Abstract N°: 119

Psychological Interventions in the Treatment of Delusional Parasitosis

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Psychological Interventions in the Treatment of Delusion of Parasitosis

Introduction & Objectives:

Delusions of parasitosis (DOP) describe an uncommon psycho- logical condition characterized by an individual's persistent false conviction that they are infested by parasites. While this disorder is of a psychological nature, many of these patients will seek care from dermatologists and infectious disease specialists because of their unwavering conviction of an infestation. The objective of this study was to find out better treatment approaches to treat this disorder and to synthesize evidence on the most up-to-date treatment outcomes in patients with delusional parasitosis and examined the impact of incorporating psychological interventions in conjunction with psychiatric treatment.

Materials & Methods:

PubMed and Google Scholar were searched between 2013 and 2023 with the terms "delusional parasitosis," "dermatozoic, "delusion," "ekbom," "psychogenic parasitosis," and "treatment." The studies were selected to measure treatment outcomes and remission status. Nine studies were included in the review totaling 29 patients. The studies were included based upon Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines. The majority of the studies analyzed consisted of case reports, with only one study being a retrospective analysis

Results:

Partial remission was observed across all cases, irrespective of the treatment approach employed. Complete remission was limited to only three studies. No correlation was observed between the incorporation of psychological intervention in conjunction with psychotropic medication and an enhanced remission outcome

Conclusion:

The findings underscore the importance of psychotropic medication as a fundamental component in the treatment of delusional parasitosis. The results highlight that although first and second-generation psychotropic medications are the mainstay treatment options, they nevertheless play a limited role because of the patients' steadfast delusions of infestation.

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Abstract N°: 122

The impact of cosmetic and dermatological defects on the psychological condition of patients

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The impact of cosmetic and dermatological defects on the psychological condition of patients.

Introduction & Objectives:

The skin is the largest and most visible organ of the human body. It plays many important roles that significantly influence the proper functioning of the human body. The skin organ also plays an aesthetic role, therefore any of its disorders and defects may result in lower self-esteem and lack of acceptance of one’s body. The skin organ is an indicator of the changes that occur in it. This is reflected in defects on its surface and dermatological diseases, which, in addition to physical symptoms, may also cause symptoms and related discomfort.

The relationship between dermatology and psychiatry is two-way - the condition of the skin affects the emotional state, and emotions such as stress, poor well-being, depression, mental illness influence and intensify the symptoms of dermatoses.

The aim of the study was to assess the quality of life and the presence of mental disorders among patients with cosmetic defects and skin diseases.

Materials & Methods:

The research used an original questionnaire aimed at demographic and social characteristics and analysis of patients’ quality of life. General screening questionnaires were also used - the DLQI questionnaire, the Beck test, the DASS-21 test and, additionally, for patients suffering from psoriasis - a feeling of stigmatization questionnaire.

Results:

The study involved 176 people declaring diseases such as: acne vulgaris, acne inversa, atopic dermatitis, dandruff, rosacea, excessive sweating, seborrheic dermatitis, psoriasis and others. The most common dermatological disease among respondents was acne vulgaris (62 people); 19% of these patients had a significantly reduced quality of life according to the DLQI questionnaire. In the study group, based on the Beck test, it was found that 44% of patients did not show depression, 21% showed mild depression, while 18% of patients had severe depression. In the case of the stigma questionnaire, it was shown that stigma in psoriasis patients increases with the duration of the disease.

Conclusion:

Dermatological diseases affect the mental state of patients. Patients with skin disorders are exposed to depression, anxiety and high levels of stress. Men are less likely to experience the impact of cosmetic defects and skin diseases on their quality of life. There were no statistically significant differences in the age of the respondents and place of residence.

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Abstract N°: 124

Pharmacological Interventions in Hair Pulling disorder: A Systematic Review

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Introduction & Objectives:

Trichotillomania is a psychiatric disorder with dermatologic consequences, characterized by recurrent hair-pulling with associated psychosocial distress. Effective management of trichotillomnia can be challenging due to underdiagnosis, symptom heterogeneity, and stigma. The objective of this study is to assess the existing literature on pharmacotherapy for trichotillomania and identify potential avenues for future research and treatment advancements.

Materials & Methods:

A systematic review of the literature was performed using PubMed and Scopus databases within the last 10 years. Included studies assessed pharmacotherapy for trichotillomania and provided insights into current evidence and potential directions for future research and treatment advancements. In total, 23 articles were identified that met inclusion criteria.

Results:

The most successful interventions were N-acetylcysteine (NAC), aripiprazole, and monoamine oxidase inhibitors. NAC was identified as the most impressive adjunctive therapy in the treatment through its mechanism of decreased glutamate-induced excitatory neuronal damage, with adjunctive antioxidant properties.

Conclusion:

The treatment of richotillomania require further research and controlled trials to validate their findings. Even if successful therapeutic outcomes are achieved, it is important to consider the patient's comorbidities and to combine pharmacologic interventions with behavioral therapy interventions to comprehensively manage trichotillomania.

Abstract N°: 132

The presence of dysmorphic and anxiety symptoms in individuals who perform minimally invasive aesthetic medicine procedures

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Introduction & Objectives: Body dysmorphic disorder is characterized by persistent preoccupation with an imagined defect in appearance or disproportionate concern with a slight physical abnormality. Dermoaesthetic procedures, especially mini-invasive ones, such as botox injections, hyaluronic acid fillers, or collagen threads (pdo threads) are growing in popularity and accessibility.

Assessment of anxiety and symptoms of dysmorphic disorder in people who perform minimally invasive aesthetic procedures

Materials & Methods: This is a cross-sectional observational study, conducted in May - October 2022, in the Albanian population aged over 18, selected in a convenient way, who have performed mini-invasive procedures in the last year or plan to perform them in the next 3 months . An online, anonymous questionnaire was distributed, requesting general demographic data, data related to minimally invasive procedures, and 2 questionnaires: the GAD-7 and the dysmorphic disorder questionnaire by Kruglik et al. Data were analyzed using SPSS v.25

Results: Out of 395 total participants, 89.6% were female. 30.6% of the population are in the age group of 18-25 years and 50.4% in the age group of 26-35 years, the rest are over 35 years old. 42.5% are single, 2% divorced and 55.5% married or engaged. 24% have performed mini-invasive procedures in the last year, while 31% plan to do so within 3 months. 86.3% had a low score for dysmorphic symptoms and 13.4% a moderate score, only 0.3% had a high score. Meanwhile, 73.9% scored for minimal or mild anxiety, 15.9% moderate anxiety and 10.1% severe anxiety. With the T-test, no statistically significant differences were found between dysmorphic symptoms and gender ($t=-0.930$, $p>0.05$) but it was found between anxiety symptoms and gender ($t=2.717$, $p\leq.05$), in women ($F= 7.36$, $ds=5.15$) more than men ($M=5.1$, $ds=4.12$). With the Pearson correlation, a significant positive relationship of age with symptoms of dysmorphia ($r(n=395)=.204$, $p\leq.01$) and a significant negative relationship with symptoms of anxiety ($r(n=395)=-.129$, $p\leq.01$). Using the ANOVA test, we find that dysmorphic ($F=3.233$, $p\leq.05$) and anxiety symptoms ($F=3.643$, $p\leq.05$) have statistically significant relationships with marital status. In both cases, this relationship is stronger in divorced persons ($M=29.5$, $ds=4.72$), ($M=11$, $ds=8.04$). With the T test, we find that people who have performed aesthetic procedures in the last year and those who plan to perform within 3 months score statistically significantly higher points in dysmorphic symptoms, respectively ($t=-2.923$, $p\leq.05$) and ($t=-3.633$, $p\leq.05$). Finally, with the Pearson correlation, we find a significant positive relationship between dysmorphic symptoms and anxiety ($r(n=395)=.229$, $p\leq.01$).

Conclusion: No significant differences were found between women and men in terms of dysmorphic symptoms, but significant differences were found in the reporting of anxiety symptoms between women and men. Dysmorphic symptoms and anxiety appear higher in divorcees. Dysmorphic symptoms appear higher in those who have undergone aesthetic medical procedures. Higher levels of dysmorphic symptoms are associated with higher levels of anxiety symptoms.

Abstract N°: 172

Multidisciplinary and Holistic Models of Care for Patients With Dermatologic Disease and Psychosocial Comorbidity: A Systematic Review

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Introduction:

Psychocutaneous disease affects patient population who face misdiagnosis and a reduced quality of life due to knowledge gaps and insufficient awareness. Clinicians worldwide serve as pioneers in offering specialized care for affected patients through the development of combined clinics.

Objectives:

We aimed to report findings generated from an in-depth analysis of available literature, highlight the importance and benefits of providing multidisciplinary care, and provide structural evidence of existing liaison clinics and their importance.

Materials & Methods:

A search was conducted in PubMed and Google Scholar using the following search strategy:*psychodermatology clinic* OR *psychodermatology liaison* OR *psychodermatology combined* OR *psychocutaneous clinic* OR *psychocutaneous liaison* OR *psychocutaneous combined* OR *psychiatry dermatology combined* OR *psychiatry dermatology clinic*. Studies were excluded if they were single-patient case reports; if information regarding the number of patients, clinic setup, and presenting conditions was not provided; and if the reports were published in a language other than English.

Results:

A total of 932 studies were screened, and 23 were retained after removal of duplicates and application of inclusion criteria. The combined clinics, varying in structure, design, and setting, provided collective data from 1677 patients in 12 countries worldwide. Results indicate that patients experience barriers in gaining access to care and clinicians lack appropriate knowledge and resources for proper diagnosis and treatment. The implementation of combined clinics provides a cost-reducing avenue in the management of dermatologic disease and psychosocial comorbidity by limiting inaccurate diagnoses, ineffective treatments, unnecessary referrals, and “doctor shopping.” Increased patient satisfaction or improved patient outcomes after the use of holistic treatment with pharmacologic and nonpharmacologic therapies was reported by 20 included studies (87%).

Conclusion:

Examined data from the included clinics highlight the increased need and demand for specialized care. The ability to provide high-quality integrative patient care, potential utility in medical education, and findings of reduced health care expenditures reflect the need for health care leaders to expand specialized care as the key for moving forward. Practical clinic models consist of a well-informed dermatologist for identification of psychocutaneous disease, referral if needed, and treatment based on the physician’s individual comfort level. Involvement of multidisciplinary team, including psychiatrists, psychiatrists, psychologists, and social services where needed is recommended.

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Abstract N°: 321

Prevalence of Anxiety and Depression among Patients with Psoriasis

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Introduction & Objectives:

The frontier between psychiatry and dermatology is growing. Psoriasis, a widely observed psychophysiological skin condition, can significantly affect patients' quality of life. Previous research has demonstrated that individuals with psoriasis face an increased likelihood of experiencing depression and anxiety. This study was aimed to examine the occurrence of anxiety and depression among patients with psoriasis.

Materials & Methods:

This observational cross-sectional study was carried out at the dermatology department of X Teaching Hospital between November 2020 and December 2021. The study involved individuals aged 16 years and above with dermatologist-diagnosed plaque psoriasis. The evaluation of psychiatric disorders was conducted using the Hospital Anxiety and Depression Scale. Psoriasis severity was determined using the Psoriasis Area and Severity Index (PASI). Data were summarized as mean (±SD) and proportions as appropriate. The Pearson Chi-square test was used for comparison of percentages, and Student's t-test for comparison of means. $p< 0.05$ was considered statistically significant.

Results:

The study comprised 340 patients with psoriasis, consisting of 146 males (42.9%) and 194 females (57.1%) with a mean age of 35.2±14.0 years, and mean PASI score of 18.2±9.2. Among the participants, 47.1% had mild anxiety, 25.9% had moderate to severe anxiety, 38.5% had mild depression, and 31.8% had moderate to severe depression. The prevalence of anxiety and depression was higher among female patients, those with limited or no education, a lower economic status, sleep duration less than six hours per day, more severe psoriasis, experiencing multiple symptoms of psoriasis, having joint pain, and coexisting health conditions.

Conclusion:

Depression and anxiety were common among individuals with psoriasis. There is a need for screening of patients with psoriasis for psychiatric comorbidities and an integrated approach for managing dermatological and psychological factors.

Abstract N°: 374

Psychodermatology in Nepalese patients and its utilization in clinical practice in tertiary center of Pokhara

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Introduction & Objectives:

Chronic diseases can have psychological comorbidities like depression, anxiety and suicidal thoughts. Skin diseases can be exacerbated by stress, anxiety, depression and excessive worry in those who have genetic and environmental susceptibility. Persistent disease has negative impact in Quality of life (QoL).

Materials & Methods:

All consenting patients with skin diseases-scabies, non-genital and genital wart, melasma, Androgenetic alopecia presenting to the clinic from April 2021 to April 2022 were enrolled in this observational study. Clinical evaluation for these diseases, sites involved and patient demographics was recorded. All participants were asked to complete the Nepali Dermatology Life Quality Index (DLQI) questionnaire.

Results:

This study included 119 patients. Of these, 76.5% were males, 61.3% were living single and 57.1% were students. The mean age of the study population was 24.69 ± 8.74 years. Almost half of the patients (42.8%) had had skin diseases for more than 1 month; a similar number of patients had at least one other member of the family with similar symptoms. The overall impairment in quality of life (QoL) was ‘very large’ with a total DLQI score of 12.91±5.93.

Conclusion:

Management of Psychodermatological entities should involve multidisciplinary specialists including Psychiatrists and physicians.

Abstract N°: 573

Quality of Life in Patients with Rosacea

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Introduction & Objectives:

Rosacea is a chronic inflammatory dermatosis that primarily affects the cheeks, nose, chin, and forehead. It is characterized by recurrent episodes of flushing, erythema, papules, pustules, and telangiectasias or phymatous changes. It has a profound negative impact on patients’ quality of life, self-esteem, and well-being. The aim of our study was to evaluate the impact of rosacea on patients’ quality of life.

Materials & Methods:

This is a descriptive retrospective study conducted over a period of 3 years from January 2021 to January 2024, including patients with rosacea. Quality of life was assessed using the Dermatology Life Quality Index (DLQI) questionnaire. The total score ranges from 0 to 30 and is divided into five classes: 0-1 (no effect), 2-5 (mild effect), 6-10 (moderate effect), 10-20 (significant effect), 20-30 (extremely significant effect).

Results:

A total of 131 patients were included in the study. The mean age was 34.2 +/- 14.8 years, with a range from 19 to 80 years. There was a clear female predominance (82%). The mean duration of the disease was 4.2 +/- 3.4 years, ranging from 38 days to 12 years. The mean DLQI score was 11.2 +/- 8.76.

The distribution of the impact on quality of life according to DLQI was as follows:

- Extremely significant impact in 6.8% of patients

- Significant impact in 45.8% of patients

- Moderate impact in 36% of patients

- Mild impact in 11.4% of patients

The impairment of quality of life was more pronounced in females, patients aged 20 to 30 years, patients with a papulopustular phenotype, and patients with a shorter duration of the disease.

Conclusion:

Given that rosacea primarily manifests on the face and alters patients’ aesthetic appearance, it often disrupts their social and professional interactions. It typically appears between the ages of 30 and 50 but can occur at any age.

The Dermatology Life Quality Index, developed in 1994, is a widely used questionnaire to measure the impact of skin diseases on a patient’s quality of life. It covers six aspects of life, namely symptoms, feelings, daily activities, leisure, work or school, personal relationships, and treatment. It relies on patients’ perceptions over the previous week.

A cross-sectional analytical study conducted by Yang et al concluded that the impact of rosacea on patients’ quality of life and mental health tends to significantly deteriorate with increasing disease severity.

Halioua et al. conducted a study on 275 patients with rosacea, one-third of whom reported feelings of stigma, with a predominance of male patients.

The mean DLQI score in our study falls within the range reported in a systematic review and is higher than the averages reported in several other studies.

Another cross-sectional study conducted on 973 patients with rosacea found results similar to ours, with a mean DLQI score of 11.6 ± 7.2, with a significantly higher score among women and patients aged 31 to 40 years.

It is essential to understand the overall impact of rosacea on patients’ quality of life in order to provide holistic and tailored management to meet their needs.

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Abstract N°: 1059

Shadows of grief : Uncovering Gardner-Diamond Syndrome in a young female

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Introduction & Objectives:

Gardner-diamond syndrome or autoerythrocyte sensitization syndrome is a rare psychodermatological disorder characterized by recurrent painful ecchymoses triggered by emotional stress or trauma. It is seen predominantly in young women and it's exact prevalence remains low. This case report delineates an atypical presentation marked by a correlation with the patient's menstrual cycle and systemic symptoms - factors which are seldom reported and may significantly complicate the diagnosis.

Materials & Methods:

A 16-year-old girl presented with multiple painful ecchymotic patches over her both arms, chest and thighs since 7 months - on and off, associated with polyarthralgia and generalized weakness. Patient complained of multiple episodes over the span of 7 months and each episode lasting for 7-8 days. She also gives history of premenstrual flare. A history of hematuria, albuminuria and recurrent urinary tract infection was present since 3 months. Although she denied any emotional stress, when deeply investigated, it was revealed that she was under mental stress after the demise of her grandmother, which was evaluated and diagnosed as Prolonged Grief Disorder. The patient's family was apprehensive with regards to her urinary symptoms, as her father expired due to renal failure 11 years back. Platelet count, Coagulation profile, Renal function tests and complement levels (C3 & C4) were within normal limits. ANA profile was negative. Urine analysis revealed hematuria and albuminuria with no pus cells. Histopathological examination of the skin biopsy revealed extravasated erythrocytes in the dermis without any evidence of vasculitis. Direct Immunofluorescence showed negative result which ruled out vasculitis. A positive autoerythrocyte sensitization test (AEST) was noted (Intradermal injection of 0.1 ml of washed autologous RBC's showed approximately 40% extension of ecchymosis after 2 hours), which led to the diagnosis of Gardner-Diamond Syndrome.

Results:

Gardner-Diamond syndrome or psychogenic purpura is a vasculopathy characterized by a localized cutaneous reaction, associated with emotional stress or mental illness as triggering factors. In our case, the patient developed multiple episodes of painful ecchymosis with polyarthralgia, albuminuria, hematuria, recurrent urinary tract infection and underlying prolonged grief disorder. Normal hemogram ruled out platelet disorders. Normal coagulation profile ruled out coagulation disorders. Negative ANA profile, normal C3 & C4 ruled out connective tissue disorder. Patient's premenstrual flare of lesions showed hormonal influence on this disorder. Histopathology of the skin biopsy showing extravasated erythrocytes in the dermis and direct immunofluorescence ruling out vasculitis and a positive autoerythrocyte sensitization test pointed towards the diagnosis of GDS.

Conclusion:

Gardner-Diamond syndrome is a rare disorder with only about 280 cases reported worldwide and a very few reports published. Multidisciplinary approach involving dermatologist, psychiatrist and nephrologist are crucial for early management. This case also highlights the intersection of hormonal influences (menstrual correlation) &

psychological factors in skin manifestations. The presence of albuminuria and hematuria in a case of Gardner Diamond Syndrome is unusual and not commonly reported. This atypical presentation suggests potential systemic implications of the syndrome.

Abstract N°: 1211

dermatology patient’s perception of medical photography

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Introduction & Objectives:

In the 1840’s, photographic technology first became available. This has made a revolutionary change to medical documentation.

Nowadays, taking photos has become a daily practice and an acquired reflex in several specialties, notably the specialty of dermatology.

We conducted a study to analyze the perception of taking these photographs by dermatology patients.

Materials & Methods:

An anonymous questionnaire was designed with questions specifically focused on each of the areas of interest.

The study was carried out over 3 months between December 2023 and March 2024.

Results:

60 patients were included in total.

58.3% of patients were men, 50% of patients were aged between 31 and 60 years. 54% of the patients were of urban origin and 46% of rural origin, 36% of our patients were illiterate and the rest of the patients had different educational levels.

The socio-economic level of 70% of patients was low.

88% of skin pathologies were chronic in our study. The locations of the pathologies were : scalp: 13%, face: 31%, trunk 6%, limbs: 31%, external genitalia: 8%, buttocks: 5% and diffuse location: 30%.

Patients preferences and quantification of their discomfort:

Between the hospital camera and the doctor’s smartphone, 76% were indifferent to the capturing equipment and 15% preferred the doctor’s smartphone.

68% of patients proclaimed that their permission was not asked before taking the photographs.

None of our patients claimed having refused to be photographed on a previous examination, 76% of them didn’t approve any discomfort and 24% approved mild to moderate discomfort while taking the pictures.

Perception of the usefulness of photographs:

41% of the patients didn’t know the aim from the photographs, 7% thought they were useless and 52% perceived the photographs as useful.

Patient consent to sharing their photographs:

92% of patients agreed to share their photographs in scientific articles or journals, on condition to be unidentifiable for 58% of them; while 43% of the patients didn’t mind to share identifiable photographs.

88% of patients agreed to use their photographs for teaching medical students.

The patients were asked if they agree to share their photographs for scientific purposes without a written consent in case they were unreachable to do so, 72% of them agreed.

Conclusion:

This study showed a positive attitude of our patients towards taking clinical photographs.

In Adeyemo’s .WL study as well as the Wang .Y and al study the majority of participants preferred the use of the hospital camera, unlike our serie where the majority of patients were indifferent or preferred their doctor’s smartphone.

Contrary to several previous studies having confirmed the patients discomfort with taking photographs, most of our patients did not experience any discomfort, suggesting the existence of cultural variations in perception of this practice by patients.

A good percentage of our patients didn’t know why the photographs were taken, and most of them have agreed to share their photographs in scientific works even without consent; similar results in a population of which a good part is illiterate with a low socio-economic level should draw attention to the correlation between educational and socio-economical level and knowledge of the rights to personal photographs.

Guidelines for the use of identifiable photographs have been established in the USA and Europe and have been accepted by international medical organizations.

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Abstract N°: 1610

Tackling Self-Stigma in Chronic Skin Disease – Development and Evaluation of the SkinCompass Online Programme

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Introduction & Objectives:

People with chronic skin disease (CSD) frequently experience body appearance concerns and self-stigma, i.e., an internalization of stigmatising beliefs and attitudes towards themselves. Such beliefs can negatively influence their psychosocial wellbeing and quality of life (1).

The aim of this project funded by the German Ministry of Education and Research (BMBF) is to develop an online programme for reducing self-stigma in people with CSD and to test its feasibility and effectiveness.

Materials & Methods:

First, we conducted two systematic reviews of the literature in order to (a) identify predictors and mechanisms of self-stigma in people with CSD and (b) summarize existing interventions. Building upon results from the reviews and with continuous feedback from patients and healthcare professionals, we developed the online self-guided programme *SkinCompass* (German: *HautKompass*) (Fig. 1). Subsequently, a pilot study was conducted in order to test the programme's feasibility and acceptability in 20 patients with CSD using the Client Satisfaction Questionnaire (scale from 8-32), an acceptability questionnaire (scale from 5-20), and self-developed feedback items. Currently, an intervention versus waitlist randomized controlled trial is being conducted among 500 patients with alopecia areata, atopic dermatitis, hidradenitis suppurativa, psoriasis, and vitiligo. Self-stigmatization, self-compassion, appearance concerns, quality of life, and mental health outcomes will be measured at baseline, post-test, and 6-month follow-up.

Results:

The reviews found social stigma, lack of social support, and coping strategies to be important psychosocial determinants of self-stigma, and Cognitive Behavioural Therapy (CBT) to be particularly effective in reducing it. Consequently, *SkinCompass* is grounded in CBT and self-compassion theory (2,3). In the pilot test, both user satisfaction (M = 26.12, SD = 6.13) and acceptability (M = 17.41, SD = 3.12) were high. Users rated the programme as "helpful," the psychoeducation and exercise instructions as "easy to understand," and the extent of the programme as "adequate" (table 1 ,2). Criticism concerned the length of some sessions, the electronic voice used in exercises, and some of the examples being too "general" or "cliché". The programme has been revised according to the feedback. The RCT has enrolled 133 patients to date. Of those, 30 patients were randomized into the intervention group and 31 patients into the waiting list control group. All enrolled participants completed the baseline questionnaire (t0) and one patient filled in t1. Baseline data from 500 patients are expected by September 2024.

Conclusion:

SkinCompass is a highly acceptable, user-friendly online programme and is expected to reduce self-stigma through improving self-compassion and acceptance in people with different CSD. The programme could substantially advance psychosocial care in the field of dermatology.

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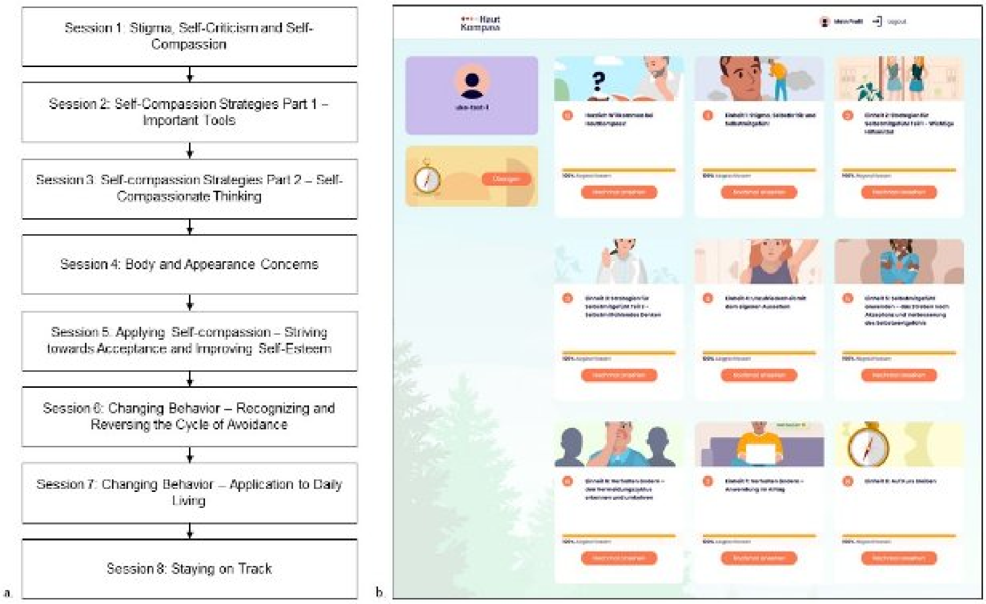
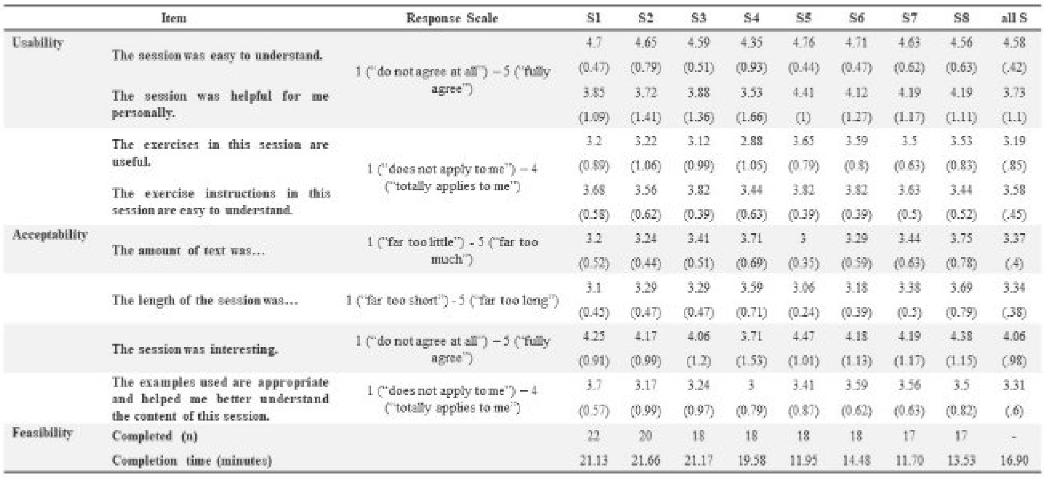
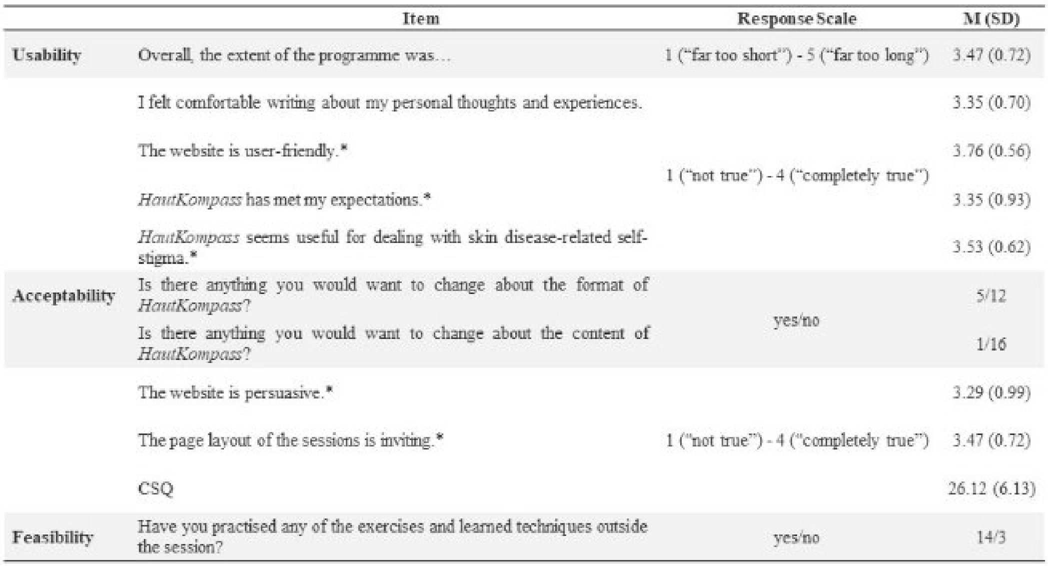


Figure 1. (a) Outline of the *HautKompass* session topics. (b) *HautKompass* session navigation pane. The sessions build on each other and are unlocked after completion of the previous one. Completed sessions can be reviewed at any time and selected exercises can be repeated under "Übungen" ("exercises").



	Item	Response Scale	S1	S2	S3	S4	S5	S6	S7	S8	all S
Usability	**The session was easy to understand.**	1 ("do not agree at all") – 5 ("fully agree")	4.7	4.65	4.59	4.35	4.76	4.71	4.63	4.56	4.58
			(0.47)	(0.79)	(0.51)	(0.93)	(0.44)	(0.47)	(0.62)	(0.63)	(.42)
	The session was helpful for me personally.		3.85	3.72	3.88	3.53	4.41	4.12	4.19	4.19	3.73
			(1.09)	(1.41)	(1.36)	(1.66)	(1)	(1.27)	(1.17)	(1.11)	(1.1)
	The exercises in this session are useful.	1 ("does not apply to me") – 4 ("totally applies to me")	3.2	3.22	3.12	2.88	3.65	3.59	3.5	3.53	3.19
			(0.89)	(1.06)	(0.99)	(1.05)	(0.79)	(0.8)	(0.63)	(0.83)	(.85)
	The exercise instructions in this session are easy to understand.		3.68	3.56	3.82	3.44	3.82	3.82	3.63	3.44	3.58
			(0.58)	(0.62)	(0.39)	(0.63)	(0.39)	(0.39)	(0.5)	(0.52)	(.45)
Acceptability	**The amount of text was…**	1 ("far too little") - 5 ("far too much")	3.2	3.24	3.41	3.71	3	3.29	3.44	3.75	3.37
			(0.52)	(0.44)	(0.51)	(0.69)	(0.35)	(0.59)	(0.63)	(0.78)	(.4)
	The length of the session was…	1 ("far too short") - 5 ("far too long")	3.1	3.29	3.29	3.59	3.06	3.18	3.38	3.69	3.34
			(0.45)	(0.47)	(0.47)	(0.71)	(0.24)	(0.39)	(0.5)	(0.79)	(.38)
	The session was interesting.	1 ("do not agree at all") – 5 ("fully agree")	4.25	4.17	4.06	3.71	4.47	4.18	4.19	4.38	4.06
			(0.91)	(0.99)	(1.2)	(1.53)	(1.01)	(1.13)	(1.17)	(1.15)	(.98)
	The examples used are appropriate and helped me better understand the content of this session.	1 ("does not apply to me") – 4 ("totally applies to me")	3.7	3.17	3.24	3	3.41	3.59	3.56	3.5	3.31
			(0.57)	(0.99)	(0.97)	(0.79)	(0.87)	(0.62)	(0.63)	(0.82)	(.6)
Feasibility	**Completed (n)**		22	20	18	18	18	18	17	17	-
	Completion time (minutes)		21.13	21.66	21.17	19.58	11.95	14.48	11.70	13.53	16.90

Table 1. Mean values (SD) of post-session feedback questionnaire items, number of participants completing each session, and average session duration. *all S* = averaged across all 8 sessions.



	Item	Response Scale	M (SD)
Usability	Overall, the extent of the programme was…	1 (“far too short”) - 5 (“far too long”)	3.47 (0.72)
	I felt comfortable writing about my personal thoughts and experiences.	1 (“not true”) - 4 (“completely true”)	3.35 (0.70)
	The website is user-friendly.*		3.76 (0.56)
	HautKompass has met my expectations.*		3.35 (0.93)
	HautKompass seems useful for dealing with skin disease-related self-stigma.*		3.53 (0.62)
Acceptability	Is there anything you would want to change about the format of *HautKompass*?	yes/no	5/12
	Is there anything you would want to change about the content of *HautKompass*?		1/16
	The website is persuasive.*	1 (“not true”) - 4 (“completely true”)	3.29 (0.99)
	The page layout of the sessions is inviting.*		3.47 (0.72)
	CSQ		26.12 (6.13)
Feasibility	Have you practised any of the exercises and learned techniques outside the session?	yes/no	14/3

Table 2. Descriptives of post-test feedback questionnaire items. * items based on Lara et al. (2022)

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Abstract N°: 1645

More than skin deep: a survey of real-life experiences of acne vulgaris

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Introduction & Objectives:

Acne vulgaris, though widespread, is often trivialised as a cosmetic issue rather than a serious medical concern. Recent studies emphasise the importance of recognising its profound psychosocial impact. Thus, our survey aimed to delve into the real-life experiences of individuals living with acne, with a focus on understanding its psychological effects.

Materials & Methods:

A survey accessed via the British Skin Foundation (BSF) website and email gathered data from 4463 respondents between August 2012 and November 2019. Inclusion criteria required a response rate of at least 50%, resulting in 2166 valid questionnaires. Analysis included treatment approaches and psychosocial effects of acne.

Results:

Despite the availability of numerous treatment options, including isotretinoin, many respondents reported trying multiple approaches, indicating the challenges in finding effective solutions. 22.9% attempted more than 10 treatment modalities, while only 10% used isotretinoin. Unconventional treatments such as sunbeds and strict dietary regimens were also commonly explored. Acne significantly impacted self-confidence (59.6%) and led to various forms of abuse, including verbal (57.1%), bullying (44.2%), and physical assault (18.2%). Moreover, suicidal ideation was alarmingly prevalent, with 22.3% contemplating suicide, especially among younger respondents.

Conclusion:

Our study highlights the considerable psychosocial burden of acne and underscores the need for a comprehensive approach to its management. The underutilisation of effective treatments suggests a gap in addressing the psychological aspects of this condition. Further qualitative research is imperative to unravel the intricate dynamics between dermatology and mental health, thereby paving the way for more informed and holistic interventions.

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Abstract N°: 1806

“Through scars: How scars shape quality of life”

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Introduction & Objectives:

In the narrative of an individual’s life, scars are not merely physical marks but chapters etched into flesh, silent witnesses to their journey. Each scar carries with it a unique story, a memory, a narrative in its own right that deserves to be heard and understood. Scars are visible marks from various causes, including surgery, skin injury, burning, or dermatological disease, and may impact the quality of life.

This study aims to explore the relationship between visible scars and well-being, examining the psychological, social, and emotional repercussions they entail.

Materials & Methods:

It is a descriptive retrospective study conducted at a dermatology department over a period of 3 years, from January 2021 to January 2024, gathering patients with skin scars.

The quality of life was assessed using the Dermatology Life Quality Index (DLQI) questionnaire.

The total score ranges from 0 to 30, divided into five classes: 0-1 (no effect), 2-5 (small effect), 6-10 (moderate effect), 10-20 (very large effect), and 20-30 (extremely large effect).

Results:

A total of 80 patients with skin scars were included in the study, with an average age of 35.7 years (ranging from 17 to 72 years).

The majority of patients were female (58.7% female, 41.3% male).

The number of scars per patient varied; on average, patients had 3.8 scars each (ranging from one to 14 scars) and had lived with their scars for an average duration of 7.7 years (ranging from 2 months to 50 years). Scars were mainly reported on the face (65%).

The leading causes of skin scars among the study population were acne (32,5%), accidental trauma (30%), burns (15%), assault trauma (12,5%), and surgical procedures (10%).

Subjects with recent scars reported pain in 25%, while 35% reported sensations of burning, and 30% reported itching.

The mean Dermatology Life Quality Index (DLQI) score was 12.23 +/- 4.17.

The distribution of quality of life impairment according to the DLQI was as follows:

- Mild impact in 12,5 % of patients.

- Moderate impact in 32,5 % of patients.
- Significant impact in 40% of patients.
- Extremely significant impact in 15% of patients.

The impairment of quality of life was more pronounced among women, young patients, those with scars located on the face, those with recent scars (less than one year old), and traumatic/burn scars.

A significant portion of patients, 56%, felt stigmatized by their scars, fearing that others would judge them as being criminally inclined or assume that the scars were intentionally inflicted, thereby labeling them as weak-willed.

The results underscore the multifaceted nature of the impact of visible scars on individual’s well-being. Psychological distress and body image concerns are intertwined, forming a complex interplay that can significantly diminish quality of life. Social factors, including societal norms and perceptions, also play a crucial role in shaping individuals’ experiences with visible scars. Healthcare interventions should not only address the physical aspects of scarring but also provide comprehensive support to mitigate the psychological and social consequences.

Conclusion:

Scars significantly impact the subject’s quality of life, particularly when caused by recent and visible injuries. A lower DLQI score is observed in subjects with more aged scars compared to those with recent ones. A diagnosis should be made as quickly as possible and an attempt made to allay any fears that the patient may have, without providing unrealistic expectations.

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Abstract N°: 1885

Beyond skin disease: The impact on relatives caring for dermatology patients in Ecuador

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Introduction & Objectives:

Skin disease carries a burden for family members as well as for patients but this impact is seldom recognised or addressed. A relative of a child with skin disease has to attend consultations, apply skin treatments, wash clothing and has less time for the rest of the family. Partners of people with skin conditions may spend time on skin care and find their relationships and family dynamics are affected.

Specific family-burden tools have been developed for psoriasis, atopic dermatitis, epidermolysis bullosa and ichthyosis. However, the Family Reported Outcome Measure (FROM-16) is a generic tool with score meanings[1] that allows comparison between different dermatology and other medical specialties. The main objective of this study was to translate and validate the FROM-16 in Spanish in Ecuador and assess the impact of skin disease on the family members and partners of an outpatient dermatology cohort.

Materials & Methods:

FROM-16 was validated and translated using two forward and backward translators: differences were resolved to create a final Spanish translation for Ecuador. Ethical permission was obtained and a cross-sectional study was conducted. Consecutive adults and children with different skin diseases, and their relatives, were approached at the dermatology outpatient clinic at Hospital Carlos A Marin in Quito, Ecuador. Relatives were asked to complete the FROM-16.

Results:

200 patients (mean age 41.8 ±31.1 years, median 38, range 0-100), and their accompanying relatives (mean age: 47.3±7, median 45, range 18-88) were approached at the outpatient dermatology consultation; 5 questionnaires were discarded (1 withdrew consent, 1 incomplete 3 unfilled). Of the 195 relatives completing the FROM-16, 74 (37.9%) were mothers, adult children (54, 28.2%), spouses (34, 17.4%), fathers (18, 9.2%), and others (15, 7.7%); 144 (73.8%) were main carers, and 152 (77.9%) lived in the patient’s household.

The mean FROM-16 score across all relatives was 12.6 (SD±7, median 12, range 0-31, n=195), meaning a “moderate effect” on the quality of life (QoL) of relatives, using the validated score meaning bands; however, 29.2% relatives reported a very or extremely large effect on QoL. In the emotional domain worry, sadness and frustration were the most common feelings among relatives, in the personal and social domain the greatest impact fell upon family expenses, sleep and finding time for oneself, concordant with other studies.

Adult children (mean FROM-16 score=13.4, n=54) were more affected than parents (mean=12.6, n=92): adult children who were main carers living with their parents had a lower mean FROM score (11.63±6.7, n=11) than those not living with them (mean=17±7.7, n=8). Relatives of patients with inflammatory conditions had a higher mean score (14±6.8, n=87) than relatives of those with non-inflammatory conditions (11.4±7, n=108).

Conclusion:

This study reveals the considerable burden experienced by relatives of dermatology patients, regardless of the diagnosis. These results challenge dermatologists to develop effective ways to alleviate this “secondary” QoL impact. FROM-16 could be used to identify those family members who need extra support.

Reference

\1. Shah, R., et al., *Meaning of Family Reported Outcome Measure (FROM-16) severity score bands: a cross-sectional online study in the UK.* BMJ open, 2023. **13**(3): p. e066168.

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Abstract N°: 1919

Factors associated with the development of body dysmorphic disorder – A systematic review

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Introduction & Objectives:

Body dysmorphic disorder (BDD) is a psychiatric condition characterized by a distressing preoccupation with perceived defects in one’s appearance. These patients are important to identify as they are often unsatisfied with outcomes of conventional dermatological treatment which fails to correct the underlying psychological deficit. Although the current literature has put forth conceptual discussions on various factors contributing to BDD, there is a lack of consolidation and it is unclear how these factors can be interlinked in BDD development. Thus, this review aims to consolidate the predisposing and co-associated factors for the development of BDD. By examining these factors, particularly through the lens of the cognitive-behavioral model, we may shed light on the etiology of BDD and improve our clinical recognition.

Materials & Methods:

We searched PubMed, Embase, CENTRAL, Scopus and Web of Science from database inception to 26 November 2023 for studies reporting factors predisposing or associated with BDD. BDD had to be diagnosed using the DSM IV or DSM V criteria.

Results:

Twenty four studies which compared a total of 961 BDD patients with 230,076 healthy controls were included. For demographics, married people had a lower risk of BDD (RR 0.67, 95% CI 0.51-0.88, $p = 0.004$). Gender was not found to be associated with BDD development. BDD patients are more likely to have experienced adverse life events such as appearance and competency-related teasing, as well as physical and sexual abuse. In addition, BDD is associated with certain cognitive factors, including higher explicit beliefs about attractiveness, lower self-esteem and higher aesthetic sensitivity. Moreover, BDD patients are also at greater risk of other psychiatric comorbidities such as anxiety and depression when compared to healthy controls.

Conclusion:

Many factors contribute to the development of BDD. These include demographic factors, past adverse experiences, various cognitive factors and comorbid psychiatric disorders. Knowledge of the complex interplay between these factors and BDD improves our understanding of the condition and enables timelier intervention.

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Abstract N°: 1970

Anxiety disorders and the main challenges in adhering to preventive health measures among patients with Epidermolysis bullosa during COVID-19 pandemic

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Anxiety disorders and the main challenges in adhering to preventive health measures among patients with Epidermolysis bullosa during COVID-19 pandemic

Introduction & Objectives: COVID-19 is a major global concern that has resulted in significant mortality worldwide. The protection protocols such as quarantine and hand washing has led to heightened anxiety. Individuals with epidermolysis bullosa (EB), a congenital bullous disorder, have specific concerns related to their condition and the COVID-19 pandemic can exacerbate their anxiety. Given the limited research available, this study aimed to assess anxiety disorders and observe preventive health principles in patients with epidermolysis bullosa (EB) during the coronavirus disease 2019 (COVID-19) pandemic.

Materials & Methods: This cross-sectional descriptive study was conducted in 2021 on patients with EB residing in the capital city of our country. Demographic and clinical characteristics were assessed and the level of anxiety in patients was determined using the Beck and Spence anxiety scale scores. Statistical significance was set at $P<0.05$.

Results: A total of 136 participants were included in the study, 68 (50%) patients with EB in the case group and 68 (50%) in the control group. There were no significant differences in age and sex between the two groups ($P>0.05$). The Spence anxiety score was 24.25±7.79 in the case group and 11.79±5.89 in the control group ($P=0.0001$). Anxiety disorder was present in 11 (45.8%) patients with EB and 23 (95.8%) individuals in the control group ($P=0.0001$). The Beck anxiety score was 13.98±6.16 in the case group and 5.50±5.63 in the control group ($P=0.0001$).

Conclusion: Our findings showed patients with epidermolysis bullosa experienced higher levels of anxiety compared to individuals without this condition during the COVID-19 pandemic. The data collected for this study solely rely on self-reports which may introduce response biases. Specifically, behaviors aimed at reducing the transmission of the virus, such as increased hand hygiene, remote work, and social distancing, are all parts of the government's strategy to "flatten the curve" and contain the virus. Utilizing correlative data can provide a more comprehensive understanding of public health adherence and the effectiveness of government protocols.

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Abstract N°: 2001

improvement of the quality of life after picosecond laser treatment in - patient with keloid scar after cesarean section

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Introduction & Objectives:

Cesarean section scars can significantly impact a woman’s quality of life due to physical discomfort and aesthetic concerns. This case study aims to assess the effectiveness of a comprehensive treatment regimen on a cesarean scar that presented functional and sensory issues for the patient. The objectives are to improve the physical characteristics of the scar, assessed by the Vancouver Scar Scale (VSS) and the Patient and Observer Scar Assessment Scale (POSAS), and to evaluate the patient’s satisfaction with the scar’s appearance and overall quality of life post-treatment.

Materials & Methods:

The patient, one year postpartum, presented with a cesarean scar that caused discomfort in shaving, dressing, and restricted movement. The treatment protocol included three sessions of Pico laser therapy at intervals of 4-5 weeks focused on improving the structural appearance of the scar. Following the laser treatments, the patient received triamcinolone injections to address persistent discoloration and texture issues. Scar assessment was conducted using the VSS and POSAS, which measure scar color, shininess, texture (raised/sunken), hardness, irregularity, and various sensory symptoms including pain, itchiness, and tightness. The patient’s subjective satisfaction with the scar and quality of life was also recorded before and after the treatment.

Results:

Post-treatment evaluations showed a 75% improvement in the scar’s structural integrity as measured by the VSS. The POSAS results indicated a 70% overall improvement in the scar’s attributes including color, shininess, and texture. Sensory symptoms such as pain, tightness during movement, and sensitivity saw significant reductions. However, adverse effects from the triamcinolone injections included excessive peeling and a further darkening of the scar area. Despite these complications, the patient reported an 80% improvement in satisfaction with the scar’s appearance and a corresponding improvement in quality of life. These results underscore the effectiveness of the treatment in enhancing the scar’s aesthetics and functionality, though they also highlight potential complications from specific interventions.

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Abstract N°: 2258

The burden of dermatological diseases is global but unequal across the globe: Comparative analyses of Patient-Reported Impact of Dermatological Diseases (PRIDD) across socio-demographic groups

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Introduction & Objectives:

The Global Research on the Impact of Dermatological Diseases (GRIDD) project is the first patient-initiated project using a ground-breaking patient-led methodology (1) to develop a unique measure of the impact of dermatological diseases on patients' lives – the Patient-Reported Impact of Dermatological Diseases (PRIDD) tool; and (2) to collect global data on the patients' perspectives of disease burden in multiple skin diseases. Using the newly developed PRIDD questionnaire, this study aimed to compare the burden of dermatological diseases across different socio-demographic groups (sexes, age groups, WHO regions of living, country income levels, ethnicities, and skin types).

Materials & Methods:

A global online cross-sectional survey was conducted between June 2023 and January 2024. Adults (≥18 years) with a self-reported dermatological condition were recruited through the International Alliance of Dermatology Patient Organizations' membership network. Participants completed the PRIDD questionnaire (16 items assessing physical impact, life responsibilities, psychological impact and social impact; total score ranging from 0 – no impact to 63 – very severe impact) and a socio-demographic questionnaire, in one of the 17 languages in which the survey was available. Data were analyzed descriptively and group comparisons were conducted with uni- and multivariate analysis of variance, with Post-Hoc tests with Bonferroni correction for multiple comparisons.

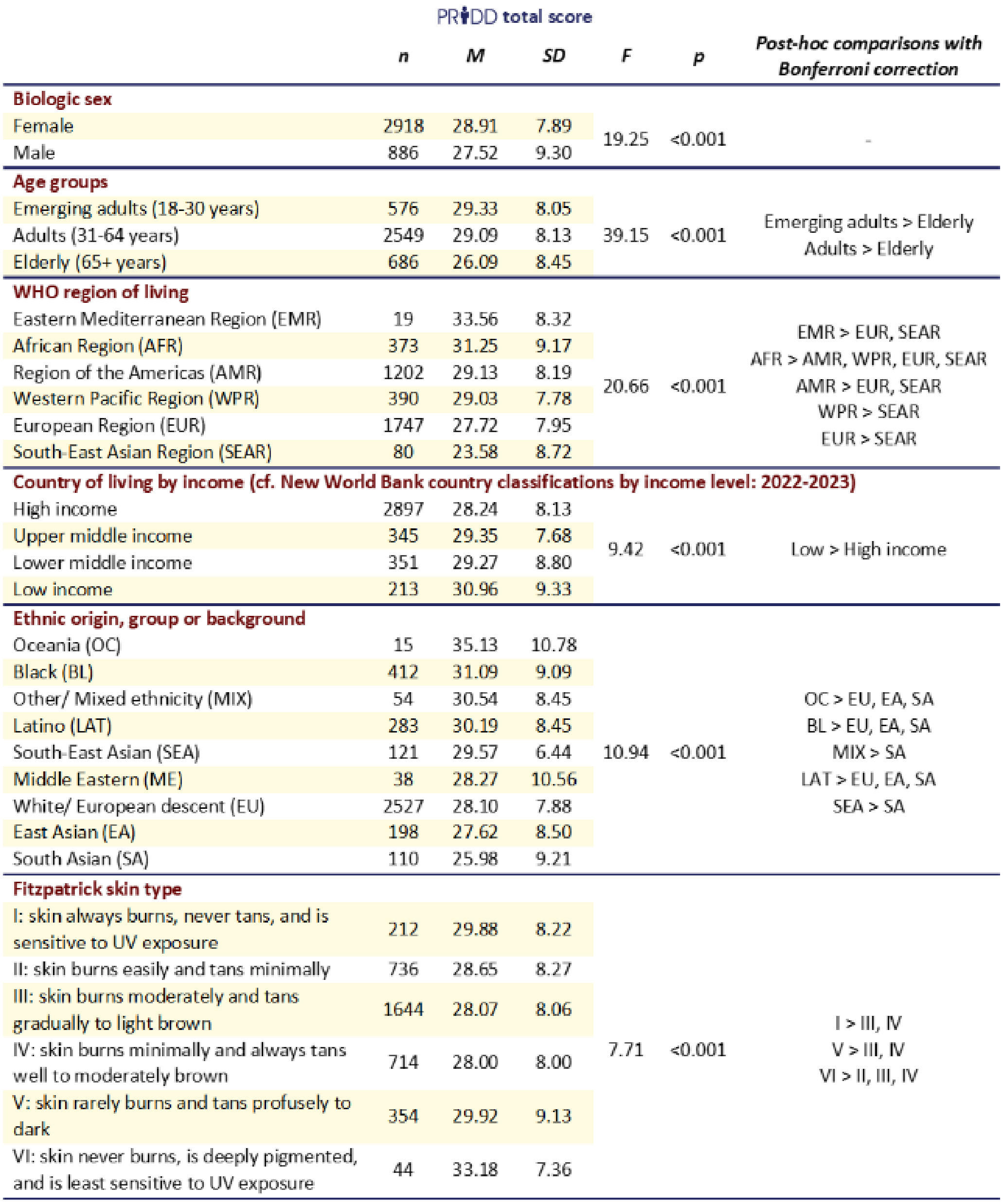
Results:

After excluding 327 participants who did not meet the inclusion criteria or had missing data in core variables, the sample was composed of 3811 patients (76.6% female, mean age 48.49±15.74, range 18-98), from 90 different countries and representing more than 100 dermatological conditions (12.6% Lichen sclerosus, 12.4% Psoriasis, 8.2% Hidradenitis suppurativa, 7.5% Vitiligo, 6.9% Eczema, 48.2% other diagnoses). Group comparison analyses showed that higher overall impact of dermatological diseases was reported by women, by participants younger than 65 years, by inhabitants of the Eastern Mediterranean and African regions, by residents in low income countries, by participants with Oceania, Black, Latino or mixed ethnic origins, and by participants with darker skin types (Fitzpatrick skin types V and VI) but also for those with very sensitive skin type I (Table 1). Similar results were observed for the four PRIDD dimensions of physical, life responsibilities, psychological and social impact.

Conclusion:

This is the first study using the PRIDD questionnaire to collect patient-reported data on a global level. Comprehensive data analyses are still ongoing, including the psychometric validation of the language translations of the original English PRIDD questionnaire. This initial set of descriptive analyses is essential to characterize the study participants in detail. Moreover, comparative analyses of PRIDD allowed for the identification of socio-demographic groups at greater risk of suffering high disease burden, paving the way for identifying patient needs, developing health policies, and determining resource-allocation and research priorities on a global scale.

Table 1. Comparison of PRIDD scores across socio-demographic groups.



	PRIDD total score					
	n	*M*	*SD*	*F*	*p*	*Post-hoc comparisons with Bonferroni correction*
Biologic sex						
Female	2918	28.91	7.89	19.25	<0.001	-
Male	886	27.52	9.30			
Age groups						
Emerging adults (18-30 years)	576	29.33	8.05	39.15	<0.001	Emerging adults > Elderly Adults > Elderly
Adults (31-64 years)	2549	29.09	8.13			
Elderly (65+ years)	686	26.09	8.45			
WHO region of living						
Eastern Mediterranean Region (EMR)	19	33.56	8.32	20.66	<0.001	EMR > EUR, SEAR AFR > AMR, WPR, EUR, SEAR AMR > EUR, SEAR WPR > SEAR EUR > SEAR
African Region (AFR)	373	31.25	9.17			
Region of the Americas (AMR)	1202	29.13	8.19			
Western Pacific Region (WPR)	390	29.03	7.78			
European Region (EUR)	1747	27.72	7.95			
South-East Asian Region (SEAR)	80	23.58	8.72			
Country of living by income (cf. New World Bank country classifications by income level: 2022-2023)						
High income	2897	28.24	8.13	9.42	<0.001	Low > High income
Upper middle income	345	29.35	7.68			
Lower middle income	351	29.27	8.80			
Low income	213	30.96	9.33			
Ethnic origin, group or background						
Oceania (OC)	15	35.13	10.78	10.94	<0.001	OC > EU, EA, SA BL > EU, EA, SA MIX > SA LAT > EU, EA, SA SEA > SA
Black (BL)	412	31.09	9.09			
Other/ Mixed ethnicity (MIX)	54	30.54	8.45			
Latino (LAT)	283	30.19	8.45			
South-East Asian (SEA)	121	29.57	6.44			
Middle Eastern (ME)	38	28.27	10.56			
White/ European descent (EU)	2527	28.10	7.88			
East Asian (EA)	198	27.62	8.50			
South Asian (SA)	110	25.98	9.21			
Fitzpatrick skin type						
I: skin always burns, never tans, and is sensitive to UV exposure	212	29.88	8.22	7.71	<0.001	I > III, IV V > III, IV VI > II, III, IV
II: skin burns easily and tans minimally	736	28.65	8.27			
III: skin burns moderately and tans gradually to light brown	1644	28.07	8.06			
IV: skin burns minimally and always tans well to moderately brown	714	28.00	8.00			
V: skin rarely burns and tans profusely to dark	354	29.92	9.13			
VI: skin never burns, is deeply pigmented, and is least sensitive to UV exposure	44	33.18	7.36			

Abstract N°: 2582

Managing a picky patient: A severe case of chronic skin picking associated with PTSD, chemsex and silicosis resulting in genital lymphoedema and recurrent cellulitis

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Introduction & Objectives:

Skin-picking disorder (Excoriation disorder), classified as an obsessive-compulsive and related disorder in the ICD-11, is characterised by repetitive and compulsive skin picking, causing significant physical and psychological distress. Skin-picking disorder has been associated with several psychiatric co-morbidities such as post-traumatic stress disorder. Historically understudied, skin-picking disorder primarily affects younger females, yet a severe case in a male patient belonging to a sexual minority highlights the unique challenges clinicians may face.

Materials & Methods:

We present a complex case involving a 43-year-old male with a history of drug facilitated sexual behaviours ('chemsex'), PTSD due to an abusive relationship, HIV, and silicosis-induced genital lymphoedema, exacerbated by scrotal skin picking. Despite severe symptoms, there was a nearly decade-long delay in accessing specialised dermatology services. The most commonly reported skin-picking sites are the face and arms. However, our patient described compulsive skin-picking on his scrotal region more recently, even resorting to tweezers, exacerbating his recurrent cellulitis. Consequently, he faced physical complications such as recurrent infections and psychological issues, particularly impacting intimacy. There was a further delay in initiating effective management as it took several consultations for him to disclose engagement with chemsex behaviours and a clear temporal association with skin picking.

Results:

Management focused on reducing harm around skin picking and being able to deliver culturally appropriate care, addressing both the physical and psychological aspects of his condition. It necessitated a multi-disciplinary approach involving referral to a specialised psychodermatology clinic for collaborative assessment with the mental health team, receiving antibiotic treatment for infected areas and referral to a tertiary genital lymphoedema clinic.

Conclusion:

This case highlights the importance of a holistic approach in psychodermatological disorders, emphasising the need for dermatology practices to embrace diversity in patient backgrounds. The triggering role of drug facilitated sexual behaviours in the patient's skin-picking behaviour points to the necessity of sensitive, inclusive practice to encourage open discussions to deliver personalised, patient-orientated care.

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Abstract N°: 2972

Exploring the neural basis of rosacea: altered prefrontal cortex activity and its links with social anxiety

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Introduction & Objectives:

Rosacea is a chronic dermatological condition primarily affecting the face, known for its links to the central nervous system and significant social impact. However, the specific neurological underpinnings and their relationships to its dermatological and psychosocial aspects remain largely unexplored.

This study aims to investigate the brain activity changes of rosacea and their links with clinical symptoms and psychosocial measurements.

Materials & Methods:

This study included 32 treatment-naïve female patients with rosacea and 29 age- and gender-matched healthy controls. We conducted neuroimaging, clinical, and psychosocial assessments. Resting-state functional magnetic resonance imaging (rs-fMRI) data were analyzed to determine the amplitude of low-frequency fluctuations (ALFF).

We examined the associations between ALFF values and both clinical symptoms and psychosocial measures.

Results:

Increased ALFF was observed in the prefrontal cortex (PFC) of patients with rosacea, particularly in the right superior frontal gyrus (SFG.R) and left orbital middle frontal gyrus (ORBmid.L) (GRF, voxel level $P < 0.001$, cluster level $P < 0.05$)(Figure 1). The SFG.R's ALFF values were positively correlated with erythema scores ($r = 0.395$; $P < 0.05$) (Figure 2). Meanwhile, the left ORBmid.L's activity correlated significantly with Social Avoidance and Distress Scale (SADS) ($r = 0.528$; $P < 0.01$) and Social Appearance Anxiety Scale (SAAS) ($r = 0.535$, $P < 0.01$) scores. Furthermore, our mediation analysis showed that appearance anxiety mediates the association between ORBmid.L's ALFF values and social avoidance (indirect effect = 0.217, 95% CI, (0.022, 0.440); $P < 0.05$) (Figure 3).

Conclusion:

This study offers novel insights into rosacea's neuropathology, linking PFC activity and the physical and psychosocial symptoms of rosacea. The findings underscore the potential of targeting neuro-psycho-social aspects in comprehensive rosacea management.

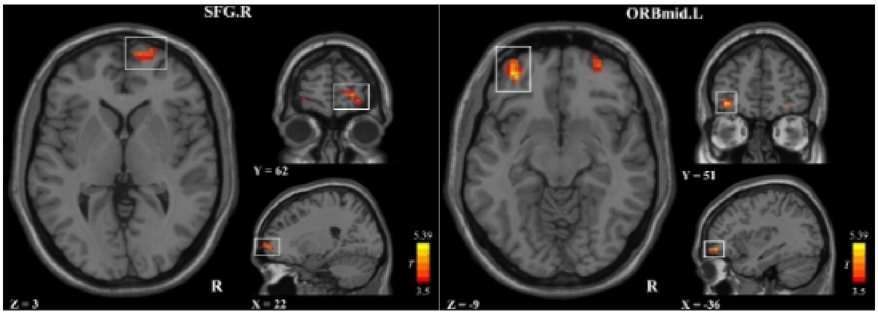

Figure 1 Brain maps with significant differences in ALFF values in (A) right SFG.R and (B)ORBmid.L between rosacea and Healthy controls.

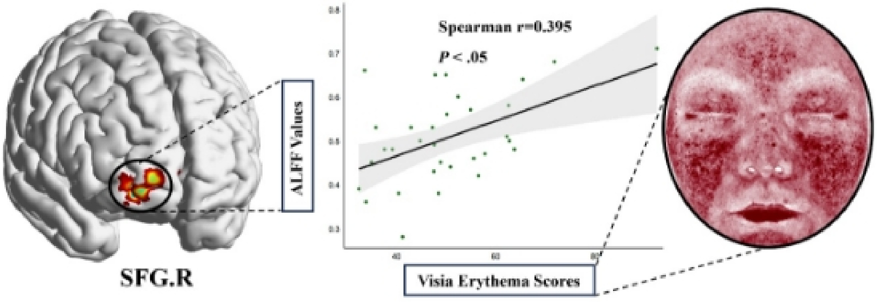

Figure 2 ALFF value in the superior frontal gyrus was positively correlated with the Visia erythema scores (*r* = 0.395; *P* < .05).

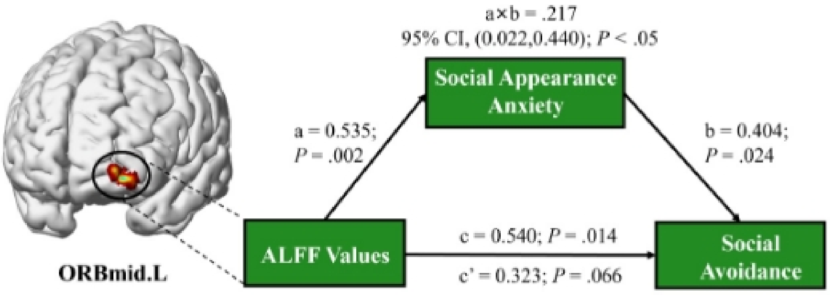

Figure 3 The causal mediation effect and the direct effect are displayed under the mediation triangle as estimated from bootstrapped mediation models.

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Abstract N°: 3173

The impact of vitiligo across sociodemographic groups: a UK population-based cohort study

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Introduction & Objectives:

Vitiligo can have significant psychological impacts, as well as impacts on quality of life, but it is not known if these impacts affect some sociodemographic subgroups more than others.

To investigate the impacts of vitiligo on mental health, work, and healthcare utilization, overall and across socioeconomic subgroups, using a large population-based observational study within the UK.

Materials & Methods:

We included all adults and children (aged ≥13 years) contributing to the Optimum Patient Care Research Database of routinely collected primary care records in the UK between 01/01/2004 and 31/12/2020. Individuals newly diagnosed with vitiligo were identified using clinical codes. Cases were matched up to 1:4 to population-based controls. Cases were matched on age category (13-17, 18-29, 30-19 and ≥50 years), ethnicity (using UK major ethnic categories; white, black, Asian, mixed and other), sex and general practice (GP).

Mental health outcomes comprised depression, anxiety, composite of depression or anxiety, sleep disturbance, parasuicide/suicide attempts and adjustment disorder. Healthcare utilization comprised mental health referrals, primary care encounters and dermatology referrals. Work-related outcomes comprised time off work and unemployment.

Results:

7,890 adults and children were newly diagnosed with vitiligo and matched to 31,484 controls without vitiligo. Median follow up was 7.3 years for cases (Interquartile range [IQR] 3.4, 11.4) and 7.0 years for matched controls (IQR 3.2, 11.2). People with vitiligo had an increased risk of depression (adjusted Odds Ratio [aOR] 1.08; 95%CI 1.01, 1.15), anxiety (aOR 1.19; 95%CI 1.09, 1.30), depression or anxiety (aOR 1.10; 95%CI 1.03, 1.17) and sleep disturbance (adjusted Hazard Ratio [aHR] 1.15; 95%CI 1.02, 1.31) compared to matched controls. Despite this, there was no evidence that mental health referrals were more frequent in those with vitiligo (aHR 1.06; 95%CI 0.93, 1.20). People with vitiligo also had a greater number of primary care encounters (adjusted incidence rate ratio 1.29; 95%CI 1.26, 1.32) and a greater risk of time off work (aHR 1.15; 95%CI 1.06, 1.24). We found no evidence of an association between vitiligo and recorded unemployment. In subgroup analysis the impact of vitiligo on mental health outcomes, work and healthcare utilization was broadly consistent across age, sex, deprivation and ethnic subgroups.

Conclusion:

Vitiligo is associated with increased risk of depression and anxiety, as well as sleep disturbance, yet there was no evidence that those with vitiligo were more likely to be referred for mental health support. Vitiligo was also associated with increased healthcare utilization and time off work. The burden of these impacts was similar across different socioeconomic subgroups. Clinicians should be aware that these wider impacts can affect anyone with vitiligo and ongoing monitoring is important to identify those who may need additional psychological support.

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Abstract N°: 3309

Qualitative Re-audit of a Pilot Psychodermatology Clinic in South London.

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Introduction & Objectives:

Psychodermatology is a dermatological subspecialty that regards the link between how skin health affects mental health, as well as a group of psychiatric conditions that impact a patient’s skin. A 2019 report by the APPG on Skin states that Integrated Care Boards (ICBs) need to provide more funding for mental health support for people with skin conditions. St George’s Hospital in Tooting, London has been running a pilot Skin and Mind clinic since March of 2022. The clinic involves a consultant dermatologist and a specialist psychiatry registrar during the appointment. To assess the efficacy of the clinic, a qualitative audit was done analysing patients’ experiences.

Materials & Methods:

A multiple-choice questionnaire using closed answers on a scale of Strongly Disagree, Disagree, Neutral, Agree and Strongly Agree was used. In addition, a final open question was used asking patients what they felt the clinic lacked. Results from this initial audit were used to implement any changes and were compared to a second audit that was done with the same previous questions, and the addition of an open question about what patients liked about the clinic. During both cycles, patients were telephoned and asked questions by a non-clinical member of the team. Responses were recorded on a secure spreadsheet, whilst open responses were typed verbatim.

Results:

Comparing the results of each audit, patient awareness of what the clinic entailed, and the perceptions of care being provided improved. In addition, both cycles showed that 93% of patients felt listened to and over 80% of patients felt understood by the clinic. These results along with the open answers suggest that patients benefit from the clinic and appreciate the unique care provided. Intriguingly, a patient who was affected by the junior doctor strikes and thus was only seen by the consultant dermatologist, explained that they “would have liked more psychological input”, reflecting the benefit of having both views.

Meanwhile, an issue raised consistently in both cycles is that patients struggle to act on and maintain the care provided after the clinic due to the lack of support upon leaving the clinic. This is reflected in that only 53% of patients felt they could make changes to their lives as a result of the clinic. Moreover, only 27% of patients felt that their quality of life had improved in the second cycle.

Conclusion:

The qualitative results suggest that whilst patients find the clinic to be a fitting answer to their unique problems, they feel that beyond the clinic, they lack the appropriate infrastructure to implement solutions created in the clinic. Therefore, following ICB recommendations, there needs to be greater investment in community services to support these patients on their difficult journey holistically. Nonetheless, patients do find the clinic to be effective and efficient at providing specific care.

Abstract N°: 3653

Using the EMD Protocol for Urge to reduce scratching behavior in patients with atopic dermatitis and prurigo nodularis

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Introduction & Objectives:

Itch and scratching behavior significantly impact the quality of life in dermatological conditions such as atopic dermatitis (AD) and prurigo nodularis (PN). The itch-scratch cycle exacerbates skin damage. While pharmaceutical treatments are evolving, psychological interventions also show promise in reducing scratching behavior. These two controlled studies investigated the impact of the EMD Protocol for Urge (EMD-U), on scratching behavior in patients with AD and PN.

Materials & Methods:

In two multiple baseline across subjects design studies, five AD patients and five PN patients received the intervention. The intervention consisted of two sessions of EMD-U over two consecutive weeks. During the sessions, patients imagine scratching while a distracting stimulus is presented. Homework assignments and self-registration of scratching behavior are also part of the intervention, and patients are encouraged to self-apply the intervention when the urge to scratch arises. Daily scratching behavior was recorded using a mobile phone application, and additional measures included disease activity (EASI, IGA), quality of life (Skindex-17, EQ-5D-5L, POEM), and self-control assessments (ZCCL). The study duration was 46 days for AD patients and 57 days for PN patients.

Results:

Both patients with AD and PN showed a reduction in scratching behavior, supported by a moderate treatment effect (NAP effect size of 0.74 (AD) and 0.75 (PN)). In both patient groups, the disease activity decreased between T0 and T1, and perceived self-control and quality of life measures showed positive trends post-treatment.

Conclusion:

These studies were the first to investigate the effect of EMD-U in AD and PN patients. The EMD-U procedure showed promise in reducing scratching behavior in both AD and PN patients. It is crucial to further investigate the effect of psychological interventions targeting scratching behavior on disease severity and quality of life in those patients. Moreover, the findings encourage further exploration of the intervention's efficacy and underscore the value of psychological interventions in treating dermatological conditions. Despite the predominant focus on developing pharmaceutical treatments for AD and PN, a comprehensive approach integrating pharmaceutical and psychological perspectives offers potential for broader applicability, emphasizing the need for larger-scale research to establish long-term benefits.

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Abstract N°: 3682

Patients with psoriasis perceive major life changing events in physical, psychological and care dimensions: results from the DermCLCI-r-questionnaire in routine care

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Introduction & Objectives:

Chronic skin diseases are characterized by continuous patient burden over long periods which in many cases can be irreversible blunting an individual’s life course permanently. The entirety of these negative effects is referred to as cumulative life course impairment (CLCI). To date, no explicit data have been gained on CLCI in routine care for psoriasis. Objective: To analyze CLCI in people with psoriasis in routine care using the DermCLCI-r questionnaire.

Materials & Methods:

The systematically developed DermCLCI-r questionnaire consisting of 25 items measures the impairment on life course since the onset of diseases. It was consecutively administered to n=200 patients with psoriasis on systemic treatment in a longitudinal study at the academic psoriasis centers in Hamburg and Manchester. In addition, clinical and quality of life data were collected.

Results:

In the Hamburg baseline data on n=101 patients (45.5 % female, mean age 46.9 years, disease duration 16.4 years) mean PASI was 0.9 and mean DLQI was 4.2. The proportion of patients with PASI >2 was 7.9%. 96.0 % of patients received systemic therapy. 83.3 % were affected by a life-changing experience in at least one item, and on average 7.2 areas of disease-related life change per person were reported. The area most often reported to be life changing was “effort to treat the disease” (59.4 %), followed by “nervousness, anxiety or tension” (45.9 %) “other diseases (comorbidities)” (44.9 %), “limitations in physical performance” (44.4 %) and “inadequate care by attending physicians” (42.6 %). At the time of the survey, 69.7 % of patients still experienced cumulative life stress, related to an average of 4.7 items. Comparable items of the DermCLCI-r correlated significantly with the DLQI total score, e.g. limitations in physical performance (.328), effort to treat the disease (.303), comorbidities (.349), stress due to the disease (.357), regarding the fulfillment of their wish to have a child (.411), and impairments in leisure activities (.456), p<0.01, respectively.**

Conclusion:

CLCI plays a major role in the lives of patients with psoriasis and should be included in health care decisions. Sustained CLCI is observed even in the absence of skin lesions. The DermCLCI-r questionnaire has been shown to be feasible and useful for the characterization of CLCI in persons with psoriasis. The fact that mainly areas related to mental health, physical limitations and disease management were reported to be life changing, underlines the importance of screening and managing psychological comorbidity in routine care and starting treatment early in the disease course. Accordingly, early access to adequate treatment is crucial to avoid CLCI and a negative impact on life due to the disease.

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Abstract N°: 3687

Quantitative Re-Audit of a Pilot Psychodermatology Clinic in South London

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Introduction & Objectives:

The aim was to re-audit the patient population seen at the psychodermatology clinic and identify the needs of patients, including types of problems, interventions, and areas for improvement.

Materials & Methods:

Quantitative data was collected about new patients seen in the psychodermatology clinic from January to September 2023 using clinic letters and documentation on the electronic health records. This included questionnaire scores for the Dermatology Life Quality Index (DLQI) and Hospital Anxiety and Depression Scale (HADS), dermatological and psychological diagnoses seen in the clinic, and whether patients were followed up in the same clinic, another clinic or discharged. Data was also collected concerning psychiatric medications and suicidal thoughts within the patient group.

Results:

30 patients were referred to the psychodermatology clinic for new appointments and 24 patients were assessed (83% female, n=20 and 17% male, n=4). 100% (n=24) of the patients attending had an underlying skin condition, 58% (n=14) had an underlying confirmed psychiatric disorder. Dermatological diagnoses included skin picking/hair pulling, chronic pruritus, acne, alopecia, atopic or seborrheic dermatitis and others. Psychiatric diagnoses included anxiety disorders, depression, body dysmorphia disorder, delusional infestation, and others. 87.5% (n=21) of patients who attended completed the DLQI and HADS questionnaires. 62.5% (n=15) of patients had at least a moderate impairment (DLQI ≥6) in their quality of life; however, no disproportionate concern was highlighted based on the score breakdown. 50% (n=12) of patients had at least moderate symptoms of anxiety (HADS-A ≥11) and 25% (n=6) had at least moderate symptoms of depression (HADS-D ≥11). However, there was no disproportionate symptom of anxiety or depression reported in the score breakdown. Most patients had a matched DLQI to HADS score (62%, n=15), for example a moderate DLQI matched with a moderate HADS score. 37% (n=9) of patients attending were already on psychiatric medications and 21% (n=5) had psychiatric medications initiated by the clinic. 25% (n=6) of patients reported suicidal thoughts or ideation. Most patients had follow ups arranged (62%, n=15), 17% (n=4) were followed up in another dermatology clinic and 21% (n=5) were discharged.

Conclusion:

The data shows that patients attending this clinic present with a diverse range of both psychiatric and dermatological issues, which are likely linked to the relationship between mental health and skin disease. Therefore, both disciplines are needed to manage this patient group effectively, highlighting the ongoing need for this clinic. Considering that a significant proportion of the patients demonstrated at least moderate scoring on DLQI and HADS questionnaires, other outcome measures for mood-related disorders should be considered.

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Abstract N°: 3746

The psychological burden of generalised pustular psoriasis: Claims-based evidence from the USA and Germany

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Introduction & Objectives:

Generalised pustular psoriasis (GPP) is a chronic, heterogeneous inflammatory disease associated with skin and systemic symptoms and recurrent, unpredictable flares, which have a major impact on patients' mental health and quality of life. Although it can co-occur with plaque psoriasis (PsO), GPP is a distinct disease (International Classification of Diseases [ICD]-10 code: L40.1). Understanding the psychological impact of GPP is crucial for improving patient care and outcomes. This study aimed to evaluate the psychological burden of GPP in patients in the USA and Germany (DE) compared with patients with plaque PsO only.

Materials & Methods:

Data were sourced from the USA (Inovalon database) and DE (WIG2 research database; German Statutory Health Insurances) claims databases between 2016–2019 and 2016–2020, respectively. Patients ≥18 years (USA) and ≥12 years (DE) of age with continuous enrolment for a minimum of 365 days post-index (date of diagnosis) were included. Patients with GPP (GPP only and GPP + plaque PsO) or plaque PsO only were identified based on ≥1 inpatient claim or ≥2 outpatient claims using ICD diagnosis codes (L40.1, L40.0), and diagnosis confirmed by a dermatologist or two different physicians. For USA and DE data, bivariate comparisons were made between patients with GPP and plaque PsO.

Results:

Overall, in the USA, 633 patients with GPP and 136,105 patients with plaque PsO only were identified; most patients with GPP were female (69%) and commercially insured (65%). In DE, a total of 976 patients with GPP and 48,411 patients with plaque PsO only were identified; most patients with GPP were female (57%), with a mean age (± standard deviation) of 54 (15) years. Phobic anxiety disorders, including somatoform, stress-related and adjustment disorders (USA: 53% vs 42%; DE: 32% vs 28%), depressive episodes (USA: 34% vs 23%; DE: 21% vs 19%) and recurrent depressive disorder (USA: 21% vs 14%), were more prevalent in patients with GPP than in patients with plaque PsO only. In both countries, a higher proportion of patients with GPP experienced mental and behavioural disorders due to psychoactive substance use compared with those with plaque PsO only (USA: 47% vs 25%; DE: 19% vs 15%). In the USA, patients with GPP exhibited a higher prevalence of opioid use (7% vs 4%), nicotine dependence (41% vs 19%), multiple drug use and use of other psychoactive substances (5% vs 2%) compared with patients with plaque PsO only. Similarly, patients with GPP in DE had higher rates of nicotine dependence (16% vs 11%) and pain (13% vs 11%) than patients with plaque PsO only.

Conclusion:

In both the USA and DE, a diagnosis of GPP was associated with a higher prevalence of various mental health disorders and psychoactive substance use compared with plaque PsO only. This demonstrates the substantial emotional and mental health burden in patients with GPP, which may be closely linked to the burden of chronic symptoms and the fear of flares. Patients with GPP can experience fear, anxiety and depression throughout the disease course,1 highlighting the need for comprehensive care strategies that address both the physical and mental health aspects of GPP.

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Abstract N°: 4000

Psoriasis Treatment and Quality of Life Enhancement: A Case Report Highlighting the Impact on Prurigo Nodularis

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Introduction & Objectives:

While psoriasis and prurigo nodularis are not commonly seen together, they can occasionally coexist, presenting clinicians with diagnostic and therapeutic challenges due to their distinct pathophysiologies. We present a case of a patient with both psoriasis and prurigo nodularis. Prurigo nodularis lesions were significantly better, without specific therapy, following an improvement in quality of life resulting from the successful treatment of psoriasis. Our objective is to explore the potential impact of psoriasis treatment on the improvement of prurigo nodularis, considering not only the dermatological aspects but also the psychosocial factors that may contribute to its manifestation and resolution.

Materials & Methods:

This case report involves a retrospective analysis of the patient’s medical history, clinical presentation and treatment trajectory. Relevant data, including demographic characteristics, comorbidities, prior dermatological interventions and therapeutic outcomes were documented. Evaluation of treatment efficacy encompassed objective clinical assessments and subjective patient-reported outcomes.

Results:

The patient, a 67-year-old female with a history of psoriasis and prurigo nodularis, underwent a comprehensive therapeutic regimen with notable improvement in her dermatological conditions.

Prior therapeutic modalities, including topical agents, systemic therapies, and phototherapy, yielded limited efficacy in controlling both conditions. The patient was started on tildrakizumab with significant clearance of psoriatic lesions and, while there was no direct correlation between tildrakizumab and prurigo nodularis improvement, initiation of treatment led the patient to report substantial enhancement in quality of life and a marked reduction in prurigo nodularis lesions, suggesting a potential impact on psychosocial factors influencing prurigo nodularis.

Conclusion:

This case underscores the importance of a holistic approach in managing concurrent psoriasis and prurigo nodularis. While the precise mechanism underlying remains uncertain, the observed improvement highlights the potential interconnectedness between psoriasis treatment efficacy and the resolution of prurigo nodularis lesions. Moreover, acknowledging the interplay of psychosocial factors in dermatological conditions like prurigo nodularis is crucial for devising holistic therapeutic strategies aimed at optimizing patient outcomes and quality of life.

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Abstract N°: 4016

Validating quality of life with a universally applicable 3-question approach

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Introduction & Objectives:

Compromised skin impacts quality of life. Many validated questionnaires are available to measure the impact of emotional, social and physical burden on quality of life and to quantify changes, using the established CADI (Cardiff Acne Disability Index) or DLQI (Dermatology Life Quality Index). However, these indices are often tailored to one skin indication, including redundant questions and ones not universally suitable for other skin conditions.

We thus developed a universal quality-of-life questionnaire with an index (ELQI) using three key questions and validated with clinical and consumer data.

Materials & Methods:

The four commonly used indices for acne were used as a basis: DLQI, CADI, Acne-QoL (Acne Quality-of-Life Questionnaire) and HADS (Hospital Anxiety and Depression Scale), as well as the PBI (Patient Benefit Index). All questions were clustered and universal clusters chosen, resulting in a representative key question for each cluster.

In a clinical study with 38 subjects with acne-prone skin, the efficacy of a product against blemishes and post-acne marks was assessed over 12 weeks. Clinical data was gathered, along with a self-assessment with CADI, at baseline, 2, 4, 8 and 12 weeks. In a consumer survey, 160 volunteers completed the ELQI and CADI at baseline and after 4- and 8-week product usage.

Further consumer surveys with 120 to 160 volunteers were conducted over 4 weeks with products against hyperpigmentation, acne or anti-aging, along with the ELQI at baseline at the end of the studies.

Results:

Questions for commonly used indices (CADI, DLQI, Acne Qol, HADS and PBI) led to 5 clusters: relationship, leisure & social activities, time & financial impact, skin condition & treatment and psyche. One representative, easy-to-understand question was then defined for each of the 3 most universal clusters.

In the clinical trial, the product against acne-prone skin showed continuous improvement for CADI until end of study. The CADI from a consumer survey with the same product showed comparable improvement rates. Unlike the CADI, the newly defined ELQI increases with improvement, having comparable improvement rates.

Comparison of ELQIs for 5 products showed that product usage improves ELQI for compromised skin (acne, hyperpigmentation) and non-compromised skin (anti-aging). The lowest ELQI at baseline was for the acne panel, followed by hyperpigmentation and anti-age. Product usage led to comparable ELQIs after 4 weeks.

Conclusion:

A simplified universal quality-of-life questionnaire (ELQI) was created using 3 key questions, representing 3 key areas impacting quality of life (relationship, leisure & social activities, psyche). First data indicates good correlation to established quality-of-life index CADI. However, further validation is needed. The ELQI was applicable in surveys on compromised and non-compromised skin, offering a useful tool to monitor improvements in patients’ quality of life.

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Abstract N°: 4128

Topical Steroid Withdrawal: A Modern Phenomenon with Historical Roots

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Introduction & Objectives:

Topical steroid withdrawal (TSW) is the latest in the long line of patient-led medical phenomena, on this occasion fuelled by social media. TSW is characterised by intense erythema and burning following discontinuation of prolonged use of mid- to high-potency topical corticosteroids. The origins of TSW can be traced to the early 2000s with Dr Rapaport as a notable contributor to the acknowledgement of the TSW phenomenon in 2003 through his publication on Red Skin Syndrome. Currently, TSW remains dismissed by many dermatologists, which may lead to the breakdown of patient-doctor trust and impact health-seeking behaviours. However, there are warnings from history regarding patient-led diagnoses and movements which can be reflected to guard against complacency in the context of conditions we struggle to initially explain.

Materials & Methods:

A literature review was performed using the terms inclusive of 'TSW, 'steroid withdraw*, 'skin disease', 'derm' on PubMed, MEDLINE and EMBASE databases. Only articles in English were chosen.

Results:

Patient advocacy groups played a vital role during the AIDS crisis in the late 1980s. In the early stages of the pandemic, there was a lack of recognition and understanding of AIDS as a distinct disease. Many healthcare professionals and public officials initially dismissed AIDS, associated it with pre-existing conditions like pneumonia, or allowed systemic homophobia to cloud evidence-based study and undermine compassionate care. However, patient advocacy groups such as ACT UP (AIDS Coalition to Unleash Power), played a crucial role in demanding AIDS to be recognised as an urgent public health crisis.

Recently, the scepticism of symptoms patients witnessed following COVID (fatigue, cognitive difficulties) was dismissed by healthcare professionals and attributed to post-viral fatigue or anxiety. Patient advocacy led to further research and a greater understanding of long COVID evolved. Recognition of the complex relationship between COVID and myalgic encephalomyelitis is now recognised.

In Dermatology, low-dose naltrexone was widely touted on social media, including YouTube, as an anecdotal treatment for patients with Hailey-Hailey disease. However, there was no published scientific evidence of naltrexone's effect on Hailey-Hailey until 2016. This prompted the publication of case reports which illustrated the effectiveness of naltrexone as a treatment modality.

Conclusion:

Overall, further research is required to understand the mechanisms behind TSW. However, it is important to understand the origins of the phenomenon which is first described by patients. The rising use of social media and patient advocacy groups can lead to misinformation surrounding topical corticosteroids and subsequent 'corticophobia'. It is important the dermatology community reflect on our past encounters with patient-led movements and think carefully before dismissing patient-led phenomena.

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Abstract N°: 4194

Content validity of the Dermatology Life Quality Index in adult patients with atopic dermatitis

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Introduction & Objectives:

Dermatology Life Quality Index (DLQI) is a widely used skin-specific questionnaire to assess the impact of skin conditions on HRQoL. We aimed to investigate the content validity (relevance, comprehensiveness and comprehensibility) of DLQI in adult patients with atopic dermatitis (AD) and identify areas for possible changes to improve measurement performance.

Materials & Methods:

Semi-structured, face-to-face interviews were performed between May 2021 and March 2022, at the Department of Dermatology, Venereology and Oncodermatology (University of Pécs, Hungary). Twenty adult patients with AD were recruited into the study. The sample was balanced in terms of age, gender, education and disease severity. Patients were asked about the important aspects of their lives affected by AD and then completed the DLQI following a think aloud protocol. Probing questions were asked to explore the relevance of each item of the questionnaire and the appropriateness of the wording, especially the understanding of the ‘not relevant’ response options. Interviews were subjected to thematic analysis.

Results:

We identified 36 important aspects of HRQoL in adult AD, categorized into five themes: (1) symptoms and disease course, (2) treatment difficulties, (3) impaired daily activities (4) mental health problems and (5) problems with intra- and interpersonal relations of the individual. The vast majority of these themes were covered by the DLQI, however, we captured some missing concepts such as psychological burden (n=3; 15%), diet (n=2; 10%), cost of treatment (n=2; 10%) and sleep (n=1; 5%). Items 1 (symptoms) and 2 (feelings) were found to be the most relevant to describe the impact of AD on patients’ HRQoL. On the other hand, item 3 (shopping, looking after home/garden) was considered to be the least relevant by the participants. Some suggestions were raised regarding the appropriateness of wording. The second part of item 7 (working/studying) was often misunderstood, and three participants (n=15%) could not interpret meaning of ‘making your home messy’ (item 10). The use of the recall period was as intended (n=19; 95%), and overall, 85% of patients could differentiate between the ‘not relevant’ and ‘not at all’ response options. However, some patients indicated that they used the ‘not relevant’ response option when they did not want to answer an item.

Conclusion:

Our study established the content validity of the DLQI by adult patients with AD, and we gained further insight into the interpretation of ‘not relevant’ response option. Based on the results of our study, further changes can be applied to make the DLQI more relevant for adult AD patients. These findings can also inform the development of new AD- or skin-specific HRQoL questionnaires.

Abstract N°: 4494

Prevalence of pruritus in acne patients and its relationship with psychoemotional status

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Prevalence of pruritus in acne patients and its relationship with psychoemotional status

Abstract

Introduction & Objectives: We aimed to evaluate the prevalence of pruritus in acne patients and to examine the relationship between pruritus and quality of life, stress, anxiety and depression.

Materials & Methods: Acne patients older than 18 years old were included in the study. Sociodemographic and clinical features of the patients, presence, characteristics of pruritus, and factors affecting pruritus in acne patients were recorded. All volunteers were asked to fill out the Depression Anxiety Stress Scale-21 (DASS-21) and the Turkish version of the acne quality of life index (TAQLI).

Results: A total of 221 acne patients were included in the study. Acne-related pruritus was present in 25.34% of the patients. When we compared patients with and without pruritus according to sociodemographic features, and medical and family histories of patients, there was no significant difference between groups. Postinflammatory hyperpigmentation, excoriation, and truncal acne were more common in patients with pruritus. There were no significant differences between patients with and without pruritus in terms of DASS 21 and TAQLI scores. Pruritus was most frequently localized on the cheeks (53.6%) and upper back (40.0%). The severity of pruritus was 3.95 ± 1.70 according to VAS. The mean duration of pruritus was 1430 ± 1670 weeks. During the day, pruritus was most common in the evening (39.3%). The highest frequency of pruritus was found to be several times a week (50.0%). Most patients stated that their pruritus lasted less than 1 minute (71.4%). Accompanying complaints were present in 60% of the patients; burning (58.3%) was the most common one. Hot water, air dryness, hot weather, and stress were found to increase pruritus.

Conclusion: Although pruritus was not found to be associated with quality of life and psychoemotional status, we found pruritus in approximately one-quarter of acne patients. Since pruritus is associated with excoriation and post-inflammatory hyperpigmentation in acne patients, pruritus should be considered in acne treatment.

Keywords: acne, pruritus, anxiety, depression, stress

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Abstract N°: 4599

Quality of life in patients with lichen planus

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Introduction & Objectives:

Lichen Planus (LP) is a chronic inflammatory skin condition known for its characteristic purple, polygonal papules affecting both skin and mucous membranes. Beyond its physical manifestations, LP profoundly impacts the quality of life (QoL) of affected individuals. This study aimed to assess the QoL in patients with LP, considering its multidimensional influence encompassing psychological, social, and emotional aspects.

Materials & Methods:

From January 2021 to January 2024, patients above 18 years attending the Dermatology Department of a University Hospital were recruited. Clinical and demographic data were collected, and patients completed self-administered questionnaires including the Dermatology Life Quality Index (DLQI), Skindex-16, and EQ-5D-5L, along with assessments of disease and pruritus severity on an 11-point scale.

Results:

Thirty patients with LP participated, comprising 30% males and 70% females, with a mean age of 54.40 years (SD ±14.05) and a mean disease duration of 8.37 years (SD ± 6.76). Disease severity and pruritus averaged 5.97 (SD ± 2.51) and 5.60 (SD ± 3.01), respectively. The mean DLQI score was 7.83 (SD ± 4.71), the mean Skindex-16 total 48.23 (SD ± 25.45), the mean Skindex-16 symptoms subscale 48.89 (SD ± 25.42), the mean Skindex-16 emotions subscale 56.59 (SD ± 29.19), and the mean Skindex-16 subscale functioning 48.23 (SD ± 25.45). The mean EQ-5D-5L index and EQ-Visual Analogue Scale (EQ-VAS) scores were 0.74 (SD ± 0.29) and 72.33 (SD ± 19.10), respectively. Patient’s disease severity correlated significantly with Skindex-16 total ($p=0.007$), Skindex-16 symptoms subscale ($p=0.11$), Skindex-16 emotions subscale ($p=0.11$), and Skindex-16 functioning subscale ($p=0.32$) while pruritus severity correlated with DLQI ($p=0.003$).

Conclusion:

This study underscores the substantial impact of LP on QoL, emphasizing the importance of comprehensive patient care strategies addressing not only clinical symptoms but also their broader psychosocial implications. Such insights can inform tailored interventions aimed at enhancing the well-being of individuals living with LP.

Abstract N°: 4713

More than skin deep: Evaluation of uptake and outcomes from a holistic dermatology psychology service at a large tertiary UK dermatology centre for people with chronic immune-medicated skin diseases

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More than skin deep: Evaluation of uptake and outcomes from a holistic dermatology psychology service at a large tertiary UK dermatology centre for people with chronic immune-medicated skin diseases

Introduction & Objectives:

Increased recognition of the need for psychological services in dermatology care settings reflects the significant burden of psychosocial morbidity associated with chronic inflammatory dermatoses. Rates of depression, anxiety, and suicidality are high, resulting from the associated stigma and psychological impairment which can accumulate irreversibly over the course of patients’ lives. Psychological interventions can be a valuable component of holistic management but rarely are these needs consistently met, with poorly defined services supporting different patient groups in different areas.

This study evaluates the experiences and initial outcomes from the first 17 months of a new adult dermatology psychology service at a large UK teaching hospital. This service, led by a senior clinical psychologist, provides psychological support for patients with inflammatory dermatoses.

Materials & Methods:

This service evaluation involved a chart review of patients accepted onto the dermatology psychology service. Demographic details and the source of referrals were recorded. Attendance and dropout rates were mapped to explore patient engagement and service efficiency. Treatment impact was assessed through patient self-report measures of overall distress (CORE-10), depressive symptomatology (PHQ-9), and anxiety symptoms (GAD-7) completed at the beginning and end of treatment. Finally, thematic analysis of patient records identified key themes for learning from the service experience.

Results:

Seventy-five patients were referred by the medical staff and 69 were accepted to the service. Of these, 42 engaged in treatment. The treatment population skewed towards being younger (62% aged under 40 years) and female (62%). Most patients had eczema, psoriasis, or hidradenitis suppurativa (HS). Referrals were most frequently made by dermatology consultants. For patients who attended at least one appointment, subsequent no-show rate was extremely low (2%). At the beginning of treatment, fifty-six percent of patients reported moderate to severe levels of emotional distress, with 78% reporting moderate to severe depression and 70% reporting moderate to severe anxiety.

Patient self-report measures completed pre- and post-treatment revealed improvement in emotional health (Δ CORE-10 = 10.8, Δ PHQ-9 =7.4 points, Δ GAD-7 =6). Thematic analyses included social isolation as a dominating feature leading to psychological morbidity, a synergistic relationship between skin and psychological improvement, and the role of the psychologist as a patient advocate.

Conclusion:

Psychological therapy can be an important intervention to support the holistic management of patients with chronic inflammatory dermatoses. Recommendations from the development of this psychologist-led service include establishment of a long-term psychodermatology service and the need for increased psychological support for our older dermatology patient population.

Abstract N°: 4719

Studying the quality of life and oilness of the skin in women with acne depending on the duration of the disease

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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 and remains an important social issue in about half of patients with development of psychoemotional disorders.

Objective. To study the quality of life and the state and oiliness of the skin 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 quality of the patients' life was evaluated using the Dermatology Life Quality Index (DLQI) psychometric questionnaire. The level of sebum production was measured using a sebum meter (Sebumeter® SM 815).

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

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). The largest impact of the disease on patient's life was observed in daily activities and private life.

An increase in production of sebum (μg/cm2) on forehad by 48.86% (176.4±11,12) was observed in the examined women with acne with the disease duration of up to 1 year compared with the values of the control group (118.5±10.34, $p<0.01$), and by 40.42% (166.4±10.66, $p<0.05$) in patients with the disease duration of 1 to 5 years, on cheeks in accordance: by 66.5% (137.7±8,88, $p<0.001$), and by 54.65% (127.9±9.34, $p<0.001$), control group 82.7±9.68.

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 secretion of forehead and cheek sebum was observed in the examined women with acne, which significantly differed in patients with different duration of the disease. It was revealed the relationship between the quality of life, increased skin oiliness and the duration of the disease in patient with acne. This substantiates the necessity to find new comprehensive differentiated methods of treatment for this patients.

Abstract N°: 4723

Analysis of anxiety disorders and quality of life in young males with androgenetic alopecia

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Introduction & Objectives: Androgenetic alopecia (AGA) is a non-scarring progressive miniaturisation of hair follicles that develops in individuals with a hereditary predisposition. The incidence of AGA is about 80% of all hair loss cases in men. Early hair loss in men aggravates the psychological state of patients and often interferes with their socialisation.

The **study objective** was to investigate the quality of life and anxiety indicators in young males with AGA.

Materials & Methods: We examined 44 male patients with AGA aged 17 to 35 years with AGA (the group aged 17 to 25 years included 22 patients (50%)). The dermatological quality of life index was determined using the Dermatology Life Quality Index (DLQI) psychometric checklist and anxiety scores were determined using the Spielberger-Hanin test (consisting of 40 statements, of which one to twenty are designed to assess reactive anxiety and twenty-one to forty are used to determine personal anxiety). An anxiety level of up to 30 scores is considered to be low, 31-45 scores as moderate, and more than 45 scores indicate high anxiety. The AGA clinic was assessed using the Hamilton–Norwood scale).

Results: According to the Hamilton-Norwood scale, 12 (27.3%) men developed AGA stage 1, 8 (18.2%) men experienced stage 2, 7 (15.9%) men - stage 3, 4 (9.1%) men - stage 4, 7 (15.9%) men - stage 5, 4 (9.1%) men - stage 6, and 2 (4.5%) men suffered from AGA stage 7.) The reference group consisted of 44 men of comparable ages.

In all examined AGA patients, the DLQI differed significantly ($p<0.001$) depending on the severity of the disease: in patients having 1-4 stages, the index was 25.14±0.64 (a very significant impact of dermatological disease on the LQ), and in patients with 5-7 AGA stages - 12.31±0.63 (a significant impact on the LQ). Notably, all patients reported that daily activities and private life were affected most of all.

Reactive and personal anxiety levels were significantly elevated (more than 45 points) according to the Spielberger-Hanin test interpretation table in all examined patients, with personal anxiety scores significantly higher than those of reactive anxiety, regardless of disease severity. However, in the male group aged 17 to 25 years, the level of both reactive (58.22±3.44 scores) and personal (72.24±4.64 scores) anxiety was significantly ($p<0.05$) higher than in the male group aged 26 to 35 (46.34±2.90 and 61.22±2.38 scores, respectively).

Conclusion: AGA significantly compromised the LQ, especially in men suffering from 1-3 stage of hair loss. We observed higher rates of anxiety, especially personal anxiety, but the highest rates were in the group of patients under the age of 25. Thus, the treatment of AGA in young males should include sedatives and psychotherapist advice, which will help to improve the LQ and reduce anxiety in patients, especially those aged 17 to 25.

Abstract N°: 4789

Dermatology life quality index (DLQI) and patients' general wellbeing: Is there a link?

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Introduction & Objectives:

Chronic dermatological conditions are commonly associated with mental health conditions such as depression and anxiety, in addition to being linked with poor self-esteem. We therefore conducted a survey to better understand the link between dermatological conditions and patients' general wellbeing, aiming to establish a relationship between a validated score such as the dermatology life quality index (DLQI) and a more generalized well-being score such as the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS).

Materials & Methods:

The WEMWBS is a validated score that was developed to enable the measuring of mental wellbeing in the general population and the evaluation of programmes, projects and policies which aim to improve mental wellbeing, whereas the DLQI is used to measure the impact of skin disease on the quality of life of an affected person. A higher score in WEMWBS indicates a higher level of wellbeing, whilst a higher DLQI score means that a patient's skin condition has a larger impact on their quality of life. We performed a snapshot analysis of patients attending appointments at a busy morning dermatology clinic.

Results:

46 patients answered both the DLQI and WEMWBS questionnaire. 20% (n=9) patients scored more than 60 points for the WEMWBS, reflecting a high level of wellbeing. Of these 9, 89% (n=8) had a DLQI score of less than 5, indicating that their skin conditions have nil or little effect on their quality of life. 15% (n=7) patients had a WEMWBS score of between 14-42 which reflects a low level of wellbeing and of these 7, 43% (n=3) had a DLQI score of 6 or more, indicating that their skin conditions have at least a moderate effect on their lives. 65% (n=30) of patients had a WEMWBS score of 43-59, indicating an average level of wellbeing while the mean DLQI score was 5.5.

Conclusion:

Limitations of this study include a limited sample size, as well as incomplete answering of the questionnaires. Variation in the types of dermatology clinics being run on the day may also have impacted the results, for example, a patient attending for a minor procedure may not have any chronic skin conditions. In conclusion, our study found that patients with a higher general wellbeing score had a lower DLQI score, however there was no clear correlation between patients having a lower wellbeing score and having a higher DLQI score. A larger sample size as well as stratification based on specific dermatological conditions may provide more meaningful conclusions.

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Abstract N°: 4835

Tildrakizumab rapidly improves health-related quality of life in moderate-severe chronic plaque psoriasis: results of a prospective, open-label, real-world study

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Introduction & Objectives:

Chronic plaque psoriasis is an inflammatory disease of the skin and joints affecting up to 3% of the western population. Psoriasis also negatively impacts on patients’ emotional and psychosocial wellbeing and work. Tildrakizumab, a humanized monoclonal antibody inhibiting the p19 subunit of interleukin (IL)-23, has been approved for treating moderate-to-severe chronic plaque psoriasis following its demonstrated efficacy and safety in phase 2b and phase 3 clinical trials. To investigate how changes in objective response correlate with early improvement in quality of life in a real-world setting, we studied changes in patient-reported outcome measures (PROMs) during tildrakizumab treatment for moderate-to-severe chronic plaque psoriasis.

Materials & Methods:

Consecutive adult patients with moderate-to-severe plaque psoriasis were included from January 2022 through December 2023 in this open-label, prospective, monocentric study. Patients were eligible for treatment with tildrakizumab following the EuroGuiDerm guideline for the systemic treatment of chronic plaque psoriasis and local reimbursement policy. All patients received tildrakizumab 100 mg subcutaneously at baseline (week 0), week 4, and subsequently every 12 weeks. Psoriasis Area and Severity Index (PASI), Dermatology-related Life Quality Index (DLQI), Skindex-16 and visual analog scales (VAS) for pruritus, scaling and pain were evaluated at baseline and at week 16. The Wilcoxon signed-rank test was applied to all assessments. Spearman’s correlation test was used for evaluating potential correlations between PASI scores and PROMs. Statistical analysis was carried out with STATA software version 18.

Results:

Data for 34 patients were available for endpoint analysis. Median PASI decreased from 11.35 [10 – 12.4] at baseline to 1 [0 - 2.3] at week 16 ($p < 0.001$). Similarly, median DLQI decreased from 8 [4 – 14] at baseline to 0 [0 – 6] at week 16 ($p < 0.001$). Skindex-16 scores decreased from 65.62 [44.79 – 80.18] to 14.58 [2.08 – 45.83] ($p < 0.001$). VAS scores for pruritus and scaling were reduced from a median of 7 [3 – 8.5] and 7 [5 – 8] at baseline, respectively, to 1 [0 – 3] and 2 [0 – 5] at week 16 ($p < 0.001$). VAS for pain exhibited a decrease, from a median baseline of 1 [0 – 4] to 0 [0 – 1] at week 16 ($p = 0.025$). Despite no significant correlation was observed between PASI and any PROM at baseline, all of these variables exhibited a significant positive correlation with PASI at week 16. Notably, the strongest correlation was shown by VAS for pruritus, (correlation coefficient of 0.6974). The weakest, yet still significant, correlation was for VAS for pain (correlation coefficient of 0.4310).

Conclusion:

Tildrakizumab enabled achieving almost complete clearance of psoriatic lesions and significantly improved all HRQoL PROMs at week 16, i.e., after the first 2 injections. The marked decrease in PASI clearly correlated with enhancement of quality of life, suggesting that PROMs could represent reliable components of decision making in clinical health care for psoriasis. Additional data expected from this ongoing study could further support the effectiveness of tildrakizumab on both objective responses and PROMS in the long-term.

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Abstract N°: 4940

Health-related quality of life in people with Chronic Hand Eczema - Findings from the multi-national CHECK study

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Introduction & Objectives: Real-world evidence on health-related quality of life (HRQoL) in people with CHE is scarce, in particular in those using Topical Corticosteroids (TCS). This study aims to assess generic and dermatology-specific HRQoL in people with CHE per treatment type, particularly among those receiving TCS.

Materials & Methods: CHECK (Chronic Hand Eczema epidemiology, Care, and Knowledge of real-life burden) is a population-based study. Participants were recruited in Canada, Germany, France, Italy, Spain, and the UK aged 18-69 via online panels. Quotas, and a minor weighting adjustment, were performed to ensure that participants were representative of the general population in the respective countries. Overall results were then weighted to country population. Only participants who reported a physician diagnosis of CHE were included. A validated photo-guide was used to assess severity in the past week. Dermatology Life Quality Index (DLQI) and the generic EQ-5D-5L (ranging from 0=worst imaginable health to 1=best imaginable health), with the UK value set, were descriptively analysed.

Results: In total, 1948 participants were included, with a mean (SD) age of 43.2 (12.6), and 64.5% females. In subgroups of current treatments, 1.8% used injectables (n=35), 7.8% oral systemics (n=151), and 1.2% phototherapy (n=23) with or without combinations with other topicals. More than a third of participants (36%) were currently using TCS (n=702) without any systemic treatment. Other topicals (emollients or other medical creams) were reported in 21.8% (n=424), whereas 31.1% reported no treatment for their CHE (n=606) (Unknown, n=6).

Median (IQR) DLQI was 11.1 (7.3, 16.0) for participants reporting treatment with injectables, 9.0 (4.0, 13.4) for oral systemics, 10.1 (7.6, 14.8) for phototherapy, 5.0 (2.0, 10.0) for TCS, 3.0 (1.0, 8.0) for other topicals, and 2.0 (0.0, 5.0) for those reporting no treatment.

Mean (SD) EQ-5D-5L was 0.645 (0.305) for participants reporting treatment with injectables, 0.635 (0.273) for oral systemics, 0.600 (0.299) for phototherapy, 0.704 (0.252) for TCS, 0.725 (0.238) for other topicals, and 0.738 (0.239) for those reporting no treatment.

In the subgroup using TCS, a large proportion (60.3%) reported moderate to severe disease symptoms. In this subgroup, the median (IQR) DLQI was 7.0 (3.0, 11.0) and in participants with mild symptoms it was 3.0 (1.0, 6.0). Mean (SD) EQ-5D-5L was 0.696 (0.246) in participants with TCS and moderate to severe symptoms, and 0.715 (0.261) in those with mild symptoms.

Conclusion: Results show that HRQoL is increasingly impaired at each step of the treatment ladder. For individuals with CHE requiring systemic treatment or phototherapy, the disease has a very large impact on their HRQoL despite being on treatment. Similarly, individuals with moderate to severe CHE undergoing TCS treatment, still experienced a significant impact on both generic and dermatology-specific HRQoL.

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Abstract N°: 5040

Assessment of the mental status of patients with rosacea

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Introduction & Objectives:

Rosacea is a common chronic skin disease that significantly impairs patients' quality of life. Various phenotypic characteristics and the localization on the face can have a negative impact on mental health and socialization, causing anxiety and depression in patients with rosacea. The aim of the study was to determine baseline levels of anxiety and depression in patients with erythematotelangiectatic telangiectatic and papulopustular rosacea and their combination and to compare the effect of combination therapy on patients' psychoemotional state.

Materials & Methods:

We observed 45 patients with a diagnosis of erythematotelangiectatic rosacea and papulo-pustular subtypes of mild and moderate severity and their combination. Patients were divided into three groups according to the choice of combination of treatment methods: In group No. 1, – 15 patients received botulinum toxin therapy with topical azelaic acid 15% plus ivermectin 1%. In group No. 2, - 15 patients received pulsed dye laser (PDL) 595 nm in combination with the topical therapy azelaic acid plus ivermectin. In group No. 3, - 15 patients received incobotulinumtoxinA in combination with PDL 595 nm and topical azelaic acid therapy in combination with ivermectin. The course of treatment was three months.

Results:

All patients tolerated the treatment satisfactorily; no side effects were registered, which indicates the possibility of combined use of azelaic acid and ivermectin preparations in combination with botulinum therapy with incobotulinumtoxinA and PDL 595nm.

According to the developed questionnaire, 26.7 % of the patients included in the study showed a deterioration in skin appearance due to emotional strain and stress.

All patients at baseline showed subclinical manifestations of anxiety and depression according to the Hospital anxiety and depression scale (HADS). In addition, the mental state and anxiety of patients with rosacea can be significantly improved after treatment. Combination therapy with ivermectin, azelaic acid, PDL 595 nm and botulinum therapy brings maximum results in normalizing the psychoemotional state.

Alleviating the clinical manifestations of rosacea helps to reduce the level of anxiety and depression in patients with rosacea.

Conclusion:

The psychosocial effects of rosacea can be severe and debilitating and lead to anxiety and depression. It is important for clinicians to recognize the psychological impact of this disease, to use and implement combined treatment methods. The combination of topical therapy, botulinum therapy and PDL 595 nm, reducing the clinical manifestations of rosacea, normalizes the level of anxiety and depression. Improvement of the psychoemotional status of patients, reduction of anxiety and depression in patients with rosacea can increase the periods of remission of the disease, improve the quality of life.

Abstract N°: 5420

Living with Psoriasis : a worldwide comparative and comprehensive burden analysis

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Introduction & Objectives:

Apart from its skin-related symptoms, psoriasis presents a cosmetic and functional impairment, especially when it affects the hands. This not only compromises physical appearance but also hampers basic tasks, significantly impacting individuals' daily quality of life and their social interactions.

Materials & Methods:

The ALL PROJECT is a large-scale study of individuals representative of the adult population in 20 countries on five continents: Europe [France, Italy, Germany, Poland, Portugal, Spain, Denmark; n=17500], Latin America[LA] [Brazil, Mexico; n=6501], Asia [China, India, South Korea; n=10500], North America [NA] [Canada, USA; n= 7500); Middle East [ME] [Israel, United Arab Emirates; n=2750], Australia [Australia; n=2000] and Africa [Kenya, South Africa, Senegal; n=1800]

In each of the 20 countries surveyed, representative and extrapolable samples of the general population aged 16 and over were interviewed. This methodology ensures that the results of the study can be generalised to the entire population of each country included in the project, thus providing a global and diversified perspective of the subjects studied. Patients reporting only Psoriasis as confirmed by a healthcare professional, were identified to avoid attributing effects to another skin condition. The results were compared using chi-squared or Fisher's exact test. The alpha risk was set at 5% and two-tailed tests were used. Statistical analysis was performed using EasyMedStat (version 3.34; www.easymedstat.com).

Results:

Psoriasis is a condition that has a profound impact on the emotional and social aspects of patients' lives. In Europe, 40.5% of sufferers experience an impact on their personal lives. In Asia, the Middle East and Africa, the proportion is higher, at 61.4%, 46.6% and 54.2% respectively. In North America and Australia, this proportion is lower than in Europe, at 38.6% and 33.3% respectively. Africa is at 44.4%.The disruption to life as a couple was more pronounced in Asia (36.9%), Africa (33.3%), LA (28.6%) and NA (27.3%) than in Europe (21.1%), reflecting the impact of psoriasis on intimate relationships. With regard to sleep, patients in LA (54.5%) and Africa (66.7%) experienced more disturbances than those in Europe (39.9%) and Asia (34.4%).

Finally, feelings of rejection and disgust serve to exacerbate patients' distress. While 16.9% of European patients feel rejected, this proportion is 27.3% in Asia and 32.5% in LA. Disgust is felt by 18.3% in Europe, 27.3% in LA and 22% in Africa. For the last two, no region is below 15%, which serves to highlight the stigma felt.

These comparisons demonstrate that while psoriasis is a significant issue in Europe, its impact is even more pronounced in other regions, underscoring the pressing need for care strategies that are tailored to each cultural and regional context.

Conclusion:

The findings suggest that psoriasis exerts a significant influence on the emotional and social aspects of life, affecting nearly half of European and Latin American patients' self-esteem and body image. The implications on daily functioning, productivity, and financial burden emphasize the necessity of addressing psoriasis not solely as a dermatological condition but also as a broader public health concern. Recognizing the importance of therapeutic approaches that integrate psychological and social considerations is increasingly vital for enhancing the well-being of individuals coping with psoriasis.

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Abstract N°: 5513

Impact of Hidradenitis Suppurativa: A Worldwide Study on the Socio-Psychological Burden

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Introduction & Objectives:

Hydradenitis suppurativa (HS) is a chronic skin disorder characterized by enduringly painful nodules and recurrent abcesses. It deeply impacts patients' wellbeing, causing discomfort, pain, and potentially significant psychological and social difficulties. Assessing its influence across diverse populations could facilitate the development of more effective treatment approaches and customized support interventions.

Materials & Methods:

The ALL PROJECT is a large-scale study of individuals representative of the adult population in 20 countries on five continents: Europe [EU] [France, Italy, Germany, Poland, Portugal, Spain, Denmark; n=17500], Latin America [Brazil, Mexico; n=6501], Asia [China, India, South Korea; n=10500], North America [Canada, USA; n= 7500); Middle East [Israel, United Arab Emirates; n=2750], Australia [Australia; n=2000] and Africa [Kenya, South Africa, Senegal; n=1800]

In each of the 20 countries surveyed, representative and extrapolable samples of the general population aged 16 and over were interviewed. This methodology ensures that the results of the study can be generalised to the entire population of each country included in the project, thus providing a global and diversified perspective of the subjects studied. Patients reporting only HS as confirmed by a healthcare professional, were identified to avoid attributing effects to another skin condition. Statistical analysis was performed using EasyMedStat (version 3.34; www.easymedstat.com).

Results:

A total of 95 patients were identified with HS as their sole dermatological condition. One in two [51.6%] HS patients reported feeling tired because of their dermatitis (55.1% in EU). This figure may be explained by the fact that 58.9% of HS patients reported having difficulty sleeping (59.2% in EU). Furthermore, 51.6% of patients stated that they had had to be more vigilant with their spending, compared with 46.9% in EU .

Social rejection and perception of disgust: A total of 41.1% of patients reported feeling ostracized or rejected by others because of their HS (42.9% in EU). Furthermore, 35.8% of patients admitted to having felt looked at with disgust (38.8% in EU). Additionally, 41.1% of patients consistently stated that they had the impression that certain people avoided them (44.9% in EU). This sentiment of social exclusion is reflected in the fact that 36.8% have chosen to abstain from attending social events, whether familial or occupational, due to their HS (32.7% in EU). In terms of interpersonal challenges, one-half of patients (50.5%) have reported difficulties in their romantic relationships (44.9% in EU). Concurrently, 45.3% of patients indicated that their sexual activity had been affected by their HS (42.9% in EU). 46.3% of patients with HS reported feeling discouraged (49% in EU).

Conclusion:

The data analysis unveiled a notable consistency between EU and the rest of the world, underscoring the urgency of implementing global measures to address HS. The congruence in outcomes across continents implies shared obstacles and potential for collaborative resolutions. These findings emphasize the need for increased investment in international research, heightened awareness, and standardized treatment methods. It is crucial for healthcare systems to embrace a multidisciplinary strategy to confront the multifaceted aspects of HS, showcasing our dedication to empathetic and efficient management of this intricate and widespread condition.

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Abstract N°: 5521

Use of magnetisers and traditional healers by people with skin diseases: A worldwide study , Results of the ALL Project.

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Introduction & Objectives:

Healers and magnetizers, typically grouped within alternative or complementary medicine, are individuals who assert the ability to influence a person's energy fields to enhance their health. In dermatology, these methods are not widely accepted and provoke debate due to insufficient scientific evidence supporting their efficacy. Despite this, certain individuals with skin ailments opt for these therapies, hopeful of their healing properties. This study aimed to determine the frequency of magnetizer and traditional healer (MTH) utilization among patients with skin disease [SD] , and to examine the usage of conventional treatments such as topical and systemic medications among MTH clientele.

Materials & Methods:

This online survey was conducted among a representative sample of the population [from 20 countries] aged 16 years or older The questionnaire focused on patient experience. It collected information on demographics, any SD in the past 12 months, type of physician and therapeutic management. The primary analysis of this study was the prevalence of use of at least one MTH alone or in combination with standard therapies in the 12 months prior to the survey. The secondary analysis was a comparison of MTH and non-MTH users to evaluate predictors: socio-demographic, clinical parameters and treatments used to treat .

Results:

5454 men & 7031 women were identified with one only SD; mean age 41.25+/-15.8 (16-96 years). 2514 (20.1%) atopic dermatitis, 991 (7.9%) psoriasis, 4441 (35.6%) acne, 489 (3.9%) rosacea, 179 (1.4%) vitiligo, 95 (0.8%) hidradenitis suppurativa, 562 (4.5%) chronic hand eczema.

5652 (45.3%) consulted a doctor, including 3913 (31.9%) a dermatologist. 9542 (76.4%) received care. 383 (3.1 %) of respondents said they had used MTH to treat their SD (188 magnetizers and 169 traditional healers and 26 both) . There were 195 ((51%) males and 188 females with a mean age of 31.7+/-14.1 years (min 18 - max 65).

The use of FT was significantly more frequent in people under 35 years of age (3.9% vs 2.5% $p \leq 0.01$) and in those living in urban areas (3.3% vs 2.3% <0.04). The prevalence of TFR use is higher in India (8.0%), United Arab Emirates (5.2%), South Africa (4.9%), China 4.0%), Kenya (3.6%), South Korea (3.5%) and France (3.4%). In Europe the prevalence is 2.1%.

Vitiligo and HS patients had the highest incidence of vitiligo at 8.4% in both populations.

In patients suffering from Eczema, Acne or Psoriasis the rates are 2.7%, 2.8% and 2.9% respectively.

It is interesting to note that recourse to a doctor is not to the detriment of traditional medicine: 66.3% of patients said they had consulted a doctor in the last 12 months, compared with 44.6% ($p<0.001$)

Conclusion:

This is the first study to assess the prevalence of MTH in people with DS. It needs to be complemented by more mechanistic research into why people choose to use MTH and the impact of MTH on the wellbeing and quality of life of people with SD.

In particular, it will be interesting to understand why patients with vitiligo or HS are more likely to use it compared to AD and psoriasis. The fact that these 2 conditions have not yet undergone a therapeutic revolution may have something to do with this.

Abstract N°: 5523

Pigmentation disorders in NORTH ASIA : Results of International Survey on Pigmentation-disorders Observational Tracking [I'SPOT] study. Quality of life & stigmatisation in NORTH ASIA compared with the SOUTHEAST ASIAN PACIFIC.

Chee-Leok Goh[1], Hee Young Kang[2], Henry W. Lim[3], Brigitte Dréno[4], Jean Krutmann[5], Andrew F. Alexis[6], Suzana Puig[7], Fatimata Ly[8], Sérgio Schalka[9], Jorge Ocampo-Candiani[10], Anne-Laure Demessant-Flavigny[11], Caroline Lefloch[12], Delphine Kerob[13], Thierry Passeron[14], Akimichi Morita[15], Liu Wei[16]

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Introduction & Objectives:

Pigmentation disorders [PDs] are one of the most common dermatological conditions, but their impact remains poorly understood worldwide. The aim of this study is to fill this gap by providing factual answers to the impact of these disorders on patients' daily lives.

Materials & Methods:

The I'SPOT project, which mobilised 48,000 people in 34 countries between 12/22 and 02/23, was designed to ensure demographic representativeness (gender, age, occupation, region) using the quota method. The self-administered online questionnaire collected demographic data, self-reported pigmentation status. The use of two validated questionnaires [DLQI & PUSH-D] provides a more academic perspective. We specifically present the data for the 3 North Asia [NA] countries [China, Japan, South Korea] and compare them with the 4 Southeast Asian Pacific [SAP] countries [Singapore, Malaysia, Thailand, Indonesia].

Results:

In this study, 54.7% of individuals in NA expressed at least one PD, compared with 64.7% in SAP, a statistically significant difference (P-value < 0.0001).

For the remainder of the description, in order to relate the result only to the PD in question, we have identified those individuals who reported an only one PD. Around a third of people with PD reported having received a previous dermatological diagnosis, with a lower proportion in NA (26.5 %vs 41.4%, <0.001). In NA, 24.9% of patients [Pt] found their PD bothersome [vs 28.1% in SAP, p value 0.04]. Measured by the DLQI, about 34.9% of Pt in NA reported a moderate or significant impact of PDs, with notable differences depending on the PD (Solar lentigo [SL] 27.7%; Peri-orbital hyperpigmentation [POH]: 42.3%; melasma:45.9%; axillary hyperpigmentation [AH]:37.8%; Post-inflammatory hyperpigmentation [PIH]: 44.4% & vitiligo:49%). In the SAP this prevalence was 37.4% [P-value :0.1560] with notable differences according to PD (SL: 28.2%; POH: 42.3%; melasma: 30.6%; AH: 39.1%; PIH 38.5% and vitiligo: 45.9%). As far as stigma is concerned, the PUSH-D score shows variable results between PDs and, within the same PD, between Pt in NA and those in the SAP.

Vitiligo (19) and PIH (13.6) are the 2 PDs that generate the highest stigma score in NA. This is not the case in SAP where vitiligo (12.7) and PIH (11.7) generate a lower stigma score. In daily life, Pt with PD often say they avoid appearing in family photos for fear of damaging them. This is particularly true of Pt with vitiligo in NA, [62.7% vs 49.5% of Pt with SAP]. In addition, many Pt report hiding the visible parts of their affected skin, with 67.9% of NA melasma Pt vs 56.5%. Feelings of rejection are also common, with 22.9% of melasma Pt and 49% of vitiligo Pt reporting this emotion. These figures are also significant, although lower for SAP Pt, respectively 22.9% & 26.4% reporting having felt rejected.

Conclusion:

The findings of the I'SPOT research delineate a relevant perspective on the occurrence of PD within NA as opposed to their prevalence in SAP. The discomfort attributed to PDs, while universally acknowledged, manifests more intensively in SAP, highlighting cultural and regional disparities in the experiences of those affected.

QoL assessments, as indicated by the DLQI scores, point to the considerable emotional and social toll exerted by specific PDs, emphasizing the diversity of patient experiences. Moreover, the stigma associated with conditions such as melasma, vitiligo, and PIH showcases a consistent challenge across borders.

Abstract N°: 5525

Pigmentation disorders in Europe Results of International Survey on Pigmentation-disorders Observational Tracking [I'SPOT] study Quality of life & stigmatisation compared with the rest of the world.

Brigitte Dréno[1], Jean Krutmann[2], Andrew F. Alexis[3], Suzana Puig[4], Liu Wei[5], Akimichi Morita[6], Chee-Leok Goh[7], Hee Young Kang[8], Fatimata Ly[9], Sérgio Schalka[10], Jorge Ocampo-Candiani[11], Anne-Laure Demessant-Flavigny[12], Caroline Lefloch[13], Delphine Kerob[14], Henry W. Lim[15], Thierry Passeron[16]

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Introduction & Objectives:

Pigmentation disorders [PDs] are one of the most common dermatological conditions, but their impact remains poorly understood worldwide. The aim of this study is to fill this gap by providing factual answers to the impact of these disorders on patients' daily lives.

Materials & Methods:

The I'SPOT project, which mobilised 48,000 people in 34 countries between 12/22 and 02/23, was designed to ensure demographic representativeness (gender, age, occupation, region) using the quota method. The self-administered online questionnaire collected demographic data, self-reported pigmentation status. The use of two validated questionnaires [DLQI & PUSH-D] provides a more academic perspective. We specifically present data from the 8 European countries [EU: France, Spain, Germany, UK, Italy, Greece, Sweden, Russia)] and compare them with the 26 other countries [Rest of the World: RoW].

Results:

In this study, 40% of people in EU expressed at least one PD compared to 53% in RoW, a statistically significant difference (< 0.0001). For the remainder of the description, in order to relate the result only to the PD in question, we have identified those individuals who reported an only one PD. One third of people with PD reported a previous dermatological diagnosis, with a higher proportion in EU (32.6% vs 30.1%, P-value = 0.011). In EU, 20% of patients found their PD bothersome [vs 27.7% in RoW, < 0.0001]. Measured by the DLQI, about 13.5% of patients in EU reported a moderate or significant impact of PDs, with notable differences depending on the PD (Solar lentigo [SL] : 8.7%; Peri-orbital hyperpigmentation [POH] : 22.3%; melasma: 17.3%; axillary hyperpigmentation [AH] : 29.6%; Post-inflammatory hyperpigmentation [PIH] : 25.9% and vitiligo: 23.1%). In the RoW this prevalence was 27.8% [P-value < 0.0001] with notable differences according to PD (SL: 21.2%; POH: 35.9%; melasma: 35.3%; AH: 36%; PIH 40.8% and vitiligo: 46.9%). Regarding stigmatization, the PUSH-D score indicates varying results among PDs and within the same PD between European patients and those from the rest of the world. Melasma and vitiligo appear to generate less stigma in Europe (Push-D scores of 7.7 and 7.9, respectively) compared to the RoW (Push-D scores of 11.7 & 17.1, respectively). This trend is observed across all PDs. In daily life , patients with PD often report avoiding appearing in family photos for fear of spoiling them. This is particularly true for vitiligo patients in the EU, where 26.5% report this fear compared to 51.3% of non-EU patients. Additionally, many patients report hiding the visible parts of their PD, with 65.6% of PIH patients in the EU and 63.4% of non-EU patients reporting this behaviour. Feelings of rejection are also common, with 18.4% of vitiligo patients and 16.1% of melasma patients in the EU reporting this emotion. These figures are even higher for non-EU patients, with 33.7% of vitiligo & 23.6% of melasma

Conclusion:

The I’SPOT study highlights significant differences in the prevalence and psychosocial impact of pigmentation disorders between European populations and those in the RoW. In particular, the results highlight the greater stigma and daily impact for patients in RoW, especially those suffering from vitiligo & melasma. This research highlights the importance of targeted approaches to support people with PD, taking into account regional differences in the management and perception of these PD, the prevalence of which is undoubtedly underestimated.

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Abstract N°: 5526

Pigmentation disorders in North America Results of International Survey on Pigmentation-disorders Observational Tracking [I'SPOT] study Quality of life & stigmatisation compared with the rest of the world.

Henry W. Lim[1], Andrew F. Alexis[2], Sérgio Schalka[3], Brigitte Dréno[4], Jean Krutmann[5], Suzana Puig[6], Liu Wei[7], Akimichi Morita[8], Chee-Leok Goh[9], Hee Young Kang[10], Fatimata Ly[11], Jorge Ocampo-Candiani[12], Anne-Laure Demessant-Flavigny[13], Caroline Lefloch[14], Delphine Kerob[15], Thierry Passeron[16]

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Introduction & Objectives:

Pigmentation disorders [PDs] are one of the most common dermatological conditions, but their impact remains poorly understood worldwide. The aim of this study is to fill this gap by providing factual answers to the impact of these disorders on patients' daily lives.

Materials & Methods:

The I'SPOT project, which mobilised 48,000 people in 34 countries between 12/22 and 02/23, was designed to ensure demographic representativeness (gender, age, occupation, region) using the quota method.

The self-administered online questionnaire collected demographic data, self-reported pigmentation status. The use of two validated questionnaires [DLQI & PUSH-D] provides a more academic perspective. We specifically present the data for the 2 North America countries [NA: Canada & US] and compare them with the 32 other countries [Rest of the World: RoW].

Results:

In this study, 49.6% of individuals in NA expressed at least one PD, compared with 52.5% in the RoW, a statistically significant difference [SsD] (P-value < 0.0001). The sex ratio favoured women, with 61.2% in NA compared with 59.3% elsewhere. For the remainder of the description, in order to relate the result only to the PD in question, we have identified those individuals who reported an only one PD. A third of people with PD reported having received a previous dermatological diagnosis, with a lower proportion in NA (22.7%vs 31.6%, P-value = 0.011). In NA, 20%

of patients found their PD bothersome [vs 27.7% in RoW, < 0.0001]. Measured by the DLQI, about 14.4% of patients in NA reported a moderate or significant impact of PDs, with notable differences depending on the PD (Solar lentigo [SL] : 6.9%; Peri-orbital hyperpigmentation [POH] : 20.5%; melasma: 29.4%; axillary hyperpigmentation [AH] : 25.5%; Post-inflammatory hyperpigmentation [PIH] : 38.2% and vitiligo: 34.3%). In the RoW this prevalence was 27.2% [< 0.0001] with notable differences according to PD (SL: 17.6%; POH: 34.6%; melasma: 32.3%; AH: 35.5%; PIH: 38.6% & vitiligo: 40.2%).** As far as stigma is concerned, the PUSH-D score shows variable results between PDs and, within the same PD, between patients in NA and those in the RoW

Melasma, vitiligo and PIH appear to generate similar stigma in NA (Push-D scores of 11, 14 & 12 respectively) as in the RoW (Push-D scores of 11, 14.4 & 12.6 respectively). This trend is not observed for SL [Push-D scores :3.5 in NA vs 6 in RoW]. In daily life, patients with PDs often report avoiding appearing in family photos for fear of spoiling them. This is particularly true for vitiligo patients in the NA [31.4% vs 44.8%]. Feelings of reject are also common, with 25.7% of vitiligo patients & 14.7% of melasma patients in the NA reporting this emotion. These figures are even higher in WoR, with 29.4% of vitiligo and 22.5% of melasma patients reporting feeling rejected..

Conclusion:

The I’SPOT study highlights a slightly lower prevalence of PD in NA compared to the RoW , with SsD.

There’s a notable variation in the perception of these conditions as bothersome, with individuals outside NA expressing greater discomfort. The impact of PDs on QoL, as measured by the DLQI, reveals significant differences among specific disorders, indicating the varied psychological and social challenges faced by patients. The findings on stigma, particularly regarding melasma, vitiligo, and PIH, suggest similar levels of stigma in NA and the RoW, underlining the universal need for better support and awareness around these conditions.

Abstract N°: 5548

A comparative worldwide study exploring the relationship between skin disorders and well-being (WEMWBS) perception in Europe versus the other zones of the world: a panel of 20,000 women

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Introduction & Objectives:

Skin disorders can lead to considerable psychological strain, resulting in heightened stress levels and diminished self-esteem. Furthermore, dermatological conditions can influence social engagements, involvement in activities, and even professional productivity. By evaluating the mental wellness of women contending with skin disorders, it becomes feasible to devise tactics for more effectively navigating their social circumstances and reinforcing support systems.

The aim of our study was to assess the prevalence of women experiencing skin disorders in a wellness situation.

Materials & Methods:

From January to February 2023 we conducted online interviews via the Ipsos Access Panel, employing a quota sampling technique based on age, occupation, and geographical region. A total of 20,001 interviews were carried out across 20 countries spanning five continents, targeting representative samples of women aged 18 to 55. Our examination primarily cantered on European women from France, Germany, Greece, Italy, Poland, Spain and Turkey, comparing them with women from other global regions. For assessing well-being, we utilized the WEMWBS, a 14-item scale focusing on mental well-being encompassing subjective feelings of well-being and psychological functioning. All items in the scale are positively phrased and address various facets of positive mental health. Responses were scored on a 1-5 Likert scale, with the scale's total ranging from 14 to 70. A score surpassing 44 indicates a state of well-being.

Results:

7,501 European and 12,000 non-European women with menstrual cycles were classified in 2 groups: Regular menstruation and irregular menstruation. The prevalence of well-being [score of WEMWBS >44] among European women was 57.6% (n=4320), with no relevant difference from the rest of the world [58% n=11600]. Among European women who reported sensitive skin, 54.2% (n=2204) were in a state of well-being compared to 61.6% (n=2116) of women who did not report sensitive skin. In the rest of the world, we found the same trend, 55.4% (n=5544) for the former and 61.6% (n=2116) for the latter.

Among women with a reported skin disorder, we also found a lower proportion of women in a state of well-being in both Europe and the rest of the world: 57.1% vs. 63% and 57.1% vs. 67.9%. Apart from their skin condition, we found that women with irregular cycles had a lower prevalence of well-being than women with regular cycles (59.1% vs 54.7% in Europe and 59.9% vs 54.7% in the rest of the world).

Conclusion:

Our research underscores the significant impact of skin condition on the overall well-being of women worldwide. It reveals that individuals experiencing sensitive skin or skin disorders tend to report lower levels of well-being compared to those without such concerns. This consistent pattern across the globe emphasizes the necessity of comprehensive care, encompassing psychological support and social interventions. Hence, there is a growing imperative for healthcare professionals to adopt a holistic approach, addressing not only the physical symptoms but also the psychological and social repercussions of skin disorders. Our findings highlight the need for heightened awareness regarding the interconnection between skin health and mental well-being, advocating for more inclusive and compassionate healthcare practices.

EADV CONGRESS
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Abstract N°: 5582

Evaluating Quality of Life Impairment in Vitiligo: An Epidemiological Investigation Across Demographics and Skin Types

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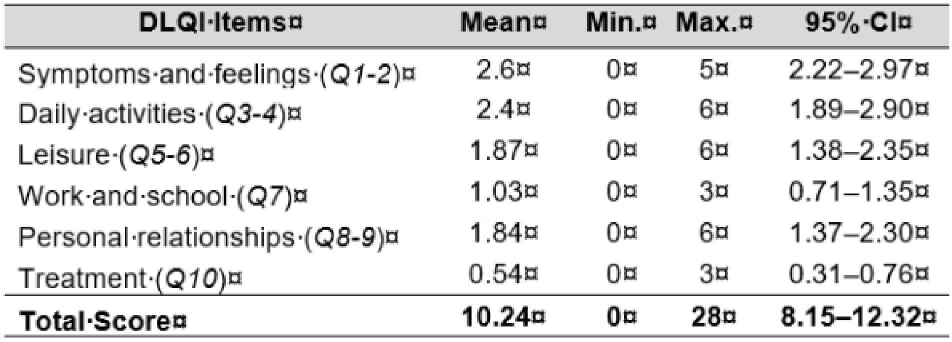
Introduction & Objectives: Beyond cosmetic concerns, vitiligo can contribute to a substantial negative psychosocial impact due to the scarcity of effective therapies and its chronic, unpredictable nature. The primary objective of this study was to evaluate the impact of vitiligo on the quality of life (QoL) of affected individuals across various demographic characteristics and cutaneous manifestations. The secondary objective was to quantify and compare the specific aspects of daily life (e.g., relationships, work/school) most adversely affected by vitiligo.

Materials & Methods: We conducted a retrospective study for adult patients with vitiligo attending the phototherapy unit of a tertiary care centre dermatology clinic. Data collected included current age, age at vitiligo onset, gender, family history of vitiligo, Fitzpatrick skin type, location(s) of affected body area(s), body surface area (BSA), and the Dermatology Life Quality Index (DLQI) score at first visit. Differences in the mean DLQI scores by gender, BSA, family history, location of vitiligo, and Fitzpatrick skin type (1–3 vs 4–6) were assessed for their statistical significance using t-tests, while Spearman's R was computed to evaluate the associations between age and DLQI scores.

Results: 67 patients were included in the study (56.7% female; mean age 34, SD=11.38). The mean total DLQI score was 10.24 (95% CI = 8.15–12.32), suggesting that vitiligo had a moderate to very large overall burden on patients' QoL. Across all demographics and cutaneous manifestations evaluated in this study, patients with Fitzpatrick skin types 4–6 as a group had a significantly higher mean total DLQI score of 15.94 (95% CI = 13.15–18.73) compared to those with Fitzpatrick skin types 1–3, averaging at 4.70 (95% CI = 3.07–6.34, $p < 0.0001$). Surprisingly, total DLQI scores did not significantly differ between categories of gender, BSA, family history, and location of vitiligo including visible areas. *Table 1* demonstrates that the greatest determinants of impaired QoL in patients with vitiligo were related to symptoms and feelings of embarrassment, alongside disruptions in daily activities such as shopping and wardrobe selection.

Conclusion: Vitiligo's profound impact on QoL is most evident in the emotional and daily living challenges it poses, particularly for individuals with more pigmented skin who face a markedly greater psychosocial burden. Integrated support strategies for patients with vitiligo should include specific mental health interventions tailored to improve coping mechanisms and reduce stigma. Furthermore, implementing community-based outreach programs that prioritize education and social integration can significantly mitigate the emotional consequences of vitiligo and foster a supportive network for affected individuals.

Tables and Figures



DLQI·Items¤	Mean¤	Min.¤	Max.¤	95%·CI¤
Symptoms·and·feelings·(*Q1-2*)¤	2.6¤	0¤	5¤	2.22–2.97¤
Daily·activities·(*Q3-4*)¤	2.4¤	0¤	6¤	1.89–2.90¤
Leisure·(*Q5-6*)¤	1.87¤	0¤	6¤	1.38–2.35¤
Work·and·school·(*Q7*)¤	1.03¤	0¤	3¤	0.71–1.35¤
Personal·relationships·(*Q8-9*)¤	1.84¤	0¤	6¤	1.37–2.30¤
Treatment·(*Q10*)¤	0.54¤	0¤	3¤	0.31–0.76¤
Total·Score¤	**10.24¤**	**0¤**	**28¤**	**8.15–12.32¤**

Table 1: Average DLQI scores by item category.

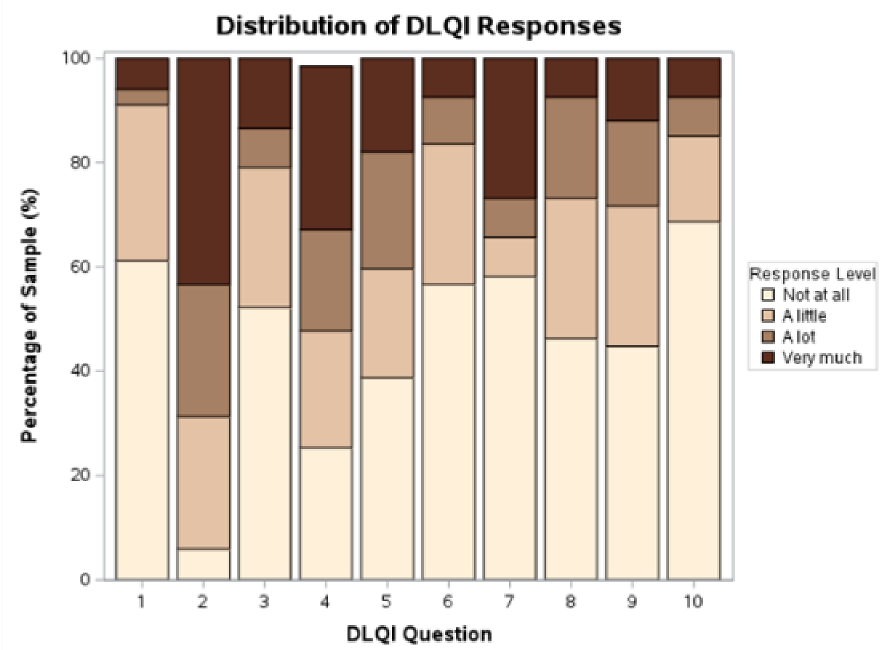


Figure 1. Distribution of response options across each DLQI item.

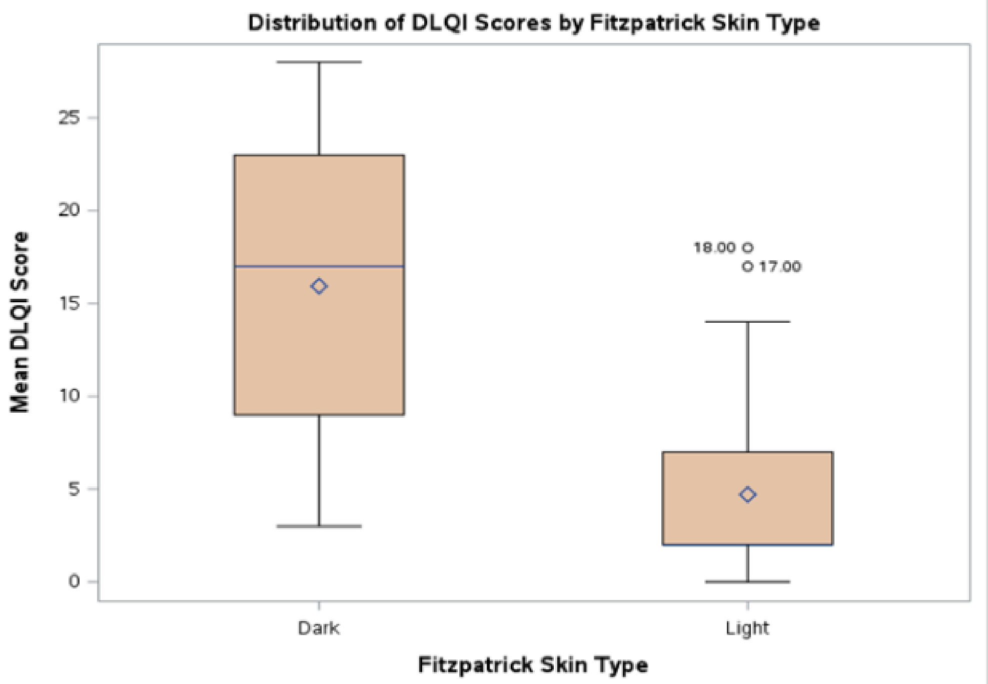
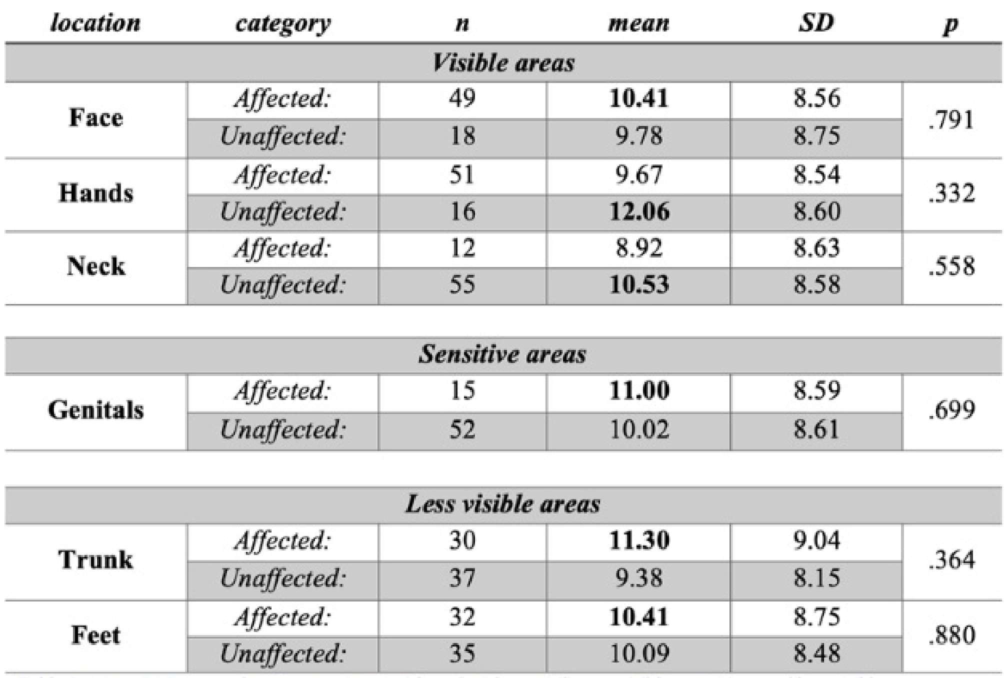


Figure 2. Mean DLQI scores for patients with darker (Fitzpatrick 4–6) and lighter (Fitzpatrick 1–3) skin tones.



location	category	n	mean	SD	p
Visible areas					
Face	*Affected:*	49	**10.41**	8.56	.791
	Unaffected:	18	9.78	8.75	
Hands	*Affected:*	51	9.67	8.54	.332
	Unaffected:	16	**12.06**	8.60	
Neck	*Affected:*	12	8.92	8.63	.558
	Unaffected:	55	**10.53**	8.58	
Sensitive areas					
Genitals	*Affected:*	15	**11.00**	8.59	.699
	Unaffected:	52	10.02	8.61	
Less visible areas					
Trunk	*Affected:*	30	**11.30**	9.04	.364
	Unaffected:	37	9.38	8.15	
Feet	*Affected:*	32	**10.41**	8.75	.880
	Unaffected:	35	10.09	8.48	

Table 2. Mean DLQI scores between patients with and without vitiligo at visible, sensitive, and less visible areas.

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Abstract N°: 5710

Pigmentation disorders in Latin America: Results of International Survey on Pigmentation-disorders Observational Tracking [I'SPOT] study Quality of life & stigmatisation compared with the rest of the world.

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Introduction & Objectives:

Pigmentation disorders [PDs] are one of the most common dermatological conditions, but their impact remains poorly understood worldwide. The aim of this study is to fill this gap by providing factual answers to the impact of these disorders on patients' daily lives.

Materials & Methods:

The I'SPOT project, which mobilised 48,000 people in 34 countries between 12/22 and 02/23, was designed to ensure demographic representativeness (gender, age, occupation, region) using the quota method. The self-administered online questionnaire collected demographic data, self-reported pigmentation status. The use of two validated questionnaires [DLQI & PUSH-D] provides a more academic perspective. We specifically present data from the 4 Latin American countries [LA = Brazil, Argentina, Mexico, Peru)] and compare them with the 30 other countries [Rest of the World: RoW].

Results:

In this study, 58% of people in LA expressed at least one PD compared to 48% in RoW, a statistically significant difference (P value < 0.0001). In LA, 46.8% of these patients found their PD bothersome [vs 36.3% in RoW, P value < 0.0001]. One third of people with PD reported a previous dermatological diagnosis, with a higher proportion in LA (41.8% vs 34.4%, P-value < 0.0001). For the remainder of the description, in order to relate the effect only to the PD in question, we have identified those individuals who reported an only one PD. Measured by the DLQI, about 24.7% of patients in LA reported a moderate or significant impact of PDs, with notable differences depending on the PD (Solar lentigo SL: 18.7%; Peri-orbital hyperpigmentation POH: 24.5%; melasma: 25.4%; axillary hyperpigmentation AH: 32.8%; Post-inflammatory hyperpigmentation PIH: 18.7% and vitiligo: 38.6%). In the rest of the world this prevalence was 26.4% [P-value < 0.0001] with notable differences according to PD (SL: 15.9%; POH: 35.1%; melasma: 34.3%; AH: 35.9%; PIH: 39.1% and vitiligo: 39.9%). Vitiligo: 12.6 for LA vs 14.5 for RoW and SL: 5.8 for LA vs 5.7. On a daily basis, patients reported that they had avoided appearing in a family photograph for fear of spoiling it (50% of vitiligo patients in LA vs. 43.2%) or hiding the visible parts of their affected skin (37.4% of PIH patients in LA vs. 64.2%); In LA, between 12% of melasma patients and 25% of vitiligo patients felt that they had embarrassed their family. The figures for the rest of the world were 26.2% and 32.4% respectively.

Conclusion:

I’SPOT shows that pigmentation disorders, such as vitiligo or PIH, cause a considerable psychosocial burden, with high levels of stigma and significant avoidance behaviours, such as not participating in family photos or hiding visible parts of the affected skin. This finding highlights the critical importance of integrating therapeutic approaches that address not only the physical manifestations, but also the emotional and social consequences of these disorders. The significant difference in the perception of embarrassment and its impact on quality of life between Latin America and the rest of the world underlines the need for culturally appropriate treatment.

Abstract N°: 5825

PUSH-D Score: A Key Indicator of Stigmatization in patients with Hidradenitis Suppurativa :Result of the VHS project

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Introduction & Objectives:

Exploring the stigma experienced by individuals with HS is vital for comprehending the psychosocial effects of this enduring illness. This endeavor serves to heighten awareness among the public and healthcare providers regarding the significance of providing emotional support to these patients. Through the identification of stigmatizing elements, specific approaches can be crafted to enhance their overall well-being. Moreover, this effort plays a role in mitigating the stigma and discrimination commonly linked with this frequently misunderstood condition.

Materials & Methods:

A digital questionnaire [co-constructed with the co-authors] was administered to French patients with confirmed HS. Respondents were recruited by the project's partner patient associations and by dermatologists in the HS-France group, a task force the French Dermatology Society.

We aimed to study the factors with the most impact on stigmatization in patients with HS by using the PUSH-D score. Multivariate linear regression was used to assess the relationship between PUSH-D and the following variables: gender, self-rated severity, oozing severity , presence of intense pain, BMI >= 25.0, 3 years or more since diagnosis, reduced libido, partner depreciated and overall unsatisfactory sex life. Multicollinearity of the data was tested using the Belsley-Kuh-Welsch technique. Statistical analysis was performed using EasyMedStat.

Results:

419 responses were considered evaluable, with a female to male ratio of 78.5% vs 21.5%. 75% of women [W] and 80% of men [M] were overweight 52.28% of W reported the presence of connected and quasi-permanent lesions and abscesses, compared to 36.67% of M in our sample (p-value =0.01). 37.8% of M and 26.4% of W reported severe pain outside the period of exacerbations (p-value 0.049). Frequent oozing did not differ between the genre.

The mean PUSH-D score was 16.5 ± 14.3 [W:14.6 (± 12.8) &. M 23.4 (±17.3). P value 0.0001.

31.1% of M felt devalued by their partner (vs.19.2% of W , p-value 0.02). 59.3% of W reported that they were not satisfied with their sex life, with no difference compared to M (62.2% p=0.7). 6.3% of both M and W reported a decrease in libido (P value =0.3) and 5.9% of W and 5.6% of M reported a significant decrease in sexual performance.

In multivariate analysis, unsatisfactory sex life [β=2.45, [0.1; 4.8], p= 0.04], frequent oozing [β=2.66, [0.3; 4.9], p= 0.02], a BMI indicating overweight (β=2.93 , [0.2; 5.6], p= 0.03), expressed HS severity (lesions & abscesses connected and almost permanent.) [β=3.59, [0.9; 6.2], p= 0. 007], decreased libido [β=3.73, [1.1; 6.4], p= 0.007, being male [beta=6.23, [3.1; 9.3], p <0.0001], the presence of severe pain outside of a flare-up [beta=7.92, [4.42; 11.42], p <0.0001], being depreciated by the partner [β=12.09, [8.4;15.7], p <0.0001]) were associated with a higher PUSH-D score and therefore greater stigma. However, time since diagnosis was not associated with a higher stigma score.

Conclusion:

Our findings, characterized by an innovative questionnaire and based on a sample of more than 400 participants, underscore the pressing requirement for a holistic care in patients with HS. It is imperative that forthcoming healthcare initiatives integrate measures to confront stigma and foster a deeper societal comprehension of this illness. It would be advantageous in the future to devise more focused awareness initiatives and integrate heightened psychological assistance into patient treatments.

Abstract N°: 5848

Dermatitis artefacta as a consequence of sexual abuse

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Introduction: Dermatitis artefacta is a psychosomatic syndrome characterized by self-inflicted skin lesions, usually located in areas accessible to hand reach. In some cases, it may be related to psychological traumas, such as sexual abuse. **Case Report:** An 11-year-old female patient attended a dermatology consultation at a itinerant dermatology project, accompanied by her mother. She complained of intense skin allergies. Upon dermatological examination, she presented with abrasions mainly involving the face and upper limbs, as well as lesions on the abdomen, chest area, lower limbs, and back. However, in the mid-dorsal region, where her hand couldn’t reach, there were no reported scratch lesions. During the consultation, the patient appeared shy, avoided eye contact, and responded minimally to questioning. When asked about the family history, the child’s habits, mode of transportation to school, and people in her environment, the mother reported living in a rural area with her husband, who is not the child’s biological father. When the possibility of sexual abuse leading to self-harm was raised, the mother cried but denied any sexual abuse. The Child Protection Services and Psychology Services were notified, but the mother disappeared with the child. **Conclusion:** Therefore, it is evident that evaluating dermatological lesions indicating self-harm is crucial and may be related to serious issues such as sexual abuse. Treatment would require locating the child and implementing a multidisciplinary approach involving dermatologists, psychologists, psychiatrists, and a supportive network for the patient.

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Abstract N°: 5932

Vitiligo: a worldwide Study on Psychosocial Impact and Therapeutic Challenges of a Stigmatizing Condition The results of ALL project

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Introduction & Objectives:

Vitiligo, a chronic inflammatory skin disorder associated with depigmentation, not only affects the skin but also profoundly influences patients' well-being, extending beyond physical symptoms. The condition often triggers considerable psychological distress, encompassing feelings of diminished self-worth and concerns regarding body image, potentially resulting in social seclusion. A comprehensive grasp of vitiligo's psychosocial effects across diverse groups is pivotal for devising inclusive therapeutic approaches.

Materials & Methods:

The ALL PROJECT is a large-scale study of individuals representative of the adult population in 20 countries on five continents: Europe [France, Italy, Germany, Poland, Portugal, Spain, Denmark; n=17500], Latin America[LA] [Brazil, Mexico; n=6501], Asia [China, India, South Korea; n=10500], North America [NA] [Canada, USA; n= 7500); Middle East [ME] [Israel, United Arab Emirates; n=2750], Australia [Australia; n=2000] and Africa [Kenya, South Africa, Senegal; n=1800] In each of the 20 countries surveyed, representative and extrapolable samples of the general population aged 16 and over were interviewed. Statistical analysis was performed using EasyMedStat (version 3.34 www.easymedstat.com)

Results:

To avoid any potential bias, we identified patients who did not report any skin disease [SD] other than Vitiligo. Almost one in 2 vitiligo patients (45.8%) say they feel tired because of their SD (36.1% in Europe); this can be explained by the fact that 44.1% of vitiligo patients say they have trouble sleeping (43.4% in Europe). In addition, 42.5% of patients say they have had to be more careful with their spending, compared to 34.9% in Europe. Social rejection and feelings of disgust: 29.6% of patients feel shunned or rejected by others because of their SD (24.1% in Europe). More than one in 3 (34.6%) even admit to feeling looked at with disgust (26.5% in Europe). Nearly one in three (29.1%) consistently say they feel shunned by certain people (21.7% in Europe). This feeling of exclusion is reflected in the fact that one in two patients (50.1%) have given up attending a family or work event because of their SD (44.6% in Europe). In terms of relationship difficulties, more than one in three patients (36.9%) experience difficulties in their relationship with their partner (27.7% in Europe). At the same time, 34.6% of patients believe that their sex life has been affected by their SD (28.9% in Europe). Finally, 44.1% of vitiligo patients have felt discouraged (37.3% in Europe).

Conclusion:

The findings, consistent worldwide, emphasize the need for global awareness and collaborative efforts to enhance diagnosis, treatment, and particularly, psychosocial support for patients. The stigma and isolation endured by patients underscore the necessity for tailored interventions to bolster psychosocial assistance. Moreover, the impact on professional and personal relationships necessitates a comprehensive approach integrating medical care and psychological support to combat stigma and enhance the social inclusion of individuals with vitiligo. These findings affirm the importance of managing vitiligo beyond medical realms, advocating for an integrative approach that considers all facets of patients' lives. It's crucial to advocate for educational and supportive initiatives addressing the associated stigma and enhancing patients' social and psychological resilience for improved coping with vitiligo.

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Abstract N°: 5944

Prevalence and associated factors with Forest therapy (FT) used by patients with dermatological diseases

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Introduction & Objectives:

Forest therapy [FT] , originating from the Japanese concept of “shinrin-yoku,” involves immersing individuals in natural environments, a practice known as forest bathing. This Japanese approach has garnered attention for its potential to connect people with nature. A recent review of 11 systematic reviews encompassing 131 primary intervention studies indicates that forest-based interventions yield positive effects on cardiovascular health, certain immunological and inflammatory parameters, and mental well-being, particularly in areas such as stress, depression, anxiety, and negative emotions. This study aims to evaluate the frequency of FT utilization among dermatology patients, explore the prevalence of conventional treatments, including topical and systemic medications, among FTusers, and analyze the impact of FTon social, occupational, and familial aspects of life, as well as its influence on treatment adherence.

Materials & Methods:

This online survey was conducted among a representative sample of the population aged 16 years or older from 20 countries. The questionnaire focused on patient experience. It collected information on demographics, any dermatological conditions in the past 12 months, type of physician and therapeutic management.

Results:

A population of 12485 respondents, 5454 men, 7031 women, mean age 41.25+/-15.8 (16-96 years) participated in this study with 2514 (20.1%) atopic dermatitis, 991 (7.9%) psoriasis, 4441 (35.6%) acne, 489 (3.9%) rosacea, 179 (1.4%) vitiligo, 95 (0.8%) HS, 562 (4.5%) chronic hand eczema. 5652 (45.3%) consulted a doctor, including 3913 (31.9%) a dermatologist. 9542 (76.4%) received treatment: 3308 (26.5%) received systemic treatment, including 601 (4.8%) by injection. 85 (0.7%) of respondents said they had used FT to treat their skin problem. There were 48 (56.5%) males and 37 females with a mean age of 31.7+/-10.9 years (min 18 - max 65). The use of FT was significantly more frequent in people under 35 years of age (71.8% vs 41.5% $p \leq 0.05$) and in those living in urban areas (76.5% vs 58%). The prevalence of TFR use is higher in Denmark (2.2%), India (1.5%), Canada (1.3%) and China (1.1%). The prevalence of TFR use is higher in cases of vitiligo (8.2% vs. 1.4%, $p \leq 0.05$) and HS (8.2% vs. 1.4%, $p \leq 0.05$). 52.9% of FT users were associated with mind-body practices (MBPs) (yoga 27..1%, sophrology 12.9%, meditation 23.5%, tai-chi-chuan 14.1%, magnetiser 12.9%, healer 8.2%, hypnosis 7.1%) and 22.4% with acupuncture. 38.8% of people who used FT used natural product-based therapies - 20% essential oils, 22.4% phytotherapy and 14.1% homeopathy. The prevalence of consultations for their dermatological problem in the last 12 months was not significantly lower among people using FT (54.1% vs 45.3%, p NS). However, they were less likely to have received systemic treatment (58.8%vs 78.9%, $p \leq 0.05$).

Conclusion

This study marks the inaugural attempt to gauge the occurrence of FT among individuals with dermatological ailments. However, it necessitates further supplementation with mechanistic investigations delving into the rationale behind individuals’ adoption of FT and the effects of FT on the well-being and quality of life of those with skin conditions.

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Abstract N°: 5981

Remote monitoring as a tool for managing skin toxicity and improving quality of life

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Introduction & Objectives:

Skin toxicities are the most common adverse events in oncology patients (72-95%) who receive targeted therapy. Early identification and maintenance therapy may improve skin conditions and reduce the appearance of severe skin toxicity. That is why these patients need regular monitoring of their condition. Remote patient monitoring or telemonitoring help to deliver health care to populations with limited access to care, allows to detect of disease early, improves patient–physician relationship as well as decrease health care costs.

Materials & Methods:

The pilot cohort randomized comparative study with the intermediate control point at 4 weeks, the final control point at 24 weeks. An analysis of the intermediate control point was carried out. Sampling frame is 110 patients receiving targeted therapy. They were assigned on 2 groups. Group 1: 55 patients receiving remote monitoring using the developed program with a frequency of 1 time per week. Group 2 (control): 55 patients receiving face-to-face consultations with a dermatologist in accordance with the guideline of the oncological community. The special mobile application was used to conduct online consultations. At each control point, the frequency and severity of skin toxicity and the impact on quality of life were assessed using the NCI-CTCAE (Common Terminology Criteria for Adverse Events) v5.0 and the Dermatological Quality of Life Index (DLQI) scales.

Results

At the time of inclusion in the study, the severity of skin toxicity was: grade 1 - 27.3% and 33.4%, grade 2 - 49.1% and 48.6%, grade 3 - 20% and 16.2%, grade 4 severity - 3.6% and 1.8% in groups 1 and 2, respectively.

At the time of assessment of the intermediate control point (4 weeks), the severity of skin toxicity was: grade 1 - 57.3% and 37%, grade 2 - 52.7% and 45%, grade 3 - 0% and 18%, grade 4 is not diagnosed, in 1st and 2nd groups, respectively.

The average DLQI in the comparison groups was 11.8 and 12.2 respectively, at the time of inclusion in the study, and at the time of assessment of the intermediate control point – 7.6 и 10.1 respectively. The improvement in the average DLQI in the remote monitoring group was 2 times higher.

Discussion

Remote monitoring of patients with skin toxicity allows us decrease severity of skin toxicity more fast and improve quality of life. Mobile health, or mHealth, is an innovative strategy that is quickly becoming an essential tool in medicine and can be used to monitor the health of patients. Mobile health technologies can broadly include texting and messaging that provide patients with regular health monitoring, support and education. Telemedicine has contributed greatly to the developing of health services, changing care delivery for the better, improve patient–provider communication, and making medicine more accessible in the regions.

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EUROPEAN ACADEMY OF DERMATOLOGY & VENEREOLOGY

Abstract N°: 6181

Personality types in atopic dermatitis and psoriasis: higher neuroticism and lower extraversion scores with correlations to severity and quality of life

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Introduction & Objectives:

Beside the classic atopic comorbidities, there is increasing evidence for non-atopic comorbidities in Atopic Dermatitis (AD), including the so-called “neuropsychiatric march”. Many studies have shown a significantly higher burden of psychiatric comorbidities in the AD population compared to control groups (CTR), as well as an impairment in work life due to pruritus and sleep loss. Potential associations of specific personality traits with AD have not been investigated yet.

Materials & Methods:

Analysis of cross-sectional epidemiological and clinical data assessed by dermatological examination and collection of 509 validated questionnaires (AD: n=354, psoriasis (PSO): n=37, CTR_atopic n = 47; CTR_non_atopic n = 71). The NEO-FFI 30 questionnaire assesses the personality traits of emotional lability, extraversion, openness to experience, agreeableness, and conscientiousness. The Dermatology Life Quality Index (DLQI) assess the impact skin diseases have on daily activities, feelings and personal relationships during the last 7 days. The clinician-reported outcomes SCORAD (SCORing Atopic Dermatitis) and EASI (Eczema Area and Severity Index) were used assess the severity of AD, the Psoriasis Area and Severity Index (PASI) for measuring the severity of psoriasis.

Results:

Both AD and psoriasis patients exhibited significantly higher scores in neuroticism and lower scores in extraversion compared to non-atopic, but not atopic controls without statistically significant differences between AD and psoriasis patients. Neuroticism and helplessness correlated with higher AD severity ((o)SCORAD) and impaired quality of life (QoL) mirrored by higher DLQI scores. Conversely, extraversion, especially activity, showed a negative correlation to DLQI and oSCORAD. Severity of psoriasis (PASI) correlated negatively with happiness, activity, and competence to finish tasks. Impaired QoL and insomnia correlated with severity of AD (EASI, (o) SCORAD) and psoriasis (PASI); pruritus with AD severity and Qol. Within personality traits, extraversion correlated with openness to experience, conscientiousness, and agreeableness and inversely with neuroticism.

Conclusion:

Both AD and psoriasis were associated with higher scores of neuroticism and lower scores of extraversion compared to controls without chronic inflammatory skin diseases. The association of AD severity and quality of life with these personality traits suggests acquired personality traits due to disease burden and therapeutic potential to prevent these effects by sufficient disease control.

Abstract N°: 6259

Psycho-Dermatological Harmony: Baricitinib's Impact on Atopic Dermatitis and Quality of Life in a Psychiatric Patient

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Introduction & Objectives: ** Atopic dermatitis (AD) is the most common chronic inflammatory skin disease, presenting a significant global public health challenge due to its escalating prevalance. AD manifests as a complex genetic disorder influenced by enviromental factors, and is characterized by severe pruritus and a persistent or recurrent nature. Dermatology recognizes the psychosomatic aspect, investigating the interaction between psychological elements and skin conditions. Psychodermatology, merging dermatology with psychiatry and psychology, examines this association, emphasizing their common ectodermal origin, hormonal impacts, and neurotransmitter effects. Stress, a powerful influencer, can impair the skin's protective barrier and worsen already existing inflammatory conditions such as atopic dermatitis. Individuals with atopic conditions may become ensnared in a harmful cycle, wherein emotional distress like anxiety or depression worsens dermatological symptoms, perpetuating a reinforcing loop. Consequently, collaboration between dermatologists and psychiatrists is crucial. However, regrettably, some psychiatrists are hesitant to embrace novel systemic treatments for atopic dermatitis, attributing exacerbation of psychiatric symptoms to them, rather than acknowledging the interplay between anxiety/depression and dermatological symptoms.

Materials & Methods: We present the case of a 22-year-old female diagnosed with atopic dermatitis since the age of 2, who underwent topical and systemic corticosteroid therapy for numerous years without satisfactory outcomes. With a SCORAD of 73.9 and a DLQI of 28, targeted therapy with the Janus kinase inhibitor Baricitinib at a daily dose of 4 mg was initiated. Remarkably, after two months of treatment, her SCORAD decreased to 5.85, and DLQI improved to 1. However, the patient discontinued clinic visits.

Upon returning after six months without treatment, she exhibited severe symptoms (SCORAD 91.5, DLQI 30), disclosing her admission to the psychiatry department for depression. Despite her pre-existing history of depression, discontinuation of Baricitinib was considered by her physician due to concerns regarding its potential exacerbating effect on depression, notwithstanding the patient's prior disclosure of her depression history.

Results: We reinstated systemic therapy with Baricitinib, and after one month of treatment, the patient exhibited significant improvement in her condition (SCORAD 9.25, DLQI 1) with no evidence of exacerbation of depression or interactions between psychiatric treatment and Janus kinase inhibitor therapy.

Conclusion: Studies on individuals with inflammatory conditions indicate that JAK inhibitors notably enhance mood and overall quality of life. Moreover, research suggests a potential role of the JAK/STAT pathways in development of depression. Consequently, targeting these pathways with JAK inhibitors could offer a promising approach for treating depressive disorders.

In this context, the management of psychodermatological disorders, such as atopic dermatitis, requires liaison therapy, allowing for a multidisciplinary approach involving collaboration among family physicians, dermatologists, psychiatrists, and psychologists, enabling the patient to have access to the latest and most effective treatments available for both conditions.

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Abstract N°: 6694

Comparative analysis of Health-Related Quality of Life in patients with alopecia areata, atopic dermatitis and with association of these diseases

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Introduction & Objectives: Currently, the study of health-related quality of life (HRQoL) in skin diseases has received much attention, because the objective assessment of the severity of dermatosis not always correlates with the degree of impact on the physical and emotional well-being of patients. The burden of alopecia areata (AA) and atopic dermatitis (AD) is well recognized. Based on the results of clinical and epidemiologic studies, these diseases are considered as comorbid conditions and may have a significant impact on the course, outcome, development of complications, and treatment strategies; the evaluation of various aspects of HRQoL is equally important in the management of these comorbid patients. **Objective:** Comparative analysis of HRQoL in patients with AD-associated AA and in AA- and AD-patients separately, according to the severity of diseases.

Materials & Methods: A total of 91 patients, 41 (45%) males and 50 (55%) females, 18-52 years old (mean age 32 ± 0.73) were distributed into 3 groups depending on the diagnoses: group 1-23/91 (25%) patients with AA, group 2-25/91 (28%) patients with AD, group 3-43/91 (47%) patients with both diseases (Table 1). In the structure of patients of each group, subgroups were formed according to the selected severity criteria: SALT and SCORAD scores more or less than 50 (severe or mild/moderate course). To measure HRQoL, the DLQI, Skindex-29 and HADS tools were administered. For statistical analysis, the mean value and its error (M±n) were calculated, the mean values were compared between groups using Student's criterion.

Results:

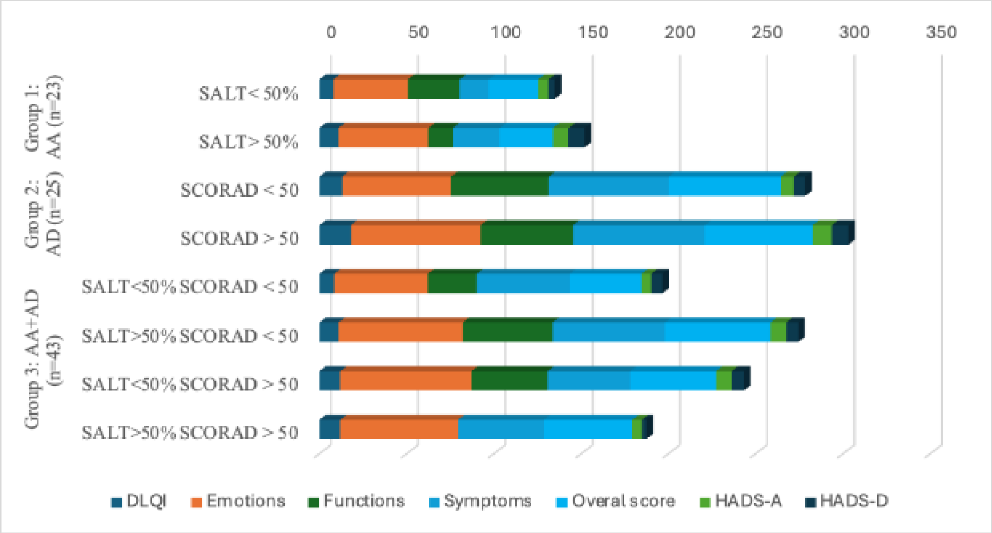
1. HRQoL-tools values in patients groups

Groups	Disease severity score (M ± n)	Average index value (M ± n)
		DLQI
Группа 1: ГА (n=23)	SALT 63,3±7,27	6,5±0,67*
Группа 2: АтД (n=25)	SCORAD 46,95±5,10	12,5±1,51
Группа 3: ГА+АтД (n=43)	SALT 58±5,59 SCORAD 39,85±3,34	11,5±0,58

“E” – emotions; “F” – functions; “S” – symptoms

* statistically significant reliability (Student’s t-test) between 2nd and 3d groups (p<0,05); ** statistically significant reliability (Student’s t-test) between 3d group (p<0,05)

1. Analysis of HRQoL in subgroups of patients with regard to disease severity



Conclusion: AD has the greatest impact on HRQoL, covering almost all areas of social and mental health. In AA-patients DLQI and Skindex-29 corresponded to a moderate impact with the highest values in the “emotions” section. In AD associated AA-patients the impact level on HRQoL corresponded to the values as AD-patients separately, exceeding aspects “emotions” and “functioning”. DLQI and Skindex-29 scores directly correlated with disease severity. Although these tools can be considered interchangeable, the Skindex-29 has a much broader coverage of the HRQoL aspects with detailing important specific parameters, but the long application form and complex interpretation can complicate its use as a routine method. There was some discrepancy between HADS and the other two QoL-tools, and no correlation of HADS scores with disease severity, suggesting that HADS has little sensitivity in AA and AD.

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Abstract N°: 6738

Waiting Room Etiquette: How would you like to be addressed? A simple question with a big impact.

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Introduction & Objectives:

QueerDerm is a dermatological research project focusing on chronic inflammatory skin diseases among individuals who identify as LGBTIQ+. The project pursues several complementary goals:

\1. Implement gender-sensitive language in clinical practice for inclusive care of patients with chronic inflammatory skin diseases.

\2. Assess the healthcare needs of LGBTIQ+ individuals with these diseases.

\3. Optimize care for LGBTIQ+ individuals to improve their overall healthcare experience.

This study aimed to explore patients' preferences on how to be addressed in the waiting area before receiving outpatient dermatological care.

Materials & Methods: In this cross-sectional survey, adult patients receiving health care at the University Medical Center Hamburg's Institute for Health Services Research in Dermatology and Nursing (IVDP) dermatological outpatient clinic between February 2023 and May 2023 were consecutively requested to complete a paper-based questionnaire asking for their preferred form of address. Choices were "Mr./Mrs. + surname," "First name and surname," "Surname only," and "Other." The outpatient clinic staff conducted the assessment of the patient's gender.

Results: Data from n=1,231 patients were analyzed. Mean age was 48 years (range: 18-87 years). 41.7% were registered as female. The majority had psoriasis (88.9%), 5.6% atopic dermatitis and 5.5% hidradenitis suppurativa. In total, n= 289 (28.0%) expressed a preference for a non-traditional form of address (i.e. other than "Mr. + surname" or "Mrs. + surname"), with "Surname only" (16.2%) and "First name and surname" (10.7%) being the most common choices. Male patients were more likely to prefer non-traditional forms of address (31.7% vs. 23.0%, $p<.01$). A weak negative correlation was found between age and preference for non-traditional forms of address ($r=-0.104$; $p<0.01$). Two patients categorized as female by the outpatient clinic staff preferred to be addressed as "Mr. + surname," while five patients categorized as male preferred "Mrs. + surname."

Conclusion: In a German dermatology outpatient clinic, about one in four individuals in the waiting area opts for a non-traditional form of address. The recognition of this can foster an open and non-predetermined doctor-patient relationship. Implementation of such forms of address may aid in cultivating a safe, diverse, and inclusive environment, improving the overall doctor-patient relationship, in particular for persons who identify as LGBTIQ+.

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Abstract N°: 6776

Morgellon’s disease: a condition bridging interdisciplinary boundaries

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Introduction & Objectives:

Morgellons disease (MD) continues to be a topic of debate in medical circles, manifesting as a dermatological and psychiatric condition characterized by the sudden appearance of lesions containing unusual filamentous materials and/or projections. These fibers display various colors such as white, red, green, blue or black, and bear resemblance under the microscope to textile fibers. While some researchers classify MD as a form of delusional parasitosis, others suggest it may stem from infections involving various strains of spirochetes or exist as an independent dermatological condition. The primary objective of this case report is to underscore the significance of maintaining receptivity to novel developments in medicine, thereby enhancing patient treatment optimization.

Materials & Methods:

We present the case of a Caucasian female patient who developed cutaneous ulcerations subsequent to spontaneous emergence of filamentous-like structures.

Results:

The present study presents the case of a 73-years-old patient admitted to our clinic presenting with widespread erosions and ulcerations observed on both calves, the upper labial region, left subclavicular area, and right retroauricular region, which commenced approximately 6 months prior. Concurrently, the patient reported experiencing intense itching, tingling sensations, and subcutaneously located fibers that spontaneously appeared. Prior dermatological consultations categorized the ulcerations on the calves as symptoms of chronic venous insufficiency and managed accordingly.

A comprehensive array of potential diagnoses was considered, necessitating consultations across multiple medical disciplines including psychiatry, internal medicine, immunology, and histopathology. The collaborative efforts of a multidisciplinary team, coupled with paraclinical investigations, raised strong suspicion regarding Morgellons Disease as the primary diagnosis.The patient underwent topical treatment for the skin lesions and was subsequently reffered to a psychiatrist who prescribed antidepressant therapy. Over the course of a few months, the patient’s overall mood improved. However, the persistent belief in the emergence of skin filaments remained unchanged.

Conclusion:

The varied presentation of MD coupled with the dearth of dedicated research on affected patients, poses a substantial challenge for dermatologists. Managing this condition demands a deep understanding of psychiatric pathology intersecting with dermatological conditions. Moreover, the profound impact of MD on patients’ quality of life, exacerbated by social stigma, underscores its urgency as both a dermatological and psychiatric emergency. Detecting, diagnosing and effectively managing MD requires swift and comprehensive intervention.

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Abstract N°: 6799

First impact data from the Global Research on the Impact of Dermatological Diseases (GRIDD) study: Diagnoses, clinical features and disease burden

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Introduction & Objectives:

The Patient-Reported Impact of Dermatological Diseases (PRIDD) is a new and unique measure of the burden of dermatological diseases that was developed using a ground-breaking patient-led methodology. Subsequently, the present study aimed to collect global data on the patients' perspectives of disease burden in multiple skin diseases. In this work, we describe the clinical profiles of participants in the Global Research on the Impact of Dermatological Diseases (GRIDD) study and analyze first impact data comparatively across clinical groups.

Materials & Methods:

A global cross-sectional survey, available online in 17 different languages, was conducted between June 2023 and January 2024. Adults (≥18 years) with a self-reported dermatological condition were recruited through the International Alliance of Dermatology Patient Organizations' network and via social media. Participants completed the PRIDD questionnaire (16 items assessing physical impact, life responsibilities, psychological impact and social impact; total score ranging from 0 – no impact to 63 – very severe impact). Clinical information was reported by the patients (e.g., Patient Global Assessment [PGA] of severity and impact, body map of areas affected by the disease, comorbidities). Self-reported diagnoses were categorized à posteriori by a specialized dermatologist. Data were analyzed descriptively, and group comparisons were conducted with analysis of variance, with Post-Hoc tests with Bonferroni correction for multiple comparisons.

Results:

After excluding 327 participants who did not meet the inclusion criteria or had missing data in core variables, the sample was composed of 3811 patients from 90 different countries (76.6% female, mean age 48.49±15.74, range 18-98) and representing 114 different dermatological conditions. The most common self-reported diagnoses were Lichen Sclerosus, Psoriasis, Hidradenitis Suppurativa, Atopic dermatitis, Vitiligo and Eczema, which together accounted for more than 50% of the sample. Comparison analyses across disease categories showed higher overall disease burden among those with dermatological conditions related to wounds, scars or trauma, allergic diseases and geno-dermatosis, and lower disease burden among patients with tumors (Table 1). In addition, higher disease burden was reported by patients with rare diseases, affected in visible or sexually-sensitive body areas, with severe diseases, and with dermatological or other comorbidities (Table 1).

Conclusion:

This is the first study in dermatology presenting global-level data on the patient-reported impact of dermatological conditions on their lives. By identifying the clinical characteristics imposing higher burden on the patients (e.g., involvement of sexually-sensitive body areas), using the newly-developed, reliable and valid PRIDD questionnaire, this study contributed to raise awareness for dermatological conditions and their signs and symptoms that are often neglected by policymakers and by the global healthcare system. In addition, by testing several a priori hypotheses, this study provided additional evidence for ascertaining the construct validity of the PRIDD measure to discriminate across known clinical groups.

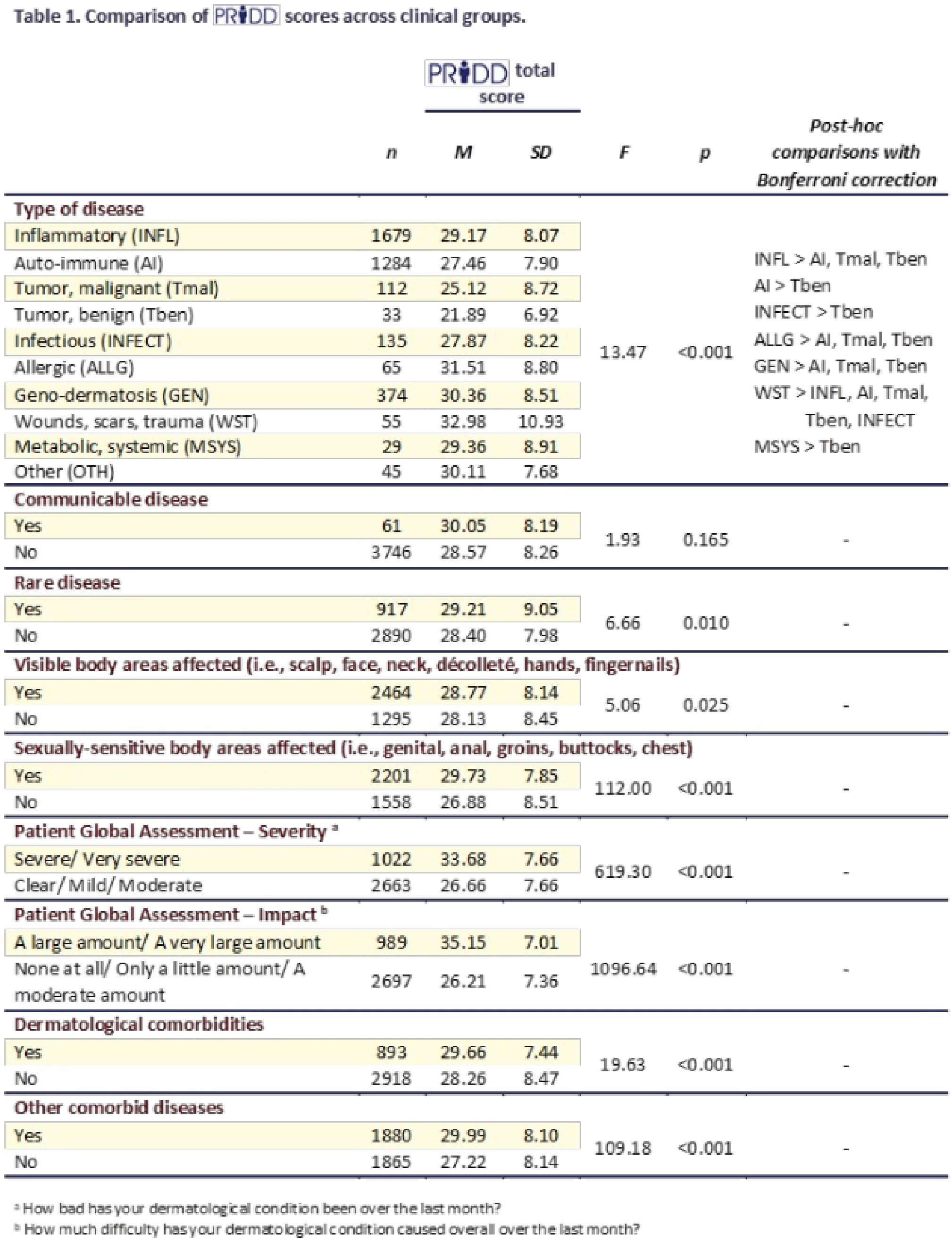

Table 1. Comparison of PRIDD scores across clinical groups.

	PRIDD total score					
	n	*M*	*SD*	*F*	*p*	*Post-hoc comparisons with Bonferroni correction*
Type of disease						
Inflammatory (INFL)	1679	29.17	8.07	13.47	<0.001	INFL > AI, Tmal, Tben AI > Tben INFECT > Tben ALLG > AI, Tmal, Tben GEN > AI, Tmal, Tben WST > INFL, AI, Tmal, Tben, INFECT MSYS > Tben
Auto-immune (AI)	1284	27.46	7.90			
Tumor, malignant (Tmal)	112	25.12	8.72			
Tumor, benign (Tben)	33	21.89	6.92			
Infectious (INFECT)	135	27.87	8.22			
Allergic (ALLG)	65	31.51	8.80			
Geno-dermatosis (GEN)	374	30.36	8.51			
Wounds, scars, trauma (WST)	55	32.98	10.93			
Metabolic, systemic (MSYS)	29	29.36	8.91			
Other (OTH)	45	30.11	7.68			
Communicable disease						
Yes	61	30.05	8.19	1.93	0.165	-
No	3746	28.57	8.26			
Rare disease						
Yes	917	29.21	9.05	6.66	0.010	-
No	2890	28.40	7.98			
Visible body areas affected (i.e., scalp, face, neck, décolleté, hands, fingernails)						
Yes	2464	28.77	8.14	5.06	0.025	-
No	1295	28.13	8.45			
Sexually-sensitive body areas affected (i.e., genital, anal, groins, buttocks, chest)						
Yes	2201	29.73	7.85	112.00	<0.001	-
No	1558	26.88	8.51			
Patient Global Assessment – Severity [a]						
Severe/ Very severe	1022	33.68	7.66	619.30	<0.001	-
Clear/ Mild/ Moderate	2663	26.66	7.66			
Patient Global Assessment – Impact [b]						
A large amount/ A very large amount	989	35.15	7.01	1096.64	<0.001	-
None at all/ Only a little amount/ A moderate amount	2697	26.21	7.36			
Dermatological comorbidities						
Yes	893	29.66	7.44	19.63	<0.001	-
No	2918	28.26	8.47			
Other comorbid diseases						
Yes	1880	29.99	8.10	109.18	<0.001	-
No	1865	27.22	8.14			

[a] How bad has your dermatological condition been over the last month?

[b] How much difficulty has your dermatological condition caused overall over the last month?

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Abstract N°: 6927

“There is a life before and after cancer”: Experiences of resuming life and unmet care needs in stage I and II melanoma survivors

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Introduction & Objectives:

Global melanoma incidences have been increasing rapidly over the past decades, with localised melanoma showing the relatively largest increase. Despite rather short treatment trajectories and favourable prognoses, diagnosis and treatment may impact life after treatment. However, existing research mainly focuses on experiences and needs of advanced melanoma survivors. Therefore, the aim of our study is to gain an in-depth understanding of stage I and II melanoma survivors’ experiences resuming life after treatment and their associated unmet SSC needs.

Materials & Methods:

A qualitative focus group study was conducted with a total of 18 stage I or II melanoma survivors, divided over three focus groups with 6 survivors each. Purposive sampling ensured variation in age, sex, time since treatment and impact of disease and treatment. Discussions were structured using topic guides, transcribed verbatim, and analysed through a thorough thematic content analysis using multiple phases of coding.

Results:

In resuming life, survivors often experienced profound initial impacts of disease and treatment, fed by a perceived lack of knowledge and underestimation of melanoma both among themselves and the general population. They experienced unexpected physical and emotional effects after (re-)excision. When trying to get back on track, survivors experienced mixed feelings ranging from relief, to fear and uncertainty. They often felt misunderstood, having to deal with ongoing impact of their disease and treatment, necessitating adjustments in various life domains. Additionally, they had to manage personal and external expectations. This was accompanied by a (positive) shift in perspective on life. In terms of SSC needs, survivors stressed the need for tailored information, accessible resources, patient-centered follow-up, and supportive care addressing the total impact of disease and treatment, while emphasising the importance of streamlined access to care and support.

Conclusion:

Localised melanoma survivors often experience significant yet unexpected impacts on their lives, which they feel are insufficiently understood by those around them and leading to a difference in life before and after cancer. Aside from improving melanoma awareness, our findings underscore the need for providing holistic SSC not only to advanced, but also localised melanoma survivors. A tailored survivorship care plan could greatly support patients in resuming life by facilitating tailoring and accessibility of information and supportive care options.

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Abstract N°: 7166

skin picking behavior in patient with prader-willi syndrome: case report

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Introduction & Objectives: Dermatillomania, classified as one of the obsessive-compulsive disorders (OCD), manifests as repetitive and uncontrolled skin picking in one or multiple areas of the body. These compulsive acts of scratching or manipulating the skin are recognized by the individual as irrational, often performed in a ritualized and intrusive manner. We present a case characterized by multiple ulcerations in accessible picking areas.

Materials & Methods: This involves a 25-year-old patient with Prader-Willi Syndrome, morbid obesity, diabetes mellitus managed with insulin therapy and oral antidiabetic agents, presenting with multiple painless ulcers scattered across the body with a partial tendency to heal, evolving over the past 5 months.

On dermatological examination, ulcers measuring 2 to 4 cm in diameter were observed, characterized by well-demarcated yet irregular margins, jagged edges, clean surfaces, hemorrhagic bases, and perilesional skin exhibiting thickening and atrophy suggestive of scarring, localized to the right axilla, right iliac fossa, left arm, buttocks, and lower limb.

Results: The patient’s mother reported daily skin picking behaviors. Skin biopsy revealed histopathological findings consistent with edematous dermis containing shredded collagen bundles, likely secondary to scratching.

The diagnosis of dermatotillomania was established. Treatment entailed local management with a healing cream and occlusive dressing, resulting in complete healing within 20 days

Conclusion: Prader-Willi Syndrome (PWS) is a rare genetic disorder with a birth incidence rate estimated at 1:25,000 [1]. It is caused by an anomaly in the q11-q13 region of chromosome 15 inherited from the father and is characterized by hypothalamic-pituitary dysfunction. In adulthood, the main issues include the onset of hyperphagia often leading to morbid obesity, learning difficulties, behavioral disorders, and sometimes major psychiatric disorders [2]."In our case, despite a compelling set of arguments (frequent occurrence of OCD in individuals with PWS, assisted ‘Skin Picking Disorder’ by the caregiver, localization in accessible areas, lesions not corresponding to any specific skin condition, and skin histology), the diagnosis remained one of exclusion.

Comprehensive and multidisciplinary management, particularly involving collaboration between dermatologists and psychiatrists, is essential. Regular engagement in physical activity and sports should be encouraged to positively reinforce emotional excitations and alleviate feelings of guilt often experienced by these patients.

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Abstract N°: 7451

Quality of life in patients with dermatological toxicities secondary to anticancer treatments

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Introduction & Objectives:

Cancer therapies such as conventional chemotherapy, radiotherapy and new targeted therapies cause a wide range of adverse effects affecting the skin, adnexa and mucous membranes, affecting almost a third of patients. The perception and acceptance of these side effects can vary from one patient to another. The aim of this study was to describe the various cutaneous adverse effects of cancer treatments administered, and to assess the quality of life of patients suffering from cutaneous lesions secondary to these treatments.

Materials & Methods:

We conducted a cross-sectional descriptive and analytical study over a 6-month period from March to July 2023. The study was conducted in Casablanca, at the onco- radiotherapy center; and at the dermatology department of the Cheikh Khalifa International University Hospital. The study included all patients with neoplasia who had received anti-cancer treatment and exhibited dermatological toxicity. Data were collected through face-to-face interviews with patients to complete a detailed questionnaire form. The Dermatology Life Quality Index (DLQI) questionnaire, validated in Morocco in its Arabic dialect version, was used to assess quality of life.

Results:

During the study period, we identified 150 cancer patients with dermatological toxicity to anticancer treatments. The mean age was 56.8 ± 14.7 years. 52% of patients were over 60 years of age. Females predominated, with a sex ratio (F/H) of 2.06. Breast was the most common primary cancer site (46%). The majority of patients received chemoherapy alone (n=108; 72%), 10% (n=15) received chemotherapy combined with targeted therapy, and 10% (n=15) received chemotherapy combined with radiotherapy. Alopecia and xerosis were the most frequently observed dermatological signs. The main symptoms were pruritus (39%), dysesthesia (38%) and pain (26%). The majority of our patients (90%) presented with alopecia. It concerned only the scalp in 56% of cases, and was universal in 14%. 65.3% had xerosis of the skin. 42.7% of patients (n=64) showed nail changes. 32.6% had hand-foot syndrome, most often grade 1. 26.7% had maculopapular exanthema. 23.3% had hyperpigmentation. The mean DLQI score was: 10.22 with a minimum of 0 and a maximum of 28. 40% of patients felt that their skin problems had a significant effect on their quality of life, and 32.7% reported a moderate effect. The “symptoms and feelings” section was the most affected with 72.6%. Female gender and cancer location in the breast were significantly correlated with a higher DLQI score (p=0.04), as was a significant correlation between the following symptoms: maculopapular exanthema (p=0.02), maculopapular exanthema (p=0.02), nail involvement (p=0.04), and a high DLQI score, i.e. a significant impact on quality of life.

Conclusion:

At the end of this study, although alopecia is a common and unpleasant symptom in patients undergoing cancer treatment, it does not significantly impair quality of life. Furthermore, we have observed that certain dermatological toxicities, such as the skin xerosis frequently observed in our patients, do not seem to have a significant impact on their QoL, in contrast to other toxicities such as pruritus or bullous toxidermia, which significantly alter it. Consequently, these toxicities deserve special attention in their curative and preventive medical management.