out of 30, DLQI]. For AD and PSO, strong correlation was observed between all MLCDP scores and DLQI scores ($|r| > 0.5$); this correlation was moderate for the "social" and "physical" MLCDP subscores and disease severity scores (POEM and saPSI-s) ($0.3 \leq |r| < 0.5$).

Conclusion: This study based on patient viewpoints allowed the evaluation of the impact of AD and PSO on patient various life projects for the first time. This impact was correlated with the effect of the dermatosis on patient quality of life and with the disease severity. Clinicians should take this into account for patient care.

MLCDP graded score and topics (range)	Atopic dermatitis (N=1209)		Psoriasis (N=1219)	
	Correlation with DLQI score (0-30)	Correlation with POEM score (0-28)	Correlation with DLQI score (0-30)	Correlation with saPSI-s score (0-50)
MLCDP (0-128)	0.661	0.298	0.727	0.324
Education (0-12)	0.505	0.217	0.534	0.184
Job/career (0-36)	0.605	0.258	0.644	0.243
Family/relationships (0-20)	0.563	0.239	0.615	0.261
Social (0-40)	0.645	0.304	0.709	0.339
Physical (0-20)	0.639	0.311	0.699	0.389

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Abstract N°: 1404**Possibilities of laser technologies in the treatment of some dermatological and aesthetic problems**

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Introduction & Objectives: Laser therapy is a complex of hardware procedures that involve exposure of the skin to light energy and allows getting rid of a number of skin imperfections.

Objective. To study the feasibility of using laser technologies to solve some dermatological and aesthetic problems of patients.

Materials & Methods: The results of the therapy using the Nordlys device, were analyzed and presented. We observed 118 patients (42 men and 76 women aged 18 to 65 years). The Dermatology Life Quality Index (DLQI) was used to determine the effectiveness of the treatment.

Results: The Nordlys narrow-spectrum IPL technologies were used to treat couperose and rosacea. The procedures were performed for 5-30 minutes with intervals of 1-2 weeks, 2-5 procedures per course. 17 patients with couperose and 29 patients with rosacea of different stages were treated.

The IPL therapy was used for the laser treatment of acne. The procedures were carried out for 15-45 minutes with intervals of 2 weeks, 4-7 procedures per course. In patients with grade 1-2 acne, the manifestations of acne disappeared after 4-5 procedures without residual effects (scars), and in patients with grade 3 acne - after 5-7 procedures.

The Nordlys multifunctional platform (with narrow-spectrum IPL (PR 530 and VL 555) was used to treat hyperpigmentation. The results of treatment of 15 patients with superficial pigmentation and 10 patients with deep pigmentation were analyzed. 2-3 procedures for 5-30 minutes were used to achieve a sustainable therapeutic effect for superficial pigmentation. The biorevitalization, PRP therapy and depigmentation mesococktails were simultaneously used for patients with deep pigmentation.

To assess the effectiveness of treatment, the Dermatology Life Quality Index (DLQI) was determined in all patients before and after the treatment. In patients with couperose, the DLQI before treatment was 12.54 ± 0.54 and after treatment 8.43 ± 0.65 ; in patients with rosacea, respectively 16.96 ± 0.75 ; 9.82 ± 0.97 , in patients with acne and post-acne, respectively 19.53 ± 0.65 ; 10.98 ± 1.58 and 14.42 ± 0.49 , 8.38 ± 0.52 , in patients with superficial and deep pigmentation, respectively: 11.83 ± 0.58 ; 8.42 ± 0.39 and 13.92 ± 0.64 ; 9.22 ± 0.42 , ($p < 0.001$).

As a result of the comprehensive treatment using laser therapy, the DLQI indicators statistically significant improved in patients of all groups: in patients with couperose and rosacea - by 48.75% and 72.71%, acne and post-acne - by 77.87% and 72.07%, superficial and deep pigmentation - by 40.49% and 50.98%, ($p < 0.001$). It is important to note that even a moderate (by 1-2 points) reduction in the impact of the skin disease on certain aspects of the DLQI led to a reliable improvement of this indicator after treatment.

Before treatment, only 36 (30.51%) patients experienced a moderate impact of skin disease on the life quality, while 82 (69.49%) patients noted a significant impact. However, after the combination treatment using laser therapy, only 14 (11.86%) patients felt a significant impact of their skin disease on their life quality, while all the remaining 104 (88.14%) patients noted a significant improvement in the life quality.

Conclusion: Laser therapy in the comprehensive treatment of patients with dermatological and aesthetic

problems allows reducing the clinical manifestations of dermatoses, eliminate some factors of development and lead to a statistically significant ($p < 0.05$) improvement in the quality of life indices.

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Abstract N°: 1512

Family Dermatology Life Quality Index (FDLQI-Bra)- A comparative study of patients with psoriasis and hidradenitis suppurativa

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Introduction & Objectives:

Psoriasis and Hidradenitis Suppurativa (HS) are chronic inflammatory skin diseases that affect respectively 1.3 and 0.41% of the population in Brazil. In addition to the signs and symptoms related to skin lesions, these diseases could cause significant damage to the quality of life (QoL) of patients, as well as the family members who live with them and provide care. There are instruments that help in assessing the quality of life of dermatological patients and their caregivers. In this study, we highlight the Family Dermatology Life Quality Index (FDLQI-Bra), with the objective of studying, in an unprecedented way, the quality of life in people living with people with HS and psoriasis.

Materials & Methods:

For the study, we approached companions of patients from a dermatology service, over 18 years old, totaling 171 participants. We applied the FDLQI-Bra to family members and the Dermatology Life Quality Index (DLQI) to patients, in the form of individual interviews. We comparatively analyzed mild/moderate psoriasis and mild/moderate HS, as well as their more severe degrees of disease, according to the severity scores Psoriasis Area Severity Index (PASI) for psoriasis and Hurley for HS. Were included in the control group non-inflammatory skin diseases, such as vitiligo, skin cancer, viral warts and acne.

Results:

A statistically significant association was found between the severity of the skin disease and higher scores on the Family Dermatology Quality of Life Index (FDLQI), as well as providing a direct association between the Dermatology Quality of Life Index (DLQI) and FDLQI. We emphasize that in this study, Hidradenitis Suppurativa, in mild/moderate forms, represented worse results for family members according to the FDLQI than mild/moderate psoriasis. However, there is no statistically significant difference between HS and severe psoriasis. It was still possible to identify a greater statistical symbol between the DLQI and FDLQI in the psoriasis group than in the other groups. Finally, there was no significant explanation between the different treatments and FDLQI for the diseases studied. As well as, gender and age variations did not interfere in this index.

Conclusion:

This study corroborates with other scientific publications that highlight the great impact on the lives of partners and relatives of patients with psoriasis and hidradenitis suppurativa, compared to other non-inflammatory skin conditions and without a chronic course. Psoriasis has shown to have a more evident psychological impact on the patient and also on their caregiver than other conditions. While Hidradenitis, even in milder to moderate degrees, already causes a significant impact on the caregiver's life and on the natural history of the disease. It is evident the importance of identifying these issues to allow clinicians to develop appropriate care strategies not only for patients, but also for their partner and family.

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Abstract N°: 1580**A global on-line survey of coping strategies and health behaviours performed by adults living with long-term skin conditions**

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Introduction & Objectives:

The psychological impact of skin conditions can be significant, yet provision of dedicated psychological support is limited. Patients are encouraged to self-manage their condition but rarely receive support to do so. Digital technology is a potentially effective and acceptable medium for delivering psychological support to patients, but specific evidence-based health risk behaviour change support is lacking. We are developing a complex digital psychological and behaviour change support application for adults with skin conditions. However, in order to understand patients' needs, we need high quality information to base it on.

Aim:

We aimed to: Investigate coping and health behaviours in adults with skin conditions.

Materials & Methods:

A cross-sectional and theoretically informed online survey including free-text responses was conducted. Eligible adults (≥ 18 years) living with a skin condition(s) were recruited via social media platforms. The Brief COPE (Coping Orientation to Problems Experienced) Questionnaire (Carver, 1997) measured coping strategies, with additional questions added to assess health behaviours. Data were analysed descriptively to quantify types of impact, existing support, coping strategies and health behaviours. Results were reported for the whole sample and by skin condition.

Results:

A total of 370 adults from 25 countries and with 17 skin conditions, mainly psoriasis (46.8%), participated. Most participants (84.5%) reported their skin condition affected them psychologically, but few received psychological support (15%).

Self-criticism was reported by some participants with hidradenitis suppurativa (45.5%), vitiligo (100%) and psoriatic arthritis (54.5%). The majority of participants (80%) reported practicing self-acceptance. Problem-focused coping was also common and participants (80%) mainly reported planning or thinking about what they could do to overcome the impact.

Many participants (63.7%) reported their health behaviour contributed to the progression of their condition. Many reported taking their medications as prescribed (66.5%) and eating healthily (56.2%). Most participants reported trying to get enough sleep (87.6%), not smoking (80%) and more than 70% indicated they did not use drugs or alcohol. However, over half the sample (55.7%) indicated they rarely or never engaged in physical activity

Conclusion:

This study reaffirms that skin conditions carry a substantial psychological burden and indicates appropriate support is needed but lacking across countries. Coping strategies varied between conditions, although emotion

and problem focused coping were more common in this sample. Whilst many participants reported performing health-protective behaviours, fewer reported taking regular physical activity. The new digital intervention should prioritise supporting adults with skin conditions to engage in health protective behaviours especially physical activity.

References:

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Abstract N°: 1643**Assessment of negative emotional state in patients with vitiligo**Albana Lufi*¹¹National Trauma Center, Tirana, Albania, Dermatology, Tirana, Albania**Introduction & Objectives:**

Vitiligo is a chronic autoimmune disorder that causes patches of skin to lose pigment or color.

The aim of this study is to compare frequency of anxiety and depression symptoms between patients with vitiligo and healthy individuals and to evaluate the levels of these symptoms in relation to the severity of vitiligo as well as patient's age and sex.

Materials & Methods:

79 patients with vitiligo and 67 healthy individuals of both sex, aged 22-48 years were enrolled in the study, from January 2018 to November 2019. Depression Anxiety Stress Scale (DASS) was used to assess anxiety and depression symptoms in both groups (patient and control group).

Results:

Anxiety symptoms were present in 74.6% of patients and 37% of controls with a significant difference between the two groups ($P < 0.05$). Depression symptoms were present in 46.7% of patients and 35.9% of controls, but the difference was not statistically significant ($P > 0.05$). The level of anxiety and depression symptoms was not significant in relation to severity of disease, sex and age of patients ($P > 0.05$).

Conclusion:

There is a strong correlation of vitiligo with anxiety symptoms. Symptoms of depression in patients with vitiligo were not significantly more frequent compared to the control group. The level of anxiety and depression symptoms in patients with vitiligo was not related to the severity (grade) of disease, sex and age of patients.



Abstract N°: 1761**Psychometric testing of the Patient-Reported Impact of Dermatological Diseases (PRIDD) measure**

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Introduction & Objectives: Existing dermatology-specific patient-reported outcome measures (PROMs) do not fully capture the substantial physical, psychological, and social impact on patients' lives and are not recommended for use according to the Consensus-based Standards for the Selection of Health Measurement Instruments (COSMIN) criteria. Most were developed with insufficient patient involvement and relied on classical psychometric methods. We developed the Patient-Reported Impact of Dermatological Diseases (PRIDD) measure in close partnership with patients. This study tested PRIDD's measurement properties using both classic and modern psychometric methods and evaluated these against the COSMIN criteria.

Materials & Methods: We conducted a worldwide longitudinal study consisting of two online surveys administered 2-4 weeks apart. Adults (≥ 18 years) living with a dermatological condition were recruited through the International Alliance of Dermatology Patient Organization's global membership network. Participants completed PRIDD, a demographics questionnaire, and other related measures (e.g. Dermatology Life Quality Index). PRIDD's factor structure was assessed using confirmatory and exploratory factor analyses. PRIDD underwent Rasch analyses, which included iterative assessment of rating scale function, fit to the Rasch model, unidimensionality, reliability, local dependence, targeting and differential item functioning (DIF). We also tested PRIDD's structural validity (comparative fit index [CFI]), internal consistency (person separation index [PSI]), criterion validity (Spearman's Rho), construct validity and responsiveness (Spearman's Rho and Mann-Whitney U), test-retest reliability (interclass correlation coefficient [ICC]), and measurement error (Smallest Detectable Change or Limits of Agreement < Minimally Important Change).

Results: 987 patients with 60 dermatological conditions from 55 countries participated. A four-factor model showed best fit. PRIDD fit the Rasch model ($\chi^2 = 37.26$, $p = 0.11$), showed no local dependency or DIF at the test level, and was well-targeted. Structural validity (CFI = 0.98), internal consistency (PSI = 0.89), criterion validity ($r_s = .79$), test-retest validity (ICC = 0.93) and construct validity (79% hypotheses met) were sufficient. Measurement error and responsiveness were inconclusive.

Conclusion: PRIDD is a valid and reliable tool to help clinicians provide better care and stakeholders to understand the global burden of dermatological disease. It is the first theory-led dermatology-specific PROM tested across all seven COSMIN measurement properties. The results confirm the value of developing and validating PROMs with a patient-centred approach and using modern psychometric methods. The next steps include further testing of measurement error and responsiveness, cross-cultural translation, linguistic validation, and collecting global data on the life impact of dermatological conditions.

Abstract N°: 1957**Prevalence of Alexithymia among Patients with Chronic Dermatological Diseases in a Tertiary Hospital.**Hamad Alfahaad*¹¹College of Medicine, Najran University, Medicine, Najran, Saudi Arabia

Introduction & Objectives: Alexithymia is a psychological condition characterised by difficulty in identifying and expressing one's emotions. It has been associated with several physical and mental health disorders. This study aimed to determine the prevalence of alexithymia among patients with a range of chronic dermatological diseases in a Saudi public hospital.

Materials & Methods: A total of 477 patients who were suffered from any of the following chronic skin conditions: psoriasis, atopic dermatitis, acne, alopecia areata, vitiligo, hidradenitis suppurativa, pimpigus vulgaris, or chronic urticaria during the study period were included in this study. Alexithymia was assessed in these patients using the Toronto Alexithymia Scale (TAS), which is a widely used, reliable and valid tool for assessing this construct.

Results: The estimated prevalence of alexithymia among chronic dermatological conditions ranging from 14.8% to 71.4%, with an overall prevalence of 43%. The highest prevalence of alexithymia was found in sufferers of hidradenitis suppurativa (71.4%) and the lowest in sufferers of acne (14.8%). Overall, the alexithymia cases were slightly more prevalent in males (51.7%). The distribution of male and female cases with alexithymia varied among patients with different types of chronic skin diseases, with the highest male prevalence in psoriasis (58.7%) and the highest female prevalence in pimpigus vulgaris (66.7%).

Conclusion: Alexithymia is prevalent in the Saudi Arabian context among patients with chronic dermatological diseases and is thus an important factor to consider when treating patients with chronic dermatological diseases. Dermatologists' awareness of identifying and addressing alexithymia among their patients can play a vital role in improving treatment adherence and outcomes.

Keywords: Alexithymia, Chronic dermatological conditions, Toronto Alexithymia Scale (TAS)

Abstract N°: 2152**How are patients dealing with facial dermatoses?**

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How are patients dealing with facial dermatoses?

Introduction & Objectives:

The skin is a privileged, visible and touchable organ. A healthy and normal looking skin is essential to the physical and mental well-being of individuals. Therefore, skin diseases, especially those with facial involvement, disturb the constitution of a harmonious self-image. Although most facial dermatosis are not life-threatening, they can often lead to deterioration of physical and mental health, low self-esteem, difficulties in social interactions and altered quality of life.

The Dermatology Life Quality Index (DLQI) is the most widely used subjective score to measure this impact.

Materials & Methods:

Our work is a prospective study of descriptive and analytical type aiming at evaluating the quality of life in patients with facial dermatosis. The study was conducted over a one-year period. We included 230 patients over 18 years, whose primary reason for consultation was facial symptomatology and who accepted to fill in the questionnaire.

Results:

The mean age of our patients was 39.3 years with a female predominance (77.8% ♀ / 22.2% ♂). 28.3% of our patients were analphabetic. 48.2% of patients had used previous treatment and 19.1% of patients used camouflage. The most common reason for consultation was an aesthetic issue concomitant with dermatological symptoms in 67.7% of cases. The most frequent condition was acne in 24.3% of cases followed by rosacea in 12.2% of cases. The mean DLQI score was 8.1, equivalent to a moderate impact. The most affected dimension was "symptoms and feelings" (1st and 2nd question). 41.3% of patients evaluated by DLQI had a significant alteration of quality of life (QOL) by their dermatoses(DLQI>10).

Discussion:

Young age, female gender, high level of education, previous use of medical treatment, use of a camouflage method and presence of dermatological symptoms were correlated with poor QOL. However, we did not find a relationship between other factors (phototype, marital status, socioeconomic level, origin and occupation) and patients' QOL.

Conclusion:

Facial dermatosis are usually benign and most etiologies have a good prognosis, in spite of that, they lead to disabling lifelong physical, psychiatric and psychosocial sequelae that must be taken into consideration in the management of the disease.



Abstract N°: 2182**Estimation of the quality of life during the COVID pandemic and war in Ukraine**Kateryna Kolyadenko¹, Fedorenko Oleksandr¹¹Bogomolets National Medical University, Dermatology, venereology with a course of cosmetology, Kyiv, Ukraine**Introduction & Objectives:**

In today's realities, the majority of the population of Ukraine is forced to live both in the conditions of somewhat relaxed quarantine restrictions due to the viral pandemic, and in the one year of a large-scale war and martial law in the rear. The real life situation for the civilian population turned out to be frankly threatening and poorly predicted. No person feels sufficiently reliably protected from a very real aerosol viral infection, even as a result of accidental short-term contact (in transport, a store, a coffee shop) with a person already infected with the coronavirus, who is in the incubation period and considers himself healthy. Likewise, in fact, none of the citizens of Ukraine can consider themselves more or less protected from death, disability or significant physical injury as a result of the "liberation and peacekeeping" actions of the Rashist forces. In these circumstances, it is medical workers (doctors, senior medical school students, nurses, laboratory assistants, nurses) who are in daily contact with various somatic and post-traumatic patients, definitely belong to the group of increased professional risk. Because it is this rather specific layer of the civilian population, being at the forefront of the fight against this pandemic, that they risk not only their own health but also their lives to overcome it, and by providing medical aid to wounded and injured civilians and soldiers of the Ukrainian Armed Forces.

Materials & Methods:

In order to implement it, it was planned to perform the following tasks:

1. To determine the "basic" level of self-assessment indicators of the quality of life of medical workers of a kind of "control" group - 4th-year students of NMU with minimal (mostly only theoretical) clinical experience.
2. To conduct a comparative analysis of the quality of life indicators of young medical workers of slightly different professional levels: "theoretic" students and students of medical universities - nurses, who combine their theoretical knowledge with professional daily active communication with various patients in conditions of quarantine restrictions and total public concern due to regular missile attacks.

Research methods: general clinical - for a general assessment of the somatic condition; psycho-diagnostic questionnaire: adapted questionnaire SF-36 to determine the quality of life; biostatistical - for the purpose of mathematical processing of the received data

Results:

In general, the dynamic picture of changes in the self-assessment of the quality of life of young doctors over the past 2 years indicates a clearly generally negative impact of both a biological stressor - a viral pandemic - and such a catastrophic social and psychological stressor as war. And at the same time, information related to the beginning of the war clearly had a more pronounced impact on medical students. And this despite the fact that both of these external stressors are characterized by their distinct uncertainty, obvious unpredictability and public infodemic.

Conclusion:

Any somatic, and especially acute infectious pathology, is a biological stress-trauma, which almost always causes biopsychological trauma of the patient and provokes microsocial trauma of the entire family and can also cause macrosocial psychological trauma of work or study colleagues.

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Abstract N°: 2417**A Novel Approach to Psychodermatological Care**Isabella Tan*¹¹Rutgers, Robert Wood Johnson Medical School - Piscataway Campus, Piscataway, United States**Introduction & Objectives:**

The fields of dermatology and mental health are intimately tied. This often manifests through a mental health condition being caused or exacerbated by a dermatologic condition, or a dermatologic condition augmenting pre-existing mental health conditions. As the psychodermatologic field continues to grow, there have been numerous stimuli for innovation, stemming from a fall in adequate referrals to psychiatric care and increased prevalence of mental health issues arising in the dermatology clinic. These insights highlight a myriad of barriers to care for patients with comorbidities, along with the growing demand for a streamlined approach to addressing these multidimensional needs.

Materials & Methods:

This project will explore the benefits and drawbacks to current approaches in psychodermatologic care, establish the need for innovation within the growing field, and propose a novel technology to optimize interdisciplinary management as these issues continue to progress.

An innovative approach will be considered in which a streamlined referral system, built into existing Electronic Medical Records (EMR) interface, will allow dermatologists and other members of the dermatologic care team to directly and effortlessly refer from their clinic to a board-certified psychiatrist, in hopes of easing transition of care, while also potentially enhancing collegiality within medicine through bridging these disciplines.

Results:

Implementing a psychodermatologic intervention to streamline the transition from dermatology to psychiatric care has shown promising results. In our preliminary search, a trial involving 102 patients with psychocutaneous disorders, those who received the intervention had a significantly higher rate of successful transition to psychiatric care (86.3%) compared to those who received usual care (53.3%) ($p < 0.001$). Additionally, the intervention group showed a greater reduction in symptoms of anxiety and depression compared to the control group. In our survey study of patients with acne, those who received a psychodermatologic intervention had a significantly lower rate of no-show appointments (10%) compared to those who did not receive the intervention (25%) ($p < 0.001$).

Conclusion:

Mental health and psychiatric comorbidities are pervasive and escalating issues in the dermatology clinic, having broad implications for patient wellbeing. Overall, these findings are suggestive that psychodermatologic interventions can improve the success and efficiency of transitioning patients with psychocutaneous disorders from dermatologic to psychiatric care, as well as improve their clinical outcomes and quality-of-life.



Abstract N°: 2451**Predictors of and Interventions Against Self-Stigmatisation – Results of Two Systematic Reviews**Juliane Traxler*¹, Caroline Stuhlmann¹, Valentina Paucke¹, Lukas Westphal¹, Hans Graf¹, Rachel Sommer¹¹Institute for Health Services Research in Dermatology and Nursing (IVDP), University Medical Center Hamburg-Eppendorf, Hamburg, Germany

Introduction & Objectives: Self-stigma beliefs such as negative views about oneself and one's body are common among people with visible chronic skin diseases (VCSD). Such beliefs can have a negative impact on quality of life and psychosocial wellbeing of those affected. So far, the underlying mechanisms and factors contributing to self-stigma in this population are poorly understood and evidence-based interventions tackling self-stigma are urgently needed. The two systematic reviews presented here aimed to (a) identify predictors and mechanisms of self-stigma in VCSD and (b) summarize existing interventions.

Materials & Methods: The reviews constitute the first phase of a project funded by the Federal Ministry of Education and Research (BMBF) with the aim to develop and evaluate an online-intervention to reduce self-stigma among people with VCSD ("DEVISE").

We conducted two electronic database searches following PRISMA guidelines. Studies were eligible if they were original empirical articles, written in English or German that investigated (a) predictors or mechanisms of self-stigmatization in skin disease or (b) interventions to reduce self-stigma in adults with VCSD. For each, two independent reviewers conducted the abstract and full text screening as well as data extraction.

Results: For review (a) the initial search yielded 887 records, of which 29 were included. Several psychosocial variables were found to be significant predictors of self-stigma, including social stigma, coping strategies, social support, attachment style and quality of life. Evidence for sociodemographic and clinical factors was mixed.

For review (b) the search produced 5293 abstracts; of which, 19 studies were eligible. They addressed a broad range of skin conditions, and interventions ranged from social skills training, self-help and counselling, to (computer-assisted) psychosocial and behavioural interventions. In most studies, interventions had positive effects on self-stigma and related constructs. Study designs and quality were heterogeneous. Interestingly, one third of studies targeted self-stigma in leprosy while only few studies examined interventions for people with chronic-inflammatory skin diseases (e.g., psoriasis, atopic dermatitis).

Conclusion: Various malleable psychosocial predictors of self-stigma related to skin disease were identified. Furthermore, several interventions with the aim to reduce self-stigma in VCSD have been implemented; however, few such interventions are available in Europe, and there is a lack of high-quality studies examining their effectiveness. These results provide directive targets for a novel online-intervention and help to advance psychosocial care for people with VCSD.

Abstract N°: 2455**Effectiveness of a Structured Short Intervention Against Stigmatizing Attitudes Towards People with Skin Diseases in Body Care Professions**Juliane Traxler^{*1}, Matthias Augustin¹, Marius Grosser², Catharina Braren-von Stülpnage¹, Rachel Sommer¹¹Institute for Health Services Research in Dermatology and Nursing (IVDP), University Medical Center Hamburg-Eppendorf, Hamburg, Germany, ²Deutscher Psoriasis Bund e.V., Hamburg, Germany

Introduction & Objectives: People with a visible chronic skin disease (VCSD) often experience stigmatisation by others, which can lead to avoidance of social interactions, impairment in various areas of life and low quality of life. In its 2014 resolution, the World Health Assembly (WHA), therefore, called their member states to fight stigma in psoriasis.

A novel face-to-face group intervention aimed at reducing stigmatising attitudes (“ECHT”), consisting of self-awareness exercises, education and a patient encounter, showed promising results among medical students and educators in training. In addition to education and the medical environment, another critical context for patients with VCSDs seems to be body care: many patients report feelings of stigmatisation and rejection in contact with hairdressers, beauticians, nurses and physiotherapists. Therefore, the “ECHT” intervention was adapted to this target group and its feasibility and effectiveness were evaluated.

Materials & Methods: Body care professionals (n = 120) were randomized into an intervention group, receiving a modified version of the “ECHT” seminar, or a control group, who underwent a seminar of similar structure about mental and physical health at work. Agreement to disease-related false assumptions and negative stereotypes, the desire for social distance from people with psoriasis, and behavioural intentions were assessed at baseline, post-intervention and at 3 months follow-up.

Results: Twenty hairdressers and beauticians, 54 physiotherapists and 46 nurses took part in the study (87.5% female; Mage = 31.1 ± 12.7 years). The agreement with negative stereotypes (p = .012) and disease-related misconceptions (p < .001) decreased significantly more in the intervention group than in the control group. The desire for social distance from people with psoriasis decreased equally in both groups.

No systematic differences in changes in the primary outcomes were observed between the different professions.

Both, the intervention and control group reported high satisfaction regarding the seminar, its scope and relevance. However, the intervention group felt better prepared for similar situations in practice and would be more likely to recommend the event to colleagues than the control group.

Conclusion: The intervention successfully reduced stigma towards VCSDs in people working in body care professions. In the future, the seminar could be integrated in vocational training or delivered in workshops with the long-term goal of increasing knowledge about VCSDs and reducing prejudices in the general population. This could help improve the psychosocial well-being of people with skin diseases.

Abstract N°: 2539**The impact of stress on chronic dermatosis among medical students**Ouissal Hormi¹, Zizi Nada², Dikhaye Siham²

¹Department of Dermatology Venereology and Allergology, CHU Mohammed VI, Oujda Morocco., Faculty of Medicine and Pharmacy Oujda, University Mohammed Premier, Oujda Morocco, oujda, Morocco, ²Department of Dermatology Venereology and Allergology, CHU Mohammed VI, Oujda Morocco., Laboratory of Epidemiology, Clinical Research and Public Health Faculty of Medicine and Pharmacy, Mohammed Premier University, Oujda, Morocco, Oujda, Morocco

Introduction & Objectives:

Medical studies are perceived as stressful, as they are characterized by numerous psychological changes in students. Stress has a significant impact on the skin barrier, inflammation, and immunity, it promotes the onset, exacerbation, and maintenance of inflammatory skin disorders.

Our aim is to evaluate the exacerbation of dermatoses during medical studies as well as the attitude of students towards their flares.

Materials & Methods:

Our study was based on a 15-question survey created on Google Forms and conducted online among medical students.

Results:

One hundred and thirty-six students responded to the questionnaire, of whom 31.6% were residents, 26.5% were first-cycle students, 25.7% were interns, 9.6% were second-cycle students, and 7.4% were third-cycle students. A predominance of females was noted, with a percentage of 64.7%, and the mean age of our patients was 23.66 ± 3.21 years.

Acne was the most common dermatosis, reported in 55% of students, followed by hair loss in 33.8%, then oral herpes in 10.3%, seborrheic dermatitis in 9.6%, hyperhidrosis in 8.1%, rosacea in 6.6%, psoriasis in 5.9%, urticaria in 4.4%, atopic dermatitis in 2.9%, and vitiligo in 1.5%. 61 % of students are regularly monitored for their dermatoses, of whom 95.3% are monitored by a dermatologist and 4.7% by a general practitioner.

Regarding the onset of these dermatoses, 60.3% of students reported onset during medical studies, while 43.4% reported onset before medical studies.

The percentage of students who identified stress as the main exacerbating factor was 91.2%, with other factors also implicated including lifestyle factors (lack of sleep, poor diet, smoking). Sixty percent of students sought medical care during flare-ups, with 80.9% requiring treatment during this time. The duration of exacerbation during exam periods was longer for 76.1% of students, and similar to other exacerbation periods for 23.9%. With regard to the evolution of symptoms, 57.4% improved after the resolution of the stressful episode, 34.6% after treatment, and improvement was spontaneous (independent of stress) in 8%. All students reported that a stressful event triggers or worsens their dermatosis, based on their personal experience.

Conclusion:

It is widely accepted that stress is the most common psychological etiology for the onset, exacerbation, and reappearance of many skin conditions, which are chronic, recurring, and visible. However, there have been few studies conducted to evaluate this relationship.

Regarding acne, our results are consistent with several studies. One study conducted among final-year medical students found that 67% of the students identified stress as an aggravating factor.

Another study conducted at a medical school revealed that students with higher stress scores had more severe acne.

However, a study conducted by Wali et al. among female medical students found no significant link between stress and hair loss.

MISERY et al. have confirmed that a stressful event often precedes outbreaks of seborrheic dermatitis and that the role of stress is a negative prognostic factor. Stress is a key topic in dermatology as the onset and/or exacerbation of many skin conditions are often related to stress through multiple mechanisms. Therapeutic approaches can be adjusted based on stress levels, and behavioral intervention could be an option in certain cases.

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Abstract N°: 2597

The CORK protocol for managing misinformation in dermatology

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Introduction & Objectives:

Health misinformation can be defined as a health-related claim that is not consistent with scientific consensus and is not biologically plausible. The digital transformation has led to tribalisation of many aspects of social and political life, including healthcare beliefs. It is important that healthcare professionals in dermatology have a simple framework to combat misinformation.

The aim of this project was to research evidence-based interventions to combat healthcare misinformation.

Materials & Methods:

Based on strategies which were identified as effective during the research, a framework was created for widespread use.

Results:

The CORK protocol stands for clarify and confirm; origin and objective; rapport and respect; and knowledge and kneading.

Clarify and confirm. It is essential to clarify exactly what the point of misinformation relates to; why the patients thinks that this could be true; and how strongly the patient believes in the point of misinformation.

Origin and objective. It is important to ask the patient where the source of the misinformation was (social media, alternative news outlets, family or friends); who exactly is behind the information which was passed on to the patient; and if the source of information might have any vested interest into the patient believing the misinformation (financial, malevolence, or ego).

Rapport and respect. Respect should be maintained at all times, a polite interest should be shown in the misinformation being shared, and any pseudo-intellectual comments should be noted. Knee-jerk debunking can inadvertently strengthen misconceptions and ironically enhance reliance on the misinformation that is being corrected. Intellectual discourse should be encouraged, and the question of how the misinformation could be true should be gently probed.

Knowledge and kneading. Taking the point of misinformation into account, an accurate representation of the current scientific thinking on the topic should be relayed politely, explaining why the point of misinformation might be incorrect. The correction should not be forced, but doubt should be smoothly shone on the incorrect information. It is unlikely that the misinformation will be corrected after one clinic visit, but use of the protocol over repeated attendances should weaken misinformed beliefs.

Conclusion:

We hope that the CORK protocol will be helpful for healthcare professionals in dermatology to combat misinformation.

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Abstract N°: 3056

Overview of the impact of skin diseases in the world in 2023 Data from the “All Skin, All Colour, All Dermatoses” study: the ALL PROJECT:

Richard Marie-Aleth¹, Marketa Saint Aroman^{*2}, Catherine Baissac², Charles Taieb³, Bruno Halioua⁴

¹Marseille, ²Pierre Fabre, ³EMMA, ⁴Dermatologist

Introduction & Objectives:

Dermatology is the specialty in medicine that applies to the greatest number of patients; in fact, more than 1 in 3 people suffer from a skin disease [SD]. Despite these impressive data, public health and prevention policies pay little attention to SD patients and SD are hardly ever a public-health-priority.

Materials & Methods:

The ALL-project involves 50,552 individuals who are representative of the adult-populations of 20 countries, spread over 5 continents. [China 5000, USA 5000, Brazil 4001, India 3000, Australia 2000, France 4000, Italy 400, Canada; Denmark; Germany; Israel; Kenya; Mexico; Poland; Portugal; Senegal; South Africa; South Korea; Spain; UAE], Thus, all-territories, all-generations, all-phototypes, all-dermatoses have the chance to be in the limelight. Thus, the ALL-project is the project of all skin, all dermatoses, and all colours.

Results:

The main results of the ALL-project will be detailed during the WCD. We can note some key figures: 37%±1.8% of individuals have acknowledged a SD in the past year and almost one in two [49.3%±1.9%] claim experiencing an unpleasant sensation in the past 7 days. 31% itching, 15% tingling, 14% stinging and 7% skin-pain. Among those reporting a SD, 35%±3.6% admitted not having consulted a health professional. 53% said that they had consulted a doctor (57% a GP; 55% a dermatologist). 26% admit to using alternative-and-complementary-medicine for their SD. 42%±3.7% consider that their SD bothers them in their daily-life and 38%±3.7% in their professional-life. As a result of their SD, 42% report a tendency to check their appearance every time they “pass” a mirror, 45% report feeling tired, 34% feel discouraged, 20% feel rejected by others, 19% admit to feeling that they are looked at with disgust. 41% admit to having given up taking selfies and 27% felt that their sex life had been affected because of their SD and 41% admitted to having difficulty sleeping.

Conclusion:

This type of study, in which the same questionnaire was administered at the same time across the globe, highlights the universality of the feelings and experiences of those suffering from SDs. The results of this unprecedented study, constitute a unique database. This database will allow establishing a real advocacy to better defend to the authorities of all countries the need for global awareness and interest as regards a public-health-policy to support-patients suffering from a SD.



Abstract N°: 3256

Dermatological Manifestations in Patients with Psychiatric Comorbidities - A Correlation Analysis

Athos Martini¹, Nilton Bento Junior¹, Flávia Bresciani¹, Mariane Correa Fissmer¹, Ana Paula Bald¹, Ricardo Schmitz¹, Vanessa Maciel¹, Fernanda E Lima¹, Ariel Cordova Rosa¹, Matheus Alves Pacheco¹

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Introduction & Objectives:

The connection between the mind and the skin has been a subject of study since the 19th century. In recent decades, the field of psychodermatology has emerged, focusing on the interaction between dermatological conditions and psychiatric disorders. This study aims to assess the prevalence of dermatological manifestations in psychiatric patients at a Tertiary Hospital, providing valuable statistical data for healthcare professionals.

Materials & Methods:

A descriptive cross-sectional study was conducted, involving the administration of questionnaires and the review of medical records. The study population consisted of psychiatric patients attending a specialized outpatient clinic. Data were collected and entered into a Microsoft Excel® database and analyzed using SPSS v.21. Descriptive statistics, measures of central tendency and dispersion, as well as bivariate analysis using the Student's t-test or Pearson's chi-square test, were performed. A confidence interval of 95% and a statistical significance level of 5% were used.

Results:

During the study period, a total of 73 psychiatric patients were included in the analysis. The sample consisted mostly of middle-aged individuals, with an average age of 46.6 years. The majority of the participants were married and had completed basic and secondary education.

Regarding dermatological conditions, a significant number of patients reported experiencing skin alterations. The prevalence of dermatoses varied among different psychiatric disorders, with depressive, mood, and anxiety disorders being associated with a higher occurrence of dermatological manifestations.

The duration of psychiatric disorders ranged from 0 to 42 years, with an average duration of 6.4 years. Antidepressants selective serotonin reuptake inhibitors (SSRIs), dual antidepressants, antipsychotics, and benzodiazepines were the most commonly used medications among the participants.

In terms of gender, a statistically significant association was found between female patients and the presence of dermatoses. Female participants were more likely to report dermatological alterations compared to their male counterparts.

Patients with depressive, mood, and anxiety disorders reported significant mood and self-esteem alterations related to their skin conditions.

Conclusion:

This study contributes to the identification of patient profiles, highlighting the prevalence of dermatological manifestations among psychiatric patients. The findings emphasize the need for comprehensive multidisciplinary assessment and treatment approaches for these individuals. Understanding the relationship between psychiatric

disorders and dermatological conditions can improve the overall care and well-being of these patients.

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Abstract N°: 3259**Chronic dermatological conditions: Impact of Quality of Life on Patients and on their Family Members**Chantal Clare-Kleinbussink^{*1}, Flora Kiss², Morton Frankson³, Andrew Finlay⁴, Jui Vyas²

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Introduction & Objectives: Chronic conditions affect the quality of life (QoL) of both patients and family members.

This study aimed to determine the effect of chronic skin conditions on the QoL of patients and on the QoL of their family members, the "Greater Patient". The second aim was to determine if there was a correlation between the Family Dermatology Life Quality Index (FDLQI) and the generic Family Reported Outcome Measure (FROM-16).

Materials & Methods: A cross-sectional correlational study using validated QoL questionnaires was conducted in the UK. Patients (aged >17 years) with psoriasis, acne, eczema or hidradenitis suppurativa completed the Dermatology Life Quality Index (DLQI). Family members (>18 years) completed both the FROM-16 and the FDLQI. Data were analyzed with IBM®SPSS® Statistics software.

Results: There were 88 participants, including 44 patients, with psoriasis (n=21), acne (n=10), hidradenitis suppurativa (n=3) and eczema (n=10). Eighteen (41%) were male and 26 (59%) female, 36 (82%) were white, 1 (2%) was black, 5 (11%) were Asian and 2 (5%) were within the mix, multiple ethnic groups or other. Of the 44 family members, 13 (30%) were male, 31 (70%) female, 36 (82%) were white, 1 (2%) was black, and 5 (11%) were Asian and 2 (5%) were also within the mix, multiple ethnic groups or other. The DLQI mean score was 13.75 (SD ± 7.7, n=44), indicating a very large effect on patients' lives. The FROM-16 total mean score was 8.75 (SD ± 6.7, n = 44) indicating a moderate effect on the lives of family members. The FDLQI total mean score was 7.68 (SD± 6.7, n = 44). A strong positive correlation was found between the DLQI and FDLQI scores (rsp=0.62, p[2-tailed] =0.01, n=88), and between DLQI and FROM-16 (rsp=0.60, p[2-tailed] =0.01, n=88). In family members, a very strong positive correlation was observed between FROM-16 and FDLQI scores (rsp= 0.74, p[2-tailed] =0.01, n=44).

Conclusion: Patients with dermatological conditions and their family members can experience a negative impact on their QoL: there is a need to develop methods to address the QoL impact of skin disease on relatives, as well as on patients. The very strong correlation between the dermatology specific FDLQI and the generic FROM-16 is reassuring and adds further to the cross validation of both measures.



Abstract N°: 3314**Psychological Implications and Quality of Life After Cosmetic Rhinoplasty: A Systematic Review**Olivia Katamanin¹, Shivani Saini², Mohammad Jafferany^{*3}¹Chicago Medical School, North Chicago, United States, ²The Michigan School of Psychology, Farmington Hills, United States, ³CMU Medical Education Partners, Saginaw, United States**Introduction & Objectives:**

Cosmetic Rhinoplasty is one of the most common facial plastic surgeries. Recognition of patients with psychological problems may affect the outcome of surgery. Carefully chosen cases may improve the patients' well being. The objective of the present systematic review is to analyze the existing literature for clinical studies and investigate the psychological implications and Quality of Life after Cosmetic rhinoplasty.

Materials & Methods:

The reporting of this systematic literature review was conducted in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines. A comprehensive review of the literature was performed using PubMed, Google Scholar, Mendeley and FindIt@MSP were searched between 2008 and 2023 in English text only. Included articles assessed the comparison between preoperative and postoperative psychological outcomes of cosmetic rhinoplasty as well as impact on QOL.

Results:

Of the 53 articles selected for screening, 16 were identified as meeting the inclusion criteria. Based on the literature, surgical intervention appears to have a positive effect on various psychological factors such as self-esteem, body image, depression, and anxiety. Additionally, evidence suggests significant improvements in QOL, mental health, social function, and postoperative satisfaction, accompanied by a reduction in psycho-social distress.

Conclusion:

Cosmetic rhinoplasty has beneficial effects on self-esteem, body image, depression, and anxiety. Furthermore, significant improvement is reported in the quality of life, social function, and psychological well-being. Research also indicates overall satisfaction with appearance in post rhinoplasty and lower levels of psycho-social distress.



Abstract N°: 3363

Stigma in patients with pigmentary disorders: results of an international study

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Introduction & Objectives:

Pigmentary disorders are a group of skin diseases characterized by changes in skin tone. These diseases can occur at any age, affecting men, women and children of all ethnic backgrounds. They can have a significant impact on the perception of physical health, aesthetic appearance towards patients and deeply affect quality of life. To date, no study has specifically addressed the stigma experienced by individuals with pigmentary disorders.

The PUSH-D, a skin specific patient reported outcome assessing stigma, was recently published. It is composed of 17 items, easily understandable regardless of the socio-cultural level of the respondents and has been translated and validated in more than 20 languages (www.push-d.org). The higher the Push-D score, the greater the stigma

Materials & Methods:

In this cross-sectional study, we aimed to assess stigma related to pigmentary skin diseases across 34 different countries. In each participating country, the sample was representative in terms of age and sex of the adult population. Self-diagnosis questionnaires allowed us to identify patients who declared pigmentary disease confirmed by a physician. Socio-demographic data and the type and localization of pigmentary disease were retrieved for each participant who were also asked to answer the PUSH-D.

Results:

In total, 48,000 individuals were recruited from December 2022 to February 2023. Participants to the present study were those who declared having been diagnosed by a physician with a single pigmentary disorder (n=12332). Of those participants, 6037 declared having solar Lentigo [SL] , 873 Melasma, 414 Vitiligo, 1937 isolated axillary hyperpigmentation, 1396 post-inflammatory hyperpigmentation [PIH], and 1387 Peri Orbital Hyperpigmentation.

The mean PUSH-D score in the overall population, was 8.2 ± 12.3 in men vs 9.3 ± 13 in women ($p < 0.05$). Significant differences in the PUSH-D scores were also observed according to age group: the younger the subject, the higher was the PUSH-D score: 14.6 ± 14.5 , 9.4 ± 12.4 and 4.8 ± 10.2 respectively in those aged 30 years and under, 31-55 years and over 55 years.

In the global population, no significant difference was found according to phototype: Fair skin (Phototype I,II,III) vs Dark skin (Phototype IV,V,VI) [8.8 ± 12.8 vs 8.9 ± 12.5].

Whereas this difference in PUSH-D scores becomes significant in patients with PIH and POH (13.2 & 10.9 scores in Fair skin phototype vs 11.5 & 9.2 in dark skin phototypes). Regarding the declared disease, highest PUSH-D stigma score were found in vitiligo patients (19.4 ± 18.2) and Melasma patients (17.2 ± 4).

Conclusion:

A better knowledge on the populations that feel stigmatized should be taken into account in dermatoses management.

However, to date and to the best of our knowledge, stigmatization in dermatology has not been studied in skin diseases in a large population. This may be due to the lack of skin specific tools that explore different domains of stigmatization. The PUSH-D score may fill this gap as it explore both enacted and felt stigma.



Abstract N°: 3405**Porokeratosis Ptychotropica: a rare variant**Karen Villa¹, Leidy Gallego¹, Elkin Peñaranda¹, Andrea Paola Bojaca Piarpuzan¹¹Colombia, Bogota, Bogotá D.C, Colombia**Introduction & Objectives:**

The porokeratosis is a group of dermatosis characterized by a focal, clonal and abnormal expansion of the keratinocytes, which can be inherited or acquired (1). It is clinically characterized by the presence of keratotic papules, which can coalesce forming plaques that spread centrifugally, evolving into annular lesions with atrophic center surrounded by a keratotic edge (2). Porokeratosis in the genitogluteal area is rare and there are 3 variants on this location: the classic one on the genital area, porokeratosis ptychotropica and penoscrotal porokeratosis (4). Hereafter we illustrate a porokeratosis ptychotropica case, a rare and little-known variant of this dermatosis.

Materials & Methods:

Male 35-year-old patient, with a history of pemphigus foliaceus, treated from 2015 to 2018, his clinical chart evidences a year of evolution of extremely painful and itchy lesions on the gluteal region, it was initially approached as pemphigus vegetans vs viral warts for which he was given topical steroids, calcipotriol, and cryotherapy without improvement; additionally, he required analgesic treatment with NSAIDs and pregabalin. On examination, he had 2 erythematous plaques of over 7 cm big on his medial buttock and proximal thigh, infiltrated and verrucous looking with multiple satellite papules with a keratotic "rail-like" edge. Two biopsies were taken with evidence of cornoid lamella formation that confirmed the porokeratosis ptychotropica diagnosis.

Results:

Porokeratosis is a rare disorder, its exact incidence and prevalence is unknown, but cases have primarily been described on men. The prevalence might be underestimated due to a flawed diagnosis. (2,4-6) In regard to its etiopathogenesis, it is multifactorial, due to an abnormal replication of keratinocytes secondary to a faulty maturation; however, its development requires the sum of several factors, including genetic predisposition, repetitive exposure to ultraviolet radiation and immunosuppression states. (2-4). Within porokeratosis ptychotropica some infiltrate verrucous plaques are evidenced, associated with pain and pruritic marked in the intergluteal skinfold and the buttocks forming a butterfly pattern (5,6). Among the therapeutical options there are 5-fluorouracil, imiquimod, tacrolimus, retinoids, calcipotriol, cryotherapy, CO2 laser and PUVA therapy (7). However, genital porokeratosis's response to any kind of treatment is discouraging (3) and it has been considered that patients with this kind of dermatosis must have a close follow-up due to the neoplastic transformation risk, which can occur in up to 11% of the cases (8,9).

Conclusion:

It is important to know the clinical types of porokeratosis, and especially to differentiate the genitogluteal compromised variants considering that its diagnosis is a challenge for the dermatologist. The histological findings are key, and the treatment involves permanent support to the patient, due to the discouraging picture of the available therapeutic options to date.

Abstract N°: 3483

Prevalence and impact on professional life of sleep disturbance in patients with cutaneous disorders: a study of 17627 subjects Data from the All Skins-All Colors-All Dermatoses: the ALL PROJECT:

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¹Dermatologist, ²aphp hotel dieu, ³EMMA, ⁴Pierre Fabre

Introduction & Objectives:

Sleep disturbances (SDs) are distressing and disabling conditions that are frequently reported in cutaneous disorders (CD) with significant quality-of-life impairment. There is little information about the consequence of FS on the work life of adult patients. The aim of the present study was to evaluate the prevalence of SD due to CD and to identify impact of SD on professional life.

Materials & Methods:

The ALL PROJECT involves individuals, representative (quota method) of the adult populations of 20 countries spread over 5 all five continents [China 5000, USA 5000, Brazil 4001, India 3000, Australia 2000, France 4000, Italy 400, Germany 4000; Canada 2500; Denmark; Israel; Kenya; Mexico; Poland; Portugal; Senegal; South Africa; South Korea; Spain; UAE], which together accounts for over 50% of the world's population. In each of the 20 countries surveyed we conducted a population-based study on representative and extrapolable samples of the general population aged 16 years or more. The questionnaire gathered information about the patients' demographic and socio-demographic profiles. Patients were considered to be those who reported sleep disturbance if they reported that they felt difficulty in failing asleep because of their CD. A comparison of SD and patients without SD(non-SD) was used to evaluate predictors of SD : socio-demographic and clinical parameters and specifically on professional life.

Results:

A total of 50552 individuals participated in the survey, and data from 17627 of them were usable for statistical analysis including 7514 (42.6%) males and 10113(57.4%) females, respectively (mean age 39.65+/-14.97. (16-96 years). A total of 7458(42.3%) respondents reported SD due to CD. The SD population was, on average younger than the non-SD population (mean age 39.22± 14.38years vs. 39.96± 15.38years; P = 0.00116). Females had more frequently SD than males (40.8% vs 43.5%. 0,018035) 10169(57.7%)respondents were considered to have no SD. .Signs/symptoms such as prickles, burning sensations, tingling (16.5% vs 14.2%, p 0,001388) skin pain(6.6% vs 3.6%1,4E-16) and pruritus (60.5%vs 50.8% p 9,91E-35) were predictive factors of SD. Subjects with SD reported more frequently a feeling of fatigue as soon in the waking up (80,70% vs 63,60%,p : 3,3E-128), a decrease in concentration and vigilance(73,40%v 55,10%, P: 2E-129) , periods of drowsiness during the day (82,60% vs 71,00%, p 7,01E-66) , a tingling sensation in the eyes (58,10% vs42,20%, p : 4,39E-91) and repeated yawning(71,70% vs57,90%, p4,04E-73). SD was significantly associated with detrimental impact on work life with feeling less productive in the activity (49.2% vs 19.4%, p 0.001).

Conclusion:

This is the first study to establish the impact of SD, which affects 42.3% % of respondents with CD. physical functioning. We reported that SD in patients with CD was significantly associated with feeling of fatigue,

decrease in concentration and vigilance, drowsiness, tingling sensation in the eyes and repeated yawning. These findings suggest the importance of early detection and management of SD in patients with CD which may contribute to detrimental impact on professional life. It is important to include questions about SD in the examinations of CD patients.

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Abstract N°: 3517**Morgellons Disease with Neurotic Excoriation: A Little-Known Disorder of Psychodermatology**Magna Hutasuhut^{*1}, Sri Menaldi¹, Eliza Miranda¹, Inge Krisanti¹¹Rumah Sakit Umum Pusat Nasional dr. Cipto Mangunkusumo -Departemen Kulit dan Kelamin, Dermatology and Venereology, Jakarta, Indonesia**Introduction & Objectives:**

Morgellons disease is a rare disease in the psychodermatology group, which represents a variant of delusional parasitosis characterized by a fixed belief that fibers or solid materials are extruding from the skin. Meanwhile, neurotic excoriation can occur as a response to delusional parasitosis, where the patients attempting to extract the material from the skin. The challenge in treating Morgellons disease patients is convincing them that the cause of their condition is a psychiatric problem since this patient often seeks help from various doctors. We report a rare case of Morgellons disease with a neurotic excoriation.

Materials & Methods:

This case report aims to describe the clinical characteristics and manifestation of Morgellons disease in 58-year-old woman

Results:

A 58-year-old woman came to our outpatient clinic with a 9-month history of sand-like material extruding from the skin. It started with small white papules on the lower extremities that expanded to the chest, mammary fold, and both hands. The patient had the delusion of sand growing from her skin and reported pulling it out and collecting it in a box. These extraction attempts caused the skin to bleed. The patient had a history of type II diabetes with normal blood glucose which routinely monitored. History of other systemic conditions, previous psychiatric disease, and malignancy were denied. The patient lives alone with no family, had never been married, and recently she retired from her occupation. From the physical examination, the chest, abdomen, back, upper arms, and lower legs area showed erythematous-hyperpigmentous plaques, multiple, nummular, diffuse, with erosion-excoriation with brownish-black crust from several lesions. The patient also brought a box filled with particles that the patient thought was sand. We diagnosed the patient with Morgellons disease and neurotic excoriation. The patient was treated with fluocinolone acetonide 0.025% cream and Vaseline album twice daily. We also consulted the patient to the psychiatry department, and she was given psychotherapy and antipsychotic risperidone 0.5 mg, twice daily. After the second dermatology clinic follow up, the patient reported improvement in her skin condition.

Conclusion:

Morgellons disease is a rare condition characterized by nonorganic particles extruding from the skin, associated with skin, nerve, and psychiatry symptoms. In approaching psychodermatology patients, dermatologists need to build good patient-doctor rapport since these patients often deny the psychiatry problem as the cause of their skin condition. Collaborative management with the psychiatry department is essential in managing psychodermatology patients. A psychodermatology disease is challenging and often overlooked, highlighting the need for multidisciplinary and comprehensive management.

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Abstract N°: 3624**Impact of chronic prurigo on quality of life**Yousef Almheirat*¹, Ragragui Hanane¹, Zizi Nada¹, Dikhaye Siham¹¹Mohammed VI University Hospital of Oujda, Department of Dermatology, oujda, Morocco**Introduction & Objectives:**

Chronic prurigo is an uncommon chronic skin condition that primarily affects older adults and is characterized by multiple, firm, pruritic papules/nodules that are symmetrically distributed.

Several therapeutic protocols are proposed depending on the severity of pruritus and the impact that prurigo can have on the patient's quality of life.

The aim of our work is to detail the impact of this disease on the quality of life of patients.

Materials & Methods:

Monocentric descriptive retrospective study, collecting all patients followed for chronic prurigo during the period January 2015- May 2022.

Results:

We collected 27 patients. The mean age was 48.21 years. The sex ratio was 2. Thirty percent of the patients suffered from a psychological disorder such as anxiety and depression. The average duration of the disease was 9.42 years. The most frequent clinical manifestation was pruritic excoriated papular lesions in 81.5% followed by pruritic papulo-nodular lesions in 18.5% of cases. The disease was generalized in 33.3% of cases. The intensity of pruritus was severe to very severe in 48% according to the visual analog scale. Sixty-eight percent of patients had moderate to severe impairment of quality of life according to the Dermatology Life Quality Index (DLQI).

Regarding management, all patients received therapeutic education to reduce skin irritation and scratching, and symptomatic treatment of pruritus. For background treatment, 66.6% of patients were treated with moderate to strong dermocorticoids (DC), 22.2% were treated with UVB phototherapy 25 to 35 sessions (3 sessions/week), recourse to systemic treatment was the case in 2 patients who were put on thalidomide 100 mg/d.

An improvement in the quality of life was noted in all our patients after treatment.

Conclusion:

Chronic prurigo is a disabling condition with significant impact on the quality of life of patients, their management is a challenge for dermatologists that requires a continuous evaluation of patients in search of relapse and psychological complications.



Abstract N°: 3675

Impact of feeling of stigmatization on the lives of adult patients with skin diseases in Israel : Data from the All Skins-All Colors-All Dermatoses: the ALL PROJECT

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Introduction & Objectives:

The feeling of stigmatization (FS) in patients suffering from skin disease (SD) can have significant impacts on physical health and mental well-being . Fear of stigma may pose severe psychosocial consequences, which can affect patients social and work life. There is little information about the consequence of FS on the lives of adult patients with SD in Israel. This study aimed to investigate the impact of SD-associated FS on social, professional, and family life and explore the impact of stigma on treatment adherence.

Material and methods

A representative sample of the Israeli population over the age of 16 was selected using the quota method.

The questionnaire gathered information about the patients' demographic and socio-demographic profiles. Patients were considered to be those who reported feelings of stigmatization (FS) if they reported that they felt that they were ostracized or rejected by others and/or that they felt that they were looked at with disgust and/or that people avoided touching them and/or that people avoided approaching them because of their dermatoses. A comparison of FS and patients without FS (non-FS) was used to evaluate predictors of FS specifically: socio-demographic and clinical parameters, psychological impact on self-perception, relationships, daily life, and social or professional life.

The positive response to the question assessed adherence, "Did you get tired of taking a treatment every day?". The patients in the 'visible' group showed SD on at least one visible part of the body

Results

A population of 340 with SD was identified, including 132 (38.8%) males and 208(61.2%) females. A total of 122 respondents reported FS (35.9%), of which 82 (24.1%) felt ostracized or rejected by others, 70 (20.6%) felt looked at with disgust, 63(18.5%) reported that people avoided touching them, and 58 (17.1%) reported that people avoided approaching them because of their SD. 218 (64.1%) SD respondents were considered to have no FS. The FS population was, on average younger than the non-FS population (mean age 35.2049± 10.2916years vs. 41.7523± 15.1558 years; P = 2.733e-05). Gender (Men 40.9% vs. 32.7%, p 0.52), visible lesion location (45.9% vs. 45.4%, p 0.88), and signs/symptoms such as prickles, burning sensations, tingling (37,2% vs. 18,8%, p 0,179) and pruritus (50.8% vs. 54,10%, p 0.87) were not predictive factors of FS. Skin pain (28.3% vs. 4.0%, P <0,001) was significantly less frequent in SD patients with reported FS. There were significant consequences for self-perception, relationships, daily life, sleep, and social and work life in subjects with reported FS: Patients with reported FS were more likely to avoid taking selfies (69.7% vs. 27.1%, P 3,03E-11) and tended to control their appearance whenever they passed in front of a mirror (61.5% vs. 37.2%, P <0,001) due to SD. Poor adherence to therapy was associated with feelings of stigma (76.1% vs. 48.9%, P <0,001).

Discussion

In Israel, this is the first study to establish the impact of FS, which affects 35.9% % of patients with DS. Our study established that younger patients reported greater perceived FS, which has been reported in other studies.

Our study confirms that stigmatization is associated with consequences in social interactions and dysfunction in interpersonal and professional relationships. Promoting initiatives aimed at educating the general public, raising awareness, and establishing a more tolerant social environment for SD patients is essential.

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Abstract N°: 3695

Studying the quality of life and state-trait anxiety in women with acne

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Introduction & Objectives: Acne is currently referred to a group of dermatoses that cause somatopsychic resonance due to existing or anticipated aesthetic discomfort.

Objective. To study the quality of life and the state and trait anxiety indicators in women with acne depending on the duration of the disease.

Materials & Methods: 134 women with acne aged 18 to 45 y/o were examined.** The dermatology indices of quality of life and state and trait anxiety were determined in all patients. The quality of the patients' life was evaluated using the Dermatology Life Quality Index (DLQI) psychometric questionnaire. To assess anxiety in patients with acne, the Spielberger-Khanin anxiety test was used. The questionnaire consists of 40 questions: the first 20 questions for assessing state anxiety and the next 20 questions for assessing trait anxiety. The assessment of anxiety levels was performed based on the scores within the following ranges: 0-30 – mild anxiety, 31-45 – moderate anxiety and above 45 – severe anxiety.

Results: Based on clinical findings, 42 (31.34%) patients were diagnosed with stage 1 acne, 41 (30.60%) – stage 2 acne, 39 (29.10%) – stage 3 acne and 12 (8.96%) – with stage 4 acne, at that, only 48 (35.56%) patients with duration of the disease less than 1 year and 86 (64.44%) with the disease duration of 1 to 5 years. A control group consisted of 35 apparently healthy persons of similar age.

The DLQI in all examined patients meaningfully ($p < 0,001$) differed in the patients with acne depending on duration of the disease: in women with duration of the disease less than 1 year this index was 15.19 ± 0.62 (large effect of the skin disease on the quality of life) and from 1 to 5 years – 22.21 ± 0.68 (very large effect of the skin disease on the quality of life). At that, the largest impact of the disease on patient's life was observed in daily activities and private life.

When measuring the levels of state and trait anxiety, high levels of anxiety (above 45 scores) were observed in all examined women with acne according to the table of interpretation of the results of Spielberger-Khanin test. The levels of trait anxiety in women with acne, regardless of duration of the disease, were higher, compared with those of the state anxiety. The index of trait anxiety in women with duration of the disease less than 1 year was by 10.10% higher (53.22 ± 4.68 scores, $p > 0.05$) compared with the index of state anxiety (48.34 ± 2.90 scores), and in women with duration of the disease 1-5 years – by 16.43% (59.65 ± 4.08 , $p > 0.05$), compared with the index of state anxiety (69.45 ± 5.34 scores). However, significant differences ($p < 0.05$) in both indices of anxiety were observed in women with different duration of the disease, namely, in women with duration of the disease 1-5 years the index of trait anxiety was higher by 30.50% and the index of state anxiety was higher by 23.40% compared with the group of women who had acne for less than 1 year.

Conclusion: A significant impact of the disease on the quality of life was observed in all examined women with acne, the greatest impact being on daily activities and private life, especially in patients with the disease duration of 1 to 5 years. An increase in the level of anxiety, especially the trait one, was also observed in the group of women with duration of the disease of 1 to 5 years. This substantiates the necessity to find new comprehensive methods of treatment for patients with acne, taking into account the impact of the disease on the anxiety and quality of life of patients.

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Abstract N°: 3850

What is the impact of celebrities disclosing their skin conditions on public awareness? A Google Trends study

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Introduction & Objectives:

Public awareness of diseases has been shown to increase when celebrities publicly disclose their own. In dermatology, the best example is Australian actor Hugh Jackman that has had multiple basal cell carcinoma and does not hesitate to promote sun protection on social media. We evaluated current trends on various skin conditions, with emphasis on celebrities that disclosed theirs in journals or social media.

Materials & Methods:

We analyzed data generated through Google Trends (GT), for the relative search volumes using keywords [cutaneous disorder] and [celebrity name], together or separately,* [worldwide] or restricted to the [country of the celebrity], from a maximum period ranging from January 1, 2004, to May 21, 2023. GT (<https://trends.google.com/trends/>) provides data on the relative search volume of queries and topics over time and across geographical areas. It allows seasonal and long-term assessment of trends in public interest. It has been previously used in dermatology to compare the burden of various dermatological skin diseases by way of most frequently searched conditions. This study did not require ethical approval by an institutional review board.

Results:

We reviewed several celebrities namely, Cara Delevingne (psoriasis), Cameron Diaz (Acne), Kim Kardashian (Psoriasis), Hugh Jackman (skin cancer, basal cell carcinoma), Mickael Jackson (Vitiligo), Ewan MacGregor (Skin Cancer), Jada Smith (Alopecia Areata), Christ Stein (Pemphigus), Seal (Lupus, Discoid lupus) & Winnie Harlow (Vitiligo). We also added a couple of local celebrity like Edouard Philippe (France, Alopecia areata, Vitiligo) and Tinze (Finland, atopic dermatitis).

We observed different patterns:

1. Isolated but remarkable (worldwide) event responsible for notable peaks at the time of the event, such as the death of Michael Jackson (Vitiligo) or Will Smith slapping Chris Rock at Oscars 2023 (Jada Smith's Alopecia areata). However, those events were not followed by increased interest after.
2. Lack of noticeable impact for some celebrities such as Chris Stein (Pemphigus) or Cameron Diaz (Acne).
3. The most common situation appears to be a punctual and short-lived increase, whenever the information is mentioned in the media or the social networks, either by the celebrity him/herself or by a news article. However, there is no sustained increased of interest irrespective of the celebrity.

Conclusion:

Acknowledging the well-known limits related to GT use, the impact on disease awareness, when celebrities disclose their skin problems, seems short-lived and narrow. The magnitude of the impact varies according to the importance of the event, the level of fame of the celebrity, his/her current activity (retired/active) and to the skin

condition (visible or not, common or rare). Because of the short-lived effect, only repetition could help to raise awareness, as performed by Hugh Jackman or Cara Delevingne. Public disclosure may have a positive impact on a personal level, for a patient especially. However, on a global scale it remains unclear. Besides, having a skin condition exposed on the news can lead to negative comments, criticism, and stigmatization on social medias.

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Abstract N°: 3880**Development of an online-intervention to prevent self-stigmatization in people with visible chronic skin diseases**Rachel Sommer¹, Caroline Faye Zimmermann Stuhlmann¹, Neuza Da Silva¹, Juliane Traxler¹¹University Medical Center Hamburg-Eppendorf, Institute for Health Services Research in Dermatology and Nursing**Introduction & Objectives:**

People with visible chronic skin diseases (VCSD) experience social and self-stigmatization, which has a major contribution to their perceived overall disease burden. 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 several international activities to combat stigmatization in people with VCSD. Among those, an online-intervention, HautKompass, aiming to prevent/reduce self-stigmatization in people with VCSD was developed.

Materials & Methods:

The overall project, funded by the German Ministry of Education and Research, consist of three phases: 1) two systematic literature reviews on a) predictors of and b) existing interventions against self-stigmatization; 2) development and pilot-testing of the online-intervention; 3) randomized controlled trial (RCT) on effectiveness of the new intervention. The structured intervention was developed based on the results of phase 1, a multidisciplinary expert consensus panel (psychologists, health scientist and dermatologists) and a patient advisory board.

Results:

The new online-intervention consists of eight skin-generic modules to prevent/reduce self-stigma in people with VCSD, in particular psoriasis, atopic dermatitis, alopecia areata, vitiligo, and hidradenitis suppurativa. Patients can complete the intervention independently from a therapist, flexible regarding time and location. Each module last between 15-20 minutes and comprises a combination of information and exercises. The self-compassion approach is used to improve body image, self-esteem, and acceptance and to recognize and reverse the cycle of social anxiety and avoidance.

Conclusion:

Effectiveness of the new intervention is currently being tested within a nationwide, randomized controlled trial. Patient-reported outcomes (such as self-stigma, anxiety, depression, coping, body image) are compared between intervention- and control-group (n=500) across three time points (baseline, after intervention, 6-month follow-up). After positive evaluation, the novel online-intervention will be disseminated to all dermatologists and general practitioners in Germany. Furthermore, physicians from other specialties involved in health care (e.g. rheumatologists for psoriasis; gynaecologists for HS) and the respective patient organizations will be approached. Through them, each patient with need for the intervention will get free access. With such nationwide dissemination it can be guaranteed that a huge majority of eligible patients will be reached. Subsequent to this project, the online-intervention, particularly the skin-generic modules are ready to be adapted for further dermatological diseases and age-groups (such as children and adolescents) in order to improve the psychosocial health care of further patient groups at risk of stigmatization.

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Abstract N°: 3906**Red Scrotum Syndrome: A Self-Diagnosed Case Treated with Carvedilol**

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Introduction & Objectives:**Materials & Methods:****Results:**

Red scrotum syndrome (RSS) is a rare condition characterized by persistent, treatment-resistant erythema and dysesthesia of the scrotum. We present a case in which the patient self-diagnosed and self-treated RSS using carvedilol.

Despite seeking medical help for over a year, a 65-year-old man with persistent scrotal erythema and burning pain did not experience relief from prescribed topical steroids and antifungal agents. The patient, unrelated to the medical field, delved into an online search of his symptoms. He stumbled upon an open-access case report that recounted a triumph in treating RSS, utilizing carvedilol. Without a prescription or medical supervision, he obtained carvedilol and started it mirroring the dosage detailed in the case report—6.25 mg/day. He consulted our department after completing a four-week course of treatment, reporting significant improvement in his symptoms. A cardiac evaluation was performed, and no adverse effects were observed. A follow-up examination, conducted one month after the cessation of treatment, revealed the patient to be completely free from any lingering pain. Erythema, although discrete, was still present.

RSS is a rare condition that usually affects elderly men. Its etiology remains unknown, although a link to prolonged use of topical steroids has been reported. RSS has also been proposed as a variant of localized erythromelalgia. It is characterized by an intense burning sensation and pain. Pruritis is typically absent. Clinically, we observe well-defined erythema on the anterior scrotum, often sparing the median raphe. Notably, there should be no presence of scale, lichenification, or signs of excoriation. A thorough evaluation is necessary to rule out other potential causes of scrotal rash, such as contact dermatitis, syphilis, psoriasis, tinea cruris, and syphilis. Various treatment options have been documented for RSS, including topical calcineurin inhibitors, gabapentin, pregabalin, doxycycline, and carvedilol. However, it is crucial to avoid inappropriate application of topical steroids, as they can exacerbate RSS and prolong its course. Limited reports have highlighted the efficacy of carvedilol in treating refractory RSS. The underlying mechanism involves vasoconstriction of cutaneous arteries. The case at hand raises important concerns about self-diagnosis, self-treatment, and the accessibility of medication without proper medical oversight. The patient's decision to self-diagnose and treat himself with carvedilol, a prescription medication, highlights a worrisome trend that likely occurs more frequently than we realize. Fortunately, in this case, the patient did not experience any side effects. However, it is important to note that carvedilol carries certain risks, particularly in diabetic elderly men, where it can mask symptoms of hypoglycemia. Furthermore, the case underscores a knowledge gap among physicians regarding RSS, leading to a year-long ordeal for the patient without an accurate diagnosis.

In summary, implementing stricter regulations on drug sales, and increasing physician awareness on rare disorders can lead to improved patient outcomes and minimize situations where individuals are left to navigate complex medical decisions on their own.

Conclusion:

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Abstract N°: 3993**When pandemic leaves you alone with a mirror**

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Introduction & Objectives: Dermatitis artefacta (DA), also known as factitial dermatitis, is a condition whereby self-induced skin damage is the means used to satisfy a conscious or unconscious desire to assume the sick role. DA is more common than reported due to lack of recognition, along with diagnostic difficulty, with patients rarely admitting their role in development of the cutaneous lesions. It is particularly common in women, patients in early adulthood, and those with an underlying psychiatric diagnosis or external stress. Management of DA is challenging. A dogmatic, aggressive approach can lead to breakdown of the physician-patient relationship and therefore a non- confrontational interaction should be employed.

Materials & Methods: A 51-year-old male, with medical history of fibromyalgia, first presented at dermatology department with a previous medical and histologic report of folliculitis and no visible lesions. At the next visit he presented with excoriating lesions on the cheek after a break-up and diagnosis of factitious dermatosis was made. He was referred to psychiatry. At the time of his appointment, the pandemic closed all the scheduled agendas, so he was left with no treatment during the next months. He lived alone during the pandemic, so the lesions got worse, and when he was attended, he had to use occlusive dressing for social interaction. Diagnosis of adaptive disorder with anxiety, obsessive-compulsive manifestation was made. Treatment with fluoxetine, lorazepam and gabapentin was initiated. Great improvement was observed initially with close follow-up and wound care. Adequate dressing and 48-72 h appointments not allowing manipulating his face were of great help, with a great improvement during the next months. Four years later, he is currently still in follow-up, but he can leave his face uncovered, although not totally recovered.

Results: Factitious dermatosis is a dermatosis sometimes not recognized that we must suspect when we see linear lesions or lesions not recognized in known cutaneous dermatosis. It is important a psychiatry approach and, as in this case, a close wound care that helped the cutaneous and mental wellbeing.

Conclusion: Management of DA should adopt a multidisciplinary team approach composed of dermatologists and mental health professionals.



Abstract N°: 4152**Associations between disease burden and mental health outcomes in male and female patients with anogenital psoriasis: the mediating role of social avoidance and cognitive distraction coping**Neuza Da Silva¹, Matthias Augustin¹, Rachel Sommer¹¹University Medical Center Hamburg-Eppendorf, Institute for Health Services Research in Dermatology and Nursing, Hamburg, Germany**Introduction & Objectives:**

Anogenital psoriasis has been associated with decreased quality of life (QoL), more sexual impairments and high rates of depression. However, the psychological mechanisms through which the burden of disease influences mental health outcomes are still unclear. This study aimed to (1) compare the disease burden, coping strategies, and mental health outcomes between male and female patients with anogenital psoriasis; (2) to investigate the associations between disease burden and mental health outcomes, directly and indirectly via coping strategies; and (3) to test the moderating role of sex on these links.

Materials & Methods:

This multicentre study had a cross-sectional design and included German patients aged ≥ 18 years with moderate to severe psoriasis. For this study, patients with current anogenital lesions, as defined by physicians' report, were selected. The physicians assessed the severity of anogenital psoriasis (PASI; sPGA-G), while patients completed standardized questionnaires on QoL, perceived stigmatization, sexual impairments, coping strategies of social avoidance and cognitive distraction, depression, anxiety and body dysmorphic concerns. Moderated mediation models were conducted with Macro PROCESS for SPSS, model 59, with 5000 bootstrap samples and 95% confidence interval (CI) and included sPGA-G and regular sexual contact as covariates.

Results:

Participants were 161 patients with anogenital psoriasis (64.6% male; age = 42.73 ± 13.43 ; PASI = 7.57 ± 6.88 ; sPGA-G = 2.30 ± 0.95). Comparative analyses (Table 1) showed no significant differences in QoL impairments or perceived stigmatization between sexes, but women had significantly more sexual impairments, presented more often social avoidance and cognitive distraction as coping strategies, and reported more symptoms of anxiety, depression and body dysmorphic concerns. More QoL impairments were directly associated with more depression and indirectly associated with more dysmorphic concerns, via social avoidance, independently of sex (Figure 1). Higher levels of perceived stigmatization were indirectly associated, via social avoidance, with more depression, independently of sex; with more anxiety, for male patients; and with more dysmorphic concerns, for both sexes, with stronger associations for men (Figure 2). More sexual impairments were indirectly associated, via social avoidance, with more depression and dysmorphic concerns, independently of sex; and with more anxiety, for men; they were also indirectly associated, via cognitive distraction, with more dysmorphic concerns, for women (Figure 3).

Conclusion:

Women with anogenital psoriasis were particularly vulnerable to poorer mental health outcomes. These were not only a direct function of disease burden, but also reflected sex-specific coping processes. The psychological coping mechanisms are modifiable variables that can be addressed in multidisciplinary patient-centred healthcare, in order to improve patients' overall health.

Table 1 | Comparison of patient-reported outcomes (PROs) of disease burden, coping strategies and mental health outcomes between male and female patients with psoriasis, with and without anogenital involvement (n = 161).

	Male	Female	F	p
	M ± SD	M ± SD		
PROs of disease burden				
QoL impairments [DLQI]	10.66 ± 7.40	11.38 ± 7.20	0.50	0.824
Perceived stigmatization [PSQ]	1.13 ± 0.54	1.19 ± 0.71	0.14	0.711
Sexual impairments [RSS]	18.53 ± 6.18	20.10 ± 6.88	4.51	0.035
Coping strategies				
Social avoidance [MHF]	2.51 ± 1.06	2.92 ± 1.10	4.30	0.040
Cognitive distraction [BACDS]	1.50 ± 1.57	2.47 ± 1.64	13.35	<0.001
Mental health outcomes				
Depression [PHQ-2]	1.93 ± 1.61	2.60 ± 1.85	4.40	0.038
Anxiety [GAD-2]	1.54 ± 1.46	2.23 ± 1.83	6.10	0.015
Dysmorphic concerns [DCQ]	7.24 ± 4.56	9.50 ± 4.91	6.64	0.011

BACDS: Body Appearance Cognitive Distraction Scale (range 0-5); DCQ: Dysmorphic Concern Questionnaire (range 0-21); DLQI: Dermatology Life Quality Index (range 0-30); GAD-2: General Anxiety Disorder (range 0-6); MHF: Marburger Haut-Fragebogen (range 1-5); PHQ-2: Patient Health Questionnaire (range 0-6); PSQ: Perceived Stigmatization Questionnaire (range 0-4); RSS: Relationship and Sexuality Scale (range 0-36).
 F: Univariate analysis of covariance, including the Static Physician's Global Assessment of Genitalia (sPGA-G) and regular sexual contact as covariates.

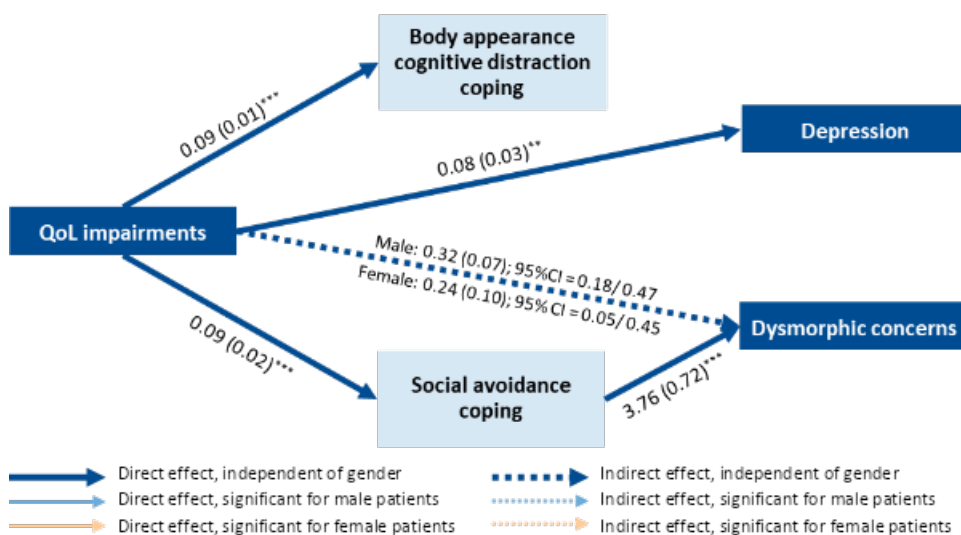


Figure 1 | Direct and indirect associations between QoL impairments and mental health outcomes, via coping strategies of social avoidance and cognitive distraction, moderated by sex.

Notes: Only significant paths are displayed. Figures represent unstandardized coefficients and standard error [b (SE)].
 *p ≤ 0.05; **p ≤ 0.01; ***p ≤ 0.001.

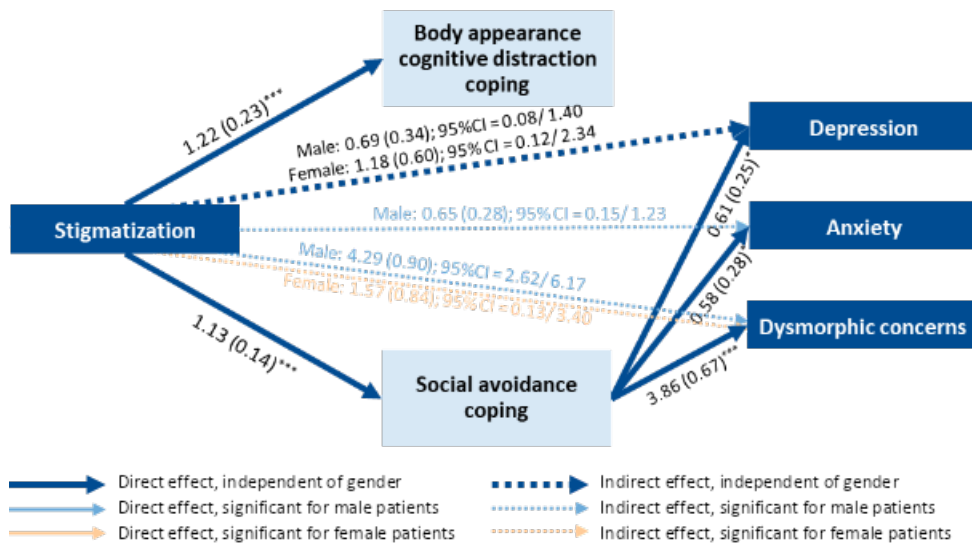


Figure 2 | Direct and indirect associations between perceived stigmatization and mental health outcomes, via coping strategies of social avoidance and cognitive distraction, moderated by sex.

Notes: Only significant paths are displayed. Figures represent unstandardized coefficients and standard error [b (SE)]. *p ≤ 0.05; **p ≤ 0.01; ***p ≤ 0.001.

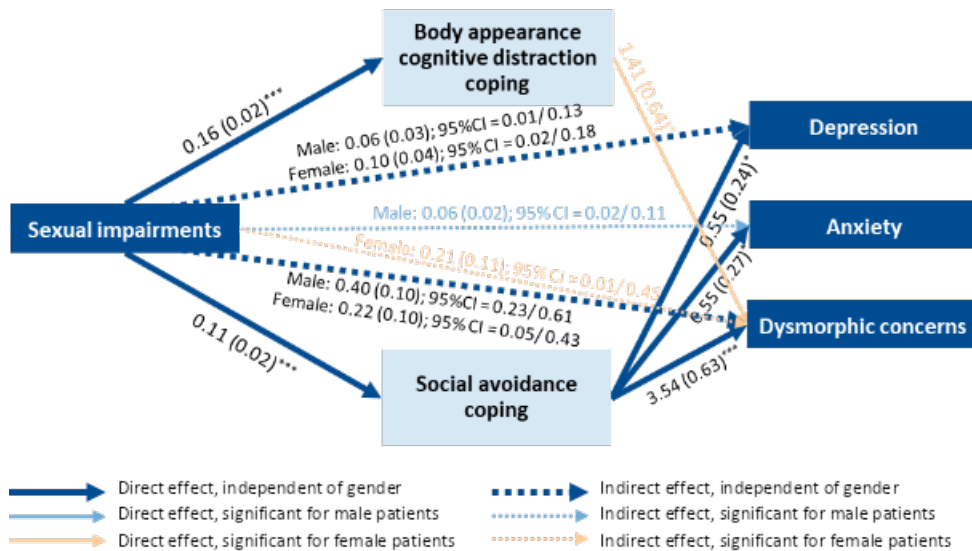


Figure 3 | Direct and indirect associations between sexual impairments and mental health outcomes, via coping strategies of social avoidance and cognitive distraction, moderated by sex.

Notes: Only significant paths are displayed. Figures represent unstandardized coefficients and standard error [b (SE)]. *p ≤ 0.05; **p ≤ 0.01; ***p ≤ 0.001.

Abstract N°: 4170

Assessment of hair loss and skin changes during treatment in Asian breast cancer patients: A prospective cohort study

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Introduction & Objectives:

The number of breast cancer patients is increasing worldwide, particularly among young women in Asia. Breast cancer survivors are often concerned about the side effects of treatment, such as hair loss and skin changes, as well as the overall burden of the disease.

This study aims to evaluate the degree of hair loss and skin changes and compare them according to the treatment regimens in breast cancer patients.

Materials & Methods:

This prospective cohort study enrolled 322 patients scheduled for surgery treated with neoadjuvant or adjuvant treatment. Patients who were expected to receive adjuvant treatment were divided into the endocrine therapy, targeted therapy, taxane-based chemotherapy, and chemotherapy other than taxane-based chemotherapy groups. Patients who received neoadjuvant treatment were divided into the following two groups: those who received taxane-based chemotherapy without targeted therapy, and those who received taxane-based chemotherapy with targeted therapy. Hair loss and skin changes were objectively assessed at the following two time points: one day before surgery and 6 months after surgery.

Results:

In the adjuvant treatment group (n = 178), taxane-based chemotherapy was associated with increased hair loss, melanin index, and the volume of wrinkles at the 6-month follow-up (p < 0.0001, p = 0.0110, and p = 0.0371, respectively). In the neoadjuvant treatment group (n = 64), hair loss was reversed in most patients at 6 months after completion of treatment

Conclusion:

Breast cancer patients receiving taxane-based chemotherapy could experience more hair loss, darkening of the skin and worsening of wrinkles compared to those receiving other treatments.



Abstract N°: 4220

Prevalence and risk factors of selfie phobia in people with facial skin or hair conditions : Data from the All Skins-All Colors-All Dermatoses: the ALL PROJECT

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Introduction & Objectives:

Social media have given rise to new forms of self-presentation, in particular the posting of “selfies” (1). People most often transmit selfies in which they appear favorably (2). At the same time, a selfie phobia has developed (SP) which refers to a fear or aversion to taking selfies. Information on the experience of SP in participants with facial skin conditions (FSC) and/or hair conditions (HC) is lacking. The objective of this study was to investigate and compare the predictors of SP in participants with FSC and HC.

Materials & Methods:

This online survey was conducted on a representative sample of the population from 18 countries, aged 18 years or more. The questionnaire gathered information about demographics, about any dermatological condition that occurred in the past 12 months and about any feelings of stigma.

Responders were considered to be suffering from SP if they reported that their FSC and /or HC has already prevented them from taking a selfie. A comparison of SP and non-SP patients was used to evaluate SP predictors: socio-demographic, clinical parameters, psychological impact on self-perception, relationships, daily life and social or professional life.

Descriptive analyses using absolute and percentage frequencies were performed. The test of significance was two-sided and established at 5% ($p \leq 0.05$). Student's t test and Pearson's Chi-squared were performed to compare subjects with reported SP and those with non-SP.

Results:

A population of 12744 people was identified, constituted as follows: 7332 (57.5%) HC, 1840 (14.4%) FSC and 3572 (28%) FSC+HC. There were 5305 males (41.6%) and 7439 females (58.4%) aged 38.12 +/- 14.03 years (min 18 - max 87). In total, there were 5712 (44.8%) responders who reported SP with respectively 3131 HC, 700 FSC and 1881 FSC+HC. The percentage of participants suffering from SP was respectively 42.7% for HC, 38.0% for FSC and 52.7% for FSC+HC. There were 7032 (55.2%) participants considered as non-SP.

Those suffering from SP were younger (37.07 vs 41.40, $p \leq 0.05$). Female gender was associated with a higher risk of SP (female 47.3% vs male 41.2%, $p \leq 0.05$) . (Table 1). Obesity defined as BMI greater than or equal to 30 kg/m² was not associated with a higher risk of SP (41.3 vs. 44.9%, NS).

Considering FSC, the prevalence of SP was more frequent in responders with rosacea than in those with acne (62.0% vs. 56.6% $p \leq 0.05$) or atopic dermatitis (62.0% vs. 41.6% $p \leq 0.05$). The prevalence of SP was also more frequent with vitiligo than in those with hyperpigmentation (71.4% vs 53.8%, $p \leq 0.05$). The presence of facial scars was associated with a higher risk of SP (47.5% vs 36.8 %, $p \leq 0.05$). The prevalence of SP was significantly higher in those with more than 3 facial scars than in those with 1 or 2 facial scars

(60.9% vs 43.6%, $p \leq 0.05$).

Considering HC, the prevalence of SP is more frequent in cases of greasy hair (42.9% vs 26.9% $p \leq 0.05$), dandruffs (54,2% vs 19.5% . $p \leq 0.05$) or unusual hair loss (43.0% vs 34.6%, $p \leq 0.05$)

Feelings of stigma were more common in SP (Table 2).

Conclusion:

This is the first study to establish the prevalence of SP in people with dermatological conditions. The higher prevalence in younger people and women can be due to body image issues (3-4). The higher prevalence of SP associated with FSD and HD is explained by facial dissatisfaction. People with SP experience significantly more frequent feelings of stigma due to their skin condition which can negatively impact a person's social life. Dermatological healthcare needs to be improved.

Abstract N°: 4334**Gender differences in body dysmorphic disorders in skin conditions**

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Introduction & Objectives:

Body dysmorphic disorder (BDD) is a psychiatric condition characterized by an excessive concern about perceived defects in physical appearance. BDD is more frequent in dermatological settings, with prevalence rates ranging from 4.9% to 36%, than in the general population, where the prevalence has been estimated around 2%. In fact, although patients with BDD may be preoccupied with all parts of the body, skin, hair, and nose are the most frequent areas of concern. Some gender differences have been observed in BDD. For example, women are more likely to report concerns regarding their weight, body shape, and facial features, while men tend to be more preoccupied with muscle size and hair loss. We aimed to delve deeper into BDD gender differences, analyzing them according to several sociodemographic, clinical, and psychological variables.

Materials & Methods:

This is a cross-sectional study conducted in 17 European countries (22 centres) on consecutive dermatological patients aged ≥ 18 years. BDD symptoms were measured using the Dysmorphic Concern Questionnaire (DCQ), a validated, self-reported screening instrument based on DSM-IV criteria, including 7 items, with answers on a 4-point scale (0-3). The optimal cutoff score to classify patients with BDD in dermatological conditions is 14.

Results:

Participants with skin conditions enrolled in the study were 5847. Of them, 5290 (90.5%) completed the BDD questionnaire. Women were 56.8% of the sample. Mean (sd) age of men was 49.3 (17.9) years and of women 47.7 (17.2) years. BDD symptoms were reported by 10.5% of patients, 7.7% of males and 12.7% of females (chi-square test, $p < 0.001$). With few exceptions, in all categories of sociodemographic, clinical and psychological variables (Table 1) mean scores were significantly higher in women than in men. Mean DCQ scores were also higher in women for most skin conditions, i.e., acne, allergies, atopic dermatitis, benign tumours, malignant melanoma, metabolic and systemic disease, nevi, non-melanoma skin cancer, prurigo, psoriasis, psychodermatological conditions, rosacea, scaly conditions, urticaria, and vitiligo. In men the logistic regression model with DCQ (cutoff 14) as the dependent variable showed that BDD symptoms were negatively associated with age, and positively associated with education level, stress, stigma, anxiety, and suicidal ideation. In women DCQ symptoms were negatively associated with age, and positively associated with stress, stigma, and depression.

Conclusion:

In a large population with dermatological conditions, BDD was more frequent in women than in men in all categories of sociodemographic, clinical and psychological variables. Some differences were observed between men and women in the association between BDD and psychological conditions. This shows that BDD may have different characteristics in men and women. These aspects have to be considered when taking care of a dermatological patient with BDD.

Table 1. Mean DCQ score in men and women according to sociodemographic, clinical, and psychological variables

	Man		Woman		P*	Effect size
	N (%)	Mean (sd)	N (%)	Mean (sd)		
Overall	2268	5.3 (4.8)	2985	6.7 (5.1)	<0.001	0.28
Age (years)						
<39	722 (31.8)	6.5 (4.9)	1003 (33.6)	8.1 (5.3)	<0.001	0.31
39-57	721 (31.8)	5.9 (5.0)	1049 (35.1)	6.9 (5.0)	<0.001	0.20
>57	825 (36.4)	3.6 (4.0)	933 (31.3)	5.1 (4.6)	<0.001	0.35
Marital status						
Single	715 (32.2)	6.0 (4.8)	1009 (34.7)	7.2 (5.4)	<0.001	0.23
With partner	1507 (67.8)	4.9 (4.7)	1896 (65.3)	6.5 (5.0)	<0.001	0.33
Education						
No college	662 (31.0)	4.7 (4.7)	813 (28.9)	5.9 (5.2)	<0.001	0.24
College	680 (31.8)	5.6 (4.8)	905 (32.2)	7.3 (5.2)	<0.001	0.34
University	795 (37.2)	5.6 (4.8)	1095 (38.9)	7.0 (4.9)	<0.001	0.29
Income						
Low	554 (25.1)	6.1 (5.1)	873 (30.2)	7.1 (5.5)	0.001	0.19
Middle	1413 (64.1)	5.1 (4.6)	1787 (61.8)	6.6 (4.9)	<0.001	0.31
High	236 (10.7)	4.5 (4.8)	230 (8.0)	6.6 (4.9)	<0.001	0.43
BMI						
<18.5	21 (0.9)	8.3 (7.0)	93 (3.2)	7.1 (5.5)	0.634	0.19
18.5-24.9	754 (33.8)	5.4 (4.7)	1270 (43.1)	6.7 (5.0)	<0.001	0.27
25-29.9	928 (41.6)	5.0 (4.8)	845 (28.7)	6.4 (5.0)	<0.001	0.29
≥30	529 (23.7)	5.5 (4.8)	736 (25.0)	7.2 (5.2)	<0.001	0.34
Clinical severity						
Mild	955 (43.6)	4.3 (4.3)	1084 (37.8)	5.9 (4.7)	<0.001	0.35
Moderate	883 (40.3)	5.8 (4.9)	1292 (45.1)	6.9 (5.0)	<0.001	0.22
Severe	354 (16.1)	7.0 (5.2)	489 (17.1)	8.4 (5.8)	<0.001	0.25
Visible area	1660 (74.1)	5.6 (4.8)	2150 (72.7)	7.2 (5.2)	<0.001	0.32
Itch	1390 (61.8)	6.0 (4.9)	1825 (61.8)	7.4 (5.2)	<0.001	0.28
Comorbidities	1040 (46.9)	5.1 (4.8)	1382 (40.5)	6.6 (5.2)	<0.001	0.30
Stressful event	887 (40.5)	6.4 (5.2)	1398 (47.9)	7.7 (5.3)	<0.001	0.25
Depression	471 (21.2)	8.0 (5.5)	834 (28.5)	9.1 (5.6)	<0.001	0.20
Anxiety	469 (20.7)	8.4 (5.5)	890 (30.3)	9.2 (5.5)	0.016	0.14
Stigma (PSQ≥14)	1168 (53.0)	6.7 (5.2)	1534 (52.6)	8.3 (5.4)	<0.001	0.30
Suicidal ideation	366 (16.4)	7.6 (5.7)	534 (18.1)	9.1 (5.5)	<0.001	0.27
VAS EQ-5D						
≥75	1183	4.1 (4.1)	1289	5.5 (4.6)	<0.001	0.32
60-74.9	564	6.0 (4.9)	819	7.0 (5.1)	<0.001	0.20
50-59.9	223	6.5 (5.1)	438	7.3 (5.1)	0.058	0.16
<50	298	7.7 (5.3)	430	9.3 (5.7)	0.001	0.29

*from Mann-Whitney non-parametric test



Abstract N°: 4570**Sleep quality impairment in patients with Alopecia Areata: A controlled cross-sectional study.**

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Introduction & Objectives:

Alopecia Areata (AA) is a chronic condition which has been associated with poor quality of life and mood status disturbances. The aim of this study is to compare the sleep quality between AA patients and controls, and to analyze the impact of poor sleep quality on patients with AA regarding mood status disturbances, quality of life and sexuality.

Materials & Methods:

A cross-sectional study including patients suffering from mild-to-severe AA and sex- and age-matched healthy controls was performed. Socio-demographic and clinical variables, sleep quality, quality of life, sexual dysfunction, anxiety, depression and personality were collected using validated questionnaires.

Results:

A total of 120 participants (60 patients and 60 controls) were included. Patients with AA showed worse sleep scores than controls ($p=0.003$), as well as higher rates of anxiety and depression ($p<0.05$). After multivariate analysis, worse sleep quality was found to be linked to anxiety, depression, poorer quality of life and type D personality score with independence of disease severity

Conclusion:

Patients with AA have worse sleep quality than healthy controls. Poor sleep quality is associated with anxiety, depression and worse quality of life, therefore being a general marker of poor quality of life. Screening for sleep disturbances in specialized units could be useful to detect patients who could benefit from additional psychological support.



Abstract N°: 4765**Psoriasis severity and dermatology quality of life of children and families living with pediatric psoriasis: a cross-sectional study**Bernadette Iglesia*¹, Mary Charmaine Castillo¹¹Rizal Medical Center, Dermatology, Pasig, Philippines**Introduction & Objectives:**

Psoriasis is a chronic, papulosquamous and immune-mediated inflammatory skin disease that could also occur in the pediatric population, causing physical and psychosocial burden both to the patients and their families. Hence, this study aims to describe the demographics and clinical profile of pediatric psoriasis in the Philippines and to investigate its impact on the Quality of Life (QOL) in afflicted children as well as their family members.

Materials & Methods:

An analytical, cross-sectional study was conducted to determine the association between psoriasis severity components and QOL of children and their families. The study cohort included pediatric patients (4-16 years) diagnosed with psoriasis clinically or with biopsy for at least a year and were managed at a tertiary hospital in the Philippines via Telemedicine or at the Out-Patient Department. Disease severity was measured through Psoriasis Area Severity Index (PASI), total Body Surface Area (BSA) and presence of symptoms. Children's Dermatology Life Quality Index (CDLQI) and Family Dermatology Life Quality Index (FDLQI) were used as outcome measures.

Results:

A total of 60 pediatric psoriasis patients and their family member were included in the study. The most common type of psoriasis was chronic plaque. Among all the age groups, older pediatric patients, particularly adolescents, had higher CDLQI scores (more impaired quality of life). Pruritus was the most prevalent symptom in pediatric patients, however due to the limited sample size in the non-pruritic group, its association with CDLQI and FDLQI was not demonstrated. Notably, the presence of sleep disturbance and joint pains significantly impair the CDLQI and FDLQI. Significantly higher CDLQI and FDLQI scores were also observed in patients with moderate to severe psoriasis as compared to mild. Among the study variables, higher PASI, low family income and the female sex were significantly associated ($p < 0.001$) with higher CDLQI and FDLQI scores. There is also a significant correlation ($p < 0.001$) between CDLQI and FDLQI scores indicating that when CDLQI rises, FDLQI follows suit. This is in contrast to other studies which discovered that psoriasis has a negative impact on the quality of life of affected families regardless of the severity of the ailment and the degree of the child's quality of life impairment.

Conclusion:

Pediatric psoriasis, regardless of severity, has a negative effect on patients and their families. Regarding the study's potential clinical implications, our findings can help physicians determine the effects of psoriasis on daily functioning and wellbeing of the pediatric patients, identify common challenges, and create efficient strategies to address these problems. Their families are also affected by their condition, hence, it is important to screen for possible signs of anxiety and depression for both the patient and the caregiver even during the early stages of the disease. Given that psychological morbidity may be linked to quality of life impairment, this patient population will benefit from a multidisciplinary and combination approach that includes medical therapy, family counseling, and frequent quality of life assessments.

Table 1. Demographic and clinical profile of pediatric patients with psoriasis (N=60)

	Mean ± SD; Median (Range); Frequency (%)
Age, years	11.55 ± 3.75
Early childhood (4-6 years)	9 (15)
Middle childhood (7-11 years)	20 (33.33)
Adolescence (12-16 years)	31 (51.67)
Sex	
Male	28 (46.67)
Female	32 (53.33)
Family income, Php	
8,000 – 15,999	44 (73.33)
16,000 – 31,999	12 (20)
32,000 – 78,999	2 (3.33)
79,000 – 119,999	1 (1.67)
>158,000	
Type of psoriasis	
Chronic plaque	33 (55)
Guttate	16 (26.67)
Scalp	7 (11.67)
Inverse	2 (3.33)
Annular plaque	1 (1.67)

	Mean ± SD; Median (Range); Frequency (%)
Erythrodermic	1 (1.67)
Follicular	1 (1.67)
Pustular	1 (1.67)
Duration of disease, years	3 (0.25 – 12)
PASI score	7.55 (0.50 – 25)
Severity	
Mild	36 (60)
Moderate to severe	24 (40)
Symptoms	
Pruritus	58 (96.67)
Sleep disturbance	30 (50)
Joint pain	20 (33.33)
CDLQI score	13.93 ± 8.27
FDQLI score	17.25 ± 7.28

BSA, body surface area; PASI, Psoriasis Area and Severity Index; CDLQI, Children's Dermatology Life Quality Index (Higher score suggests higher degree of handicap); FDQLI, Family Dermatology Quality of Life Index (The higher score, the more quality of life is impaired)

Table 3. Per-item comparison of CDLQI items across age groups

	Early childhood (n=9)	Middle childhood (n=20)	Adolescence (n=31)	P
	Median (Range)			
1. Over the last week, how itchy, "scratchy", sore or painful has your skin been?	1 (0-2)	1 (0-3)	1 (0-3)	.456
2. Over the last week, how embarrassed, or self-conscious, upset or sad have you been because of your skin?	1 (0-2)	1 (0-3)	2 (0-3)	.088
3. Over the last week, how much has your	0 (0-2)	1 (0-3)	1 (0-3)	.619

Table 2. Quality of life score of patients (CDLQI) and family of patients (FDLQI), by age group

	Min	Max	Mean ± SD	p-value
CDLQI Scores				
All patients	0	31	13.93 ± 8.27	-
Early childhood (4-6 years)	0	20	9.44 ± 6.56	
Middle childhood (7-11 years)	2	31	12.8 ± 9.24	0.084
Adolescence (12-16 years)	4	31	15.97 ± 7.59	
FDLQI Scores				
All Patients	0	30	17.25 ± 7.28	-
Early childhood (4-6 years)	0	23	14.56 ± 7.89	
Middle childhood (7-11 years)	0	27	18.65 ± 7.09	0.377
Adolescence (12-16 years)	1	30	17.13 ± 7.22	

Statistical test used: One-way ANOVA

CDLQ & FDLQI: Higher score suggests higher degree of handicap

	Early childhood (n=9)	Middle childhood (n=20)	Adolescence (n=31)	P
Median (Range)				
skin affected your friendships?				
4. Over the last week, how much have you changed or worn different or special clothes/shoes because of your skin?	1 (0-2)	1 (0-3)	2 (0-3)	.106
5. Over the last week, how much has your skin trouble affected going out, playing, or doing hobbies?	1 (0-3)	1 (0-3)	2 (0-3)	.313
6. Over the last week, how much have you avoided swimming or other sports because of your skin trouble?	0 (0-2)	1 (0-3)	1 (0-3)	.735
7A. If school time: Over the last week, how much did your skin problem affect your school work?	0 (0-1)	0 (0-3)	1 (0-3)	.149
7B. If holiday time: How much over the last week, has your skin problem interfered with your enjoyment of the holiday?	0 (0-2)	1 (0-3)	1 (0-3)	.049
8. Over the last week, how much trouble have you had because of your skin with other people calling you names, teasing, bullying, asking questions or avoiding you?	0 (0-2)	1 (0-3)	1 (0-3)	.107
9. Over the last week, how much has your sleep been affected by your skin problem?	1 (0-2)	1 (0-3)	1 (0-3)	.084
10. Over the last week, how much of a problem has the treatment for	1 (0-3)	1 (0-3)	2 (0-3)	.089

Table 4. Quality of life scores of patients and families, by presence of patient symptoms and disease severity

	CDLQI	FDLQI
	Mean ± SD	
Presence of pruritus***		
Yes	14.22 ± 8.25	17.72 ± 6.91
No	5.50 ± 0.71	3.50 ± 3.54
<i>p-value</i>	.144	.006
Sleep disturbance		
Yes	16.80 ± 8.72	17.37 ± 7.07
No	11.07 ± 6.79	17.13 ± 7.60
<i>p-value</i>	.006	.902
Presence of joint pain		
Yes	18.35 ± 8.52	19.55 ± 7.62
No	11.73 ± 7.28	16.10 ± 6.08
<i>p-value</i>	.003	.083
Disease Severity		
Mild	10.14 ± 6.64	14.94 ± 6.84
Moderate to severe	19.63 ± 7.20	20.71 ± 6.62
<i>p-value</i>	<.001	.002

Statistical test used: Independent t-test

CDLQI: Higher score suggests higher degree of handicap

FDLQI: The higher score, the more quality of life is impaired

Table 5. Univariable and multivariable analysis of demographic factors associated with CDLQI and FDLQI

	CDLQI		FDLQI	
	Adjusted beta coefficient (95% CI)	<i>p</i>	Adjusted beta coefficient (95% CI)	<i>p</i>
Age	0.77 (0.27 to 1.27)	.003	0.04 (-0.42 to 0.51)	.852
Sex				
Male	Reference	-	Reference	-
Female	3.05 (-0.62 to 6.71)	.101	5.29 (1.87 to 8.70)	.003
PASI score	0.56 (0.28 to 0.83)	<.001	0.58 (0.33 to 0.84)	<.001
Duration of disease	-0.45 (-1.06 to 0.15)	.137	-0.51 (-1.07 to 0.05)	.074
Family income, Php				
8,000 – 15,999	Reference	-	Reference	-
6,000 – 31,999	-6.16 (-10.66 to -1.66)	.008	1.73 (-2.47 to 5.92)	.413
≥ Php32,000	-8.25 (-15.43 to -1.07)	.025	-1.39 (-8.08 to 5.30)	.679

CDLQI Adjusted R²=0.3655; *p*<.001

FDLQI Adjusted R²=0.2888; *p*<.001

Table 6. Relationship of QoL Scores to different clinical features of psoriasis

	CDLQI		FDLQI	
	<i>r</i>	<i>p-value</i>	<i>r</i>	<i>p-value</i>
PVAS	0.564	<0.001	0.303	0.019
BSA	0.496	<0.001	0.410	0.001
PASI	0.515	<0.001	0.450	<0.001
FDLQI	0.527	<0.001	-	-

Statistical test used: Spearman rank correlation

Correlation coefficient: 0 independent; 0-0.2 very weak; 0.2-0.4 weak; 0.4-0.6 moderate; 0.6-0.8 strong; 0.8-1.0 very strong; 1.0 perfect

CDLQI: Higher score suggests higher degree of handicap

FDLQI: The higher score, the more quality of life is impaired



Abstract N°: 4804**Clinical characteristics and factors associated with improvement of delusional infestation: A single institution cross-sectional study**Mckayla Poppens^{*1}, Xochitl Longstaff¹, Matthew Yan¹, Jeremy Davis²¹David Geffen School of Medicine at UCLA, Los Angeles, United States, ²Division of Dermatology, Department of Medicine, David Geffen School of Medicine at UCLA, Los Angeles, United States**Introduction:**

Delusional infestation (DI), encompassing delusional parasitosis or delusions of parasitosis, Ekbom syndrome, Morgellons disease, or formication, is a disorder in which patients have fixed false ideation of infestation with animate or inanimate pathogens that causes great suffering for themselves and those around them. As experts in the diagnosis of cutaneous disease, dermatologists frequently encounter these patients. Patients are often resistant to medical evidence and reluctant to pursue psychiatric evaluation. Knowledge about disease presentation and practical treatment is limited.

Materials & Methods:

Here, we present a retrospective cross-sectional analysis of patients diagnosed with DI who were seen by dermatology between March 2013 and December 2022. DI was defined as the perception of a pathogen infestation with abnormal skin sensation without evidence of infestation. Patient demographics, clinical features, prescribed treatments, and response to treatment were analyzed using the Pearson χ^2 test or Fisher exact test, and Mann-Whitney U test for categorical and continuous variables, respectively.

Results:

Over nearly 11 years, 105 patients (47 males, 58 females) presented with delusional infestation; 60.9% were referred for their symptoms. Median delay to presentation, delay to diagnosis, and disease duration were 2.5 months (IQR 0, 9), 8.5 months (IQR 0, 23), and 2 years (IQR 1, 5), respectively. Nearly two-thirds (63.8%) had at least one psychiatric comorbidity and 17.1% a substance use disorder. Of these patients, 43.8% were receiving medical treatment for their psychiatric comorbidities or substance use. Over half (51.4%) received a misdiagnosis by any clinician. Initial diagnosis was 48.6% DI and 19.1% pathogen infestation. A biopsy was used to support the diagnosis in 35.2% of cases. Education and reassurance were provided to all patients, while psychiatric evaluation was recommended to 48.6% of patients. Of the patients who were referred to psychiatry (23.8%), only 11.5% received a psychiatric evaluation. Treatment of DI at diagnosis included antipsychotic (14.3%) and dosing adjustment to existing antidepressants (2.9%), N-acetylcysteine (2.9%), antiparasitic (45.2%), emollient (20%), topical steroid (26.7%), and antihistamine (5.7%) therapies.

In examining disease improvement, 37 patients lost to follow up were excluded from analyses. Of those with continued care after diagnosis, patients seen more frequently by our institution's dermatologists as well as by any dermatologists, were more likely to have improvement or resolution of symptoms, $p=0.039$ and 0.072 , respectively. There was neither statistical difference in presentation characteristics nor treatments when evaluating symptom improvement.

Conclusion:

Although rare, DI is more common in older adults with psychiatric comorbidity. Despite efforts to provide medical

evidence, reassurance and psychiatric evaluation, as well as medical therapies, patients have persistent symptoms. Similar to somatic symptom disorders, close follow up may be the best treatment for patients.

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Abstract N°: 4830

Efficacy of Integrated online mindfulness and yoga training for the patients with psoriasis : A Randomized clinical Trial

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Introduction & Objectives:

Quality of life (QOL) of patients with psoriasis is usually hampered due to chronicity, recurrent nature of the disease and economic burden of the treatment. Mindfulness-based interventions have emerged as unique supplementary approaches for addressing a range of chronic dermatological disorders. Moreover, there is strong evidence about the positive effects of yoga practice on reduction of the stress at molecular level, thus decreasing the inflammatory cascades and signalling. Psoriasis, being an autoimmune multisystem inflammatory disease, requires appropriate therapy, yet more often patients with psoriasis have lower DLQI and higher Zung anxiety scale.

The aim of this study was to assess the effectiveness of an intervention based on mindfulness-based stress reduction and yoga for improving quality of life of patients with psoriasis. To our knowledge, usefulness of mindfulness and yoga practices has not been evaluated for psoriasis patients.

Materials & Methods:

Design, setting, and participants: This randomized clinical trial conducted for 2 years included patients with psoriasis (irrespective of type of the psoriasis) whose PASI score was greater than 5 (moderate to severe) and Dermatology Life Quality Index (DLQI) score, a skin disease-specific QOL measure, was greater than 6 (corresponding to moderate or greater impairment). Patients were included in the study from the dermatology OPD of the tertiary care centre in western India. **Interventions:** Participants were randomized 1:1 to receive (group A) twelve 60-minute weekly group sessions of online mindfulness and yoga or (group B) to a waiting list. Both of the groups were allowed to continue any dermatological treatment for the psoriasis. **Main outcomes and measures:** The primary outcome was the change in the DLQI score from baseline to week 13. Secondary outcomes included improvements in PASI score, mindfulness, psychological symptoms, and participants' compliance to dermatologist-advised treatments.

Results:

The study randomized 312 participants to the intervention group (n = 161) or the waiting list (n = 151).

The overall mean age (SD) was 41.2 years, 57.7 % were women and the mean duration (SD) of the disease was 13.7 years. Among the intervention group, 296 (94.9%) attended 6 or more of the 12 sessions, and 302 of all participants (96.8%) completed the assessment at 13 weeks. The intervention group A showed greater improvement in the DLQI score at 13 weeks (between-group difference estimate, -6.34; 95% CI, -8.27 to -4.41; $P < .001$). The standardized effect size (Cohen d) at 13 weeks was -1.09 (95% CI, -1.3 to -0.64). All secondary outcomes showed greater improvements in the intervention group than in the waiting list group.

Conclusion:

Mind body therapies are those that focus on the interaction between the mind and the body, with the goal to

influence physical function and impact health. Mindfulness, yoga and self-compassion therapies have been emerging to aid in the overall management of the psoriasis and other chronic dermatological disorders. These interventions have been evaluated in diseases such as atopic dermatitis, psoriasis, trichotillomania, and others. Given the potential benefits, improvements in psychosocial outcomes, and a low risk profile, this should become the integral part of the management of the cutaneous dermatosis. However, large sample size and pragmatic studies are the need of an hour to draw conclusions.

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Abstract N°: 4965**The motivation of patients with skin neoplasms to request a first medical consultation**Alexandra Timofte*¹, Mara Miha^{1, 2}, Ivona Mariuta², Beatrice Balaceanu¹, Calin Giurcaneanu^{1, 2}¹Elias University Emergency Hospital, Dermato-oncology, Bucharest, Romania, ²Carol Davila University of Medicine and Pharmacy, Dermato-oncology, Bucharest, Romania**Introduction & Objectives:**

Skin neoplasms are a major public health issue, with an ever-increasing incidence in recent decades. Worldwide, there is a common effort to decrease the morbidity and mortality caused by skin neoplasia, and as a result, medical education campaigns are a main pillar.

We performed a study to identify the factors associated with the motivation of patients with skin neoplasms (melanoma and non-melanocytic neoplasms - basal cell and squamous cell carcinoma) to request a first medical consultation. We analyzed the important factors that prevent prompt addressability to a specialized medical center, the delay periods from the appearance of the first skin changes to the first medical visit, the variability according to the type of skin neoplasm and the impact on the evolution of the disease.

Materials & Methods:

We performed a descriptive, cross-sectional study on a group of 66 patients diagnosed with non-melanocytic skin neoplasms (basal cell and squamous cell carcinoma) and melanoma, admitted to the hospital, between January 2017 and July 2021. The data used in this study was taken from the patients' admission medical records, from the discharge medical records, from the histopathological examination documents and also from the individual questionnaire completed by the patients.

Results:

Regarding the first symptom of the neoplasm, 42.42% of patients were alarmed by the appearance. 15.15% of patients noticed bleeding for the first time, 10.61% of them had itching in the area of the skin neoplasm and 7.58% noticed an ulceration. Pain was felt for the first time in only 6.06% of cases, whereas 4.55% reported swelling as an early sign. It should be noted that 12.12% of patients did not present any symptoms.

Most patients (40.91%) delayed presenting to the doctor because they considered the suspicious lesion to be unimportant. What is worth mentioning is the fact that 31.82% of the patients stated that they did not delay the presentation to the doctor. Furthermore 7.58% of patients delayed their presentation to the doctor because they believed that the lesion will disappear.

We observed that the average waiting time between the appearance of the first symptoms and the first specialist medical visit is longer in the case of patients with non-melanocytic carcinomas compared to those with melanoma (1159 days vs 786 days).

Conclusion:

In conclusion, the results of our study support the importance of understanding the reasons why patients seek help from a medical specialist and how to contribute to the optimization of medical education campaigns in order to provide an early diagnosis of these important skin diseases.

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Abstract N°: 4985

The Immunotherapy Experience: A qualitative study on the experiences and unmet care needs of patients with stage III and IV melanoma receiving immunotherapy

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Introduction & Objectives: Despite the increased use of immune checkpoint inhibitors (ICIs) among stage III and stage IV melanoma patients, there is still limited understanding of how these patients experience (the impact of) immunotherapy. The aim of the current study is to gain an in-depth understanding of stage III and stage IV melanoma patients' experiences with ICIs, and their associated unmet needs.

Materials & Methods: A qualitative study was conducted consisting of 26 interviews and 1 focus group with 9 patients who received in the adjuvant setting after complete resection of stage III melanoma and in the metastatic setting for stage IV melanoma. Purposive sampling was used to reach variation in terms of sex, time since discontinuation of treatment, and impact of ICIs in both groups. A topic guide was used to structure the (group) interviews, which were transcribed verbatim and analysed in a thorough reflexive thematic content analysis.

Results: Three main themes were identified for both groups of patients: 1. Dealing with uncertainty in decision making process, 2. Navigating the immunotherapy course and 3. Looking back on the immunotherapy experience. When *dealing with uncertainty during the decision-making process* stage III patients, in particular, explored the pros and cons extensively, whereas stage IV patients viewed immunotherapy as their only viable opportunity that they had to seize. Both groups expressed the need for additional tailored guidance during this process. While *navigating the immunotherapy course*, both groups experienced ICI treatment as an intense trajectory, which involved dealing with side effects and the impact on daily life, also for their (close) relatives. They often experienced a feeling of being a patient due to the treatment and expressed the need to (re)gain control e.g., through psychosocial support and adopting a healthy lifestyle. In *looking back on the immunotherapy experience* patients with stage IV generally felt relieved at discontinuation of treatment, while among stage III patients feelings of doubt regarding their choice for ICIs were also reported.

Conclusion: The immunotherapy experience is characterised by an intensive trajectory for both groups of patients. Patients with stage III melanoma generally adopt a broad perspective in terms of gathering information and needing more time to do so, while also discussing their choice with others, compared to patients with stage IV who perceive ICI treatment as a necessary safety line that provides certainty. To enable patients to regain control during treatment, efforts should be focused on tailored provision of information about ICIs and guidance in decision-making, as well as psychosocial support during treatment that should be adaptable to match individual care needs.

Abstract N°: 5051

Use of meditation: what about in dermatology? Data from the All Skins-All Colors-All Dermatoses: the ALL PROJECT

Sarah Pariente^{*1}, Yaron Ben Hayoun², Charles Taieb², Catherine Baissac³, Marketa Saint Aroman³, Bruno Halioua¹

¹Dermatologist, ²EMMA, ³Pierre Fabre

Introduction & Objectives:

Meditation is an age-old practice that has gained popularity in recent decades due to its many benefits to health and well-being. It offers a holistic approach to managing illnesses, particularly those of the skin. Meditation involves focusing the mind and increasing awareness of the present moment. It promotes deep relaxation, reduces stress and anxiety, and improves sleep quality. These positive effects have a significant impact on general health, including skin health. Chronic stress can aggravate skin problems such as acne, eczema, psoriasis and other skin conditions. Meditation helps to reduce stress by regulating the nervous system and lowering levels of the stress hormone cortisol. As a result, it can reduce the inflammatory symptoms associated with many skin conditions.

Materials & Methods:

The ALL PROJECT involves 50,552 individuals, representative of the adult populations of 20 countries spread over all five continents. In each of the 20 countries surveyed, we conducted a population-based study on representative and extrapolable samples of the general population aged 16 years or more.

After identifying individuals with skin disease, we asked about the use of meditation for skin disease.

Results:

A total of 17,627 individuals claimed to have a skin condition diagnosed by a doctor, for a prevalence of 34.86%. Of these, 9.40% (n=1653) confirmed the use of meditation for the management of their skin disease. No gender difference was observed [male: 9.13% vs female 9.56%, p value: 0.33]. On the other hand, meditation seems to be a generational issue; in fact, 9.89% of the 16-34-year-olds acknowledge the use of meditation for their skin disease, 4.45% of the 35-54-year-olds and 2.29% of the 55-year-olds and over P<0.00001. Moreover, we observe that if 80% of the patients who do not use meditation declare that they have never been in contact with a patient association, they are only 43% of those who claim to use meditation. Similarly, while 17% of those who use meditation admit to having consulted a psychologist in connection with their skin disease, only 3.75% of the others have done so. Thirteen percent of nonmeditation respondents claim not to feel the need to discuss their illness, compared to 3% of those who claim to use meditation.

Conclusion:

It is noteworthy that individuals who use meditation for their skin condition are more likely to have been in contact with patient associations and have sought psychological support compared to those who do not use meditation. This indicates a potential link between meditation, engagement with support networks, and holistic approaches to well-being. Additionally, individuals who use meditation are more likely to express a need to discuss their illness, highlighting the potential benefits of meditation in fostering open dialogue and emotional well-being among patients.

Overall, these findings underscore the growing recognition of meditation as a viable approach for managing skin conditions, regardless of gender. The generational differences suggest a need for targeted interventions and

awareness campaigns to promote meditation as a beneficial strategy for individuals of all ages dealing with skin diseases.

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Abstract N°: 5075**Are quality of life limitations of patients with PSO underestimated by the DLQI?**Anna Langenbruch^{*1}, Valerie Andrees¹, Matthias Augustin¹¹University Medical Center Hamburg-Eppendorf (UKE), Institute for Health Services Research in Dermatology and Nursing (IVDP), Hamburg, Germany**Introduction & Objectives:**

The Dermatology Life Quality Index (DLQI) is an internationally very common health-related quality of life (HRQoL) instrument for skin diseases. In this questionnaire, the patients have the option to rate 8 out of 10 items as “not relevant”, which according to the manual should be treated as “no quality of life impairment”. Considerable weaknesses of the DLQI in patients with psoriasis (PSO) were already demonstrated and new ways to deal with in particular “not relevant” responses (NRRs) were suggested. The aim of this project was to analyse characteristics of the DLQI in real-world care of psoriasis in four European countries – in particular when it comes to NRRs. Furthermore, we wanted to find out if alternative DLQI scores based on a different handling of crucial patient statements correlate more strongly with other criteria for disease burden than the original DLQI version.

Materials & Methods:

Data from six distinct observational studies from four countries (Germany, Poland, Spain, Denmark) were analysed and the frequencies of NRRs in the DLQI were determined. Disease severity (PASI) and subjective health state (EQ VAS) were compared between patients with an NRR and those who had answered “HRQoL was not at all impaired” per DLQI item. Potential predictors for the number of NRRs were tested by linear regression analysis. Alternative DLQI scores based on a different handling of crucial patient statements were compared to the original version in terms of correlations with other outcomes on disease burden.

Results:

4,194 patients (mean age 51 years, 43% female) were included. Overall, the three German studies had the highest number of “not relevant” statements per patient. Most “not relevant” answers were given to questions on sports (22.9%), work/study (21.2%), and sex life (20.7%). The mean disease severity was higher and the mean subjective health state was lower in patients who answered “not relevant” to these questions than in patients who stated that their skin problem has not affected this aspect of life. Higher age, female gender, being single and not having a job were predictors for a higher number of “not relevant” statements in the DLQI questionnaire. Disease severity and subjective health state did not add anything to the variance explanation. The correlations of alternative DLQI score calculations with external criteria (PASI, EQ VAS) showed little difference to the original version.

Conclusion:

The shortcomings of the DLQI sum score in measuring HRQoL in patients with PSO have appeared evidently since a marked proportion of patients have NRRs and are thus treated like having no quality of life impairments in these life domains. Alternative solutions for building the DLQI sum score based on different handling of NRRs in particular, however, have not shown higher correlations with other criteria for disease burden. Hence, the further use of the original DLQI version is recommended.

Abstract N°: 5283

A cutaneous pathomimia mimicking acne

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Introduction & Objectives:

The cutaneous pathomimia is a disease self-produced in a state of clear conscience by the patient himself, at the level of his cutaneous-mucosal coating or of his phaneres. It is characterized by lesions maintained to satisfy a psychological need of which the patient is not conscious. We report a case revealed by lesions of the face.

Observation:

A 20-year-old female patient, with no notable pathological history, consulted for facial lesions evolving for two years. The patient had consulted previously, and was diagnosed and treated as acne without improvement.

The clinical examination revealed several erosive lesions on an erythematous background with hyperpigmentation of the peri-lesional skin, involving both cheeks, the perioral area and the chin. The hormonal balance was normal and the serologies of syphilis and HIV were negative. In view of the clinical aspect of the lesions, their chronic nature, and the non-response to treatment, a biopsy was carried out, showing non-specific lesions. The evolution was marked by the complete healing of the lesions with healing cream under occlusive dressing. The examination by a psychiatrist, confronted with the clinical and evolutionary data, concluded that the lesions were pathomimic.

Discussion:

Pathomimia is a self-induced skin disease following a psychological suffering. It is one of the most complex diagnostic problems because of the multiplicity of its clinical aspects. In our patient, the layout and location of the lesions mimicked acne. It is a diagnosis of elimination based on a number of arguments: young age, location in accessible areas, the location in accessible areas, lesions not belonging to any known skin condition, and skin condition, normal paraclinical tests and the presence of positive psychological arguments. Collaboration between dermatologist and psychiatrist is essential in order to elaborate a common therapeutic project. Hospitalization is sometimes necessary in order to remove the patient from his environment, which may be the source of his disorders, and thus improve his treatment.

Conclusion:

Cutaneous pathomimia remains a diagnosis of elimination that must always be considered if the underlying cause is not apparent and that can only be retained with a set of arguments, after having eliminated any other organic affection.

Abstract N°: 5521**Stigmatization and social comfort in the group of dermatological patients.**

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Introduction & Objectives: Because of the visibility of skin lesions and many burdensome symptoms lowered quality of life and stigmatization remain issues that require a thorough investigation in the group of dermatological patients. Many tools were created so far to measure the quality of life in this group of patients. The ones to measure feeling of stigmatization are fewer. One of them is Perceived Stigmatization Questionnaire (PSQ), which together with Social Comfort Questionnaire (SCQ) were created by Lawrence et al. in 2006. Perceived Stigmatization Questionnaire (PSQ) consists of 21 questions, divided into 3 subscales, SCQ consists of 8 questions. The aim of the study was to evaluate perceived stigmatization and social comfort together with other parameters of wellbeing in the group of dermatological patients.

Materials & Methods: PSQ, SCQ, as well as other wellbeing assessing instruments (Beck Depression Inventory, Rosenberg Self-Esteem Scale and Dermatology Quality of Life Index) were distributed among the group of 33 patients hospitalized in the Department of Dermatology, Venereology and Allergology of Wroclaw Medical University, Wroclaw, Poland. The group consisted of 18 women (54.5%) and 15 men (45.5%), 20-71 years old (mean age: 41.61±13.34 years). Most of the patients suffered from psoriasis (12 patients, 36.4%) and atopic dermatitis (9 patients, 27.3%). The other dermatological diseases included mycosis fungoides, parapsoriasis, lupus, morphea, systemic sclerosis, contact dermatitis, porphyria cutanea tarda, dermatomyositis, facial oedema and leg ulcers. The mean duration of the dermatological diseases was 13.4±14.0 months.

Results: Results obtained by the patients in PSQ correlated significantly positively with Beck Depression Inventory ($r=0.546$, $p=0.001$), DLQI ($r=0.491$, $p=0.004$) and negatively with SES ($r=-0.348$, $p=0.047$). The SCQ results correlated significantly negatively Beck Depression Inventory ($r=-0.569$, $p=0.001$), DLQI ($r=-0.462$, $p=0.007$) and positively with SES ($r=0.483$, $p=0.004$). The mean result obtained by the patients in DLQI (13.12±8.15 points) indicated that the dermatological diseases had a very large effect on their life. What is more the mean value obtained by the patients in the Beck Depression Inventory (12.30±9.03 points) indicated mild mood disturbances.

Conclusion: Dermatological patients remain to be a large group of individuals coping with not only lowered quality of life, but also feeling of being stigmatized and with psychological issues such as depression and lowered self-esteem. That is why further studies investigating the extent of these issues are needed. Also, certain steps should be taken in order to provide psychological and social support in this group of patients.

Abstract N°: 5705

Type D personality is associated with worse quality of life in patients with skin diseases: A systematic review

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Introduction & Objectives:

Type D personality (TDp) is characterized by social inhibition and negative affectivity. Poorer outcomes and worse quality of life have been linked to TDp in patients suffering from a variety of diseases. The aim of this review is to summarize the current evidence regarding TDp and skin diseases.

Materials & Methods:

A systematic within the Medline database literature search from its inception to 1st April 2022 was performed. Studies addressing the presence of type D personality, its associated factors, its impact on the outcomes of the disease or the quality of life of the patients were included in the systematic review.

Results:

A total of 17 studies, which included a total of 2973 participants, met the eligible criteria and were included in the review. Acne, hidradenitis suppurativa, psoriasis, melanoma, atopic dermatitis, chronic spontaneous urticaria and pruritic disorders were the main diseases assessed. TDp was more frequent among patients with skin diseases than among controls. TDp was found to be associated with poorer quality of life and higher rates of psychological comorbidities in patients suffering from skin diseases.

Conclusion:

TDp appears to be a marker of patients with increased risk of poorer quality of life and higher rates of psychological comorbidities. The screening for TDp in specialized dermatology units might be beneficial to identify patients more psychologically vulnerable to the consequences of chronic skin diseases.



Abstract N°: 5936

Evolution of quality of life, anxiety and depressive symptoms in a sample of psoriatic patients treated with risankizumab

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Introduction & Objectives:

Psoriasis is a chronic inflammatory and multisystemic disease which can severely impact quality of life in those who suffer from it (1). Currently, the new development of biological drugs, has made a difference on the way the disease and its symptoms are relieved, and this includes the impact on the quality of life and depressive and anxious symptoms (2).

The main objective of this study is to evaluate the impact on quality of life, anxiety and depression in patients with moderate to severe psoriasis which are about to start a biologic treatment. The secondary objective of this study is to assess the long-term evolution on quality of life, anxiety and depression in patients treated with risankizumab for 52 weeks.

Materials & Methods:

In order to establish the impact on quality of life perceived by the patients at the beginning of the treatment with risankizumab, an evaluation with DLQI (Dermatology Life Quality Index) scale was conducted, as well as an evaluation of anxious and depressive symptoms, assessed with HADS scale (Hospital Anxiety and Depression Scale). The same evaluation was conducted when the patient reached 24 and 52 weeks of treatment.

To study and collect the results, Stata 15.0 software was used. Since distribution of the data did not follow a normal distribution, Wilcoxon test was selected as the right model to analyze the data.

Results:

Data from 35 patients was collected. Mean age in the group was 49.6 (SD 15.4).

Results from the initial evaluation reflected by DLQI indicated a mean of 7.33 (SD 1.32), which can be interpreted as a moderate impact on quality of life in these patients. Anxious and depressive symptoms, assessed with HADS, resulted on a mean of 10.07 (SD 6.43), which indicates that this population was on risk to develop an anxiety or depressive disorder.

16 patients reached the year of treatment with Risankizumab. Results on week 52 indicated that impact on quality of life evaluated with DLQI had dropped to 1.29 (SD 1.32), which correlates to a low impact on the quality of life. Differences on the impact on quality of life were significant after a year of treatment with risankizumab ($p < 0,05$). Results on anxiety and depressive symptoms after a year of treatment with risankizumab assessed with HADS indicated a punctuation of 9.31 (SD 5.05), which still indicates that this population can be on risk to develop an anxiety or depressive disorder. No statistically significant differences were found after a year of treatment ($p < 0,05$).

Conclusion:

These results indicate that Risankizumab is a safe and effective treatment to relieve cutaneous symptoms and

reduce the impact on quality of life in psoriasis. However, anxious and depressive symptoms appear to be more resistant to the treatment, possibly due to the profound impact on psychological well-being that the disease produces on these patients. Multidisciplinary approaches that include mental health professionals should be considered when treating psoriatic patients, and a mental health evaluation is recommended in patients with moderate to severe psoriasis.

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Abstract N°: 6005**Dermatozoic delirium or Ekbom syndrome : about two cases**

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Introduction & Objectives:

Dermatozoic delirium or Ekbom's syndrome is characterised by the patient's delusional belief that their skin is infested with parasites or insects, in the absence of any objectible parasitosis.

Materials & Methods:

We report two clinical cases of delusions of cutaneous parasitic infestation, emphasising the importance of clinical diagnosis and dermato-psychiatric management of this rare and sometimes under-diagnosed syndrome.

Results:

Case number 01 : A 63 year old female patient presented complaints of generalized pruritus. The patient described a sensation of subcutaneous parasitic infestation evolving since a year. In an attempt to provide proof of her infestation, the patient showed us a container containing organic debris and clothing fibres, the "matchbox sign", and attributed these sensations to insects crawling under her skin. The general examination revealed a patient with a depressed mood, the dermatological examination revealed scratching lesions with an ulcerated lesion at the abdomen secondary to the intense pruritus. A workup was performed to rule out any co-occurring organic pathology. The patient was put on Sertraline 50 mg per day combined with psychotherapy.

Case number 02 : 43 year old patient with a history of chronic gastritis associated with functional colopathy, referred by his gastroenterologist to the dermatology consultation for skin complaints with a sensation of parasitic infestation under the skin. The clinical examination revealed an ulceration in the thorax with multiple excoriations as well as scratching lesions in the abdomen. The psychiatric examination revealed a delusional syndrome, monothematic, systematized, in sector, centered on the infestation by insects, with an intense experience of this delusion. The patient was put on antipsychotic medication (Risperidone 2 mg/day) with follow-up in psychiatric consultation.

Conclusion:

Dermatozoic delirium or Ekbom syndrome often presents psychosocial morbidity. It remains a difficult nosological entity to classify from a dermatological point of view, requiring multidisciplinary management to ensure patient information, disease control and psychological support.

Abstract N°: 6127**The influence of dermatological diseases on self-confidence**

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Introduction & Objectives: Skin diseases significantly affect the patient's mental state, self-acceptance, social function, and adaptation, as well as the quality of life. Self-confidence is one of the most essential emotional factors regarding dermatological diseases. People with low or poor self-esteem are under the influence of negative emotions and thoughts that constantly torment them. Low self-esteem can have devastating consequences such as anxiety, stress, increased likelihood of depression, and suicide.

The research aimed to assess self-confidence in patients with dermatological diseases.

Materials & Methods: The research was conducted at the Clinic for Skin and Venereal Diseases in Nis over six months. Patients over 18 years of age, who were treated at the Clinic for Skin and Venereal Diseases, both inpatient and outpatient, were included in the research.

A total of 140 patients were surveyed who, with the help of a doctor, filled out the Rosenberg self-confidence assessment questionnaire. They were previously informed about the purpose of the research and gave their written consent. Rosenberg Self-Esteem Scale - Rosenberg's global self-esteem scale is a one-dimensional scale that measures an individual's global self-esteem or general value orientation towards himself. The scale contains ten statements, five in the positive direction and five in the negative direction. The research results were systematized and presented in tables, and processed using the statistical method of descriptive and quantitative analysis (SPSS v18). The difference in mean values was calculated using the t-test for two independent samples. A value of $p < 0.05$ was taken as significant

Results: The examined group had 140 patients, of which 88 (62.8%) were female, and 52 (37.2%) were male. The most significant number of patients were over 60 years old (45%). A greater number of patients had skin changes on exposed parts of the body (face, neck, neck, hands) - 79 (56.4%), and the rest had changes on covered body parts - 61 (43.6%). A significantly larger number of patients had chronic skin changes at the time of the examination, which lasted longer than six weeks - 105 patients (75%) and 35 of them (25%) had the disease for less than six weeks.

The most common diseases were psoriasis (18.5%) and leg ulcers (18.5%), urticaria (15%), and atopic dermatitis (10.7%), followed by contact dermatitis, viral infections, acne, skin tuberculosis, and erythema nodosum. Other dermatoses include individual cases of dermatomycosis, balanitis, systemic lupus, benign skin tumors, etc.

Conclusion: According to this study, there is a considerable difference between men and women regarding self-confidence among patients with dermatological conditions. Additionally, research has revealed that self-confidence levels are unaffected by the disease's severity or skin changes' location.

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Abstract N°: 6405**Pre-existing Cutaneous Disease reduces the quality of life of burn survivors**

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Introduction & Objectives:

Skin diseases are associated with reduced quality of life and worse outcomes in burn patients. Using a large patient database, we found that patients with pre-existing skin diseases are at higher risk of post-burn pruritus (PBP). PBP commonly occurs in burn wounds during the remodeling phase of wound healing and continues after the healing process is complete and has been shown to adversely affect the quality of life (QOL) and psychosocial well-being of burn survivors. In this study, we sought to determine the effects of pre-existing skin diseases on burn outcomes including hypertrophic scarring, infection, irritable bowel syndrome (IBD), depression, and their association with the QOL of burn survivors.

Materials & Methods:

The data for this retrospective study was collected using a large patient database that provides access to the electronic medical records of over 400 million de-identified patients of several partnering healthcare organizations including hospitals, primary care, and specialty treatment providers in 58 partner health organizations. The database gives access to demographic characteristics, diagnoses, procedures, medications, labs, genomics, and health outcomes. We inquired for burn patients with a history of pruritic skin disorder (cohort 1) and compared them to patients without a diagnosed skin disorder (cohort 2). The two cohorts were balanced for age, gender, race, ethnicity, and quality of life parameters including hypertrophic scarring, infection, development of IBD, and depression were compared between the two cohorts. Statistical analysis for the measures of association used an odds ratio with a 95% confidence interval and an odds ratio with a z-test. The significance for the z-test was set at a p-value of < 0.05.

Results

After matching for age, gender, race, and ethnicity, we found that burn increased the risk of developing hypertrophic scars from 5.07% in patients without pre-existing skin conditions to 6.89% in patients with pre-existing skin conditions. The risk for infection was increased from 8.29% to 15.69% in patients with pre-existing skin conditions. The risk of irritable bowel disease doubles from 3.66% to 6.47% in patients with pre-existing skin conditions versus those who do not. In addition, the risk of developing depression increased from 7.04% to 9.91% in patients with pre-existing skin conditions. Stratification based on time after injury suggests that the increased risk for developing hypertrophic scars, infection, IBD, and depression in burn patients with pre-existing skin conditions was still significant when analyzed one year after injury. All data was significant at $p < 0.0001$.

Conclusion

A diagnosed pre-existing skin condition is associated with outcomes that reduce the quality of life of burn survivors.

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Abstract N°: 6747

Body Dysmorphic Disorder in Dermatology: the first European Guideline on its diagnosis and management by the European Society for Dermatology and Psychiatry (ESDAP)

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Introduction & Objectives: Body dysmorphic disorder (BDD) is a relatively common disorder in dermatology. Patients with chronic inflammatory conditions, such as psoriasis or hair disorders, often present with BDD as comorbidity. Moreover, patients with BDD may seek unnecessary dermatologic treatments and aesthetic procedures, in an attempt to look better.

BDD is characterised by a preoccupation with a perceived defect/defects in physical appearance. The 'defect' is not always noticeable to other people or can be minimal. BDD can have a detrimental effect on patients' quality of life and is often accompanied by psychiatric comorbidities, such as depression.

The objective of this guideline is to fill in the gap in knowledge among dermatologists in the field of psychodermatology and provide evidence-based guidance about the identification and management of BDD from European Experts in their field.

Materials & Methods: Our methodology included a systematic literature search in databases (Pubmed, MEDLINE, Cochrane and EMBASE) until December 2021 by two independent researchers using the key words "dysmorphophobia" and "body dysmorphic disorder". Two independent researchers selected the relevant articles after assessing the methodological quality of each study using the level of evidence by Oxford. Due to the scarcity of high-quality randomised controlled trials in psychodermatology, a Dephi consensus was used with the participation of 17 expert members of the European Society of Dermatology and Psychiatry (ESDAP). The experts answered the questionnaires in two or more rounds. Consensus was defined as achievement of at least 75% 'agree' or 'strongly agree'.

Results: Prevalence of BDD varies. A new classification is under development by the relevant EADV Task Force. Pathophysiology is multifactorial. Patients with BDD have a persistent obsession of feeling ugly due to some

aspect of their appearance. They tend to spend significant time in rituals, such as mirror gazing. Individuals with BDD are often co-diagnosed with depression, anxiety and social phobia. Suicidal Ideation and suicidal attempts are common. It is crucial to screen all patients who are undergoing an aesthetic dermatology procedure or who are diagnosed with a chronic dermatology condition for BDD. Validated screening questionnaires, such as the Body Dysmorphic Disorder Questionnaire Dermatology Version(BDDQ-DV), can be used. Diagnosis is made based on the DSM-V criteria. The combination of psychotherapy with medication is possibly the most effective intervention. Psychotherapy is effective in symptomatic patients taking antidepressant medications, and its effect as monotherapy is limited. Selective serotonin reuptake inhibitors(SSRIs) should be first-line treatment with higher doses being more effective rather than lower doses. There are insufficient data about adherence and recurrence with a specific SSRI.

Conclusion: Patients with BDD are often seen by dermatologists. There is need for psychodermatology training in dermatology and a multidisciplinary approach seems to be crucial for the effective management of this challenging category of patients.

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