
**Abstract N°: 18**

**Mental Health Support for Improved Skin Patient Care**

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**Introduction & Objectives:**

Skin diseases often have significant detrimental effects on mental health and well-being, impairing individuals' ability to perform daily activities and engage socially.

We undertook a global landscape analysis to identify educational materials, tools, referrals and programs available to support the mental health and well-being of individuals with skin conditions. This information would determine whether global patient needs are being met and inform the generation of new resources (or the adaptation of existing ones) to support mental health and well-being.

**Materials & Methods:**

We created a list of dermatology patient advocacy groups and skin health organizations and foundations. For each group/organization, searched their website if available, and reviewed the information on impact of the condition on mental health and well-being. Based on the references provided on the website we conducted additional searches of the scientific database MEDLINE for articles featuring the name of each resource published between January 1, 2013 and June 30, 2023.

Where feasible, we contacted groups and organizations that contributed to the mental health and well-being resources detected in our searches to both gain a stronger understanding of their initiatives, and to solicit the names of any other resources in this space.

Following the review of mental health and well-being resources that exist for those with dermatological conditions, we summarized the current epidemiology on skin conditions and mental health conditions in each region (where available), existing stigma around seeking mental health treatment, and the type of mental health and well-being resources that may have the most potential for success within the region.

**Results:**

We identified 26 patient advocacy websites featuring mental health and well-being resources. We reviewed the methods of support delivery considering sensitivity to mental health-related stigma and cultural beliefs and lifestyles across six world regions. Many resources originated in the UK where several different groups and organizations have studied the impact of skin conditions on mental health and well-being and advocated for improved supports.

**Conclusion:**

The findings revealed that there are currently several mental health resources for individuals with skin conditions, predominantly in the form of online interventions such as websites dedicated to providing information, modules on mental health topics and coping strategies, peer support forums, and counselling. It is encouraging to observe the range of digital health resources and formats that already exist, and it is likely that the self-guided design of many of these will be helpful to individuals from regions where the culture is reserved regarding the sharing of

emotions and feelings.

In remote and rural Western Pacific and African regions, task-shifting, a process whereby laypeople are trained by health professionals to deliver evidence-based, community-based interventions, may be a promising format given mental health professional shortages. To provide optimal support for the mental health and well-being of those around the world with skin conditions, future efforts should focus on evaluation of the patient benefits offered by existing resources, and their adaptation and expansion to befit other world regions and that align with varied cultural needs and beliefs.


**Abstract N°: 226**

**Generalized keratosis pilaris: a case report**

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**Introduction:**

Keratosis pilaris (KP) is a common, benign skin condition characterized by small, rough, follicular papules due to abnormal

keratinization. It typically affects the extensor surfaces of the arms, thighs, and buttocks. While localized KP is frequent, generalized KP is rare and

often misdiagnosed. Most cases remain asymptomatic, but aesthetic concerns frequently lead patients to seek dermatological evaluation. Here,

we present a case of generalized KP in a young adult female, emphasizing the diagnostic and therapeutic challenges.

**Case report:**

A 28-year-old female, with no medical history, presented with generalized follicular papules affecting the arms, shoulders,

back, chest, thighs, and legs, sparing the palms and soles. The lesions appeared at age 14, were asymptomatic, and prompted consultation due to

cosmetic concerns.

Clinical examination revealed diffuse, small, follicular keratotic papules, ranging from skin-colored to hyperpigmented, without erythema,

pruritus, or inflammation. Dermoscopy showed keratotic follicular plugs, confirming the clinical suspicion of KP.

A skin biopsy was performed to exclude other keratinization disorders. Histopathology revealed orthokeratotic hyperkeratosis and follicular

plugging, confirming KP.

The patient was treated with emollients. Alternative therapies, including keratolytics (salicylic acid, lactic acid) and topical retinoids, were

discussed, but she opted for conservative management.

**Discussion:**

KP is a genetically determined disorder affecting up to 40% of the population. It results from abnormal follicular keratinization,

leading to keratin-filled follicular orifices. While localized KP is common, generalized KP remains rare and can mimic pityriasis rubra pilaris, lichen

spinulosus, or ichthyosis.

Diagnosis is clinical, supported by histopathology in atypical cases. Typical findings include hyperkeratosis with follicular plugging and mild

perivascular inflammation. Although benign and often asymptomatic, generalized KP can impact self-esteem and quality of life.

Treatment is symptomatic, focusing on emollients, keratolytics (urea, salicylic acid, lactic acid), and topical retinoids. Laser therapy may be

considered for refractory cases.

**Conclusion:**

Keratosis pilaris is a common and benign skin condition, but its cosmetic impact can lead to psychological distress, especially in young patients. While treatments like emollients, keratolytics, and retinoids can improve skin texture, results are often gradual and require maintenance. Patient education and reassurance are key to managing expectations and minimizing the emotional burden associated with this chronic condition.


**Abstract N°: 314**

**Rosacea as a war-driven psychodermatosis: the impact of chronic stress and financial hardship.**

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**Introduction & Objectives:** Ukrainians have been living in war conditions for 4 years now. Danger, uncertainty, destruction of the usual way of life, loss of loved ones, life in “hot spots” or forced relocation, decreased well-being, and solvency have led to the fact that now every second Ukrainian suffers from reactive and personal anxiety, depression, aggression or post-traumatic stress disorder. All these are potent triggers for psychodermatosis, one of which is rosacea. The influence of stress launches a cascade of neuroimmune interactions, resulting in the exacerbation and progression of this inflammatory disease of the facial skin, significantly impacting the patient’s quality of life due to a significant aesthetic defect in the form of pronounced erythema and rashes.

**Materials & Methods:**

To understand the nature of the rosacea course in war conditions and determine the reasons for the progression of rosacea, we surveyed 97 patients (26 of them were men) with rosacea phenotypes I and II, aged 28-65 years and with a disease experience of 0 to 10 years. We assessed socio-economic indicators, the course of rosacea, and probable causes of dermatosis exacerbation.

**Results:** 89.7% of respondents reported a low level of well-being. Frequent rosacea exacerbations (more than three times a year) were noted by 87.6%, with stress (71%) and dietary indiscretions (67%) identified as key triggers. Due to financial constraints, 72.2% stopped seeking professional medical care, with 58.7% attempting self-treatment using pharmacist-recommended products, including topical steroids (27.8%), antifungal creams (18.6%), inexpensive cosmetic foundations (17.5%), or benzyl benzoate (3.1%). Among those who did visit a dermatologist, only 19.6% followed recommendations. Due to financial hardship, they prioritize treatment creams or sunscreens over cleansing products and systemic therapy.

**Conclusion:**

Rosacea is a facial inflammatory dermatosis that progresses under psychological factors. Life in Ukraine in war conditions negatively affects the mental health of the population and patients with this disease in particular.

Against the background of chronic stress, eating behavior worsens, and patients stop following recommendations. During the recurrence of skin rashes, they are more likely to self-medicate and postpone visiting a dermatologist. All this contributes to the progression of dermatosis and the intensification of chronic stress. Therefore, we should not neglect it. The effectiveness of treatment will depend only on a comprehensive approach: restoring the aesthetic face appearance and improving the patient’s psycho-emotional state.


**Abstract N°: 351**

**Exploring the psychodermatologic burden and associated psychiatric manifestations in rosacea**

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**Exploring the psychodermatologic burden and associated psychiatric manifestations in rosacea**

**Introduction & Objectives:**

Rosacea is an inflammatory skin disorder having significant mental health implications Including anxiety and depression. This systematic review and to synthesize and evaluate the current literature on the association between rosacea and anxiety and depression with particular attention to establishing multidisciplinary treatment approach

**Materials & Methods:**

A comprehensive review of PubMed, Embase and Web of Science databases was performed to select peer reviewed English studies relevant to the topic.

**Results:**

our results reveal that anxiety and depression continue to affect most rosacea patients with certain demographic variables such as age and gender modulating psychiatric burden. The complex interaction between Rosacea and its psychological outcomes is thought to rely on inflammatory mediators, lipid metabolism and neurotrophic factors. Certain treatment options including carvedilol, paroxetine and cortexin may target these core processes and alleviate psychological sequelae.

**Conclusion:**

Dermatologists should focus on adopting interdisciplinary treatment plans. Future research should prioritize longitudinal designs, diverse populations and standardized methodologies to deepen our understanding of the relationship between anxiety, depression and rosacea.


**Abstract N°: 356**

**Recent trends in psychodermatology publications: a five-year analysis**

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**Recent trends in psychodermatology publications: a five-year analysis**

**Introduction & Objectives:**

Psychodermatology, an interdisciplinary field bridging dermatology and psychiatry, has gained significant attention in recent years due to the increasing recognition of the psychological dimensions of skin conditions. The field emphasizes the bidirectional relationship between mental health and dermatologic diseases, where skin conditions can exacerbate mental health issues and vice versa. The COVID-19 pandemic has further highlighted the importance of mental health, fueling interest in psychodermatology and its implications for clinical practice and patient quality of life. By understanding these trends, we aim to provide insight into the focus areas within psychodermatology, identify research gaps, and suggest future directions for this dynamic field.

**Materials & Methods:**

A PubMed search was conducted on November 4, 2024, using the keywords “psychodermatology” or “psychocutaneous.” Articles published within the last five years were reviewed, yielding 292 relevant articles. Data on publication year, study type, and study topic were compiled and analyzed.

**Results:**

Within th edefined timeframe publication rates remained consistent, ranging from 51 to 64 per year, with a peak in 2020, likely due to increased attention to mental health during the pandemic. The most common study types were commentaries, reviews, and surveys, with a noticeable scarcity of primary research, such as randomized controlled trials. The majority of studies focused on “General Psychodermatology,” including psychodermatological disorders and broader topics like awareness, attitudes, and education. Conditions such as eczema and psoriasis were frequently examined, while other dermatologic diseases received less attention.

**Conclusion:**

These findings reflect a sustained scholarly commitment to psychodermatology, with steady annual publication rates. While frequently examined conditions such as eczema and psoriasis highlight the field’s recognition of psychosocial impacts, the relative paucity of data on other dermatologic diseases identifies areas for future exploration. Expanding empirical research, in the form of longitudinal and comparative studies, may enhance understanding and improve clinical outcomes in psychodermatology. We hope this analysis instigates continued advocacy for the consideration of psychosocial outcomes in the management of dermatologic diseases.


**Abstract N°: 358**

**Behavioral interventions in onychophagia and onychotillomania**

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**Behavioral interventions in onychophagia and onychotillomania**

**Introduction & Objectives:**

Body-focused repetitive behavior (BFRB) disorders, including onychophagia (nail biting) and onychotillomania (nail picking/pulling), are psychocutaneous conditions characterized by chronic, repetitive self-grooming behaviors. These conditions often go untreated due to societal shame and stigma surrounding their cosmetic manifestations and the mental health challenges associated with seeking psychiatric care. We aimed to explore recent advancements in the treatment of onychophagia and onychotillomania, focusing on the efficacy of various therapeutic interventions such as Habit Reversal Training (HRT), object manipulation training (OMT), aversion therapy, and the use of physical barriers and art therapy.

**Materials & Methods:**

A comprehensive review of studies published between 2004 and 2024, sourced from PubMed and Google Scholar, was conducted to analyze the efficacy of different treatment modalities for onychophagia and onychotillomania.

**Results:**

- **Habit Reversal Training (HRT)**, which includes awareness training, competing response training, and social support, has shown therapeutic benefits, with one case report indicating a 50% increase in nail length after four weeks of therapy.
- **Object Manipulation Training (OMT)**, which replaces the competing response with object manipulation, was found to be superior to HRT in achieving long-term improvements in nail length.
- **Art Therapy**, particularly involving animated games, was effective in reducing nail biting frequency by 87.5% after seven sessions. This intervention demonstrates the potential of interactive and dynamic environments to enhance self-awareness and behavior modification.
- **Aversion Therapy**, including the use of foul-tasting lacquer, and**Nonremovable Reminders (NrRs)**, such as wristbands, were found to be useful in promoting compliance and improving outcomes.
- **Physical Barriers** like cyanoacrylate adhesive (instant glue) applied to nails showed significant improvement in nail picking, although compliance issues related to cosmetic implications remained a challenge.

**Conclusion:**

The treatment of onychophagia and onychotillomania can be enhanced through a multifaceted approach, combining behavioral therapies, physical barriers, and support systems. Early identification and intervention by dermatologists and psychiatric professionals are crucial for improving patient outcomes. Continued research into combining these methods and addressing issues of compliance may provide more effective long-term solutions for managing these BFRBs.


**Abstract N°: 424**

**Atopic Dermatitis and Obsessive-Compulsive Disorder: A Systematic Review**

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**Introduction & Objectives:**

Atopic dermatitis (AD) is a prevalent chronic inflammatory skin disorder, affecting up to 20% of children and 10% of adults globally. Recent longitudinal studies have highlighted a significantly increased risk of obsessive-compulsive disorder (OCD) in individuals with AD. This systematic review aims to synthesize and evaluate the current literature on the association between AD and OCD.

**Materials & Methods:**

A comprehensive search was conducted of the PubMed, PsycINFO, and Web of Science databases on September 12, 2024 using the keywords “Atopic Dermatitis” or “Eczema” and “Obsessive Compulsive Disorder” or “OCD” or “Obsessive- Compulsive Disorder.” Studies were included if they discussed AD and OCD, were of the appropriate study type, and were published in peer-reviewed journals in English.

**Results:**

AD was associated with an increased risk of OCD (OR 1.48, 95% CI - 1.48-1.48).

Females with AD had a higher risk of OCD compared to males.

The risk of OCD was elevated in individuals with mild (OR = 1.30, 95% CI: 1.20-1.42) and moderate AD (OR = 1.20, 95% CI: 1.01-1.43), but not severe AD (OR = 0.69, 95% CI: 0.43-1.12). Young adults with AD had the highest risk of developing OCD. No increased risk of OCD was found in caregivers of AD patients.

**Conclusion:**

Evidence suggests a bidirectional behavioral relationship between the two disease states as chronic itching in AD may trigger compulsive tendencies, such as skin picking or scratching; on the other hand, compulsive behaviors such as repetitive handwashing may worsen AD.

A systemic inflammatory state as seen in AD may contribute to OCD onset, with shared inflammatory markers, such as IL-4 and IL-17, implicated in both disease states.

Increased rates of skin infection seen in AD may be a risk factor for OCD, with infectious agents documented as potential triggers of autoimmunity.

The linkage may also involve shared genetic risk factors, such as variations in major histocompatibility complexes.

Interdisciplinary care, encompassing collaboration between dermatologists and psychiatrists is critical for optimizing clinical outcomes.

Future research should prioritize longitudinal studies to further elucidate the temporal relationship between AD

and OCD, identify specific biomarkers of comorbidity, and assess the efficacy of treatments targeting these shared inflammatory pathways.


**Abstract N°: 425**

**Seeing beyond the skin: How virtual reality transforms patient care in dermatologic procedures**

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**Introduction & Objectives:**

Dermatologic procedures often trigger anxiety, stress, and pain, negatively affecting patient satisfaction. Traditional pain management focuses on physical discomfort, overlooking the psychological impact of pain. Virtual reality (VR), an immersive technology emerging in healthcare, may enhance patient experiences by reducing anxiety and pain. This scoping review explores the possible role of VR in increasing patient satisfaction during dermatologic procedures in both adults and children.

**Materials & Methods:**

A scoping review was conducted using PubMed, EBSCO, OvidMEDLINE, PsycINFO, and Cochrane Library, identifying 205 articles. After screening, 8 studies met inclusion criteria, focusing on VR's impact on patient satisfaction, anxiety/stress reduction, and pain relief.

**Results:**

VR effectively reduced anxiety in both adults and children, leading to high patient satisfaction. Pain reduction outcomes were inconsistent, though some studies reported significant decreases. VR was particularly beneficial for highly anxious patients, with many preferring its use in future procedures and some willing to pay out of pocket. Compliance results were mixed, with one pediatric study suggesting decreased compliance, while other studies showed improved willingness for procedures and shorter procedure times. Overall, VR was well received.

**Conclusion:**

VR shows promise in mitigating anxiety and enhancing patient experiences in dermatology by addressing both psychological and physical discomfort. It may be a valuable tool not only in traditional dermatology but also in psychodermatology, because of its potential in managing conditions with a psychological component. However, further research is needed to explore challenges, including cost, patient preferences, and feasibility in clinical settings.

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**Abstract N°: 751**

# Assessing Rates of Mental Health Comorbidities in Psoriasis Patients Stratified by Race/Ethnicity & Insurance Status

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**Introduction & Objectives:**

Psoriasis is a chronic inflammatory skin condition affecting approximately 3% of U.S. adults. While disparities in disease severity and mental health comorbidities—such as depression, anxiety, and reduced quality of life—are well documented, recent nationally representative data remain limited. One study found no racial differences in mental health outcomes but grouped all non-white patients together, potentially masking important disparities. This study examines the association between psoriasis and mental health comorbidities, stratified by race and insurance status—two key sociodemographic factors influencing health outcomes.

**Materials & Methods:**

We analyzed data from the 2023 National Health Interview Survey (NHIS) to identify individuals with a self-reported history of psoriasis and to extract sociodemographic variables, including age, sex, race, geographic region, insurance status, percent of the federal poverty level, and educational attainment. Mental health variables included self-reported life dissatisfaction, physician-diagnosed anxiety and depression, and current use of mental health services. Survey weights were applied, and demographic differences between psoriasis and non-psoriasis cohorts were assessed using Wilcoxon rank-sum and chi-square tests as well as adjusted logistic regression models.

**Results:**

Respondents with a prior diagnosis of psoriasis (n=7,424,788 weighted) were older (52 vs. 48 years), predominantly White (79%), and exhibited no major sex bias (51% male vs. 49% female). They were also more likely to have private insurance (62%). Overall, after controlling for age, sex, race, region, insurance status, percentage of the federal poverty level, and educational attainment, psoriasis patients were more likely to report life dissatisfaction (OR = 2.07, 95% CI: 1.52–2.83), anxiety (2.06, 1.68–2.53), depression (1.80, 1.52–2.14), and utilize therapy or medication for mental health reasons (1.76, 1.42–2.18) compared to individuals without psoriasis (all $p<0.05$). Interestingly, Black, Asian, and Hispanic patients all had stasticially significant lower odds of depression, anxiety, and receiving mental health services ($p<0.05$). Compared to patients with private insurance, individuals with public insurance (3.45, 1.49–8.00) or no insurance (4.52, 1.50–13.64) had higher odds of life dissatisfaction.

**Conclusion:**

These findings suggest that psoriasis is associated with a significant mental health burden. Prior studies have linked psoriasis to psychosocial stressors such as perceived discrimination, social withdrawal, and feelings of alienation—particularly when lesions are visible. Interestingly, our study found lower rates of diagnosed depression and anxiety among racial minority patients. While some have proposed that this may reflect

differences in lesion visibility on skin of color, our findings suggest that underdiagnosis and limited access to mental health care may play a more significant role, as these groups also reported lower rates of receiving mental health services. Similarly, patients with public insurance or no insurance reported higher rates of self-reported life dissatisfaction, despite no statistically significant differences in formal depression or anxiety diagnoses—further indicating a potential burden of underdiagnosed mental health comorbidities among sociodemographically disadvantaged populations.


**Abstract N°: 871**

**Erysipelas-like pathomimia: Unraveling the diagnostic complexity of self-induced dermatosis and psychological distress**

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**Introduction & Objectives:** Cutaneous pathomimia is a specific form of factitious disorder that presents a significant diagnostic and therapeutic challenge for physicians. We report a case of pathomimia mimicking a bullous erysipelas.

**Case Report:** A 53-year-old female patient with no significant medical history presented with an inflammatory plaque on the trunk, reportedly evolving over three days. The lesion featured erosions over the left breast and the ipsilateral inframammary fold. No breast nodules or palpable lymphadenopathy were noted.

The main differential diagnoses considered were bullous erysipelas and carcinomatous mastitis. Laboratory investigations revealed no inflammatory syndrome or leukocytosis. Bacteriological and mycological cultures were sterile. Breast ultrasound findings were unremarkable.

The patient was initially managed with a reparative cream, topical silver sulfadiazine, and oral antibiotic therapy. Remarkably, the lesions healed almost completely within a short period under occlusive dressing.

Given the rapid resolution of symptoms and the absence of abnormal findings on investigative tests, a detailed patient interview was conducted. revealing sleep disturbances, anxiety, and a conflicted family environment. A psychiatric consultation confirmed the diagnosis of pathomimia.

**Discussion:**

Pathomimia refers to the deliberate and conscious self-infliction of symptoms of a physical or mental illness while denying responsibility, often seeking attention as an expression of underlying psychological distress.

Cutaneous pathomimia is the most common form and is characterized by single or multiple well-demarcated lesions with highly variable presentations. The anatomical distribution is suggestive, as the lesions are consistently located within the patient’s reach..

This condition predominantly affects young adults aged 15 to 35 years, with a marked female predominance. The diagnosis of pathomimia should be considered in cases of delayed healing when no clear organic cause is identified; it is, therefore, a diagnosis of exclusion.

The reported case is characterized by an atypical clinical presentation which initially posed a diagnostic challenge. The diagnosis of pathomimia was established based on clinical findings, the lack of paraclinical abnormalities, and a notably conflictual social context.

Management of pathomimia is complex and requires a multidisciplinary approach, focusing not only on treating the induced lesions and scars but, more importantly, on providing psychological support to address the underlying psychological distress driving the behavior.

**Conclusion:** Pathomimia remains a rare condition that should be considered in atypical clinical presentations when no clear organic cause is identified. Self-inflicted lesions are typically located within the reach of the

dominant hand. Management requires a multidisciplinary approach, with a primary focus on psychological support.


**Abstract N°: 1231**

**Long-Term Outcomes of Real-Time Teledermatology: A Review of Clinical Effectiveness, Satisfaction, and Access**

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**Introduction & Objectives:**

Teledermatology has expanded significantly since 2019 due to COVID-19. Through digital platforms, skin diseases are diagnosed and managed in the context of new American Academy of Dermatology (AAD) guidelines for virtual consultations. Teledermatology continues to show minimal evidence in comparison to direct consultations. This review assessed clinical outcomes, patient satisfaction, and healthcare utilization in synchronous teledermatology.

**Materials & Methods:**

A narrative review of PubMed, Embase, Web of Science, and Scopus literature was conducted on studies published from January 2020 to March 2025 using terms like “teledermatology,” “video consultation,” and “chronic skin disease.” In studying synchronous teledermatology, one-to-one care is considered to be about clinical effectiveness, patient satisfaction, or health care usage in English language studies only. Eligible studies include randomized controlled trials, cohort studies, case-control studies, and large surveys. Possible exclusion reasons were any store-and-forward models. Studies are limited solely to children, non-English papers, animal experiments, or studies without original research. Of the 487 screened titles, 42 full texts were evaluated, and 15 met all criteria.

**Results:**

Over 3-13 months, teledermatology in real-time was found to have similar results as in-office care for acne, atopic dermatitis, and psoriasis. The RCT noted an equal change in acne lesions over 6 months, while a 3-month trial on eczema noted significant improvement in terms of itchiness and body surface area when managed virtually. Satisfaction rates varied between 70% and 95%, with most patients preferring teleconsultation for its convenience. Greater than 50% of cases could be settled without a referral for an in-person consultation, improving safety with waiting time.

Nevertheless, most studies were carried out on mild and moderate cases, with few handling primary diagnoses of psoriasis, which may not always voluntarily collude with dermoscopy or biopsy. The studies varied in their definitions of teledermatology for the diagnosis and follow-up, undermining generalizability. Workflow and diagnostic certainty were sometimes impaired by image/video quality and platform reliability. Some limitations included short follow-up times, inconsistent compliance, and disparities in electronic access.

**Conclusion:**

Real-time teledermatology is comparable to face-to-face care for many diagnoses, with more patient satisfaction

and higher healthcare access in the short and medium terms. However, there is insufficient evidence for longer periods to support continuous engagement and equitable virtual treatment. Our findings support evidence-based approaches, common outcomes, and long-term studies. These insights also underpin the incorporation of teledermatology into routine practice and inform further research and health policies.


**Abstract N°: 1337**

**The Underestimated Psychosocial and Quality of Life Impacts in a Case of Post-Mammoplasty Pyoderma Gangrenosum**

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**Introduction & Objectives:**

Pyoderma gangrenosum (PG) is a rare, noninfectious neutrophilic dermatosis marked by rapidly advancing, painful ulcers with violet-edged, undermined borders, often triggered by minor trauma or surgical procedures (pathergy phenomenon). Post-surgical PG (PSPG) is frequently misdiagnosed as infection, leading to unnecessary surgical interventions that worsen the condition, with breast reduction procedures being a common trigger. Although PG's clinical manifestations are well-characterized, its psychosocial impact remains underexplored. This case report highlights the profound effects of PG on quality of life (QoL) and emphasizes the need for PG-specific QoL assessments, alongside a psychodermatological approach.

**Materials & Methods:**

A 23-year-old woman with no significant medical history underwent bilateral reduction mammoplasty. On postoperative day 7, she developed a progressive ulcer at the left breast T-junction with necrosis of the nipple-areolar complex. Initial treatment for a presumed infection failed, prompting a dermatology consult. Examination revealed a 3×1 cm ulcer with necrotic base, violaceous undermined borders, surrounding erythema, and irregular shape, localized at the surgical site, consistent with Pyoderma gangrenosum (PG). Systemic screening, including inflammatory markers, infection workup, and malignancy screening, returned unremarkable results. Histopathology revealed chronic inflammation and ischemic changes, confirming a diagnosis of PSPG and ruling out infection. Oral corticosteroids (prednisolone 0.5 mg/kg/day) were initiated, leading to partial improvement. Over subsequent weeks, the patient developed corticosteroid-induced acne and Cushingoid features. Infliximab was initiated with a 0–2–6 week induction protocol, and hyperbaric oxygen therapy was added as an adjunct. Despite disease control, she exhibited psychological distress. Psychosocial assessment revealed Beck Depression Inventory (BDI) score of 24, Beck Anxiety Inventory (BAI) score of 26, and Dermatology Life Quality Index (DLQI) score of 18, indicating significant psychosocial burden. She reported social withdrawal, loss of confidence, and body image concerns. Additionally, the Family Dermatology Life Quality Index (FDLQI), completed by the patient's husband, highlighted the emotional burden on the family. She was referred for comprehensive psychosocial intervention.

**Results:**

This case highlights the significant physical, emotional, and social impact of PG on the patient's quality of life (QoL), which is rarely assessed systematically. Studies show impairment in pain, physical limitations, hygiene, and emotional health, with the patient's high DLQI and psychiatric scores reflecting these findings. Comorbid conditions like IBD or RA may worsen the impact, while the visible nature of PG lesions can lead to social isolation, low self-esteem, and poor body image. This case underscores the importance of psychiatric evaluation, as emotional distress affected treatment adherence and overall well-being.

**Conclusion:**

Post-surgical pyoderma gangrenosum remains a diagnostic and therapeutic challenge, with a significant

emotional toll. A psychodermatologic approach, alongside immunosuppressive therapy, can optimize outcomes and enhance quality of life (QoL). Holistic care should be the standard in PG management, and future research should focus on developing PG-specific QoL instruments to address the unique challenges faced by these patients.


**Abstract N°: 1503**

**Beyond the Surface: How Circadian Biology Shapes Skin Health and Aesthetic Outcomes**

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**Introduction & Objectives:**

The skin is a dynamic peripheral organ with its own circadian rhythm, regulating vital processes such as epidermal regeneration, barrier maintenance, pigmentation, and inflammatory responses. Disruption of this rhythm, whether due to aging, environmental stressors, or lifestyle factors, can accelerate skin aging and impair recovery from aesthetic procedures. This study aims to explore the role of circadian biology in skin homeostasis and its implications for aesthetic outcomes, with a focus on skin of colour, particularly in Asian populations.

**Materials & Methods:**

A narrative literature review was conducted, examining current findings in dermatologic chronobiology, with emphasis on studies involving Asian skin types and higher Fitzpatrick grades. Molecular mechanisms of skin's circadian regulation were analyzed, alongside clinical observations from aesthetic practice involving procedures such as laser resurfacing, microneedling, and topical regimens. Additionally, timing strategies for interventions were reviewed to evaluate their impact on skin healing and pigmentation.

**Results:**

The evidence supports that skin exhibits distinct time-of-day variations in barrier function, melanin production, DNA repair, and inflammatory pathways. In skin of colour, altered circadian responses may influence susceptibility to hyperpigmentation and healing outcomes post-procedure. Aligning aesthetic interventions with optimal circadian windows appears to improve treatment efficacy, minimize side effects, and promote faster recovery. Incorporating circadian principles into dermatology and aesthetic practice holds significant promise for enhancing personalization and procedural outcomes, particularly in patients with more melanated skin.

**Conclusion:**

Understanding and leveraging the skin's circadian rhythm offers a novel and impactful approach to aesthetic medicine. By integrating chronobiological insights into treatment planning—especially for skin of colour—clinicians can achieve more predictable, safer, and more effective dermatologic outcomes. This time-informed strategy represents a promising frontier in personalized dermatologic and aesthetic care.

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**Abstract N°: 1626**

# Development and Validation Research for a Patient-Reported Outcome Measure to Evaluate Treatments for Acne and Acne Scarring: The ACNE-Q.

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**Introduction & Objectives:** Acne is common and causes substantial distress to patients. Current acne-specific patient-reported outcome measures (PROMs) focus on the psychosocial outcomes. Our team developed a PROM that includes scales to measure appearance of facial, back and chest acne, acne scars and facial skin. Additional scales measure appearance-related distress and acne symptoms. A systematic review of PROMS for acne published in 2022 recommended ACNE-Q for use in acne clinical studies based on content validity [1]. The aim of this presentation is to describe the development and validation of the ACNE-Q based on the original field-test and two subsequent studies.

**Materials & Methods:** The ACNE-Q was developed and validated using a mixed methods approach. In the first study (July 2015 to August 2018), which was published [2], concept elicitation interviews were performed with patients from Canada with the findings used to develop ACNE-Q scales that were revised with input from patients and clinicians. For the field-test study, the ACNE-Q was completed by patients recruited in dermatology clinics in Canada and the USA. A modern psychometric method (Rasch analysis) was used to examine scale reliability and validity. In study 2 (February 2022), an international online sample of people with acne were recruited to further examine reliability and validity. In study 3 (March – April 2025) ACNE-Q was completed in a sample of people who identify as gender diverse many of whom were receiving hormone therapy.

**Results:** In Study 1, to develop ACNE-Q, concept elicitation interviews were conducted with 21 patients. The ACNE-Q was drafted and feedback was obtained from 10 patients and 16 clinical experts. The field-test study recruited 256 patients aged 12 years and older. The psychometric analysis provided evidence of acceptable reliability and validity for its 7 scales. In Study 2, the online sample included 595 people with acne and in Study 3, 626 people with acne who identified as transgender or gender diverse were recruited. The psychometric analysis from these two studies performed after the initial development study provide broad support for the reliability and validity of the ACNE-Q.

**Conclusion:** The ACNE-Q field-test study and two subsequent validation studies provide a body of evidence that supports the ACNE-Q as a valid and reliable patient-centered outcome measure for use in youth and adults with self-reported mild to severe acne. This PROM can be used to inform research and clinical care.

1. Hopkins ZH, Thiboutot D, Homsi HA, Perez-Chada LM, Barbieri JS.Patient-Reported Outcome Measures for Health-Related Quality of Life in Patients With Acne Vulgaris: A Systematic Review of Measure Development and Measurement Properties. JAMA Dermatol. 2022 Aug 1;158(8):900-911
2. Klassen AF, Lipner S, O'Malley, M, Longmire, NM, Cano SJ, Breitkopf T, Rae C, Zhang YL, Pusic AL. Development of a New Patient-Reported Outcome Measure to Evaluate Treatments for Acne and Acne Scarring: The ACNE-Q. Br J Dermatol. 2019;181(6):1207-1215.


**Abstract N°: 1674**

# What makes psychodermatology a beneficial care pathway for people with psoriasis: Insights obtained from patient's own experiences in a routine psychodermatology clinic.

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**Introduction & Objectives:**

Living with a long-term skin condition like psoriasis can be life altering or even life ruining. Psoriasis can lead to stigmatisation, shame and social isolation. Stress may affect treatment outcomes, adherence, and have a damaging impact on the patient's mental health. Psychodermatology has become a pathway for managing psoriasis as it results in physical and psychological gains. Cognitive-Behaviour Therapy (CBT) is an integral approach in psychodermatological care and while it appears to have the most robust evidence for its effectiveness the exact factors that contribute to its outcomes have not been adequately assessed. The aim of the study was to investigate the factors that contribute to the outcome of psychodermatological care when CBT is employed for patients with psoriasis as part of their routine management.

**Materials & Methods:**

In-depth, semi-structured interviews were conducted with nine patients who had completed a course of CBT in a Psychodermatology Clinic of a teaching UK hospital. Constructivist Grounded Theory (CGT) was employed to extract the factors contributing in order to create a theoretical framework of understanding.

**Results:**

CGT analysis generated a model named as Guided Therapeutic Growth that describes the factors that contribute to the therapeutic gains of psychodermatological care for patients with psoriasis when CBT used as an adjunct to standard medical treatment. The model encompassed four major factors that were interlinked and reported by the participants: (a) feeling engaged with therapy, (b) establishing a trusting therapeutic relationship, (c) legitimising the expression of distress associated with psoriasis and (d) developing a guided restructuring of the meanings attached to having psoriasis. The interrelation of these concepts was found to represent the processes necessary for achieving changes and the associated benefits with it. Equally, the absence of these factors or the presence of certain hindering conditions could compromise and jeopardise progress.

**Conclusion:**

The findings are presented to inform routine practice and assist healthcare professionals who manage patients with psoriasis. The therapeutic gains of using psychodermatological care as part of the overall management of psoriasis and the importance of clinician-patient's relationship is highlighted. Patients should be engaged in psychodermatological care from the referral point to ensure successful progression and therapeutic benefits. Engagement early on is aided by exploring patients' expectations of psychodermatological care, developing an understanding of the mind-skin connection and how it might impact their psoriasis. Findings showed that participants experience psychodermatological care as helpful and led to meaningful changes such as improved relating to self and their needs–a concept that was found to be a key attribute in feeling less socially isolated.

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**Abstract N°: 1767**

# Is EQ-5D-5L Suitable for Assessing Health-Related Quality of Life Among Patients With Nonsegmental Vitiligo? Insights From Qualitative Patient Interviews

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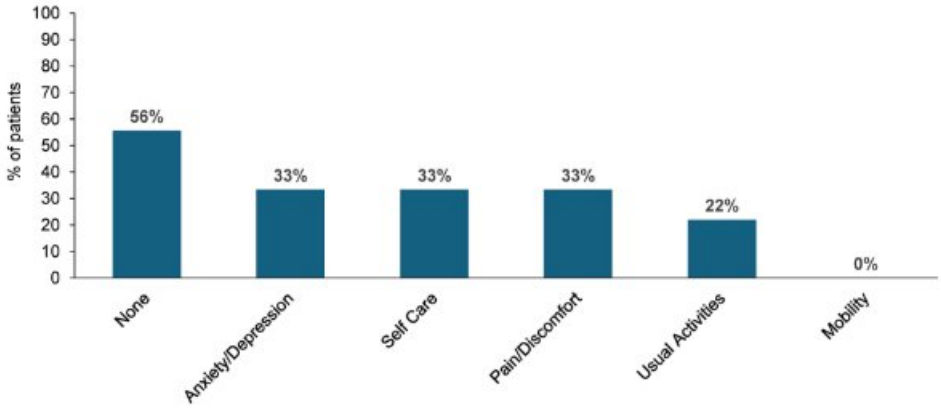
**Introduction & Objectives:** Meaningful improvements in health-related quality of life (HRQoL) are critical for patients with diseases associated with significant psychosocial burden, like nonsegmental vitiligo (NSV). Given the limited use of vitiligo-specific HRQoL measures in research, the EuroQol 5-Dimension 5-Level (EQ-5D-5L), a generic measure of HRQoL, is routinely used to assess disease burden and treatment effect in vitiligo. The aim of this study is to present patient insights from qualitative interviews on the relevance of the EQ-5D-5L questionnaire in participants with NSV.

**Materials & Methods:** Qualitative interviews were conducted by researchers with participants with NSV. Participants were asked how relevant they felt the EQ-5D-5L questionnaire is to their experience of vitiligo and to rate their health with the EQ-5D visual analog scale (EQ VAS) between 100 (best imaginable health) and 0 (worst imaginable health). Interviews were audio recorded and transcribed verbatim for analysis. Interview data were coded to protect participant identity and are reported descriptively. Data was analyzed qualitatively.

**Results:** Interviewees included 8 adults and 1 adolescent. The mean±standard deviation age of all interviewees at diagnosis was 26.6±17.7 years. More patients (55.6%) had type I, II, or III Fitzpatrick skin type than type IV, V, or VI (44.4%). More than half (55.6%) of the participants reported that none of the concepts addressed by the EQ-5D-5L (eg, self-care, usual activities, pain or discomfort, anxiety or depression) were relevant to their experience with vitiligo (**Figure**). No participants indicated that the concept of mobility was relevant to vitiligo. Across the remaining participants, 33.3% reported experiencing anxiety and/or depression due to their vitiligo, with 1 participant highlighting that their anxiety/depression not only affected them, but their children as well. Additionally,* a third of participants reported that the self-care–related question was relevant as they had to be careful about using certain products on their skin and/or how they dressed. Moreover, 33.3% reported experiencing pain or discomfort with sun exposure and/or itching and 22.2% reported that the need to limit their time in the sun affected their usual activity. Participants were asked to rate their health using EQ VAS. The mean rating among adult participants was 90% (range 80–100); the adolescent participant had an EQ VAS score of 50%. The adult participants reported thinking about their overall health when completing the EQ VAS assessment, rather than the impacts of vitiligo specifically. Conversely, the adolescent participant reported focusing on vitiligo, citing physical symptoms they experienced due to vitiligo, especially itching.

**Conclusion:** Based on participants' insights,** there does not appear to be a strong overlap between vitiligo symptoms and the 5 domains of the EQ-5D-5L. Therefore, the findings suggest that the EQ-5D-5L as a measure of HRQoL is not suitable for use in vitiligo. Future studies should focus on development of patient-friendly, vitiligo-specific measures of HRQoL to help provide a more comprehensive view on the impact of disease.

**Figure.** The domains of the EQ-5D-5L that participants felt were relevant to their experience with vitiligo




**Abstract N°: 1782**

**Concentrated Vegetable Oils in unsaponifiable fractions: Explorations and applications to skin care**

Christophe RIPOLL*[1], Sophie LECLERE-BIENFAIT[1], Laure Bernard[1], Marion LEROUX[1], Gaetan BOYER[1], Clément LEBRAS[1], Marion Kerdrain[1], Caroline BAUDOUIN[1]

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**Introduction & Objectives:**

Vegetal oils have their own composition, offering a wealth of diversity, particularly in terms of unsaponifiable fraction which contains highly active molecules that can have beneficial effects on skin. It is possible to increase the concentration of the unsaponifiable fraction of oils such as vitamin E (tocopherols, tocotrienols) and sterols between 5% and 10% while preserving the diversity of lipid richness, including the triglyceride profile. The technique uses an eco-designed molecular distillation process, thereby augmenting the biological responses elicited by the oils.

**Materials & Methods:**

The development and use of 3D *in vitro* models and clinical studies open the possibility of activity testing of sunflower (*Helianthus annuus*), passion fruit (*Passiflora edulis*) and tea (*Camellia oleifera)* oil concentrates.

For sunflower oil concentrate (SOC), skin explant model was used to study its effect on quality and quantity of epidermal lipids and its capability to modulate inflammatory pathways was also studied in several skin cells models. A clinical study was performed to quantify surface micro depressionary network using 2% of concentrate on 20 women with dry to very dry and slightly squamous body skin during 4 weeks.

For passion fruit oil concentrate (POC), *in vitro* cell migration was studied during 72h with 0.01% concentrate. Double-blind clinical study with dermabrasion protocol compared cream with 1% concentrate versus reference product in 48 women and evaluated TEWL and microcirculation for repairing and soothing effects.

For tea oil concentrate (TOC), *in vitro*, lucifer yellow penetration was studied on skin explant stressed by stripping and cortisol, with and without oil concentrate. Double-blind, parallel groups, clinical study compared oil concentrate formulated at 1% versus placebo, during 28 days in 2 groups of 22 women with sensitive and dry skin and expressing psychological discomfort/stress/bad mood due to their skin condition. Objective stress, inflammatory parameters and biomarkers were evaluated.

**Results:**

SOC *in vitro* stimulated the synthesis of key lipids and decreased several inflammatory factors as IL1b and IL8 and clinically restored micro depressionary network. POC promoted skin's cell migration and shown in clinical study the same repairing and soothing effects than the reference product. TOC* decreased the lucifer yellow penetration indicating a better barrier integrity. Clinical study demonstrated decrease of skin sensitivity symptoms, skin inflammation and improved physiological parameters in relation with stress.

**Conclusion:**

The application of molecular distillation to vegetable oils from various sources has unveiled the richness and diversity inherent in their unsaponifiable fraction. These biochemical properties have enabled the demonstration of a range of skin-related benefits. By its skin barrier and modulation of inflammatory properties, SOC could

contribute to improve atopic dermatitis symptoms. POC and TOC improve sensitive skin condition by, respectively, repairing skin barrier after physical stress and by reducing damages mainly due to psychological stress, promoting skin comfort and wellness.


**Abstract N°: 1791**

**IN&OUT strategy for addressing psychological factors impacting skin physiology**

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**Introduction & Objectives:**

Psychological stress is increasingly recognized as a significant factor that disrupts skin homeostasis, contributing to inflammation, oxidative stress, and premature aging. Addressing these detrimental effects requires a holistic approach that goes beyond traditional topical solutions. By combining innovative *in vitro* approaches with clinical validation, we highlight the potential of a plant extract specifically targeted to counteract the effects of psychological stress on the skin. This extract can be utilized both as a dietary supplement and as a key ingredient in cosmetic formulations, offering a synergistic dual approach to improve skin's resilience.

**Materials & Methods:**

Evolution of inflammatory factors (TSLP, IL-8, IL-1β), oxidative status (NO synthesis, protein carbonylation) and cortisol synthesis were analyzed in keratinocytes cultures exposed to cortisol or a mix of epinephrine and neuropeptides (±cortisone). To investigate systemic effects, a reconstructed full-thickness human skin model stressed with betamethasone was used to evaluate collagen, elastin, hyaluronic acid, and epidermal markers by immunofluorescence.

**Results:**

Cortisol increases significantly NO synthesis by keratinocytes. Inflammatory factors, cortisol synthesis and proteins carbonylation are induced by epinephrine and neuropeptides in keratinocytes cultures, for example +79% for IL-8, + 168% for IL-1β and +12% for cortisol synthesis. Plant extract protects keratinocytes by decreasing all detrimental inductions for example IL-8, IL-1β and cortisol by 68%, 45% and 11% respectively. On full thickness skin model, betamethasone decreases epidermal thickness, loricrin, filaggrin, claudin-1, collagen type I, elastin and hyaluronic acid.

**Conclusion:**

Lifestyle changes and chronic stress disrupt hormonal and cytokine balance, impacting skin health. Adaptogenic plants, used topically and as supplements, help against these effects. The IN&OUT approach is proving effective in reducing stress and improving skin physiology.


**Abstract N°: 2004**

**Development of the WOUND-Q Patient-Reported Outcome Measure for Non-Healing Chronic Wounds**

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**Introduction & Objectives:** Chronic wounds can have a major impact on quality of life of patients due to activity limitations and symptoms such as pain, smell and exudate. The aim of this presentation is to describe the development and validation of the WOUND-Q, a patient-reported outcome measure (PROM) designed for nonhealing chronic wounds in any anatomic location.

**Materials & Methods:** WOUND-Q was developed and validated using a mixed methods approach [1-3]. In part 1 (January 2016-March 2017), concept elicitation interviews were performed with patients in 4 countries (Canada, Denmark, the Netherlands, USA). The findings were used to develop a conceptual framework and set of scales. In part 2 (August 2018-May 2020), a clinical sample of people with wounds from the same 4 countries completed the WOUND-Q. A modern psychometric method (Rasch analysis) was used to examine reliability and validity. In part 3 (August 2022), an international online sample (Prolific Academic) completed the WOUND-Q and data were used to examine test-retest (TRT) reliability and responsiveness. For responsiveness, predefined hypotheses were tested with a 75% acceptance threshold indicating sufficient evidence of responsiveness.

**Results:** Concept elicitation interviews (n=60) were conducted with patients with more than 11 different types of wounds that lasted 3 months to 25 years. The WOUND-Q was drafted and revised with feedback obtained from 20 patients and 26 experts. In part 2, 881 patients from 4 countries provided 1020 assessments. The psychometric analysis provided evidence of acceptable reliability and validity for 13 scales measuring wound characteristics (assessment, discharge, and smell), health-related quality of life (life impact, psychological, sleep impact, and social), experience of care (information, home care nurses, medical team, and office staff), and wound treatment (dressing and suction device). In part 3, 421 online participants completed the WOUND-Q. Analysis provided evidence of high TRT reliability. Acceptance of hypotheses ranged from 60% to 100%, with only the Symptom scale not meeting the 75% threshold. The findings provided evidence that the WOUND-Q can validly measure clinical change in patients with chronic wounds.

**Conclusion:** WOUND-Q is available in multiple languages for use in research studies and clinical care to understand the patient perspective in the context of chronic nonhealing wounds. Most recently, in November 2024, the US Food and Drug Administration announced that all 7 WOUND-Q outcome scales had been qualified as Medical Device Development Tools for use in medical device regulatory decision making as exploratory or secondary endpoints [4].

**Citations:**

1. Klassen AF, van Haren ELWG, van Alphen TC, et al.International study to develop the WOUND-Q patient-reported outcome measure for all types of chronic wounds.Int Wound J. 2021 Aug;18(4):4870509. doi: 10.1111/iwj.13549
2. Simonsen NV, Klassen AF, Rae C, et al. Further psychometric validation and test-retest of the WOUND-Q. Int Wound J. 2023 Aug 15. doi: 10.1111/iwj.14354.

3. Gallo L, Rae C, Voineskos S, et al. Further psychometric evaluation of the WOUND-Q: A responsiveness study. Wound Repair Regen. 2024 Apr 24. doi: 10.1111/wrr.13179.
4. https://www.fda.gov/media/183648/download


**Abstract N°: 2143**

**Hidradenitis Suppurativa: The Hidden Burden of Psychiatric Comorbidities**

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**Introduction & Objectives:**

Hidradenitis Suppurativa (HS) is a chronic inflammatory skin disease affecting areas rich in sweat glands, such as the axillae, groin, perineal area, perineum and submandibular region. It manifests as painful nodules, abscesses and scarring, significantly hampering daily life. HS affects 1-4% of the population, primarily women, with a peak incidence among young adults. In addition to physical symptoms, HS is strongly associated with psychiatric comorbidities, including depression, anxiety, bipolar disorder, schizophrenia, substance abuse and increased risk of suicide. Chronic inflammation, involving cytokines such as TNF-α and IL-17, is a likely contributor to these psychiatric symptoms. This paper aims to assess the complex interaction between HS and psychiatric disorders to highlight the need for integrated care.

**Materials & Methods:**

A comprehensive review of publicly available literature using databases such as PubMed, Scopus, Web of Science and clinical studies focusing on HS and its psychiatric comorbidities was conducted. Key indicators included the prevalence of depression and anxiety (measured using the PHQ-9 and GAD-7), associations with systemic inflammation and the impact on quality of life assessed using tools such as the Dermatology Life Quality Index (DLQI). Studies on cytokine activity and its effects on mental health were also analyzed.

**Results:**

Patients with HS show a significantly higher prevalence of psychiatric disorders compared to the general population. The prevalence of depression among HS patients ranged from 16.9% to 43%, and anxiety affected from 4.9% to 40.4% of patients. The severity of depression correlated more strongly with reduced quality of life than with the severity of the illness itself. Bipolar disorder was more prevalent in HS patients (0.7% versus 0.1% in controls), although this association weakened when cardiometabolic factors were taken into account. The prevalence of schizophrenia was ten times higher in HS patients compared to controls (1.4% versus 0.4%), and this difference persisted even after factors such as age and smoking were taken into account. Chronic pain, stigma, wound odour and systemic inflammation were identified as key contributors to psychiatric symptoms.

**Conclusion:**

HS has a profound impact on both physical and mental health through chronic pain, visible scarring, stigma and systemic inflammation. The strong association with psychiatric disorders highlights the need for multidisciplinary care that combines dermatological treatment with mental health support. Addressing inflammation with targeted therapies can improve both dermatological and mental health outcomes in patients with HS. Comprehensive care strategies are essential to alleviate the severity of the disease and improve the quality of life of those affected. Treating both the somatic and mental implications of HS must be a priority for enhancing patient outcomes.


**Abstract N°: 2241**

**Delusional Infestation: A Case Study in Singapore**

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**Introduction & Objectives:**

Delusional infestation is a delusional psychiatric disorder where patients have an unshakeable and false belief that their body is infested with parasites. This condition is relatively less common, with a global prevalence of less than 3 per 1000 psychiatric inpatients or 40 per million in the general population. Delusional infestation is classified into primary and secondary delusional infestation. Primary delusional infestation presents with symptoms without any other underlying psychiatric or medical conditions, while secondary delusional infestation presents with delusional infestation due to other medical disorders.

**Materials & Methods:**

Three patients with delusional infestation, aged 70, 39, and 64, presented with symptoms that lasted 2 months, approximately 4 months and 12 months respectively.

**Results:**

Patient 1, a 70-year-old female, felt bugs crawling on her scalp, ears, mouth and skin, and combs and picks on her skin, subsequently leading to frustration and low mood. A possible trigger was that her nephew that she stayed with had an episode of hair lice the previous year, although that was treated and resolved. Diagnosis was that of delusional infestation, and she was treated with Risperidone 0.5mg initially, and 1mg subsequently. Her family members were also counselled to support her by affirming her experiences without propagating her beliefs. Relevant investigations conducted were normal. At 3 months review, the patient's symptoms were resolved completely.

Patient 2, a 39-year-old female, felt bugs crawling on her skin and mites crawling on her hair, and brought tissue containing skin and scalp flakes and hair to show the presence of 'mites'. Anecdotally, she believed that the itch was caused by her neighbours trying to harm her, and denied any psychiatric or mood issues. Provisional diagnosis was severe atopic dermatitis and ichthyosis vulgaris with primary delusional infestation. She was prescribed various antipsychotics at various stages, but was never compliant. She was still fixated on the idea of parasites, and brought in insects like worms, ants and mosquitoes during review visits. Improved compliance would be required while monitoring her symptoms upon follow-up review.

Patient 3, a 64-year-old female, felt itchiness, paraesthesia and bugs crawling on her scalp since approximately one year ago after visiting a hair salon for hair trimming. She saw dark brown coloured lice upon combing, but these brown dots were likely blood stains from excoriations on physical examination. She also presented her collected skin samples during the consultation. Relevant investigations conducted were normal, including a skin scrape and microscopy for mites. Provisional diagnosis was primary delusional infestation. Quetiapine 6.25mg and a psychiatric review was provided as treatment, together with topical treatment. Upon review, the patient had reduced delusions, but treatment was changed to aripiprazole 5mg as the patient reported drowsiness from quetiapine.

**Conclusion:**

Delusional infestation, though rare, remains an important diagnosis in patients presenting with complaints of skin infestations. As demonstrated by the cases presented, an individualized holistic treatment regime should be given for patients. Other than antipsychotics, medical comorbidities should be treated, and multi-disciplinary support can be given through medical social worker referral, psychiatric referral or through familial support.

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**Abstract N°: 2246**

# Reducing Self-Stigma and Fostering Acceptance in People Living with Chronic Skin Disease through an Online Program – Results of the HautKompass-RCT

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[11]Dermatologische Spezial und Schwerpunktpraxis Kiedrowski, Selters
[12]Specialist clinic Bad Bentheim, Bad Bentheim, Germany

**Introduction & Objectives:** People living with chronic skin disease frequently experience stigma from others but also tend to internalize negative beliefs about themselves. This self-stigmatization can have a detrimental impact on people's mental health, wellbeing, and quality of life. To reduce self-stigmatization for this population, we developed the online program *HautKompass* based on cognitive behavioral therapy and self-compassion approaches (see Figure 1). This study examined the effectiveness of *HautKompass*. We expected the intervention group to show significantly greater reductions in self-stigma and depression, and significantly greater increases in acceptance coping and self-compassion compared to a waitlist control group.

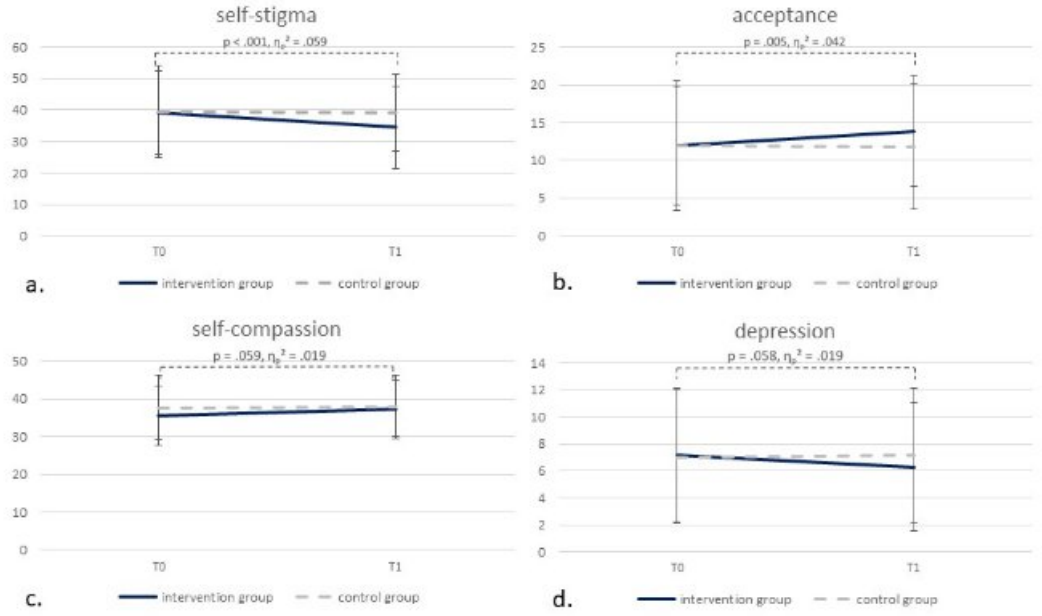
**Materials & Methods:** A** parallel group-randomized controlled trial (ClinicalTrials.gov registration: NCT06324695) was conducted fully online among German-speaking adults with alopecia areata, atopic dermatitis, hidradenitis suppurativa, psoriasis, and vitiligo. Individuals who had undergone psychotherapeutic/psychiatric treatment within the previous 12 months were excluded to avoid conflation of effects. Participants were randomized 1:1 into an intervention group, which worked through the eight self-guided program modules, or a waitlist control group. Blinding of group membership was not possible. Self-stigma, self-compassion, acceptance, depression, and other psychosocial variables were assessed by self-report questionnaires before (T0) and after the program (T1), and at 6-months follow-up (T2). Data was analyzed using repeated measures ANOVAs.

**Results:** Pre-post-comparisons (see Figure 2) showed that, compared to the control group (n = 124), the intervention group (n = 62) reported significantly reduced self-stigma ($F(1,185) = 11.58$, $p < .001$, $\eta p2 = .059$) and a significant increase in acceptance coping ($F(1,184) = 8.06$, $p = .005$, $\eta p2 = .042$). Marginally significant (considering $p < 0.10$) trends in the expected directions were observed for self-compassion ($F(1,184) = 3.61$, $p = .059$, $\eta p2 = .019$) and depression ($F(1,185) = 3.64$, $p = .058$, $\eta p2 = .019$). Notably, dropout was substantially higher in the intervention group and occurred predominantly within the first two sessions. Follow-up data collection will be completed in May 2025; as such, final results will be available at the time of the conference.

**Conclusion:** *HautKompass* effectively reduced self-stigma and fostered acceptance among people living with chronic skin diseases. This online program holds promise in improving patients' psychosocial wellbeing, is easily accessible and offered for free. The high dropout rate in the early sessions of the program might reflect a mismatch between users' expectations and the program, requiring a clearer a-priori communication about the aims and contents of *HautKompass*. As the first of its kind available in German language, it offers an important advancement of psychosocial care in dermatology and has the potential to be translated into other languages.

**Figure 1.** Overview of the *HautKompass* session topics.


**Figure 2.** Changes in self-stigma (panel a), acceptance (panel b), self-compassion (panel c), and depression (panel d) from pre- (T0) to post-test (T1) in the *HautKompass* group and the waitlist control group.




**Abstract N°: 2277**

# Lifestyle-Induced Fatigue and Stress Exacerbate Skin Aging in Chinese Women: Evidence from Two Clinical Studies

Leo Ma[1], Li Ma[1], muriel PUJOS*[2], alexis paul[2], Olivier Doucet[2]

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**Introduction & Objectives:**

Modern urban life in China is increasingly marked by high psychological stress and sleep deprivation, particularly among the younger population. A cultural shift toward the "996" work model—working from 9 a.m. to 9 p.m., six days a week—has emerged as a common lifestyle among professionals. This intense routine has raised concerns about its long-term effects on health, especially skin aging. Many individuals are increasingly concerned about the early onset of skin aging signs such as dullness, wrinkles, and impaired skin function due to their demanding schedules. The objective of this study was to evaluate the impact of a high-stress, sleep-deprived lifestyle on skin integrity, barrier function, and signs of aging in Chinese women across two age groups.

**Materials & Methods:**

Two separate but complementary clinical studies were conducted in Chinese female populations with distinct age profiles and lifestyle parameters:

Study 1 involved 33 Chinese women aged 30–40 years who followed a highly intensive work schedule—working ≥12 hours per day, 6 days per week, and with no sun exposure. Participants were divided into two groups based on their fatigue levels assessed using the Chalder Fatigue Scale (score >4 vs. ≤4). Instrumental skin measurements were conducted on a rest day (Sunday) to evaluate skin yellowness (b* value), skin texture, and Crow's feet wrinkle depth. Real-world data collection included sleep tracking and stress level monitoring.

Study 2 focused on younger women aged 20–30 years. Two groups of 22 participants were classified based on standardized questionnaires: the Pittsburgh Sleep Quality Index (PSQI) and the Perceived Stress Scale (PSS). One group consisted of poor sleepers under high stress, while the other comprised good sleepers with low stress levels. Instrumental assessments included transepidermal water loss (TEWL) using a Tewameter to evaluate skin barrier function and chromametric measurements of skin cell renewal via the DHA protocol.

**Results:**

In Study 1, participants with higher fatigue scores and a significant increase in perceived stress presented noticeably higher skin yellowness, enlarged texture areas, and deeper crow's feet wrinkles compared to the low-fatigue group.

In Study 2, poor sleepers under stress showed a statistically significant increase in TEWL, reflecting impaired skin barrier function, and delayed skin renewal time.

**Conclusion:**

Our findings demonstrate that a high-stress, sleep-deprived lifestyle—characteristic of the 996 work culture or a busy stressful life—has measurable negative effects on skin health, even in relatively young individuals. Fatigue and chronic stress are associated with early visible signs of aging, including dullness, increased wrinkle depth, and

compromised skin texture. Additionally, impaired skin barrier function and slowed cellular renewal processes were evident in younger women panel with poor sleep quality and high stress levels.


**Abstract N°: 2312**

**Development and Validation of the Skin Checking and Avoidance Behaviors Scale**

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**Introduction & Objectives:**

This study developed and validated the Skin Checking and Avoidance Behavior Scale (SCABS) for use in patients with severe autoimmune blistering diseases (AIBD). AIBDs are severe life-threatening dermatologic disorders known for their debilitating physical impact. Patients may present with significant health anxiety, owing to concerns about disease recurrence or worsening, which may become impairing. It is therefore important to differentiate between adaptive screening behaviors versus perseverative maladaptive anxiety. Similarly it is important to differentiate between physician-advised avoidance of potential triggers, versus superstitious avoidance that could be psychologically impairing. We theorized that anxiety about recurrence could manifest in cognitive and behavioral domains, including skin checking and avoidance behaviors.

**Materials & Methods:**

Two Delphi Panels comprising 4 dermatologists and 7 patients were formed. The initial item pool was reviewed by dermatologists who specialize in AIBD and a patient review panel consisting of peer coaches at the International Pemphigoid and Pemphigus Foundation. The physician experts and patients serving on the Delphi panels evaluated the relevance of each item and suggested new items to ensure that the construct had been fully captured. The measure was then administered to a validation sample of participants living with AIBD. Participants were recruited to complete the anonymous online survey through the International Pemphigus and Pemphigoid Foundation email lists and via direct contact through specialist dermatology clinics in the United States. In addition to the Skin Checking and Behavior Scale, participants completed questions about disease course, treatment and remission history, and validated measures of depression and anxiety to allow for tests of construct validity.

**Results:**

Psychometric analysis indicated excellent interitem reliability of the Skin Checking and Avoidance Behaviors Scale (Cronbach's a >.89). Total scores were significantly correlated with fears of disease recurrence, depression, and anxiety. Individuals who were not currently in remission and those reporting multiple relapses reported the highest level of checking and avoidance behaviors.

**Conclusion:**

The Skin Checking and Avoidance Behaviors Scale is a reliable and valid measure of clinically significant psychological distress. The measure may be used to signal the need for psychological supports among patients living with AIBD.


**Abstract N°: 2400**

**The Impact of Atopic Dermatitis on Caregivers' Quality of Life in Ethiopia**

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**Introduction & Objectives:** Atopic Dermatitis (AD) significantly impacts both the physical and psychological well-being of children and caregivers. As AD severity increases, so does its negative effect on the family's emotional, social, and economic quality. However, the psychosocial and financial challenges faced by caregivers, are often underreported, particularly in developing countries. The study aimed to assess the impact of AD on the quality of life (QoL) of caregivers of children with AD in central and southern Ethiopia.

**Materials & Methods:** A hospital-based cross sectional study was conducted among 461 caregivers of children with AD, from four randomly selected hospitals in Central and Southern Ethiopia from October 2022 and December 2023. A systematic sampling technique was used to enroll study participant Sociodemographic and clinical data were collected by trained nurses. The Dermatitis Family Impact (DFI) questionnaire used to assess QoL and the SCORAD index to measure the severity of the diseases. Descriptive statistics, Spearman rank correlation, and one-way analysis of variance (ANOVA) were used for data analysis, with p value <0.05 considered statistically significant.

**Results:** Out of 461 AD-diagnosed children, 212 (46%) were girls, and 249 (54%) were boys. The mean DFI score was 9.64 (±6.44), with 32.3% presenting with mild AD, 46.2%) being moderate, and 21.5% with severe AD. The primary caregivers were mostly first-degree family members, with 62% being mothers and 27.2% fathers. A significant correlation was found between the DFI score and the SCORAD index ($p<0.0001$). The components of quality of life that were adversely affected included sleep, leisure activities, food preparation, emotional distress, tiredness of the caregiver, involvement in treatment, and family relationships. The DFI score was influenced by family occupation, parental education, and comorbidity in children with AD.

**Conclusion:** Caring for a child with AD adversely affects caregivers or family QoL, which further declines as disease severity increases. This underscores the need for targeted support for caregivers, including practical care management and educational resources, to improve both child and family outcomes.


**Abstract N°: 2413**

**Skin at School guest lectures: An evaluation by dermatologists and patient experts**

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**Introduction & Objectives:**

Chronic skin conditions place a burden on patients with physical symptoms and psychosocial effects such as stigma and isolation. Educating primary school children may reduce stigma by fostering early understanding and empathy, creating a more inclusive environment. The Dutch Skin Patient Organisation (Huid Nederland), in collaboration with the European Academy of Dermatology and Venereology (EADV), organised guest lectures for children (aged 4-12) in primary schools across the Netherlands, focusing on skin and the impact of living with a skin condition. The sessions were delivered by a dermatologist alongside a patient expert. They were based on Skin at School, a unique primary school programme developed by dermatologists, patient representatives, educational experts, and a nursing specialist. We evaluated the experiences of dermatologists and patient experts to improve the programme and implement it on a larger scale.

**Materials & Methods:**

After delivering an EADV Skin at School guest lecture, dermatologists and patient experts (with eczema, vitiligo, ichthyosis, and congenital melanocytic nevus) were asked to complete an online questionnaire. The survey included twelve multiple-choice items and three open-ended questions about their teaching experience. Multiple-choice responses were analysed using descriptive statistics, while open-ended questions were analysed by topic.

**Results:**

Eighteen dermatologists and patient experts delivered twenty guest lectures to children (aged 4–12) across nine provinces in the Netherlands. The online questionnaire was completed by eight dermatologists and seven patient experts, of whom only one from each group had prior guest lecture experience. Responses to the multiple-choice questions were positive regarding difficulty of the lecture, knowledge improvement, impact of the lecture, the manual, and questions from children, with average ratings between 1 and 2 (on a 5-point scale 1 = very positive; 5 = very negative). Almost all indicated they would like to give another guest lecture. Regarding the open-ended questions, what impressed everyone the most were the reactions, engagement, curiosity, and enthusiasm of the children. The children asked several questions and shared their experiences with skin conditions. Suggestions for improvement included using a standard Powerpoint presentation and including more visual material on skin and skin conditions. According to respondents, these guest lectures increase awareness and knowledge of skin conditions, illustrate the impact of personal stories, and may help prevent bullying and foster acceptance, particularly given the limited general knowledge about skin. One patient expert stated that the lecture helped her better accept her skin condition.

**Conclusion:**

Both dermatologists and patient experts provided positive evaluations of the guest lectures. They were impressed by the children’s engagement and reactions. They reported that the guest lectures may contribute to raising awareness and understanding of skin and skin conditions, prevent bullying, and support patient experts in self-acceptance. Further research is needed to evaluate the experiences of teachers and to measure the impact of the guest lectures regarding knowledge, prevention of stigmatization, and countering skin-related misinformation.


**Abstract N°: 2559**

## The Mediating Role of Internalized Stigma in How Social Stigma Impacts Psychosocial Adjustment in Young Adults with Chronic Visible Skin Disease

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**Introduction & Objectives:**

People with chronic visible skin disease are often stigmatized because of their skin. Negative beliefs about their skin can become internalized, impacting well-being. Stigma may be especially problematic in the developmental context of emerging adulthood, when individuals are focused on identity, intimate relationships, and the transition from adolescence to adulthood. The present study examined the mediational role of internalized stigma in the relationship of social stigma and psychosocial adjustment spanning several domains: mental health (depression, anxiety, quality of life), physical health (somatic symptoms), dermatologic intimacy, and a health behavior (physical activity) among young adults with visible chronic skin diseases.

**Materials & Methods:**

The sample was 195 young adult patients seeking care at an outpatient dermatology clinic, between the ages of 18 – 35 (*M*age = 28.06 years; 49% female). Diagnoses included psoriasis (55%), atopic dermatitis (23%), or hidradenitis suppurativa (22%). Participants completed a one-time self-report questionnaire with measures of social and internalized stigma, and psychosocial adjustment (PHQ-9, GAD-7, DLQI, SSS-8, DIS, days of physical activity per week). Clinical and medical data were obtained from electronic medical records or a physical exam. Using the PROCESS macro in SPSS, mediation analyses tested indirect effects of social stigma and each psychosocial adjustment outcome through internalized stigma.

**Results:**

Greater social stigma (bs = .22-.27) and greater internalized stigma (bs = .26-.65) were associated with poorer adjustment across all domains (p's < .05). The relationship of social stigma with each outcome was significantly mediated by internalized stigma, with large effects. For example, controlling for diagnosis and relationship status, the mediation model accounted for 64% variance in intimacy impairment due to skin disease, $F(5,176) = 61.73$, $p < .001$, signaling a way that stigma may hinder normative development for young adults.

**Conclusion:**

This study highlights a developmental context to the experience of contending with stigma of skin disease. Findings demonstrated that stigma has implications for a range of psychological, social, and health outcomes. Specifically, internalized stigma was a major driving force in these relationships and serves as a potential target for clinical interventions to improve the well-being of young adults with chronic visible skin disease.


**Abstract N°: 2560**

# A Psychometric Evaluation of the Cumulative Life Course Impairment Questionnaire (DermCLCI-r) Among Patients with Chronic Skin Disease

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**Introduction & Objectives:**

Chronic skin diseases can have lasting and life-changing impact on psychological well-being, physical health, and quality of life, known as cumulative life course impairment. The DermCLCI-r questionnaire is the first instrument developed to assess accumulated burden for those with chronic skin conditions since the onset of disease. The present study aimed to evaluate reliability and validity of the DermCLCI-r and identify current cumulative life course impairment in patients with chronic skin disease in routine dermatological care.

**Materials & Methods:**

The DermCLCI-r consists of 25 items, answered on a 4-point Likert scale (0=not at all, 3 =very). Higher scores indicated greater persistent impairment due to skin disease. Psychometric analyses tested internal consistency, criterion validity, and construct validity of the DermCLCI-r among 312 patients (52% female, mean age = 43.1) with psoriasis (32.4%), atopic dermatitis (32.1%), and hidradenitis suppurativa (35.6%) seeking dermatological care in an outpatient clinic in Hamburg, Germany. Subgroup analyses (e.g., diagnosis group, gender) were examined using ANCOVAs. Associations with clinical variables (e.g., disease severity) and patient-reported outcomes (DLQI, MLCDP, WHO-QoL) addressed convergent validity. Test re-test reliability was conducted for a sub-sample of patients with psoriasis comparing baseline with one-year follow-up data (n = 29).

**Results:**

The DermCLCI-r had high internal consistency (Cronbach's alpha = 0.93). Majority of participants (74.3%) indicated that they experienced at least moderate levels of cumulative burden of disease. Mean DermCLCI-r scores were 23.42 (SD = 13.65), possible range from 0-75. Item analyses revealed that 45% of participants reported high levels of disease-related burden (significant burden on at least 7 items) throughout their disease trajectory, with 34% and 21% reporting low (0-3 items) and moderate (4-6 items) burden, respectively. For patients with HS, greater disease severity was associated with greater cumulative burden after controlling for age and gender ($r = .22$, $p < .05$). Associations between DermCLCI-r and patient-reported outcomes revealed moderate-to-large effect sizes in expected directions: DLQI ($r = .55$), MLCDP ($r = .73$), and WHO-QoL domains of physical health ($r = -.53$), psychological health ($r = -.51$), social relationships ($r = -.34$), environment ($r = -.39$), and overall ($r = -.51$), confirming convergent validity (p's $< .001$). Baseline and follow-up data were significantly correlated ($r = .69$, $p < .001$), demonstrating good test re-test reliability.

**Conclusion:**

Findings suggest that the DermCLCI-r is a reliable and valid tool for use in the German language among patients with chronic skin disease. Clinical utility of the DermCLCI-r may include triage of patients in clinical care, justification of treatment decisions, and facilitation of patient communication and further referral for psychosocial intervention.


**Abstract N°: 2594**

**Exuberant Lip Lesions as a Diagnostic Dilemma: A Case Report**

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**Introduction & Objectives**

Factitious cheilitis (FC) is a rare and underdiagnosed dermatosis artefacta, characterized by yellowish-white plaques on the vermilion border of the lips. It predominantly affects young women and adults with neuropsychiatric comorbidities. Diagnosis is often challenging due to its striking clinical presentation and broad differential, including both neoplastic and inflammatory disorders.

Materials & Methods

We present the case of a 31-year-old woman with a history of longitudinally extensive myelopathy, spastic paraparesis, gastroparesis, and neurogenic bladder. She reported a one-year progression of painful, rapidly enlarging keratotic and verrucous lip lesions, leading to marked functional limitation. Examination revealed brown-yellow keratotic plaques with exophytic crusts and scales, involving the entire lower lip and 40% of the upper lip, overlying normal skin.

Differential diagnoses included squamous cell carcinoma, vegetative pemphigus, Crohn's disease, and epidermodysplasia verruciformis. Two biopsies (one under sedation) yielded nonspecific results, ruling out malignancy, cytopathic changes, or active inflammation. Correlation of neurological history, clinical evolution, lesion morphology, and histopathology led to a diagnosis of FC.

**Results**

FC results from self-inflicted trauma such as lip licking, biting, or manipulation. Patients typically deny the behavior and resist intervention. It is often triggered by psychosocial stressors and comorbidities that impair quality of life, as in this case.

The lower lip is most commonly affected, with preserved oral mucosa serving as a diagnostic clue. Lesion exuberance stems from accumulated saliva, keratin, and debris, often leading to feeding difficulties. Secondary polymicrobial infection is frequent; histology in this case showed bacterial and yeast-like colonies.

Diagnosis is commonly delayed due to mimicking of other conditions. A key finding is restoration of normal lip tissue after crust removal with saline. Though not always necessary, biopsies are often performed due to diagnostic uncertainty and may show reactive atypia, further complicating assessment.

Management must be multidisciplinary, involving dermatology, psychiatry, and psychology. Pharmacologic support with SSRIs or antipsychotics may be indicated. However, adherence is frequently hindered by the patient's resistance to psychiatric care.

**Conclusion**

FC is a diagnosis of exclusion that presents significant diagnostic and therapeutic challenges, often incurring unnecessary healthcare costs. Accurate diagnosis requires detailed history-taking and high clinical suspicion in patients with psychiatric or neurological backgrounds. Effective management mandates an integrated,

multidisciplinary approach.

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**Abstract N°: 2608**

# Emergency Remote Dermatological Care as a Means of Preventing the Vicious Circle Between Psychological Stress and Skin Diseases During Wartime

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**Introduction & Objectives:**

On the night of February 23 to 24, 2022, life in modern Ukrainian society was irreversibly changed. A war began. Due to significant life-threatening risks from missile and artillery attacks, ordinary medical care in peacetime Kyiv became problematic. Most medical services and qualified outpatient consultations became inaccessible. A rapid and adequate solution was found through the active use of internet communication and online interaction via Facebook and Telegram.

**Materials & Methods:**

Dedicated posts were created on Facebook and a Telegram channel was launched, announcing free online consultations by dermatovenereologists during the war. Any doctor in Ukraine could register voluntarily.

**Results:** Within the first month and a half of the war, nearly 200 requests were received from patients with dermatologic issues. Many patient inquiries demonstrated that the psychological stress associated with the war played a significant role in the onset or exacerbation of various skin conditions.

**Case 1** A 47-year-old woman from Mariupol contacted us via video call on the third day of the war (February 26, 2022). Due to constant shelling of her neighborhood by Russian artillery, she was forced to walk and sleep in synthetic clothing for two days in a cold ground-level shelter with other residents. As a result, she developed numerous small papular eruptions with severe pruritus. She had never seen a dermatologist before. The only medication she had was loratadine, which was recommended for use topically twice daily. Due to obvious constraints, more adequate treatment could not be prescribed. She was also advised to switch to natural fiber underwear if possible. The next day, she reported noticeable improvement—pruritus nearly disappeared, and the rash visibly faded. Unfortunately, her further fate is unknown due to the communication blockade.

**Case 2** A 23-year-old woman presented with inflammatory facial lesions following evident social stress. She reported increased nervous tension after visiting a military hospital where her boyfriend had been hospitalized. After several short visits (3–4 hours each) to his bedside, she developed pustular eruptions on her face. These pyodermic lesions prompted her to seek dermatologic advice. She had no prior history of skin problems. At the time of contact, she was near Kyiv with limited access to medications. A remote diagnosis of herpetic facial infection complicated by streptococcal impetigo was made. She was prescribed topical acyclovir, syntomycin emulsion, and oral acyclovir after meals. Improvement occurred within the first day. Although a follow-up consultation was recommended in 3–5 days, she did not recontact us.

**Conclusion:** Stress factors can induce the production of proinflammatory mediators like IL-1, IL-4, IL-5, IL-6, IL-18, and TNF, while simultaneously reducing expression of epidermal antimicrobial peptides. Neuroendocrine mediators affect cytokine production and interact with resident and immune cells in the skin, eventually weakening or damaging the skin barrier.


**Abstract N°: 2754**

**When the mind bruises the skin: a case of Gardner-Diamond syndrome.**

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**Introduction & Objectives:**

Gardner-Diamond syndrome (GDS), also known as psychogenic purpura or autoerythrocyte sensitization syndrome, is a rare dermatological condition characterized by spontaneous painful ecchymoses. It primarily affects young Caucasian women and is associated with psychological stress. Its pathophysiology is not fully understood; it has been proposed that it could be related to an autoimmune vasculopathy caused by autosensitization to phosphatidylserine, a component of the erythrocyte membrane. Another theory suggests that increased glucocorticoids and catecholamines alter hemostatic mechanisms, such as fibrinolysis. Diagnosis is made by exclusion of other causes, such as coagulopathies and autoimmune disorders.

**Materials & Methods:**

Presentation of a clinical case and review of the literature.

**Results:**

We describe the case of an 18-year-old woman with a history of obesity and migraine with aura, who presented with spontaneous ecchymotic patches on the cubital fossae, hands, and knees, coinciding with periods of emotional stress. Blood tests, coagulation studies, skin biopsy, and evaluation by hematology were performed, with no findings suggesting a hematological or immunological alteration. The biopsy revealed extravasation of erythrocytes without signs of vasculitis or other systemic pathologies. The intradermal sensitization test with washed erythrocytes was positive. The diagnosis of GDS was established after the exclusion of other causes and the identification of a clear relationship between psychological stress and the appearance of the lesions.

**Conclusion:**

GDS is a diagnostic challenge due to its low frequency and clinical non-specificity. There is no specific laboratory test, although a positive sensitization test with autologous erythrocytes can aid in the diagnosis. Factors such as emotional stress appear to trigger episodes of ecchymosis. Given that there is no specific treatment for GDS, management should focus on symptom relief and addressing psychological factors that may be contributing to the clinical presentation.


**Abstract N°: 2767**

**Quality of Life and Unmet Needs in Cutaneous T-Cell Lymphoma Patients: A Qualitative Exploration of Care Experiences**

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**Introduction & Objectives:** Cutaneous T-cell lymphomas (CTCL) are rare non-Hodgkin lymphomas with primary manifestation on the skin. International studies show that patients' quality of life is impaired by the disease itself as well as psychosocial factors, but research in this area remains limited, particularly qualitative explorations of patients' experiences [1]. This study aims to explore quality of life impacts and unmet needs of CTCL patients to address this research gap and identify potential improvements in care delivery.

**Materials & Methods:** In a qualitative study, nineteen semi-structured interviews with a narrative approach were conducted between October 2024 and February 2025 (average duration 50 minutes). Inclusion criteria were persons over 18 years old with a confirmed diagnosis of CTCL, residing in Germany. Participants were aged between 35 and 80 years (11 women and 8 men). Recruitment was conducted through a specialized skin cancer center and self-help groups. The interviews were analyzed using Kuckartz qualitative content analysis [2].

**Results:** The majority of participants reported quality of life impairments due to the disease on physical, psychological, and social levels. Physical symptoms such as skin changes, pruritus, scaling, fatigue, and treatment side effects represented substantial burdens. Patients also frequently experienced psychological distress through fears about the future, particularly regarding disease progression, depressive symptoms, and impaired self-image. The latter often led to social withdrawal and avoidance behaviors in everyday life. Additionally, affected individuals experienced stigmatization and lack of understanding, as the disease is little known and often trivialized.

Participants described medical care pathway challenges as prolonged diagnostic journeys often requiring multiple specialist consultations, fragmented coordination between dermatology and oncology services, and inconsistent access to appropriate supportive care. Knowledge gaps among healthcare providers further complicated treatment continuity. Most patients emphasized substantial unmet informational needs, particularly regarding disease course and treatment expectations, especially shortly after diagnosis.

**Conclusion:** The results highlight the need for an all-encompassing care with integrated medical and psychosocial support as well as effective information management. Improvements could be achieved through stronger continuity of care with designated contact persons, better networking between medical specialties, and accessible psycho-oncological services. To examine these findings comprehensively, a follow-up study analyzing care from healthcare providers' perspective is underway.

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**Abstract N°: 2911**

**Melasma and Quality of Life: A Visible Condition with Invisible Burdens**

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**Introduction & Objectives:**

Melasma is a common pigmentary disorder characterized by brownish macules, most often located on the face. Although clinically benign and asymptomatic, it can have a significant psychological impact. By altering facial appearance, melasma affects self-image, self-esteem, and may interfere with social relationships. This psychological burden, often overlooked, nonetheless deserves careful attention.

The aim of this study is to evaluate the impact of melasma on patients' quality of life and to identify the clinical, sociodemographic, and emotional factors that influence this impairment of well-being.

**Materials & Methods:**

A prospective, descriptive, and analytical study was conducted at the Dermatology Department of CHU Mohammed VI in Oujda over a period of five months, from December 2024 to April 2025. All patients who consulted for melasma during this period were included. The severity of melasma was assessed using the MASI score (Melasma Area and Severity Index), and quality of life was evaluated using the MELASQoL scale (Melasma Quality of Life Scale). The correlation between MELASQoL and MASI was analyzed using the Spearman's rho coefficient. A p-value of $< 0.05$ was considered statistically significant.

**Results:**

Our study included 48 patients, of which 43 were women and 5 were men, resulting in a male-to-female ratio of 0.12. The mean age of the patients was 38.77 ± 8.83 years. The majority of patients had a low socio-economic status (73%), with 27% having a medium socio-economic status. Regarding risk factors, prolonged sun exposure was reported by 73.68% of patients. Hormonal factors were also common. Specifically, 47.3% of female patients used hormonal contraception, and more than half (52.6%) reported the onset or exacerbation of melasma in relation to pregnancy. Phototype IV was predominant (89.6%), followed by phototype III (10.4%). The centrofacial type was the most common (62.2%), followed by the malar type (37.8%). The average severity, assessed by the MASI score, was 9.75 ± 5.09, with values ranging from 1.2 to 22.8. The distribution of MASI scores showed that 50% of patients had mild melasma, 43.7% had moderate melasma, and 6.25% had severe melasma. The quality of life, measured by the MELASQoL score, had a mean of 30.77 ± 11.03. A moderate positive correlation, statistically significant, was found between clinical severity (MASI) and quality of life (MELASQoL), with a Spearman's rho coefficient of $\rho = 0.45$ ($p = 0.0012$). A more significant deterioration in quality of life was observed in women compared to men, despite similar MASI scores. Younger, single, professionally active patients from a low socio-economic background had higher MELASQoL scores, indicating a greater psychosocial impact. Frequent use of makeup was noted, often driven by a significant emotional impact. Several patients expressed a sense of discomfort in professional settings or during social interactions, highlighting the self-image impairment induced by melasma.

**Conclusion:**

Melasma, though physically asymptomatic, significantly impacts patients' quality of life due to its aesthetic and psychological effects. Our study shows that factors such as gender, age, socio-economic status, and professional situation can worsen the emotional burden. These results emphasize the importance of a comprehensive approach, integrating psychological support and attentive care for patients, in addition to dermatological treatment.


**Abstract N°: 3042**

**Family Functionality and Quality of Life in Patients with Psoriasis Attending a Public Dermatology Clinic**

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**Introduction & Objectives:**

Psoriasis is a chronic, immune-mediated inflammatory skin disease with substantial physical and psychosocial consequences. In addition to the dermatologic manifestations, the condition often leads to social stigma, emotional distress, and impaired quality of life. Family support can act as a protective factor for patients facing chronic diseases, but family dysfunction may exacerbate the psychological burden. This study aimed to evaluate the relationship between family functionality and quality of life in patients with psoriasis.

**Materials & Methods:**

An observational, cross-sectional, prospective study was conducted from January to February 2025 in an outpatient dermatology clinic. A non-probabilistic convenience sample of 80 adult patients diagnosed with psoriasis was included. Participants completed the Dermatology Life Quality Index (DLQI), the Family APGAR questionnaire, and a sociodemographic survey. Data were entered into Excel and analyzed with SPSS v30 using descriptive and inferential statistics, including the Chi-square test with a significance level of $p<0.05$

**Results:**

Among the 80 participants, 58.8% were male and 56.3% were aged between 36 and 50 years. Forty percent had completed a university degree, and 57.5% reported a middle-income level. The predominant clinical form was plaque psoriasis (95%). Regarding quality of life, 37.5% reported a severe impact (DLQI 11–20), and 82.5% showed severe family dysfunction (Family APGAR ≤9). Statistical analysis demonstrated a significant association between family dysfunction and lower quality of life scores ($p<0.05$). Patients with severe dysfunction were more likely to report emotional distress, limitations in social interaction, and lower adherence to treatment.

**Conclusion:**

Severe family dysfunction is strongly associated with decreased quality of life in patients with psoriasis. These findings suggest the need for comprehensive dermatologic care that integrates psychosocial evaluation, especially of family dynamics. Interdisciplinary approaches involving dermatologists, family physicians, and mental health professionals may contribute to better clinical outcomes and improved well-being for psoriasis patients. This abstract is based on research previously presented as part of a national academic thesis in Mexico and is submitted to EADV 2025 as an encore abstract in accordance with the congress's publication and embargo policies.


**Abstract N°: 3065**

# Management of Prurigo Nodularis in a Tertiary Center: Outcomes and Predictors Across Treatment Strategies

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**Introduction & Objectives:**

Prurigo nodularis (PN) is a chronic, debilitating dermatologic condition characterized by intensely pruritic nodules and a vicious itch-scratch cycle. Its complex pathogenesis involves neuroimmune dysregulation, and management often poses a clinical challenge due to variable therapeutic responses and frequent relapses. While biologic therapies such as dupilumab have shown promise, real-world data comparing treatment strategies and identifying predictors of response, particularly in relation to atopic dermatitis (AD) status and comorbidities, are limited. This study aimed to assess clinical outcomes across multiple treatment modalities and determine demographic, clinical, and laboratory factors associated with therapeutic response in a tertiary care PN cohort.

**Materials & Methods:**

A retrospective observational study was conducted including 73 adult PN patients treated at the dermatology department of Bezmialem Vakif University between January 2020 and January 2025. Baseline demographic characteristics, disease duration, comorbidities (including hypertension, diabetes, thyroid disease, and psychiatric conditions), history of atopic dermatitis, and laboratory markers (total IgE, eosinophil count, CRP, LDH) were recorded. Patients received a range of treatments including topical corticosteroids, phototherapy, systemic corticosteroids, cyclosporine, JAK inhibitors (upadacitinib, abrocitinib), and dupilumab. Clinical response was assessed at baseline and week 16 using DLQI, NRS, EASI, SCORAD, and nodule count. A major clinical response was defined as ≥75% improvement in DLQI. Statistical analyses included Wilcoxon, Mann–Whitney U, Kruskal–Wallis, chi-square tests, and logistic regression models to assess predictors of response.

**Results:**

The cohort consisted of 41 males and 32 females, with a mean age of 51.6 years. The median disease duration was 8 years, and 28.8% of patients had comorbid AD. Significant improvement in pruritus severity, nodule count, and quality of life was observed with topical corticosteroids, phototherapy, systemic corticosteroids, and dupilumab ($p < 0.05$). Dupilumab showed consistent benefit across all clinical measures in AD-associated PN, whereas non-atopic patients responded more favorably in terms of nodule count reduction ($p = 0.0469$). The proportion of patients achieving a major DLQI response was 41.1%, highest among those receiving phototherapy (54.5%) and upadacitinib (50%). Logistic regression did not identify any statistically significant predictors of DLQI response; however, thyroid disease showed a borderline association with favorable outcomes ($p = 0.052$). Psychiatric comorbidities did not significantly influence treatment outcomes.

**Conclusion:**

This study provides real-world evidence supporting the effectiveness of individualized treatment strategies in PN. Dupilumab demonstrated robust efficacy in AD-associated PN, while phototherapy and topical treatments remained valuable, especially for non-atopic individuals. The presence of psychiatric comorbidities did not impact treatment response, suggesting that appropriate management yields favorable outcomes regardless of mental

health status. Given the heterogeneous nature of PN and variable responses to systemic agents such as cyclosporine and JAK inhibitors, further prospective and biomarker-driven studies are warranted to refine therapeutic algorithms and identify reliable predictors of response in diverse PN subpopulations.


**Abstract N°: 3123**

**Experience of using a self-questionnaire to assess satisfaction with the therapy in patients with mycosis fungoides receiving radiation therapy.**

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**Introduction & Objectives:** The presence of cancer in a patient is a strong emotional shock that significantly reduces the quality of life. Patients have a high level of expectations from therapy, while in addition to clinical and laboratory criteria for effectiveness and assessment of the quality of life, there is practically no assessment of the subjective attitude and satisfaction of patients with the therapy. Currently, there are no specialized questionnaires aimed at assessing satisfaction with therapy in patients with skin lesions. In particular, mycosis fungoides - primary cutaneous T-cell lymphoma - is always accompanied by skin lesions and requires long-term treatment and monitoring of the patient's condition. At the same time, determining the dynamics of quality of life and satisfaction with treatment plays no less an important role in assessing the effectiveness of the therapy than generally accepted clinical criteria. A self-questionnaire of satisfaction with therapy is a simple, accessible and convenient tool that complements the already known quality of life questionnaires and allows you to assess patient satisfaction and his or her compliance.

**Materials & Methods:** We developed the SITS-10 (Subjective Index of Therapy Satisfaction-10) questionnaire, which contains 10 questions assessing the impact of the therapy on various areas of the patient's life (such as self-care, daily activities, dynamics of subjective symptoms during treatment, assessment of subjective satisfaction with treatment, etc.). Each question is assessed on a scale from 0 to 3 points. A total score of less than 5 points characterized dissatisfaction with the treatment, from 6 to 15 - low satisfaction, from 16 to 24 - average, and from 25 to 30 - high. This questionnaire was tested on patients with mycosis fungoides who received radiation therapy in the inpatient radiology department. Patients, after discharge from the hospital, filled out the SITS-10 self-questionnaire one month and three months after the therapy.

**Results:** 10 patients with GM (stage IIB – IIIB) received total skin electron beam therapy at the inpatient radiology department. Daily fractions were 2 Gy, the average total dose was 17.6 Gy. In 8/10 patients, after completion of the treatment, radiation reactions in the form of erythema and itching were determined, in 4/10 patients the intensity of itching was the cause of sleep disturbance in the first 2 weeks after the treatment. According to the results of the patient survey using the SITS-10 questionnaire, 8/10 patients had an average level of satisfaction with the treatment one month after completion of treatment, and 2/10 had a high level (the average score was 22.13). After 3 months, 7/10 patients had a high level of satisfaction. In 2/10 - average and in 1/10 - low, which is probably associated with the progression of the disease (the average score was 26.58).

**Conclusion:** The SITS-10 questionnaire is a simple and accessible method for assessing patients subjectively satisfaction after treatment. The advantage of SITS-10 is its universality, i.e. applicability to various skin diseases, simplicity, clarity and conciseness for the patient and lack of necessity in doctor's presence during filling it. The SITS-10 questionnaire is a useful addition to assessing the quality of life, allowing the doctor to obtain additional information regarding patient satisfaction with the treatment.

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**Abstract N°: 3255**

**Cutaneous manifestations in patients with SLE and anxiety/depression**

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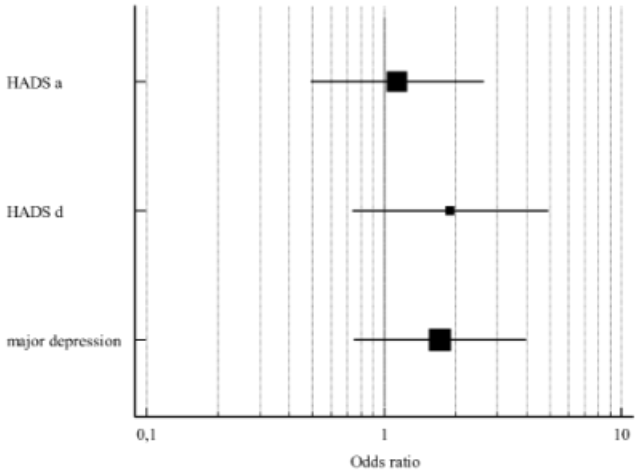
**Introduction & Objectives:** skin lesions are related to psychological distress and stigmatization leading to worse mental health outcomes. Mental disorders are associated with systemic inflammation that may be presented as skin lesions in systemic lupus erythematosus (SLE).

**Materials & Methods:** 124 SLE (with or without APS) patients, (male(n(%) 24(19,4 %)\100 (80,6%)), the median age of which was 36,3 [26,0; 44,5] years, were consecutively enrolled in the study. Mean disease duration was 84,0 [35,0; 192,0] months. HADS was used to measure anxiety and depression symptoms with positive screening result >8 for depression and anxiety separately. Major depression was diagnosed according to DSM-V criteria in semi-structured interview.

**Results:** 30 (25,6%) out of 117 patients that filled HADS had skin lesions: 13 (43,3%) of them with positive anxiety screening results; 9 (30,0%) – depression results, respectively. Out of 87 (74,4%) without skin lesions: anxiety screening was positive in 35 (40,2%), depression – in 16 (18,4%). Odds ratio of active skin lesions was increased in SLE patients with positive screen results for depression (1,90 [0,74-4,92]). Out of 124 patients with SLE 33 (26,6%) had skin lesions (13 (39,4%) - with comorbid major depressive disorder) and 91 (73,4%) didn`t have any cutaneous manifestations (25 (27,5%) with comorbid major depressive disorder). Odds ratio of active skin lesions was increased in SLE patients with major depression (1,72 [0,74 - 3,96]) (figure 1).

**Figure 1.** Forest plot analysis: odds ratio of skin lesions in anxiety depression positive screening results (HADS) and major depression in SLE patients




**OR 95%CI**

1,14 0,49 - 2,63

1,90 0,74 - 4,92

1,72 0,74 - 3,96

**Conclusion:** skin lesions in SLE patients are associated with the positive depression screen results and comorbid

diagnosis of major depressive disorder.


**Abstract N°: 3688**

# Responsiveness and Minimally Important Change of the Patient-Reported Impact of Dermatological Diseases (PRIDD) questionnaire

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**Introduction & Objectives:**

Patient-Reported Impact of Dermatological Diseases (PRIDD) is a dermatology-specific measure of the impact of skin conditions on patients' lives. PRIDD already demonstrated strong evidence of content, criterion and construct validity, internal consistency, test-retest reliability and measurement error, according to COnsensus-based Standards for the selection of health Measurement INstruments (COSMIN). This study aimed to test responsiveness and propose an anchor-based minimally important change (MIC) for the PRIDD measure.

**Materials & Methods:**

This observational longitudinal study consisted of two global online surveys, available in 17 languages, and administered approximately 6 weeks apart. Adults (≥ 18 years) with a self-reported dermatological condition were recruited through patient organizations and social media, between June 2023 and January 2024. Participants provided sociodemographic and clinical information, completed the PRIDD measure (16 items assessing physical, life responsibilities, psychological and social impact dimensions), and the Global Perceived Effect (GPE) scale as a global rating of change of the impact of the dermatological condition after 6 weeks. Responsiveness was evaluated with a construct approach, testing the hypothesis that there would be significant differences in PRIDD change scores (PRIDD score at survey 2 – PRIDD score at survey 1) across the three groups of participants who answered "worse", "no change" and "improved" to the GPE. Using the mean change method, MIC corresponded to the PRIDD change score in the subgroup of patients that reported a minimally meaningful improvement in the anchor questions.

**Results:**

From the 1283 participants who completed both surveys, 587 were valid (i.e. met all inclusion criteria and had no missing data on core variables) and completed the survey in English. Participants were 83.0% female, mean age of 53.3 ± 15.3 years (range 18-95), from 34 different countries (e.g., 33.4% United States, 27.3% United Kingdom, 14.7% Canada, 8.7% Ireland), and across 63 primary diagnoses (e.g., 20.6% Lichen Sclerosis, 9.4% Hidradenitis Suppurativa, 6.5% Psoriasis, 6.3% Ichthyoses). Differences in PRIDD change scores were statistically significant across GPE categories, for the total score ($F = 29.70$, $p < 0.001$, $\eta 2 = 0.09$) and for impact dimensions (multivariable test: Wilks' $l = 0.89$, $F = 8.72$, $p < 0.001$, $\eta 2 = 0.06$. Univariable analyses are displayed in Table 1. The GPE was considered an acceptable anchor (correlation with PRIDD change total score $\rho = -0.31$), and the MIC estimate was -5.34 (95% CI = -7.60/ -3.08) (Table 2).

**Conclusion:**

Responsiveness was confirmed for the PRIDD total score and impact dimensions. A change of ≥ -5.34 points in the PRIDD total score can be interpreted as a clinically significant improvement. These results provide first evidence of the capability of PRIDD to detect meaningful changes, e.g., as a result of therapy, making it a suitable outcome measure for use in patient care and clinical trials.

**Table 1.** Descriptive statistics and univariable analysis of variance (ANOVA) comparing changes in PRIDD scores from survey 1 (S1) to survey 2 (S2), across GPE meaningful change groups.

| | GPE [b] | | | ANOVA | | |
|---|---|---|---|---|---|---|
| | Worse (n = 105) | Stable (n = 378) | Improved (n = 104) | | | |
| **PRIDD change score S2 - S1 [a]** | **M ± SD** | **M ± SD** | **M ± SD** | **F** | **p** | **$\eta^2$** |
| Total impact | 1.37 ± 3.68 | -0.63 ± 4.54 | -3.67 ± 6.40 | 29.70 | < 0.001 | 0.09 |
| Physical impact | 0.41 ± 2.08 | -0.15 ± 2.23 | -1.34 ± 2.31 | 17.70 | < 0.001 | 0.06 |
| Life responsibilities impact | 0.61 ± 2.25 | -0.22 ± 2.41 | -1.81 ± 2.89 | 26.57 | < 0.001 | 0.08 |
| Psychological impact | 0.25 ± 1.79 | -0.31 ± 1.91 | -1.17 ± 2.32 | 14.04 | < 0.001 | 0.05 |
| Social impact | 0.73 ± 2.12 | -0.20 ± 2.18 | -1.00 ± 2.71 | 15.24 | < 0.001 | 0.05 |

PRIDD – Patient-Reported Impact of Dermatological Diseases; S1 – Survey 1 (baseline); S2 – Survey 2 (6-weeks follow-up); GPE - Global Perceived Effect; M – Mean; SD – Standard-deviation; F – Univariate analysis of variance; $\eta^2$ – Eta Squarded; $\eta^2 \geq 0.01$ = small effect, $\eta 2 \geq 0.06$ = medium effect, $\eta 2 \geq 0.14$ = large effect.

[a] Negative values of change in PRIDD total score S2 – S1 correspond to a decrease in impact of the dermatological condition after 6 weeks, and therefore to a clinical improvement. [b] The GPE question was: "To what extent has the impact of your dermatological condition on your life changed since you completed the previous survey (approximately 6 weeks ago)?".

**Table 2.** Mean change scores of PRIDD according to responses to the GPE and anchor-question.

| | | Change in PRIDD total score S2 – S1 [a] | |
|---|---|---|---|
| **Global Perceived Effect (GPE) [b]** | **n** | **$M_{change}$ ($SD_{change}$)** | **95% CI** |
| Much worse | 6 | 8.12 (3.14) | 4.83/ 11.41 |
| Slightly worse | 99 | 0.96 (3.30) | 0.30/ 1.62 |
| No change | 378 | -0.63 (4.54) | -1.09/ -0.17 |
| Slightly improved | 86 | -2.09 (4.37) | -3.03/ -1.15 |
| Much improved | 12 | -8.96 (7.37) | -13.65/ -4.28 |
| Completely improved | 6 | -15.73 (10.73) | -26.99/ -4.47 |
| **GPE * Anchor-question [c]** | **n** | **$M_{change}$ ($SD_{change}$)** | **95% CI** |
| Not meaningfully improved | 58 | -2.20 (4.90) | -3.496/ -0.91 |
| Minimally meaningful improved | **45** | **-5.34 (7.53)** | **-7.60/ -3.08** |
| More than minimally meaningful improved | 1 | -13.75 (-) | -/- |

PRIDD – Patient-Reported Impact of Dermatological Diseases; S1 – Survey 1 (baseline); S2 – Survey 2 (6-weeks follow-up); GPE - Global Perceived Effect; M – Mean; SD – Standard-deviation.

[a] Negative values of change in PRIDD total score S2 – S1 correspond to a decrease in impact of the dermatological condition after 6 weeks, and therefore to a clinical improvement. [b] The GPE question was: "To what extent has the impact of your dermatological condition on your life changed since you completed the previous survey (approximately 6 weeks ago)?". [c] The cut-off point for MIC was defined by cross-referencing the patients' responses to the GPE and to an additional anchor-question regarding the meaningfulness of improvement ("Which of the following do you feel is the smallest amount of change required for there to be a meaningful reduction in the impact that your dermatological condition has on your life?").


**Abstract N°: 3722**

**Patient-Reported Impact of Dermatological Diseases and Mental Health**

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**Introduction & Objectives:**

While the prevalences for depression and anxiety disorders are estimated at 3.8% and 4% of the global population, these can ascend to about 30% in the dermatology population. Variables related to disease and treatment play a proven, yet minor, role in explaining the high rates of psychiatric comorbidity, and, thus, additional psychological and social risk factors need to be identified. Using a newly developed and validated tool – the Patient-Reported Impact of Dermatological Diseases (PRIDD) – this study examined the associations between clinical characteristics, disease burden, and patient-reported outcomes (PROs) of mental health.

**Materials & Methods:**

Global Research on the Impact of Dermatological Diseases (GRIDD) was a cross-sectional online survey, available in 17 different languages, conducted between June 2023 and January 2024. Eligible participants were adults (≥ 18 years) with a self-reported dermatological condition, recruited through patient organizations and social media platforms. Participants completed the PRIDD questionnaire (16 items assessing physical, life responsibilities, psychological, and social impact domains), the Patient Health Questionnaire (PHQ-9), the General Anxiety Disorder Assessment (GAD-7), and provided sociodemographic (e.g., age, sex) and disease-related information (e.g., primary diagnosis, comorbidities, disease severity).

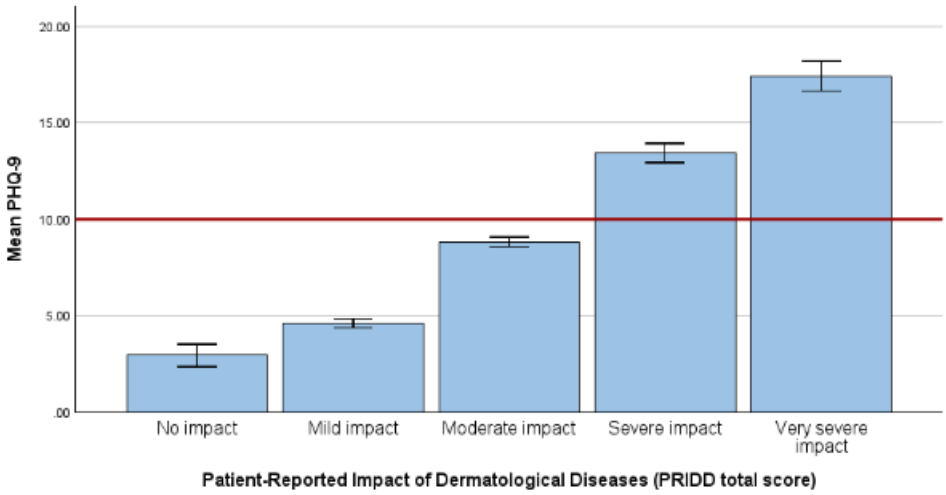
**Results:**

In total, 4138 participants completed the GRIDD survey and 3680 were retained for analyses, after excluding those who did not meet the inclusion criteria or had missing data in core variables. Participants were 76.4% female, mean age of 48.7 ± 15.7 years (range 18-98), from 87 different countries, and across 114 dermatological conditions (e.g., 12.8% Lichen Sclerosus, 12.3% Psoriasis, 8.2% Hidradenitis Suppurativa, 7.5% Atopic Dermatitis, 6.9% Vitiligo). A total of 1349 (36.7%) respondents scored above the threshold for clinically significant depression (PHQ-9 ≥ 10) and 956 (26.0%) for clinical anxiety (GAD-7 ≥ 10). Higher impact of the dermatological condition on patients' lives, as measured by PRIDD, was moderately associated with more symptoms of depression and anxiety (r = 0.62 and r = 0.56, respectively). Patients who reported severe and very severe disease burden also reported, on average, clinically significant depression and anxiety problems (Figures 1-2). Sociodemograhic and disease characteristics explained, respectively, 3.9% and 20.1% of depression scores and 5.2% and 15.0% of anxiety scores; disease impact explained an additional 22.6% and 22.8% of the variance in depression and anxiety (Table 1).

**Conclusion:**

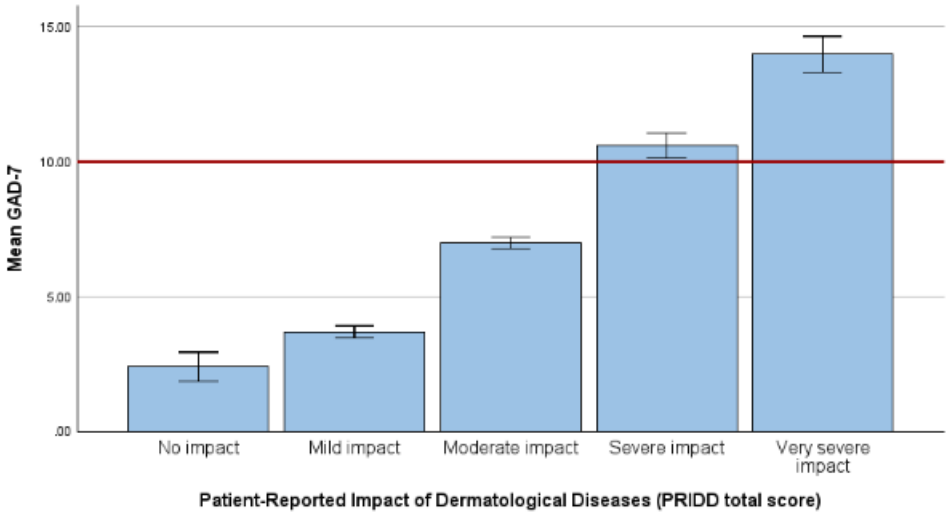
These results emphasize the importance of capturing the multidimensional burden of skin conditions on patients' lives, as it is a significant risk factor for mental health problems. The psychological and social impact of dermatological diseases should be assessed and managed in multidisciplinary primary and secondary care of dermatology patients.

**Figure 1. Depression symptoms by disease impact category (PRIDD total score)**




Error bars: 95% CI. PRIDD total score banding: 0.00 to 14.01 = no impact; 15.04 to 25.73 = mild impact; 26.14 to 34.26 = moderate impact; 34.89 to 39.69 = severe impact; 40.53 to 63.00 = very severe impact. PHQ-9: Patient Health Questionnaire, range from 0 to 27; the red line represents the cut-off point for clinical depression of PHQ-9 ≥ 10 (sensitivity = 88% and specificity = 85%).

**Figure 2. Anxiety symptoms by disease impact category (PRIDD total score)**




Error bars: 95% CI. PRIDD total score banding: 0.00 to 14.01 = no impact; 15.04 to 25.73 = mild impact; 26.14 to 34.26 = moderate impact; 34.89 to 39.69 = severe impact; 40.53 to 63.00 = very severe impact. GAD-7: General Anxiety Disorder, range from 0 to 21; the red line represents the cut-off point for clinical anxiety of GAD-7 ≥ 10 (sensitivity = 89% and specificity = 82%).

**Table 1.** Hierarchical regression analyses testing the associations between sociodemographic and disease characteristics, PRIDD dimensions and mental health outcomes.

| | PHQ-9 | GAD-7 |
|---|---|---|
| | ß | ß |
| **Sociodemographic characteristics** | $\Delta R^2 = .039$<br>$\Delta F_{(3, 3115)} = 41.80^{***}$ | $\Delta R^2 = .052$<br>$\Delta F_{(3, 3115)} = 56.39^{***}$ |
| Age | $-.181^{***}$ | $-.214^{***}$ |
| Biologic sex (1 = male vs. 0 = female) | $-.059^{***}$ | $-.057^{**}$ |
| Fitzpatrick skin type (0-6) | .031 | .028 |
| **Disease characteristics** | $\Delta R^2 = .201$<br>$\Delta F_{(8, 3107)} = 102.42^{***}$ | $\Delta R^2 = .150$<br>$\Delta F_{(8, 3107)} = 72.92^{***}$ |
| Rare disease (1 = yes vs. 0 = no) | $.066^{***}$ | $.038^{*}$ |
| Years lived with the condition | -.028 | -.027 |
| Disease severity (PGA 0-4) | $.331^{***}$ | $.299^{***}$ |
| Visible areas affected (1 = yes vs. 0 = no) | -.009 | -.006 |
| Dermatological comorbidities (1 = yes vs. 0 = no) | $.043^{**}$ | .020 |
| Physical or mental comorbidities (1 = yes vs. 0 = no) | $.194^{***}$ | $.142^{***}$ |
| Patient organisation membership (1 = yes vs. 0 = no) | -.026 | $-.043^{**}$ |
| Satisfaction with the current healthcare (0-4) | $-.120^{***}$ | $-.103^{***}$ |
| **Patient-Reported Impact of Dermatological Conditions (PRIDD)** | $\Delta R^2 = .226$<br>$\Delta F_{(4, 3103)} = 327.14^{***}$ | $\Delta R^2 = .228$<br>$\Delta F_{(4, 3103)} = 309.41^{***}$ |
| Physical impact | $.223^{***}$ | $.101^{***}$ |
| Life responsibilities impact | $-.072^{**}$ | $-.122^{***}$ |
| Psychological impact | $.263^{***}$ | $.450^{***}$ |
| Social impact | $.212^{***}$ | $.148^{***}$ |
| Model Summary | $R^2 = .465$<br>$F_{(15, 3103)} = 179.76^{***}$ | $R^2 = .429$<br>$F_{(15, 3103)} = 155.51^{***}$ |

PGA – Patient Global Assessment; PHQ – Patient Health Questionnaire; GAD – General Anxiety Disorder. ß – Standardized Coefficients; $^{*}$ $p < 0.05$, $^{**}$ $p < 0.01$, $^{***}$ $p < 0.001$.


**Abstract N°: 3723**

# Psoriasis patients' experiences and attitudes towards psychological and psychiatric interventions in dermatology: a pilot study

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**Introduction & Objectives:**

Psychodermatology is an interdisciplinary field studying skin diseases and their link to psychiatric comorbidities and mental health. Psoriasis is known to affect patients' quality of life and mental health, predisposing people with psoriasis to a higher risk of depression, anxiety and even addictions. Conversely, acute and chronic emotional stress is associated with beginning or worsening of pre-existing psoriasis lesions. Unfortunately, due to several factors, including physicians' lack of time or awareness and societal stigma, the patients may not get the adequate psychological support. To our knowledge, this is the first study exploring patients' experiences and attitudes towards psychological interventions and mental health in dermatology.

**Materials & Methods:**

In this prospective study, we enrolled 77 patients with psoriasis in a tertiary healthcare center. The patients filled out an anonymous questionnaire, consisting of 35 questions about their experiences with psoriasis and mental health, general characteristics and opinions regarding psychodermatology. The questionnaire also included Dermatological life quality index (DLQI) and Hospital anxiety and depression scale (HADS), which are validated tools for assessing life quality and symptoms of anxiety and depression in dermatological patients. Data was analyzed and visualized using Excel and IBM SPSS software. Quantitative variables are presented as medians and interquartile ranges. Mann-Whitney U test was used to compare quantitative variables between two groups. Fisher's exact criterion and Pearson's correlation were used to analyze associations between qualitative variables.

**Results:**

Out of 77 patients, 53.2% (n=41) were male and 46.8% n=(36) were female. The median age was 50.5±25 years, while the median duration of psoriasis was 18±19.3 years. Median DLQI and HADS scores were 9.5±11 and 12.0±7 respectively. A weak positive correlation was found between patients' age and DLQI scores ($p<0.05$). Regarding HADS anxiety (HADS-A) and depression (HADS-D) subscales, our cohort of patients had significantly higher HADS-A scores, with a median of 8, which is one of the thresholds indicating significant symptoms of anxiety. The majority of patients (63.0% n=46) responded that stress has a strong or moderate effect on psoriasis flare ups. However, only 11 patients (14.3%) agreed that psychological support would benefit the management of psoriasis. 27.6% of patients (n=21) had been consulted by a mental health specialist (psychiatrist or psychologist), out of which for 9 patients the reason for consulting was related to their skin condition. Only 4 patients (5.2%) were referred to a mental health specialist and 11 patients (14.3%) were recommended to partake in wellness activities by their dermatologist. Notably, patients who were receiving biological therapy had lower DLQI scores ($p<0.05$), but HADS scores did not differ between them and those receiving other treatment options.

**Conclusion:**

In our study, only a minority of patients responded that psychological support would benefit psoriasis treatment, despite many patients having flare ups that are associated with stress and moderately high HADS-A scores. These findings suggest the need for greater patient education regarding the link between mental health and psoriasis.


**Abstract N°: 3864**

**The Impact of Chronic Allergy and Atopic Dermatitis on Mental Health and Wellbeing: results of a Community Survey in the US and Eastern Europe**

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**Title: The Impact of Chronic Allergy and Atopic Dermatitis on Mental Health and Wellbeing: results of a Community Survey in the US and Eastern Europe**

**Introduction & Objectives:**

This survey aimed to explore the impact of chronic respiratory and immunological diseases on mental health and daily life, providing insights to improve patient and caregiver support through education, advocacy, and integrated care.

**Rationale:** Chronic respiratory and immunological diseases, like atopic dermatitis (AD), allergies and asthma often lead to mental health challenges including anxiety and depression. These issues can worsen disease outcomes, lower quality of life, and adherence to treatment yet mental health remains under-addressed in chronic disease care. This international survey explores the mental health experiences and needs of individuals living with these conditions. The findings aim to highlight gaps in care and advocate for better integration of mental health support.

**Materials & Methods:** This anonymous survey was administered in the winter of 2024/5 and analysed using the Survey Monkey platform. Participants were recruited from GAAPP US and its Eastern Europe Alliance community through newsletters and social media in addition to paid geo-targeted recruitment. Ethics exemption was attained in the US from BRANY IRB. Consented 665 eligible respondents who completed the survey included individuals aged 18 or older reporting a diagnosis of respiratory, skin and/or other immunological diseases residing in the USA (n=234), Bosnia and Herzegovina (66), Serbia (n=64), Slovenia (n=71, Croatia (n=55), Poland (n=37), the Ukraine (n=123) and Malta (n=15).

**Results:** We report the results of a subset of 322 diagnosed with (221; 69%) or are caregivers for an individual (101; 31%) with AD (30%) and/or allergy (89%). Most respondents were highly educated high school (30%) or university (58%). Most of them (57%) reported seeking professional help from a psychologist or psychiatrist, reported a need for help with activities outside the home (63%) limiting participation in social activities (66%). Many reported often feeling irritated (often 42%, sometimes 51%), exhausted (often 54% sometimes 38%), having

trouble sleeping (often 50%, sometimes 40%) or noticing reduced interest in sexual activities (34% often, 45% sometimes); “when I am mentally ill it puts a strain on my relationships”. A majority (75%) reported lack of understanding from medical staff and impact on performing work tasks (68%). The most common coping mechanisms were rest and doing things that bring comfort (98%), religion (66%) and professional help (73%).

**Conclusion:**

This survey demonstrated the impact chronic illness and the need to better address the mental health challenges faced by patients and caregivers. The study raises awareness of the hidden emotional and personal burdens of chronic disease, emphasizing the need for integrated care approaches that address both mental and physical health. Furthermore, the findings can inform policy changes, drive advocacy for increased mental health resources, and encourage healthcare providers to adopt patient-centred, multidisciplinary care models.

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**Abstract N°: 3899**

# Development and validation of a patient-reported outcome measure for fingernail and toenail conditions in an international sample: the NAIL-Q

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**Introduction & Objectives:** Nail conditions are common and cause symptoms (eg, pain, reduced function) and distress due to their cosmetic appearance. To measure outcomes that matter to patients with nail conditions, a patient reported outcome measure (PROM) is needed. The aim of this presentation is to describe the development and validation of the NAIL-Q, a PROM designed for patients with any type of fingernail or toenail condition.

**Materials & Methods:** The NAIL-Q was developed and validated using a mixed methods approach [1]. In part 1 (October 2019 – January 2022), concept elicitation interviews were performed with patients from Canada and the USA. The findings were used to develop a conceptual framework and set of NAIL-Q scales that were revised with input from patients and clinicians. In part 2 (June to July 2022), an online sample of people with nail conditions completed the NAIL-Q. A modern psychometric method (Rasch analysis) was used to examine reliability and validity. In part 3 (March 2023-May 2025), a sample of patients attending a hospital in the USA completed the NAIL-Q at baseline, 3 and 6 months after initiating treatment. The data were used to re-examine reliability and validity in a clinic sample and to assess responsiveness.

**Results:** Concept elicitation interviews were conducted with 19 patients representing 11 different nail conditions. The NAIL-Q was drafted and feedback was obtained from 7 patients and 11 dermatologists. In part 2, an international sample of 555 people completed the NAIL-Q. The psychometric analysis provided evidence of acceptable reliability and validity for 7 independently functioning scales that measure nail appearance, health-related quality of life concerns, and treatment outcomes. In part 3, 142 clinic-based participants completed the NAIL-Q providing 318 assessments. Psychometric analysis provided further evidence of the reliability and validity of each scale. In terms of clinical change 3 months after treatment initiation, all NAIL-Q scale scores improved significantly for patients who reported that their condition was better ($p <= 0.009$).

**Conclusion:** The NAIL-Q is available in multiple languages for use in research studies and clinical care to understand the patient perspective in the context of finger and toenail conditions.

1. Klassen AF, Rae C, O'Malley M, Breitkopt T, Algu L, Wang Yi, Lipner S. Development and validation of a patient-reported outcome measure for fingernail and toenail conditions in an international sample: the NAIL-Q. Clin Cosmet Investig Dermatol. 2023 Oct 27;16:3091-3105.


**Abstract N°: 4258**

**Echoes of infestation: how I told the AI about the bugs**

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**Introduction & Objectives:**

The rise of conversational artificial intelligence (AI) in healthcare marks a shift from static symptom-checkers to dynamic interactions. Unlike traditional search engines, AI chatbots simulate dialogue and often deliver confident, emotionally engaging responses, which can create a false sense of expertise, particularly among vulnerable users. In individuals with health anxiety, these interactions risk reinforcing distorted beliefs rather than directing users to appropriate clinical care. AI chatbots offer 24/7 access, lack risk stratification, and do not prioritize common over rare conditions. They enable persistent questioning that may exacerbate anxiety. A patient may describe symptoms, prompting the AI to generate a differential diagnosis including serious conditions. As the patient provides more details, the AI may respond with increasing specificity and urgency, mirroring "reassurance-seeking" behavior seen in health anxiety disorders, amplified by AI's constant availability.

**Materials & Methods:**

We simulated a patient with symptoms typical of delusional parasitosis (DP)—skin crawling, unexplained itching, and visible "bugs." We assessed how a publicly available chatbot responded through stages of the conversation, from vague discomfort to the full expression of delusional belief.

**Results:**

- **Initial response**: The chatbot offered differential diagnoses, including neuropathy, dermatitis, and DP, with disclaimers and a neutral tone.
- **Progression**: As the patient's descriptions became more vivid (e.g., "bugs on skin," "moving fibers"), the chatbot began to validate these beliefs:
  - Recommended magnifying tools, pest control, and cleaning protocols.
  - Suggested "invisible parasites" and "environmental infestations," even after the patient mentioned a dermatologist ruled out infection.
  - Psychiatric or neurological explanations were suggested only after multiple prompts, often as a tertiary option.

**Conclusion:**

Conversational AI can evoke empathy and offer mental health support—but lacks contextual awareness, therapeutic boundaries, and the ability to challenge maladaptive beliefs. Consequently, experts have raised concerns about ethical risks. In February 2025, the American Psychological Association (APA) warned federal regulators about chatbots that, while posing as therapists, reinforce rather than challenge a user's thinking, risking harm to vulnerable individuals. In this experiment, we explored how a conversational AI chatbot responded to a simulated patient with DP—a condition requiring careful management and a therapeutic alliance based on trust. Clinicians treating such patients must validate distress without endorsing delusional content, while avoiding

disruption of fragile rapport. The chatbot's responses mirrored the fixed narratives often reported by individuals with DP, inadvertently reinforcing the delusion rather than guiding the conversation toward appropriate clinical care. AI holds promise but unregulated, context-free interactions can lead to unintended consequences. As technological innovation advances, digital literacy, emotional awareness, and clinical boundaries must be prioritized. Addressing this challenge requires collaboration between clinicians, AI developers, and healthcare systems to create safeguards that preserve AI's benefits while minimizing psychological harm.


**Abstract N°: 4415**

**CDLQI: An important tool to understand and measure the impact of atopic dermatitis on children**

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**Introduction & Objectives:**

Atopic dermatitis (AD) is a common skin disease that can impact children's quality of life. This study analyzes data collected from American families with children aged 6 to 12 years suffering from AD, with a focus on assessing the effects of the condition on children's daily lives. The objective was to evaluate the correlation between AD severity, parental stress, comorbidities, and the impact of the condition on children as measured by the Children's Dermatology Life Quality Index (CDLQI).

**Materials & Methods:**

This project is part of the Scars of Life initiative, dedicated to AD to examine and better understand the impact including long term one of skin diseases. Two groups were established: children aged 6–9 years (n=285) and 10–12 years (n=215). The study collected data on various factors, including the child's gender, the gender of the responding parent, AD severity as assessed by the Patient-Oriented Eczema Measure (POEM), parental burden (measured by the Atopic Burden Scale-Family – ABS-F), parental stress levels (using the Perceived Stress Scale – PSS), and the impact of AD on children as directly reported through the CDLQI questionnaire. Statistical analysis was performed to assess associations between these variables using multivariate regression models

**Results:**

For univariate analysis, no statistically significant differences were found between the two age groups regarding the gender of the responding parent, gender of the child, severity of AD, parental stress, or the impact of AD on the child.

The multivariate analysis revealed several factors significantly associated with higher CDLQI scores. These included higher parental income (β=1.91, [0.35; 3.48], p=0.0167), being in the 10–12 years age group (β=1.96, [0.9; 3.02], p=0.0003), pessimism of child about his future(β=2.18, [1.14; 3.22], p<0.0001), stressed parents (β=2.2, [0.76; 3.64], p=0.0028), attention disorders (β=2.23, [0.72; 3.74], p=0.0001), and sleep disorders (β=2.31, [1.01; 3.6], p=0.0005). Furthermore, moderate (β=3.57, [2.33; 4.8], p<0.0001) and severe AD (β=7.11, [5.46; 8.76], p<0.0001) were assicated with a higher CDLQI values compared to mild AD.

Family history of atopic eczema (β=0.08, [-1.01; 1.17], p=0.8826) and asthma (β=0.77, [-0.39; 1.92], p=0.1921) were not associated with higher CDLQI scores. According to the CDLQI, 20.4% of children reported minimal impact

of AD on their daily lives, 31% reported moderate impact, and 48.6% reported a significant to very significant impact.

**Conclusion:**

This study confirms the relevance of the CDLQI in assessing the impact of AD on children, particularly in terms of quality of life. Notably, parental perception of the impact of AE was often inaccurate, with 42% of parents underestimating and 13.4% overestimating its effect. Comorbid conditions such as asthma, allergic rhinitis, and conjunctivitis were more prevalent among children with higher AD severity, emphasizing the importance of managing these conditions in tandem with AD. Our findings highlight the multifaceted impact of AD on children and families, underlining the need for comprehensive management strategies to address both the physical and psychological aspects of the condition.


**Abstract N°: 4422**

**Prevalence and Risk Factors of Suicidal Ideation in Atopic Eczema: Insights from the Scars of Life Study**

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**Introduction & Objectives:**

Atopic eczema (AE), a chronic inflammatory skin condition, is increasingly recognized for its detrimental effects on mental health, with multiple studies documenting a significantly elevated risk of suicidal ideation (SI) among affected individuals. While the association between AE and SI is established, data on specific risk factors—

particularly the role of disease onset age and chronicity—remain scarce. The “Scars of Life” study seeks to address this gap by evaluating the prevalence of SI and its associated risk factors in adults with physician-confirmed AE, exploring differences across onset age groups and comparing them to a control population without dermatological conditions.

**Materials & Methods:**

Conducted in 2024, the “Scars of Life” study surveyed 15,223 adults with AE and 7,968 controls without eczema (NOE) across 27 countries, employing quota sampling to ensure representativeness. AE patients were classified by onset age: adult-onset (EOA, n=7,383), adolescent-onset (ETA, n=4,965), and childhood-onset (ECA, n=2,875). Participants, all aged 18 or older, completed an online questionnaire capturing sociodemographic details, self-reported SI, itch and skin pain intensity (via Visual Analog Scale, VAS), AE severity (Patient-Oriented Eczema Measure, POEM), and skin-related stigmatization (PUSH-D tool). A case-control analysis assessed SI prevalence and risk factors, using chi-square tests and multivariate logistic regression.

**Results:**

Among 15,223 AE patients (8,726 men, 6,497 women; mean age 41.1 ± 14.1 years), SI was reported by 13.2%, compared to 8.5% of 7,968 controls (4,063 men, 3,905 women; mean age 43.7 ± 15.6 years) (RR=1.1, 95% CI: 1.01–1.2, $p<0.01$). AE subgroups showed no significant SI prevalence difference (EOA: 46.5%, ETA+ECA: 53.5%, OR=1.1, 95% CI: 1.0–1.2, $p=0.06$), but all had elevated SI odds versus controls: EOA (OR=1.56, 95% CI: 1.41–1.73, $p<0.0001$), ETA (OR=1.71, 95% CI: 1.53–1.91, $p<0.0001$), and ECA (OR=1.72, 95% CI: 1.50–1.96, $p<0.0001$). Comparing 2,010 SI cases to 13,213 non-SI cases revealed key predictors: younger age (38.15 vs. 41.6 years, $p<0.001$; <30 years: 31% vs. 21.93%, OR=1.6, 95% CI: 1.44–1.77, $p<0.001$), male sex (60.25% vs. 56.88%, OR=1.15, 95% CI: 1.04–1.26, $p=0.005$), and obesity (20.6% vs. 16.7%, OR=1.29, 95% CI: 1.15–1.45, $p<0.001$). Clinical factors included moderate-to-severe AE (OR=2.01, 95% CI: 1.82–2.21, $p<0.001$), pruritus (70.4% vs. 64.6%, OR=1.3, 95% CI: 1.18–1.44, $p<0.001$), skin pain (28.4% vs. 19.0%, OR=1.7, 95% CI: 1.52–1.89, $p<0.001$), and high symptom intensity (VAS ≥7, e.g., pruritus: 52.13% vs. 43.17%, OR=1.43, 95% CI: 1.31–1.57, $p<0.001$). Stigmatization scores were higher in the SI group (26.01 ± 18.57 vs. 17.12 ± 17.46, $p<0.001$). Sleep disorders were prevalent (86.97% vs. 76.01%, OR=2.11, 95% CI: 1.84–2.41, $p<0.001$), with mixed insomnia (sleep-onset and maintenance) notably linked to SI (59.75% vs. 45.5%, OR=1.78, 95% CI: 1.62–1.96, $p<0.001$).

**Conclusion:**

This study underscores AE as a robust risk factor for SI, irrespective of onset age, with severity, pruritus, sleep disturbances, and stigma as key drivers. Our results advocate for routine mental health screening in AE management and targeted interventions to address stigma and sleep issues, urging further exploration of underlying pathways.


**Abstract N°: 4424**

**“Scars of Life”: Assessment of the Determinants of Bullying in Atopic Dermatitis**

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**Introduction & Objectives:**

Atopic dermatitis (AD) is linked to significant psychosocial burdens, including stigmatization and bullying, particularly in childhood and adolescence. While prior studies highlight AD’s impact on quality of life, bullying as a specific consequence remains understudied across diverse populations. Understanding its risk factors is critical to

address this global health concern. Identify the risk factors for bullying memorized, due to their atopic dermatitis, during their childhood/adolescence assessed once they become adults focusing on age, ethnicity, gender, and geographical region, using Scars of Life data base, an international cohort

**Materials & Methods:**

The “Scars of Life” study surveyed 7,840 adults with physician-confirmed AD from 27 countries in 2024. Quota sampling ensured representativeness. Participants completed a digital questionnaire on sociodemographic, AD onset (childhood: n=2,875; adolescence: n=4,965), and bullying experiences during childhood/adolescence (exclusion, mockery, or violence). The project was reviewed by a French ethics committee IDRCB 2023-A02722-43. Multivariate analysis assessed risk factors

**Results:**

Bullying was reported by 56.3% of childhood-onset and 39.7% of adolescence-onset AD patients ($p<0.0001$). Younger adults (18-35 years) faced higher risks than older adults. Childhood-onset AD increased bullying odds (OR=1.92; 95% CI [1.73-2.13]). Non-White individuals, especially Black/African (OR=2.7) or Asian [OR=2] had more elevated risks. India [OR= 3.5], North America [OR=1.7] and Middle East [OR=1.64] showed higher odds than Europe, while Australia [OR= 0.6], SAP [OR=0.7] and North Asia [OR=0.4] had lower risks. Gender showed no difference.

**Conclusion:**

Childhood-onset AD heightens bullying risk, likely due to visible symptoms in sensitive school settings. Ethnic minorities face compounded stigma, amplifying vulnerability. Regional variations suggest cultural beauty standards influence bullying, with Asia showing higher rates and Australia lower, possibly due to awareness. Gender neutrality in bullying indicates AD’s stigma transcends norms. Targeted interventions for youth and minorities are needed.


**Abstract N°: 4455**

**Impact of Chronic Urticaria on Quality of Life: Clinical Assessment and Daily Implications**

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**Introduction & Objectives:**

Urticaria is a common inflammatory dermatosis with complex mechanisms, primarily mediated by histamine. It presents as recurrent outbreaks of erythematous, edematous, well-defined papular eruptions of varying size, which are mobile and transient. Urticaria can be acute (<6 weeks), recurrent, or chronic (>6 weeks). Although it has a significant impact on quality of life, few studies have assessed this impact based on the different types of chronic urticaria, whether spontaneous or inducible. This study aimed to evaluate the impact of spontaneous and inducible chronic urticaria and their treatment by combining objective data with patient-reported outcomes.

**Materials & Methods:**

A single-center descriptive study using a questionnaire was conducted over two years (2023–2025) in a hospital dermatology department. Participation was offered consecutively to all patients consulting for chronic urticaria.

**Results:**

Among the 87 included patients, the majority were women (77), with the most represented age group being 25–35 years. More than half (59.8%) were married, and 64.4% were government employees.

Regarding the type of urticaria, 46% had isolated spontaneous chronic urticaria, while 44% had multiple associated types of urticaria, including inducible physical urticaria (pressure, heat, cold), cholinergic urticaria, pressure urticaria, and aquagenic urticaria. Severe symptoms (dysphonia, dysphagia, or hypersalivation) were observed in only 8.7% of cases.

In terms of treatment, 91.4% of patients were receiving oral therapy, with 69.5% taking antihistamines alone and 30.5% combining them with other treatments (corticosteroids, anti-leukotrienes, or anti-IgE).

The impact of urticaria on daily life was significant:

39.4% reported a strong impact on their work.

44% experienced significant difficulties with physical activities and sleep.

34.7% reported social relationship impairments, and 39.3% noted an effect on leisure activities.

Sleep disturbances were common, with 78.4% experiencing difficulty falling asleep and 61.9% suffering from nocturnal awakenings. Consequently, 41.7% reported daytime fatigue, and 46.5% experienced concentration difficulties.

Emotionally, 73% of patients reported frequent mood disturbances, and 32.9% experienced increased nervousness. Urticaria also influenced lifestyle choices:

64.7% restricted their diet.

67.4% limited their clothing choices.

38% reduced their sports activities.

38.6% avoided public places.

45.1% were apprehensive about using cosmetic products.

Finally, 36% of patients reported experiencing side effects from their treatments.

**Conclusion:**

This study highlights the considerable impact of chronic urticaria on patients' daily lives, affecting their physical, emotional, and social well-being. The disease significantly disrupts sleep, concentration, and daily activities, emphasizing the need for optimized management to improve quality of life. Regular follow-up and appropriate treatment are essential to minimize these negative effects. However, further studies, including longitudinal assessments and the use of specific tools in Arabic, are necessary to better understand the progression of this condition and the effectiveness of therapeutic strategies.

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**Abstract N°: 4520**

# Exploring the Causal Relationship and Shared Mechanism of Psoriasis and Psychiatric Disorders: Through Plasma Proteomics

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**Introduction & Objectives:**

Psoriasis (PsO) is a chronic inflammatory skin disorder characterized by high prevalence of psychiatric comorbidities. Although there is an increasing awareness of the relationship between PsO and psychiatric disorders (PDs), the underlying causal mechanism remain insufficiently understood. In particular, the role of plasma proteins has yet to be thoroughly investigated. This study aims to utilize a Mendelian randomization (MR) approach to identify potential shared plasma proteins associated with PsO and PDs.

**Materials & Methods:**

We analyzed summary statistics from European genome-wide association studies (GWAS). A exposure data for PsO sourced from the Finland Biobank, and six types of PDs were selected as outcomes: broad depression (BD), major depressive disorder (MDD), bipolar disorder (BID), anxiety disorder (ANX), schizophrenia (SCZ), and insomnia. A two-sample MR analysis was conducted to evaluate the associations between PsO and these PDs. We further employed MR analyses to assess the causal relationships between 4907 circulating plasma proteins and each of the positive PDs, identifying plasma proteins causally linked to their pathogenesis. An intersection analysis was then performed to identify overlapping plasma proteins between PsO and the PDs, identifing of proteins potentially mediating the association between these conditions (Fig.1).

**Results:**

We found a significant causal association between PsO and BD (OR 1.007; 95% CI 1.002-1.011, P = 0.003), MDD (OR 1.050; 95% CI 1.016-1.086, P = 0.003), BID (OR 1.005; 95% CI 1.000-1.009, P = 0.036), and ANX (OR 1.007; 95% CI 1.002-1.011, P = 0.003), while no significant associations were found for SCZ or insomnia. We identified 241 specific plasma protein associated with PsO, and those linked to BD, MDD, BID, and ANX, namely 233, 204, 106, and 257. The intersection of the proteins related with PsO and BD revealed 9 shared proteins, including EEF2K, MICB, USP25, CLSTN2, CRAT, PRKG1, NAAA, ZFAND1, and NEGR1.

The number of corelated proteins of PsO and MDD, BID and ANX was 6, 4, and 6 respectively (Fig.2). USP25 and NEGR1 emerged as two proteins in the relationships with BD, BID, and ANX among related protein of PsO (Fig.3).

**Conclusion:**

Overall, our investigation substantially supports a new hypothesis underlying PsO associated with psychiatric comorbidities through plasma proteins. Our findings are important for exploring the pathological relationship between PsO and PDs to identify potential therapeutic targets. Additionally, it also helps to further elucidate the specific role of plasma proteins in skin diseases and other mental disorders.

**Fig.1**

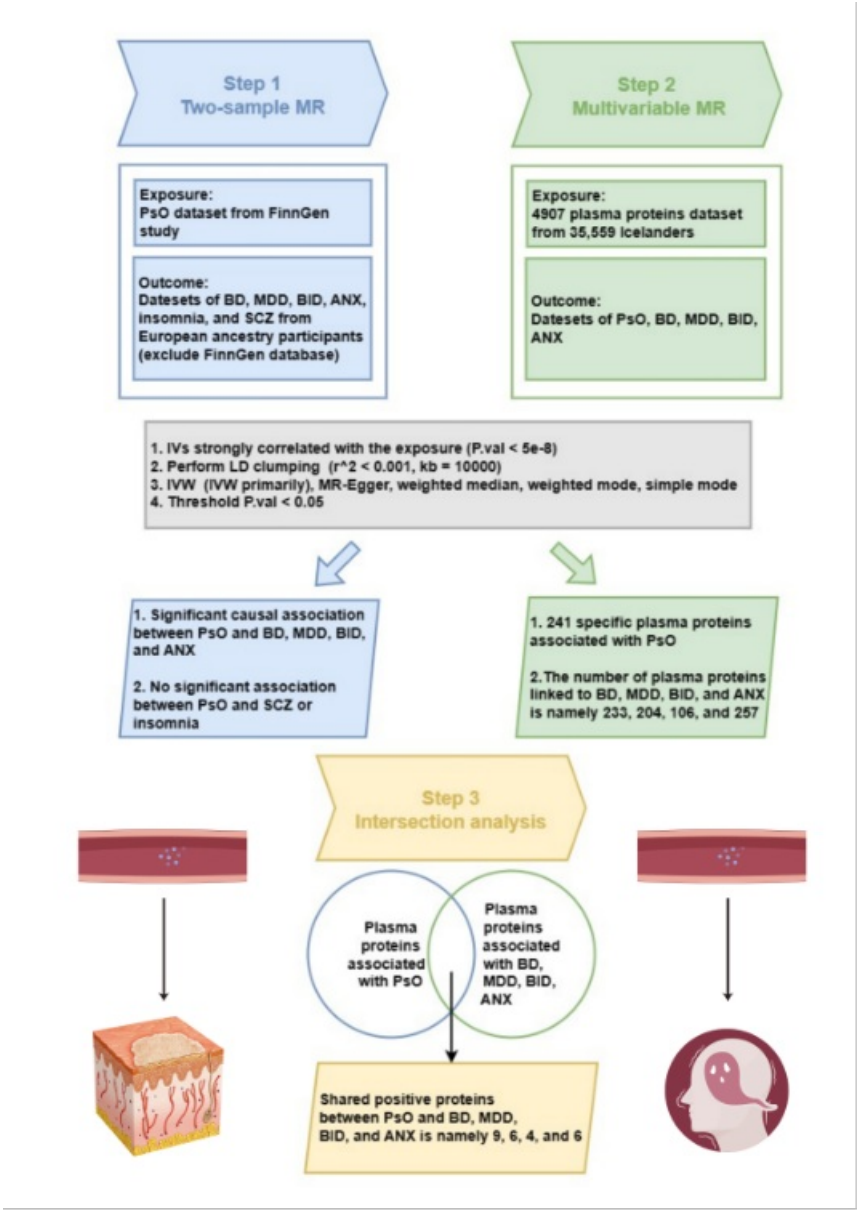
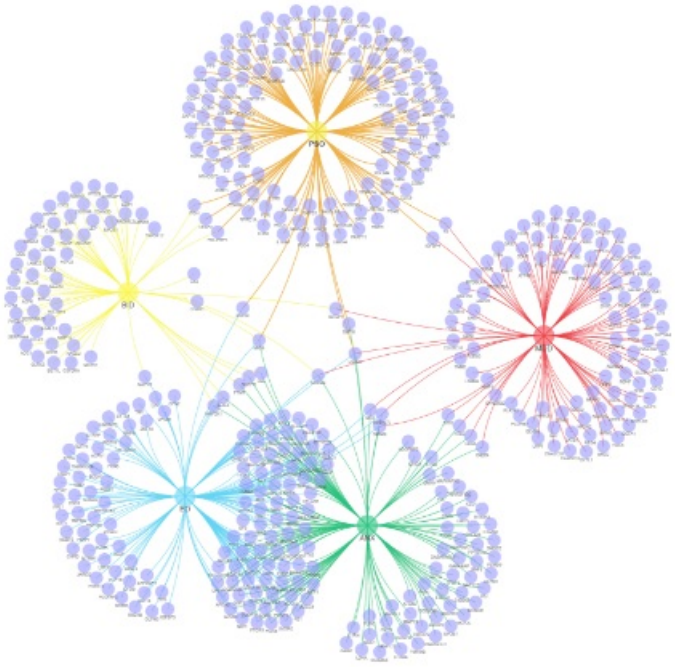

Step 1
Two-sample MR
Step 2
Multivariable MR
Exposure:
PsO dataset from FinnGen study
Outcome:
Datesets of BD, MDD, BID, ANX, insomnia, and SCZ from European ancestry participants (exclude FinnGen database)
Exposure:
4907 plasma proteins dataset from 35,559 Icelanders
Outcome:
Datesets of PsO, BD, MDD, BID, ANX
1. IVs strongly correlated with the exposure (P.val < 5e-8)
2. Perform LD clumping (r^2 < 0.001, kb = 10000)
3. IVW (IVW primarily), MR-Egger, weighted median, weighted mode, simple mode
4. Threshold P.val < 0.05
1. Significant causal association between PsO and BD, MDD, BID, and ANX
2. No significant association between PsO and SCZ or insomnia
1. 241 specific plasma proteins associated with PsO
2.The number of plasma proteins linked to BD, MDD, BID, and ANX is namely 233, 204, 106, and 257
Step 3
Intersection analysis
Plasma proteins associated with PsO
Plasma proteins associated with BD, MDD, BID, ANX
Shared positive proteins between PsO and BD, MDD, BID, and ANX is namely 9, 6, 4, and 6

**Fig.2**



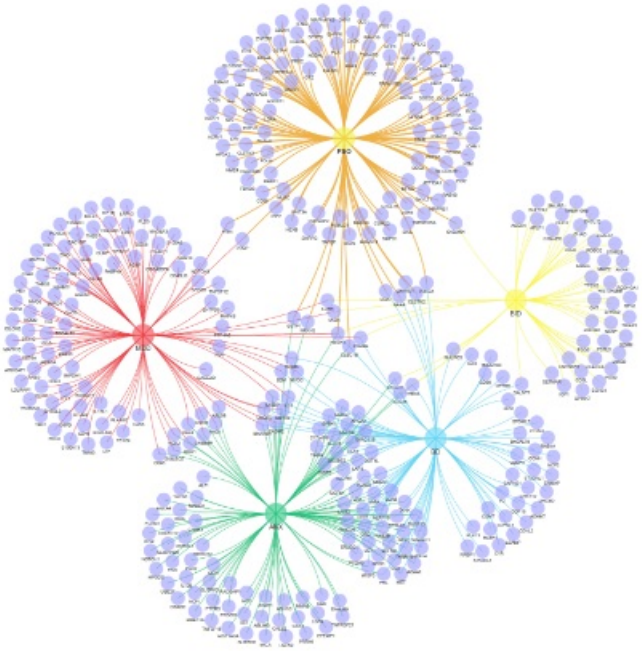
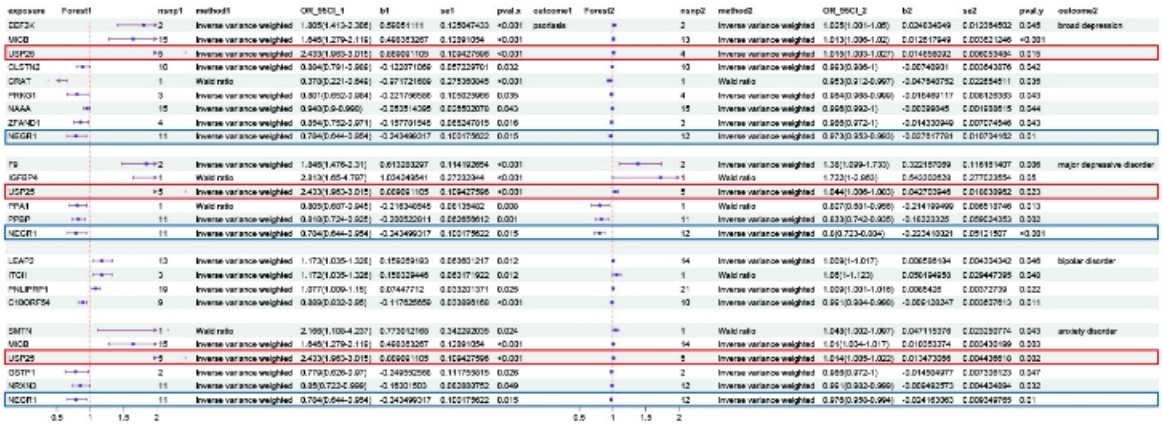


**Fig.3**




**Abstract N°: 4537**

**Qualitative examination of Skindex-16 questionnaire in adult patients with atopic dermatitis**

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**Introduction & Objectives:** The Skindex-16 questionnaire is used to assess the impact of skin disorders on Health-related Quality of Life (HRQoL). It is composed of 3 domains: symptoms (4 items), emotions (7 items) and functioning (5 items). In the present study, we aimed to examine the content validity (comprehensiveness, comprehensibility and relevance) of Skindex-16 in adult patients with atopic dermatitis (AD).

**Materials & Methods:** Between May 2021 and March 2022, semi-structured, face-to-face interviews were carried out at the Department of Dermatology, Venereology and Oncodermatology (University of Pécs, Hungary). Twenty adult patients diagnosed with AD were enrolled into the study, where the age, gender, education and disease severity of the participants were balanced. Patients completed three questionnaires including Skindex-16, EQ-5D-5L with two skin-specific bolt-ons and Dermatology Life Quality Index (DLQI) by a think-aloud protocol. Probing questions were used to investigate the relevance of the items and the appropriateness of the wording. After that, interviews were subjected to thematic analysis. In this abstract, we are focusing on the Skindex-16 results.

**Results:** Comparing the three questionnaires, participants found the structure and format of the Skindex-16 to be the most appropriate (Skindex-16: 52.94%; DLQI: 29.41%; EQ-5D-5L+skin bolt-ons: 17.64%). They also considered the Skindex-16 to be the best questionnaire to express their problems with HRQoL (58.82%), although it was closely followed by the DLQI (41.18%). Skindex-16 covered the most important aspects of HRQoL for AD patients, such as (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. As missing concepts, sport (n=2; 10%), and sleeping (n=2; 10%) were mentioned. The item “itching” (n=11; 55%), “burning or stinging” (n=9; 45%), “pain” (n=8; 40%) and “irritation” (n=8;40%) were found to be the most relevant to measure the impact of AD on HRQoL. Some suggestions were raised regarding the appropriateness of wording, especially for the Hungarian translation of item 14, “show affection” (n=2; 10%). Other participants recommended to specify item 13 (“desire to be with people”), what kind of relationships are included (friendship, family and work relationships, sexual life). The use of the recall period was appropriate (n=19; 95%), however, 35% of the participants disagreed with the length of the recall period (n=6; 30% recommended a recall period between 2 weeks and 1 month). Some patients had difficulty interpreting the bipolar 0-6 response scale (n=8; 40%).

**Conclusion:** Our study established the content validity of the Skindex-16 by adult AD patients. The strength of the questionnaire seems to be that it focuses attention on the psychological aspects of the disease. Further modifications could improve applicability of the Skindex-16 questionnaire for adult AD patients.


**Abstract N°: 4546**

**Scars of Life : How Atopic Dermatitis Shapes Educational Paths, Career Choices, and Social Lives from Childhood to Adulthood**

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**Introduction & Objectives:**

Atopic dermatitis (AD) significantly influences individuals' professional and social lives, affecting career trajectories, absenteeism, and educational choices. This chronic condition, characterized by pruritus and skin lesions, imposes physical and psychological burdens that impair workplace productivity and necessitate

occupational adjustments. Studies indicate that 15% of AD adults patients report sick leave due to their condition, while 38% report the influence of AD on career choices, often avoiding high-risk occupations like healthcare or cleaning. The long-term effects of childhood-onset AD on quality of life, including educational and professional development, are well-documented, yet gaps remain in understanding its full impact across life stages. This study aims to evaluate the perceived impact of AD on educational and professional trajectories among adults with a history of the condition during youth, regardless of current disease status.

**Materials & Methods:**

As part of the "Scars of Life" initiative, a cross-sectional study was conducted from June to September** 2024, involving 30,801 adults across 27 countries. Participants completed an online questionnaire assessing sociodemographic data, AD history (confirmed by a healthcare professional), symptom severity (via the POEM scale), and psychosocial burden (via ABS-A and PUSH-D tools). The sample was divided into those with current AD (15,223) and those with a past history but no current skin disease (7,610), with subgroups based on age of onset: childhood (ECA), adolescence (ETA), and adulthood (EOA).

**Results:**

Of the 22,833 participants analyzed, 15,223 (66.7%) had current AD (mean age: 41.1 ± 14.1 years), including 7,383 with adult-onset (EOA, 32.3%), 2,875 with childhood-onset (ECA, 12.6%), and 4,965 with adolescent-onset (ETA, 21.7%). The remaining 7,610 (33.3%) had a history of AD (mean age: 39.1 ± 14.1 years), with 3,286 reporting childhood-onset (14.4%) and 4,324 adolescent-onset (18.9%).

Educational impact was significant: 27.9% of those with current AD reported limited educational choices (OR = 1.12; 95% CI [1.05; 1.19], $p < 0.001$) compared to those with a history of AD. This effect was markedly higher in the ECA subgroup (36.6%) versus ETA (25.2%) (OR = 1.72; 95% CI [1.55; 1.90], $p < 0.001$), with 37.3% of ECA participants abandoning specific opportunities compared to 24.8% in ETA (OR = 1.80; $p < 0.001$). Professionally, 28.5% of current AD patients reported career limitations (OR = 1.11; $p = 0.002$) versus 26.5% with past AD, with a stronger impact in ECA (38.3%) than ETA (24.4%) (OR = 1.92; $p < 0.001$). Socially, 37.1% of AD patients reported avoiding public contact, with workplace discrimination noted by 27.4% overall, rising to 33.8% in ECA versus 24.8% in ETA (OR = 1.55; $p < 0.001$). Symptom severity, particularly pruritus and pain, correlated with reduced concentration, amplifying these effects in early-onset groups. These findings highlight a cumulative burden of childhood-onset AD on life trajectories, with statistically significant differences across subgroups.

**Conclusion:**

AD, especially when onset occurs in childhood or adolescence, exerts a lasting impact on educational and professional pathways, driven by physical symptoms and psychosocial challenges. Early, multidimensional interventions are critical to mitigate these effects and support affected individuals


**Abstract N°: 4551**

**Self-Induced Nail Disorders – Clinical and Onychoscopic Features Of 400 Nails**

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**Self-Induced Nail Disorders – Clinical and Onychoscopic Features Of 400 Nails**

**Introduction & Objectives:**

Self-induced dermatoses include body-focused repetitive behaviours (BFRBs), which are defined as undesirable, repetitive motor activities. Self-induced nail disorders (SINDs) are caused due to harmful actions such as biting, sucking, chewing, excessive trimming, pulling off, or filing of nail unit with instruments such as tweezers, files, and razor blades. These include habit tic deformity, onychophagia, onychotillomania, onychoteiromania, onychotemnomania, onychodaknomania and bidet nails. These represent an overlap between dermatology and psychiatry. There is a paucity of literature on SINDs especially on clinical and onychoscopic findings.

The objective is to evaluate clinical, onychoscopic features of self-induced nail disorders

**Materials & Methods:**

A total of 20 patients were enrolled for a cross-sectional prospective study. After a thorough history and clinical examination the patients were subdivided into different subsets– and their clinical and onychoscopic features of 400 nails in 20 patients were evaluated using dermlite DL4. Psychiatric evaluation has been done where ever required.

**Results:**

Most of patients were males with M:F ratio 3:1, between age groups 8-48years. The youngest patient was 8 years old and had habit tic nail deformity. Out of 20 patients 11 had purely habit tic deformity, 2 had purely onychotillomania, 2 had purely onychoteiromania and 1 case had onychotemnomania. Only 1 patient had isolated onychophagia, 3 patients had onychophagia in combination with habit tic deformity, onychotillomania and onychoteiromania. For each patient all the 20 nails were examined clinically and with onychoscope. The clinical and onychoscopic features of 400 nails were noted, which revealed features such as washboard nails in habit-tic deformity, brachyonychia with nail bed keratinization in onychophagia etc., Psychiatric evaluation has been done for necessary cases and one patient with habit tic had depression with suicidal ideation.

**Conclusion:**

Since SINDs can mimic other commonly encountered nail disorders, it is vital for the clinician to be aware of specific and unique changes of SINDs to make an accurate diagnosis and ensure appropriate treatment. This is the importance of first of its kind study that evaluates the clinical, onychoscopic features in self-induced nail disorders.


**Abstract N°: 4581**

# Multidimensional Impact of atopic dermatitis on Mental Health and Quality of Life: A Pragmatic Review (2015–2025)

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## Introduction & Objectives

Atopic dermatitis (AD) is a chronic inflammatory skin condition marked by intense itching and eczematous lesions, affecting up to 20% of children and 10% of adults in industrialized countries. Beyond skin symptoms, AD impacts psychological, social, professional, and economic domains. This pragmatic review synthesizes observational studies (2015–2025) to assess AD's real-world effects, focusing on mental health, quality of life (QoL), and comorbidities. The aim is to highlight AD's psychosocial burden to guide comprehensive management addressing physical and emotional needs.

## Materials & Methods

This PRISMA-inspired pragmatic review synthesizes real-world observational studies (2015–2025). Searches covered PubMed, EMBASE, PsycINFO, and Google Scholar, with manual reference checks. Terms paired "atopic dermatitis" with "mental health," "anxiety," "depression," "sleep disorders," "quality of life," "stigmatization," and "absenteeism." Included studies (cohort, cross-sectional, qualitative) involved confirmed AD patients, using validated tools (e.g., DLQI, SCORAD, HADS, POEM) or qualitative data across 15 domains (e.g., burden, mental health, work). Two reviewers screened titles, abstracts, and full texts, with a third resolving conflicts. Data were narratively synthesized, integrating quantitative (e.g., prevalence, odds ratios) and qualitative insights.

## Results

AD imposes a significant multidimensional burden. Chu et al. reported 87.2% of Asian adults with AD experience physical pain, with 77.2% showing anxiety or depression (median DLQI score: 13.0, indicating QoL impairment). Weidinger et al. noted 92.5% of children with moderate-to-severe AD have sleep disturbances, worsening fatigue and development. Mental health is heavily affected: Almutawa et al. found anxiety (16.7–37%), depression (16.7–20%), and suicidal ideation (2.1–16.1%), linked to severity, pruritus, and sleep issues. Hsu et al. reported higher mental health hospitalizations (OR=1.72). Stigmatization (57.3–90.4%, Halioua et al.) increases distress, especially with visible lesions. Sleep disturbances (87.5–92.5%) drive fatigue (29.2% moderate-to-severe in children, Rangel et al.) and reduce work productivity (42.5% presenteeism, Chu et al.). Economic costs reach $10,128.52 annually, with absenteeism at 4.2–5 days/year (Rademaker et al.). Behavioral issues like ADHD (HR=2.92) and autism (HR=8.90) emerge in children (Lee et al.), especially with early-onset AD. Comorbidities, including allergic rhinitis (61.8%) and conjunctivitis (51.5%), exacerbate the burden.

## Conclusion

AD's impact extends beyond skin, requiring multidisciplinary care integrating dermatological, psychological, and

socio-economic support. High rates of mental health issues and suicidal ideation necessitate routine screening (e.g., HADS, PHQ-9). Stigmatization and sleep disturbances call for patient education and psychosocial support. Economic and professional burdens suggest workplace accommodations. Limitations include study heterogeneity, self-reported data, and limited ethnic diversity. Longitudinal and transcultural research is needed to track chronicity and disparities. Therapies like dupilumab and baricitinib improve QoL and mental health (Thyssen et al.), but access must expand. Comprehensive care is critical to mitigate AD’s impact and enhance patient well-being.


**Abstract N°: 4601**

# Multidimensional Impact of Prurigo Nodularis on Mental Health and Quality of Life: A Pragmatic Review (2015–2025)

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## Introduction & Objectives:

Prurigo nodularis (PN) is a severe chronic dermatosis characterized by intense, refractory pruritus and hyperkeratotic nodules, leading to a significant psychosocial burden. Beyond cutaneous symptoms, PN is associated with psychiatric comorbidities (anxiety, depression, suicidal ideation), sleep disturbances, marked stigmatization, and impaired quality of life (QoL), often underrecognized in clinical practice. Despite growing awareness, no recent systematic review has synthesized real-world data on PN's psychological, social, and functional impacts. This study aims to address this gap by evaluating PN's multidimensional effects on mental health and QoL, informing multidisciplinary management strategies.

## Materials & Methods:

A pragmatic review was conducted following PRISMA guidelines, analysing 23 observational studies published between 2015 and 2025, identified via PubMed, EMBASE, PsycINFO, and Google Scholar. Search terms included "prurigo nodularis" paired with "mental health," "quality of life," "anxiety," "depression," "sleep disorders," "stigmatization," and "economic burden." Inclusion criteria were studies on clinically diagnosed PN, reporting psychological, social, or functional outcomes, published in English or French.. A narrative synthesis was adopted due to methodological heterogeneity.

## Results:

The studies confirm PN's multidimensional burden. Brenaut et al. (2019) reported 37% anxiety and 29% depression prevalence (HADS ≥ 11), with a mean DLQI score of 12.43, indicating severe QoL impairment. Cornman et al. (2024) found depression in 62% of patients (BDI), but only 26% diagnosed, suggesting underdiagnosis. Misery et al. (2025) noted 19% suicidal ideation, 80% linked to PN, exceeding other dermatoses. Rodriguez et al. (2023) described universal sleep disturbances (100%) and fatigue in 24%, impacting productivity. Misery et al. (2023) reported a WBQ-12 score of 14.7/36 and PUSH-D of 30.9 (vs. 8.2 controls), reflecting profound distress and stigmatization, correlated with costs (€855/year). Murota et al. (2023) showed elevated PHQ-9 and WPAI scores with PN severity, indicating depression (58%) and functional limitations. Whang et al. (2022) reported an HUI3 score of 0.82 (vs. 0.95 general population, $p < 0.001$), highlighting emotional/cognitive impairment. Zhang et al. (2023) observed HADS scores dropping from 14.50 to 1.00 post-dupilumab, improving QoL (DLQI). Elberling et al. (2025) noted increased absenteeism, sometimes leading to early retirement. Lanza et al. (2021) reported 94% cognitive impairment in a biased sample.

## Conclusion:

PN imposes a unique psychological and functional burden, with high prevalences of anxiety (37–52%), depression (29–62%), and suicidal ideation (19%), surpassing other dermatoses. Universal sleep disturbances (100%) and fatigue (24%) exacerbate distress and productivity. Stigmatization (PUSH-D 25.2–30.9) intensifies isolation,

reducing treatment adherence. High costs (€855/year, $38.8 billion societal) reflect economic strain. PROs (DLQI, HUI3, WBQ-12) confirm severe QoL impairment, alleviated by therapies like dupilumab. Data on ethnicity and cognition remain sparse. A multidisciplinary approach, integrating psychiatric screening (HADS, PHQ-9), targeted treatments, and anti-stigmatization efforts, is essential to mitigate PN's burden.

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**Abstract N°: 4713**

# Development and Validation of the Fear of Blistering Disease Recurrence Inventory

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## Introduction & Objectives:

This study adapted and validated the Fear of Cancer Recurrence Inventory (FCRI; Simard & Savard, 2009) for use in patients with autoimmune blistering diseases (AIBD). AIBDs are severe life-threatening dermatologic disorders known for their debilitating physical impact. Mortality rates are highest in the first year following diagnosis, ranging from 5 to 40%. There is no cure. As a result, patients present with significant health anxiety, primarily focused on fears of blister recurrence. To date there is no validated measure to evaluate fears of disease recurrence among patients with AIBD.

The FCRI is a widely-used measure in cancer outcomes research. The brief measure evaluates the common concern of recurrence among cancer patients and survivors, indicating severity and the need for psychosocial support, and with implications for clinical outcomes research. The FCRI is thus an excellent model, with clear relevance to patients with severe blistering diseases.

## Materials & Methods:

We adapted the FCRI, replacing “cancer” with “blistering disease” for all items and administered to a sample of individuals living with AIBD. Participants were recruited to complete an anonymous online survey through the International Pemphigus and Pemphigoid Foundation and specialist dermatology clinics in the United States. In addition to the Fear of Blistering Disease Recurrence scale, participants completed questions about disease course, treatment and remission history, and validated measures of depression and anxiety to allow for tests of construct validity.

## Results:

Psychometric analysis indicated excellent interitem reliability of the Fear of Blistering Disease Recurrence Scale (Cronbach’s alpha=.84). Fear of disease recurrence was significantly correlated with depression ($r$=.57, $p<.001$) and anxiety ($r$=.49, $p<.001$), and was unrelated to time since diagnosis or hospitalization history. Individuals not currently in remission and those reporting multiple relapses reported the highest fears of recurrence.

## Conclusion:

The Fear of Blistering Disease Recurrence scale is a reliable and valid measure of clinically significant psychological distress. The measure may be used to signal the need for psychological supports among patients living with AIBD.


**Abstract N°: 4829**

# Path of Life and Chronic Dermatoses: Measuring the Influence of Skin Diseases on Personal Decisions : creation and validation of the Scars of Life questionnaire

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**Introduction & Objectives:**

Because skin is the largest and most visible organ, skin dermatoses can have a profound and lasting impact a person's life. Most of chronic inflammatory skin diseases may have a significant burden with an impact on people's life. Frustration, discouragement, stigmatization or resilience are feelings that can impact people with skin diseases depending on each individual personality.

This project aimed to develop and validate a questionnaire that will assess the impact of 6 chronic skin inflammatory diseases (vitiligo, psoriasis, atopic dermatitis, hidradenitis suppurativa, acne, and rosacea) on a person's life, thereby guiding short- or long-term decisions and daily choices.

**Materials & Methods:**

Interviews with patients who declared having been diagnosed by a dermatologist for one of the 6 chronic skin disease. These interviews highlighted the top primary themes that should be addressed, namely education, work, emotional and love life. Semi-directed interviews were conducted until item saturation were reached.

A steering committee involving dermatologists, public health experts, parents of children with skin disease, and representatives of patient associations was instrumental in reaching consensus and refining the questionnaire to a total of eleven items.

Exploratory factor analysis was conducted on a sample of almost 17,000 individuals with a history of skin disease to confirm the relevance of the 11 items. [Table-1] Internal consistency was determined by calculating Cronbach's α. Concurrent validity was determined by calculating the correlation between the SoL questionnaire and the PUSH-D questionnaire. Answers using a 5-point Likert scale. The overall score being a standardized score out of 100, using the same methodology as the EORTC QLQC30. The higher the score, the greater the impact.

**Results:**

A total of 16727 participants responded to the questionnaire. Their mean age was 40.86 years ± 14.13; 9604 were women (57.4%) and 7123 were men (42.6%).

Inter-item Spearman correlation coefficients ranged from 0.61 to 0.81, indicating strong correlation and suggesting that the 11 items measure a single concept. Since no coefficients exceeded 0.90, no redundant item pairs were identified, and consequently, no items were removed

The Kaiser-Meyer-Olkin (KMO) values are above 0.95 for all items, indicating a satisfactory fit of the data to the confirmatory factor analysis

This showed a comparative fit index (CFI) of 0.96, a Tucker-Lewis index (TLI) of 0.95, and a root mean square error of approximation (RMSEA) of 0.071 (CI 90% [ 0.070 and 0.072]. These results indicate a good model fit.

Cronbach's α coefficient calculated for the 11 SOL questionnaire items was 0.966 (95% CI: 0.965-0.967), indicating very good internal consistency of the instrument. Spearman's correlation coefficients were below 0.81, indicating no redundancy between items.

The Spearman correlation between the standardized scores of the SOL questionnaire and those of the PUSH-D questionnaire is 0.828 [IC95% : 0.821-0.834]. These results indicate a strong correlation, without excessive redundancy, between the two questionnaires, suggesting that the SOL questionnaire could be complementary to the PUSH-D questionnaire.

**Conclusion:**

Scars of Life questionnaire, which has demonstrated internal and external validity, provides a global view of the impact of skin diseases on people's life paths, as well as the comparability of these levels between different skin conditions.

| At this moment in your life, would you say that your skin disease ... | Not at all | Slightly | Moderately | Significantly | Extremely | Not concerned |
|---|---|---|---|---|---|---|
| has limited the choice of your studies (concentration difficulties, exam stress, etc.) | ❐ | ❐ | ❐ | ❐ | ❐ | ❐ |
| has affected the length of your studies (concentration difficulties, exam stress, etc.) | ❐ | ❐ | ❐ | ❐ | ❐ | ❐ |
| has limited your professional career | ❐ | ❐ | ❐ | ❐ | ❐ | ❐ |
| forced you to adapt your living or working environment | ❐ | ❐ | ❐ | ❐ | ❐ | ❐ |
| has limited your personal life (starting a new relationship, moving house, sporting activity, travelling abroad) | ❐ | ❐ | ❐ | ❐ | ❐ | ❐ |
| has impacted negatively your family life (decision to live alone or with someone, to start a family or not) | ❐ | ❐ | ❐ | ❐ | ❐ | ❐ |
| had been a barrier to become a parent (for fear of transmitting the disease) | ❐ | ❐ | ❐ | ❐ | ❐ | ❐ |
| affected your love life or sexuality | ❐ | ❐ | ❐ | ❐ | ❐ | ❐ |
| influenced your participation in sports or community activities | ❐ | ❐ | ❐ | ❐ | ❐ | ❐ |
| affected your daily habits, such as eating, travelling or style of dress | ❐ | ❐ | ❐ | ❐ | ❐ | ❐ |
| had a negative impact on your self-image and self-confidence | ❐ | ❐ | ❐ | ❐ | ❐ | ❐ |
| | | | | | | |

Answers using a 5-point Likert scale: 'not all ' (rated 0) ; "Slightly" (1), 'Moderately' (2),Significantly' (3), "Extremely" (4). Another response 'Not concerned" was included to limit missing data and was rated 0.


**Abstract N°: 4830**

**Invisible “Scars of life”: What is The long Lasting Print of Atopic Dermatitis?**

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**Introduction & Objectives:**

Atopic dermatitis (AD), a chronic inflammatory skin disease, affects 10-20% of children and 5-10% of adolescents in industrialized countries. Although it may resolve by adulthood, recent studies have explored its persistent effects. This study aimed to investigate whether AD onset in childhood (0-9 years) or adolescence (10-18 years) results in long lasting psychosocial sequelae in adults without active AD today.

**Materials & Methods:**

The study included 7,610 adults from 27 countries, recruited between June and September 2024, of whom 3,286 had AD onset in childhood and 4,234 had onset in adolescence. Surveys assessed physical symptoms (itching, pain, skin sensitivity) and psychosocial factors (self-image, social interactions, family dynamics) using the Scar of Life (SOL) and Patient Unique Stigmatization Holistic tool in Dermatology (PUSH-D) questionnaires.

**Results:**

Allergic comorbidities (hay fever, rhinitis, asthma) did not vary by age of onset. However, adults with childhood-onset AD reported higher rates of persistent skin discomfort (burning: 18.7% vs. 16.3%; pain: 17.1% vs. 13.0%) and a greater impact on life trajectory (SOL) and stigmatization (PUSH-D), with approximately 30% experiencing effects on their educational and professional paths, compared to fewer with adolescent-onset AD. Notably, 30.0% of those with childhood-onset AD believed the condition hindered their professional career, compared to 23.9% with adolescent-onset ($p < 0.001$), underscoring a significant long-term occupational impact. Furthermore, 30.3% of adults with childhood-onset AD reported that the condition affected their romantic or sexual life, compared to 24.4% with adolescent-onset ($p < 0.001$), highlighting a notable impact on personal relationships. Additionally, 33.0% of those with childhood-onset AD observed that the condition changed their daily habits, such as diet or clothing style, compared to 28.1% with adolescent-onset ($p < 0.001$), indicating a persistent influence on lifestyle. Social avoidance and emotional distress were also more pronounced, for instance, 36.9% vs. 32.9% reported reduced self-confidence.

**Conclusion:**

Childhood-onset AD was associated with greater skin sensitivity, social avoidance, and emotional distress compared to adolescence-onset AD. The persistence of sensory symptoms suggests possible long-term neurological and immunological changes. These results underscore the need for early psychological interventions and targeted dermatological care to mitigate long-term consequences


**Abstract N°: 4832**

**Impact of atopic eczema on life choices and destiny: a global study**

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[12]National Eczema Association, Patients Experts, Novato, United States
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**Introduction & Objectives:**

Atopic eczema [AE] is a chronic inflammatory skin disorder affecting millions of people worldwide. AE can appear in adulthood but is more common in childhood and adolescence. However, there is no information regarding the impact of AD depending on its time of onset in life

**Materials & Methods:**

We mobilized more than 30,801 adults in 27 countries on five continents. People were divided into several groups according to the timing of onset of AE.

Our results compare adult populations with AE according to whether it appeared in childhood (ECA [starts before age 10]) or in teenage (ETA).

The questionnaire was developed in collaboration with multiple patient associations and international AE experts and included questions related to AE, and SoL [Scars of Life] questionnaire which assesses the impact of a disease on life choices.

The project was reviewed by a French ethics committee and was found to be in accordance with the ethical standards set forth by that committee. These first results compare ECA with ETA populations. Given our objective of examining the long-term effects of a life trajectory, we deemed it appropriate to limit our study population to individuals aged 30 and above.

**Results:**

A total of 7840 adult participants with current AE were identified in 27 countries between February and May 2024. Once patients over 30 years of age were selected, 2025 people were identified as having ECA, while 3800 were identified as having ETA.

In their daily lives, 25.3% indicated that their AE posed an obstacle to becoming a parent, due to concerns about transmitting the disease. Additionally, 30.0% reported that their AE affected their love life or sexuality, 38.2% had a negative impact on their self-image and self-confidence, 28.9 % reported had hindered their professional career.

To address potential biases in baseline characteristics between groups, a 1:1 propensity score matching without replacement was performed. Propensity scores were calculated using a logistic regression model including the following normalized covariates: gender, severity and age.

A total of 4036 matched individuals were identified, with two ECA and ETA comparable groups constructed. Patients who had AE starting in childhood exhibited greater Impact as measured by the SOL score, [ 32,29 ± 31,27 vs 21,53 (± 25,04), P-value <0.0001]. Atopic patients whose disease began in childhood were significantly more likely to report that their AE presented a barrier to becoming a parent, affected their love life or sexuality, had a negative impact on their self-image and self-confidence, and hindered their professional career.

**Conclusion:**

Adults with AE whose eczema started during childhood had significantly more difficulties in several crucial areas, including occupational well-being, job adjustment, personal life, family relationships, and self-esteem compared to those whose AE started in teenage. These results highlight the importance of a proactive and preventive approach to managing AE.


**Abstract N°: 4920**

**Understanding perceptions of skin disease: A pilot study of ethnic diversity and patient lived experiences**

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**Introduction & Objectives:**

Inflammatory dermatoses contribute significantly to the global burden of skin disease. The impact of delay in recognition and initiation of optimal treatment may contribute to the cumulative life impact of the disease. This is a risk faced disproportionately by patients of non-European ancestry – frequently referred to as Skin of Colour. To tackle this health inequity, it is crucial to take into consideration the patient perspective and understand how their ancestry or ethnicity may influence both disease presentation and patient lived experience. Skin Images and Nomenclature in Diverse Populations (SkIN DP) is a multi-site, mixed methods study to investigate the relationship between ancestry, a patient's perception of their disease and the prominent morphological features of commonly presenting inflammatory dermatoses. We present preliminary findings, from our pilot study, on how the patient's ancestry may affect their disease perception.

**Materials & Methods:**

Patients with a dermatologist-confirmed diagnosis were recruited from two dermatology outpatient clinics in the United Kingdom (UK). Patients, or their guardian(s), were asked to complete a brief online questionnaire which included open and closed questions about perceptions of their disease such as how they referred to features of their condition. Results were analysed using counts/percentages and thematic content analysis.

**Results:**

Forty-eight participants (n=20 female, n=28 male; aged 0-74 years) were enrolled in the study. Participants self-reported countries of origin from 4 continents and 11 continental subregions; n=8 were from at least 2 continental subregions. Ancestries were as follows: North European (38%), South Asian (27%), East Asian (8%), Caribbean (2%), West African (2%), East African (2%), Central African (2%), Multiple continental subregions (8%) and 2% did not report ancestry. Thirty-one participants (n=10 female, n=21 male) felt their skin condition was different to

others, whilst n=17 did not report a difference (Table 1). In addition, n=20 felt that their skin condition looked different from other people they knew with same condition; n=15 were unsure of a difference and n=12 did not report a difference (Table 2). Five major themes were developed from these data: i) severity of condition (particularly to reference cases); ii) physical difference in appearance; iii) lack of representation; iv) negative emotions associated with skin; and v) lack of up-to-date resources.

**Conclusion:**

Patients with origins within the reported continental subregions expressed a difference in their skin condition from others. This was more prominent in non-European ancestry groups. There was a strength of feeling that participants often felt their condition was worse than others with the same condition with the suggestion that lack of representative educational resources may contribute to this.

| Do you feel your skin condition **IS** different from other people? | | |
|---|---|---|
| Ancestry | NO (n = 17; n =10 Female) | YES (n = 31; n =10 female) |
| North Europe | 8 | 10 |
| South Asia | 4 | 9 |
| East Asia | 1 | 3 |
| Caribbean | 1 | - |
| East Africa | - | 1 |
| West Africa | - | 1 |
| Central Africa | - | 1 |
| 2+ Continental Subregions | 2 | 6 |
| Not reported | 1 | - |

**Table 1:** Distribution of participants who felt their skin condition **is** different from other people. Countinental subregion is based on the country of origin of participant's biological parents

| Do you feel your skin condition **LOOKS** different from other people with the same skin condition | | | |
|---|---|---|---|
| Ancestry | NO (n=12) | NOT SURE (n=16) | YES (n=20) |
| North Europe | 10 | 4 | 4 |
| South Asia | - | 7 | 6 |
| East Asia | - | 2 | 2 |
| Caribbean | - | 1 | - |
| East Africa | - | - | 1 |
| West Africa | - | 1 | - |
| Central Africa | - | - | 1 |
| 2+ Continental Subregions | 1 | 1 | 6 |
| Not reported | 1 | - | - |

**Table 2:** Distribution of participants who felt their skin condition **looked** different from other people with the same condition.


**Abstract N°: 4970**

**Bridging the Mind and Skin: A Retrospective Review of a UK Paediatric Psychodermatology Service**

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**Introduction & Objectives:**

Children and young people (CYP) with skin and hair conditions are at an increased risk of mental health problems; furthermore, those presenting to dermatology may have a skin or hair condition that is predominately psychologically driven. This may not be adequately managed in busy general dermatology clinics and requires greater psychological support. It is recognised that embedding a psychological approach within all services treating CYP with skin disease is likely to improve health outcomes.(1) To address this unmet need in our service, a paediatric complex (psychodermatology) clinic was established in 2020 and is one of the few dedicated paediatric psychodermatology services in the UK. This utilises a unique bimodal model involving a dermatologist and a clinical psychologist

**Materials & Methods:**

Further to our initial analysis,(2) a retrospective review of all cases attending the paediatric complex clinic was performed. Data collection involved evaluating cases referred to the service, patient demographics, average number of appointments and the impact of the psychodermatology service on patient outcomes.

**Results:**

Demographic data illustrated a predominance of female CYPs (87%), with an average age of 12 years (age range 2-17 years). Ethnicities were varied, with a predominance of White British (45%), followed by White Other (17%) and Mixed Other (14%). The most common presentations were dermatitis artefacta (35%), followed by trichotillomania (24%), eczema/other rashes (18%), skin picking (16%), alopecia (4%) and facial lesions (3%). The average number of psychodermatology appointments was 2, with an additional 3 psychology appointments needed on average prior to discharge. The DNA rate was 10%.

**Conclusion:**

As we have received referrals from across the UK, adopting a hybrid model of both F2F and online consultations has been essential. Our data demonstrates successful outcomes from our clinic, with relatively few appointments needed to achieve discharge for resolution of typically complex presentations. As well as increased efficiency, this enables greater cost-effectiveness. MDT cohesivity has been pivotal to address patient concerns holistically, whilst maintaining efficient service provision. Fostering the expertise of the right people at the right time reduces the requirement for multiple appointments and repeated re-visiting of the timeline of events leading to the patient's presentation. Moreover, cases have emphasised the importance of treating the skin first in an efficient and timely manner, whilst ensuring patient and family engagement with treatment plans.

We continue to optimise our working practices such that this service may be a model for further paediatric complex (psychodermatology) clinics across the UK.

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**Abstract N°: 5045**

**Psoriasis and onychodystrophy in patients with psoriatic arthritis and positive anxiety/ depression symptoms screening**

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**Introduction & Objectives:** Psoriasis in psoriatic arthritis (PsA) is associated with psychological distress and social stigmatization, whereas onychodystrophy may contribute to pain and functional impairment, causing significant psychological burden. Additionally, mental health disorders are linked to systemic inflammatory processes, which can manifest as dermatological pathology in PsA patients (pts).

**Materials & Methods:** The study included 114 pts with PsA (male/female (n (%)) – 58 (50.9)/ 56(49.1)), meeting the CASPAR (2006) with peripheral and axial involvement were included after signing consent participation forms. A standard rheumatological examination and PROs were performed. Mean age was 46 [38;55] years, duration of PsA was 36 [12;96] months (mo), duration of psoriasis was 60 [24;84] mo. DAPSA was 29.4 [20.3; 47.5], ASDAS - CRP – 2.58 [2.17;3.21], BASDAI - 6 [4.16;7.16]. Pts were divided in groups regarding severity of psoriasis (PASI <10 and ≥10) and the presence of onychodystrophy. HADS was used to measure anxiety and depression symptoms with positive screening result ≥8 for depression and anxiety separately.

**Results:** Among 101 pts assessed, 22 (21.8%) had severe skin lesions (PASI ≥10). Anxiety screening was positive in 11/22 (50%) severe PASI cases vs. 29/79 (36.7%) non-severe cases (OR=1.72 [0.67–4.47], p=0,003), figure 1. Onychodystrophy was present in 81/109 (74.3%) pts, with anxiety more frequent in affected vs. unaffected pts (41/81 [50.6%] vs. 6/28 [21.4%]; OR=3.76 [1.38–10.2], p=0,001), figure 2.

**Conclusion:** Severe skin and nail involvement showed trends toward higher anxiety prevalence.

Figure 1. The Association Between Anxiety and Depression in Patients with Severe Psoriasis

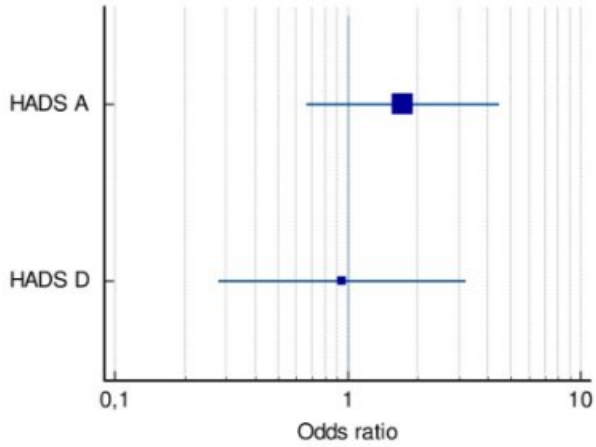
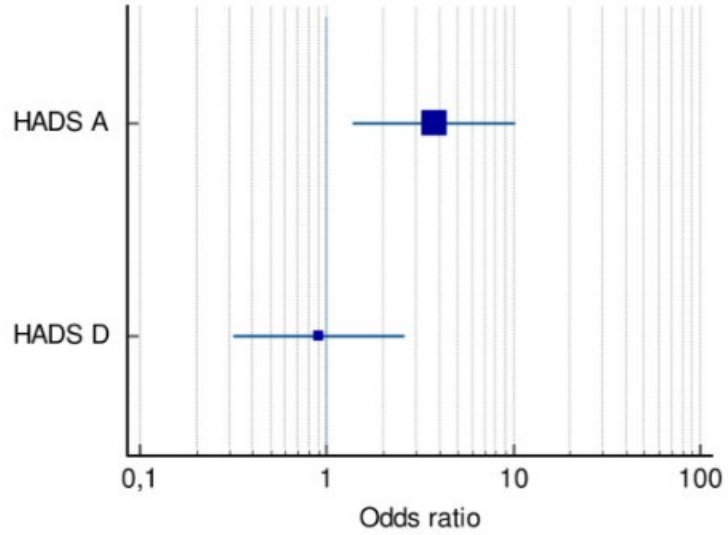



Figure 2. The Association Between Anxiety and Depression in Patients with psoriatic onyhodystrophy



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**Abstract N°: 5217**

**impact of sleep quality and lifestyle habits on skin health among medical residents: a cross-sectional study**

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**Introduction & Objectives:**

Medical residents often experience disrupted sleep, irregular schedules, and high stress levels, which can adversely affect their skin health. While sleep and lifestyle factors have been associated with skin aging in general populations, limited data are available concerning young healthcare professionals.

This study aimed to assess the relationship between sleep quality, lifestyle habits, and perceived skin condition among medical residents.

**Materials & Methods:**

A cross-sectional survey was conducted among 300 medical residents (59.6% women, mean age 29.2 years). Participants completed a standardized questionnaire evaluating skin health (dryness, dullness, irritation, dark circles, perceived aging) and sleep quality. Lifestyle factors such as hydration, physical activity, smoking, alcohol use, sunscreen application, and stress levels were also collected. Statistical analyses included chi-square tests, t-tests, ANOVA, and logistic regression.

**Results:**

Poor sleep quality ($p = 0.039$), inadequate hydration ($p < 0.001$), lack of regular physical activity ($p = 0.002$), and a higher number of night shifts ($p = 0.019$) were significantly associated with worse perceived skin condition. No significant associations were observed with smoking, alcohol consumption, sunscreen use, moisturizer use, or stress levels.

**Discussion:**

These findings highlight the crucial role of sleep, hydration, and physical activity in maintaining skin health among young medical professionals. The absence of immediate significant associations with smoking, alcohol, and stress suggests that their detrimental dermatological effects might require longer exposure periods to become apparent. Moreover, the hospital environment, characterized by limited sun exposure, may have mitigated the expected impact of sunscreen use. Given the early stage of exposure among participants, longitudinal studies are necessary to evaluate the long-term cumulative effects of unhealthy lifestyle behaviors on skin aging. Implementing preventive strategies early could be key to preserving both dermatological and general health in this vulnerable population.

**Conclusion:**

Promoting healthy lifestyle habits early in medical careers may contribute significantly to the dermatological and overall well-being of healthcare professionals.


**Abstract N°: 5238**

**Artificial Intelligence in Dermatology: Tool, Ally, or Threat? A Survey among Medical and Paramedical Staff**

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**Introduction & Objectives:**

Artificial intelligence (AI) is rapidly transforming dermatology by enhancing diagnostic capabilities and supporting clinical decision-making. However, the integration of AI tools into clinical practice raises concerns among healthcare providers regarding their reliability, impact on professional roles, and ethical implications.

To evaluate the perceptions, expectations, and concerns of medical and paramedical staff regarding the integration of AI in dermatology, and to identify facilitators and barriers to its acceptance, in order to guide future training and implementation strategies.

**Materials & Methods:**

A cross-sectional descriptive survey was conducted among physicians, professors, and nurses in the Dermatology Department of the University Hospital Center of Rabat. A structured questionnaire assessed participants' familiarity with AI, its perceived usefulness in various dermatological tasks, trust in AI tools, perceived impact on professional roles, and interest in AI training. Descriptive statistics were used for data analysis (Jamovi 2.3, R 4.1).

**Results:**

A total of 57 participants completed the survey, predominantly female (91.2%), with a mean age of 29.2 years. Most were physicians (82.5%). While 98.2% were aware of AI and 75.4% had used an AI-based tool, only 61.4% believed AI could assist diagnosis, and 87.7% considered it useful for clinical research. However, only 21.1% trusted AI for emergency triage, and 29.8% for chronic patient follow-up. About 50.9% believed AI could partially replace dermatologists, but full replacement was largely rejected (45.6%). Despite moderate trust levels, 73.7% were favorable to using AI in practice, and 91.2% expressed interest in AI training.

**Conclusion:**

AI is perceived more as an ally than a threat by dermatology healthcare providers. Training programs tailored to address both practical applications and ethical concerns are crucial for a safe and effective integration of AI into clinical practice.


**Abstract N°: 5277**

# Behavioral Abnormalities in a Mouse Model of Chronic Skin Inflammation and the Effect of JAK Inhibitor Treatment

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**Introduction & Objectives:** Psoriasis and atopic dermatitis are chronic systemic inflammatory skin diseases that significantly impair patients' quality of life (QOL), especially due to severe pruritus. Epidemiological studies have reported a high prevalence of neurodevelopmental and psychiatric comorbidities, such as autism spectrum disorder, ADHD, anxiety, and depression, particularly in atopic dermatitis. However, the detailed pathophysiological mechanisms linking skin inflammation and these psychiatric conditions remain poorly understood. This study aimed to investigate behavioral abnormalities associated with chronic dermatitis using KCASP1Tg mice, a spontaneous dermatitis model, and to assess the potential impact of Janus kinase (JAK) inhibitor treatment on these behaviors.

**Materials & Methods:** We performed a battery of behavioral tests including open field test, elevated plus maze, and social interaction test using KCASP1Tg mice and wild-type (WT) controls. Mice were either untreated or treated with a JAK inhibitor approved for atopic dermatitis. In addition, mRNA expression levels of inflammatory cytokines and Lipocalin 2 were analyzed in various brain regions (cortex, amygdala, hippocampus, and hypothalamus) using quantitative PCR.

**Results:** KCASP1Tg mice exhibited significantly decreased locomotor activity, increased anxiety-like behavior, and impaired social interaction compared to WT controls. Treatment with JAK inhibitors did not result in significant improvement in any of the behavioral abnormalities. mRNA expression analyses revealed elevated levels of inflammatory cytokines and Lipocalin 2 in multiple brain regions of KCASP1Tg mice.

**Conclusion:** Chronic skin inflammation in KCASP1Tg mice induces psychiatric-like behaviors such as anxiety and social deficits, which are not reversed by JAK inhibitor treatment. These findings suggest that chronic inflammation may lead to long-lasting neurobehavioral alterations, underscoring the importance of early therapeutic intervention in inflammatory skin diseases.


**Abstract N°: 5286**

**Exploring Melasma Patients' Needs Through Social Media: A Qualitative Study**

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**Introduction & Objectives:**

Melasma is a common acquired hyperpigmented disorder that primarily affects Asian women in their 30s and 40s. Clinically, melasma presents as asymmetric, brown, irregular, and reticulated macules on sun-exposed facial areas. Despite the strong demand for treatment, melasma remains difficult to manage due to its high recurrence. Beyond its physical impact, melasma also lead to diminished self-confidence, social withdrawal, and reduced work productivity.

Social media has become a source of medical information and patient support for pigmented skin disorders like melasma and vitiligo. 5 However, limited research has systematically analyzed melasma patients' concerns on social media. Real-world patient needs is crucial for dermatologists to improve patient education and support. 6 This study used AI-based keyword extraction and qualitative analysis to find patients' concerns and unmet needs, offering valuable insights for patient education.

**Materials & Methods:**

Using publicly available posts from Facebook and Baidu, we conducted a qualitative study on melasma patient discussions. Data were collected from January 2014 to October 2024. ChatGPT-4o was employed for keyword extraction and classification.

**Results:**

A total of 1,106 related posts were analyzed, revealing 284 unique tags and 2,434 keywords. Treatment and prevention were the most discussed topics, with patients seeking information on effective, long-term, and affordable treatment. Daily care and mental health accounted for 29.2% of all, focusing on skincare routines, sun protection, and lifestyle modifications. Etiology and clinical features appeared in 14.8% of posts, while 2.4% addressed diagnosis and differentiation.

**Conclusion:**

This study identified melasma patients' key concerns through AI-based keyword extraction and qualitative analysis, highlight the need for better digital patient education, misinformation correction, and integrated treatment with mental health support. Future research should focus on AI-based interventions to enhance patient engagement and self-management.


**Abstract N°: 5307**

**Neuropsychiatric Risk Differences Between TNF-α and IL-17 Inhibitors in Hidradenitis Suppurativa**

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**Introduction & Objectives:**

Hidradenitis suppurativa (HS) is a chronic inflammatory skin disorder characterized by painful abscesses and nodules primarily affecting intertriginous areas. Beyond its physical symptoms, HS imposes a considerable psychological burden on patients, increasing the risk of depression and anxiety. For HS patients inadequately responding to more conservative treatment, biologics targeting inflammatory cytokines are often initiated. These include tumor necrosis factor-alpha (TNF-α) inhibitors (adalimumab and infliximab) and interleukin-17 (IL-17) inhibitors (secukinumab and bimekizumab). Elevated TNF-α levels have been associated with depression and suicidal behavior, and emerging evidence suggests that IL-17 may also be implicated in depression. This study aims to compare neuropsychiatric outcomes among HS patients treated with TNF-α inhibitors versus IL-17 inhibitors.

**Materials & Methods:**

A retrospective cohort study was performed using the TriNetX Global Collaborative Network, a database of de-identified electronic health records from 147 healthcare organizations globally. HS patients treated with TNF-α inhibitors (adalimumab or infliximab) were compared to those treated with IL-17 inhibitors (secukinumab or bimekizumab). Propensity score matching was used to balance demographic and clinical characteristics, including acne, obesity, psoriasis and inflammatory bowel disease, and markers of disease severity such as frequency of excision or incision and drainage. This yielded 1,430 patients in each cohort. Outcomes assessed over a fixed 5-year follow-up period included development of suicidal ideation; mental, behavioral, and neurodevelopmental disorders; mood disorders; anxiety disorders; and sleep disorders, beginning after the first prescription of a TNF-α or IL-17 inhibitor after June 30, 2020.

**Results:** Treatment with TNF-α inhibitors was associated with significantly higher risks of adverse neuropsychiatric outcomes compared to IL-17 inhibitors, including the development of mental, behavioral, and neurodevelopmental disorders (absolute risk [AR] 18.1% vs 7.7%, risk ratio [RR] 2.34, 95% Confidence Interval [CI]: 1.72-3.19), mood disorders (AR 9.4% vs 4.5%, RR 2.07, 95% CI: 1.47-2.91), anxiety disorders (AR 11.0% vs 5.7%, RR 1.95, 95% CI: 1.42-2.67), and sleep disorders (AR 7.8% vs 5.2%, RR 1.52, 95% CI: 1.09-2.12). No significant differences were observed for suicidal ideation (AR 0.7% vs 0.7%, RR 1.00, 95% CI: 0.42-2.40).

**Conclusion:**

In this real-world cohort analysis, IL-17 inhibition was associated with significantly lower risk of neuropsychiatric outcomes compared to TNF-α inhibition in patients with HS, suggesting that biologic class may influence these

outcomes through differing roles of these cytokines in brain-immune interactions. Beyond informing treatment selection for patients at elevated risk of neuropsychiatric comorbidities, these results contribute to the growing body of evidence implicating inflammatory cytokines in the pathogenesis of neuropsychiatric disease. Targeting inflammatory cytokines such as IL-17 may offer novel therapeutic strategies not only for other inflammatory disorders, but potentially also for primary psychiatric conditions. Further research investigating the role of inflammatory pathways in psychiatric disease may redefine disease classifications and enable novel therapeutic strategies.

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**Abstract N°: 5326**

# Cultural Frameworks in Psychodermatology: Bridging Gaps in Patient-Centered Care for Diverse Populations

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**Introduction & Objectives:**

Cultural competency encompasses a provider's ability to integrate cultural awareness with an understanding of patient perspectives, ensuring delivery of care that addresses the unique needs of multicultural populations. Cultural and religious influences shape patients' psychological experiences of skin conditions, making culturally informed care essential. The objective of this study was to assess the current landscape of cultural competency in psychodermatology, identify implementation challenges, and determine strategies to advance culture-centered approaches in the field.

**Materials & Methods:**

Relevant articles were identified through searches of PubMed and Google Scholar between 2000 and 2024 using combinations of the following search terms: psychodermatology, stigmatization, cultural competency, psychiatric morbidity, quality of life, dermatological outpatients, dermatology training, and psychocutaneous disorders. Articles were considered for inclusion if they discussed the psychological impact, addressed quality of life, or examined the role of cultural competence in psychodermatological care. Articles were included if they addressed the prevalence of psychiatric comorbidities in dermatology patients, the influence of cultural or religious factors on dermatologic and mental health care, or educational needs among providers in psychodermatology. Articles were excluded if they focused on case reports, lacked clear relevance to the central themes, or were not published in English. 29 articles were selected based on relevance and contribution to the synthesis of current knowledge in the field to provide a broad perspective on psychodermatology, including epidemiological studies, reviews, qualitative research, and expert commentary.

**Results:**

Patients with cutaneous diseases such as vitiligo, psoriasis, atopic dermatitis, bullous disorders, hidradenitis suppurativa, and alopecia, experience greater levels of stigmatization. Perceptions, cultural beliefs, practices, and social norms of these patients often differ across different ethnic backgrounds and cultural groups. Additionally, some cultures link visible skin conditions to negative superstitions or attribute recoveries from cutaneous diseases to prayers or rituals. Cultural specific practices, such as grooming in Black or Hispanic patients, alternative medicine practice such as coin rubbing, cupping, and homeopathic medicine in Asian populations, and usage of herbal remedies, frequently lead to ethnicity-associated cutaneous lesions, such as pomade acne or dermatitis. Challenges include that despite providers reporting often encountering psychocutaneous disorders in their practice, many feel hindered by their lack of training in psychodermatology. This gap, which is negatively impacted by inconsistent frameworks, is compounded when caring for patients whose cultural or religious beliefs influence their understanding of dermatologic disease and mental health.

**Conclusion:**

Healing of the skin is often influenced by both cultural beliefs and psychological well-being, highlighting the need

for culturally competent providers in psychodermatology.

Integrating culturally informed frameworks that incorporate standardized guidelines developed through rigorously tested empirical models can ensure the training of culturally competent providers, effectively addressing the needs of diverse patient populations.


**Abstract N°: 5571**

**Sexual dysfunction in melanoma patients: The importance of the scar. A cross-sectional, patient-centered study.**

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**Introduction & Objectives:** Melanoma is a skin cancer which can lead to a poor prognosis. Unlike other oncologic diseases, there is scarce evidence regarding sexual function in melanoma patients, as well as factors associated to sexual dysfunction (SD). The aim of the study was to evaluate SD in a cohort of melanoma patients, as well as to describe associated factors.

**Materials & Methods: Materials & Methods:** Cross-sectional study of patients suffering from melanoma. Socio-demographic, disease stage, quality of life and sexual function variables were collected using validated questionnaires.

**Results:** Seventy-five patients were included. Mean age was 52 years old and 61% were females. Melanomas at stages III of IV comprised the 18.67% of the sample. Near 1 in 3 patients reported a negative impact of melanoma on sexual function, with low sexual desire being the most frequent cause. Female SD was associated with older age, shorter disease duration, greater depression rates and visible scar location after melanoma surgery ($p<0.05$). Male SD correlated with higher anxiety and depression rates and worse quality of life ($p<0.05$). No association was found for melanoma stage in any case ($p>0.30$).

**Conclusion:** Melanoma patients may suffer from SD, which can be associated to mood status disturbances, poor quality of life and older age. Since most frequent causes of negative impact on sexuality are reduction in sexual desire and side effects of melanoma surgery, patients should be specifically asked about sexuality to improve holistic care of the disease, irrespectively of disease stage.


**Abstract N°: 5572**

**Impact of chronic urticaria on major life decisions.**

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**Introduction & Objectives:** Chronic Urticaria (CU) is a prevalent skin condition that significantly impacts patients' quality of life (QoL). Although its influence on QoL has been explored, there is limited research on how CU affects important major life decisions (MLDs). Diagnosis and living with CU can profoundly influence these decisions across various domains, such as professional, educational, social, and personal life. So, the main objective of this study was to assess the impact of CU on MLD-making.

**Materials & Methods:** A cross-sectional descriptive study was conducted including patients diagnosed with CU for at least 6 months. Sociodemographic and clinical characteristics were collected. Disease severity was assessed using the Urticaria Activity Score over 7 days (UAS-7), and patients were classified as having severe CU (UAS-7 ≥ 28) or mild-to-moderate CU (UAS-7 < 28). The impact on MLDs was measured using a 4-point Likert scale across domains including work, education, social life, relationships, leisure, housing, and lifestyle habits. The Dermatology Life Quality Index (DLQI) and Numerical Rating Scales (NRS) for itch and sleep disturbance were also used.

**Results:** Thirty patients were included in the study with a mean age of 46.3 years and a mean disease duration of 5.6 years. Most patients were economically active (76.7%) and had higher education (66.7%). Frequent comorbidities included sleep problems (40%), anxiety (26.7%), and atopic dermatitis (23.3%). The moderate-to-severe impact of CU on MLDs was substantial, notably affecting lifestyle (70%), work performance (63.3%), holidays and domestic leisure (60%), choice of clothing (60%), and family (53.3%) and social relationships (53.3%). Patients with severe CU (UAS-7 ≥ 28) experienced a significantly greater impact on several MLDs compared to those with mild-to-moderate CU, particularly lifestyle (90.5% vs 22.2%, p=0.002) and work performance (84.2% vs 37.5%, p=0.036).

**Conclusion:** CU considerably impacts patients' major life decisions, affecting multiple domains of their daily lives. Disease severity is associated with a greater impact on these decisions. These findings highlight the need for a comprehensive, biopsychosocial approach in the management of CU, addressing not only cutaneous symptoms but also the emotional and social consequences to improve patient support and treatment.


**Abstract N°: 5700**

**Androgenetic alopecia and quality of life**

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**Introduction & Objectives:** Androgenetic alopecia (AGA) is the most common form of alopecia. Its impact on quality of life varies depending on ethnic and sociocultural factors. While most studies have focused on the clinical and therapeutic aspects of AGA, relatively few have explored its impact on quality of life and the factors influencing this dimension.

**Materials & Methods:** We conducted an epidemiological study involving participants of both sexes, aged 18 to 60 years. A stratified random sampling method was employed based on age and sex. Participants were then divided into two groups based on the presence or absence of AGA. The stage of AGA was assessed using the Hamilton-Norwood scale in men and the Ludwig scale in women. The impact on quality of life was assessed using the Dermatology Life Quality Index (DLQI). Statistical analysis was performed, and a p-value of <0.05 was considered statistically significant.

**Results:** The study sample included 400 individuals, of whom 232 were diagnosed with AGA. As the DLQI is not specific to AGA, we evaluated its internal consistency using Cronbach's alpha, which yielded a value of 0.79, indicating good reliability for use in this context.

The mean DLQI score among participants with AGA was 4.60 ± 5.38. A statistically significant difference was observed between the sexes: men had a mean score of 2.28, while women had a mean score of 7.79 ($p < 0.001$).

DLQI scores were inversely correlated with age, indicating a greater impact on quality of life among younger individuals ($p < 0.001$). Similarly, we found a negative linear correlation between the age of AGA onset and DLQI score, with a Pearson correlation coefficient of -0.225 ($p = 0.001$).

No statistically significant differences in DLQI scores were found across clinical stages of AGA, as assessed by the Hamilton-Norwood scale in men ($p = 0.220$) and the Ludwig scale in women ($p = 0.152$).

**Conclusion:** The DLQI is the most widely used tool for assessing the impact on quality of life of dermatological conditions due to its simplicity and multilingual validation. We demonstrated in this study, its reliability and internal consistency when used for assessing the quality of life during AGA. The greater impact observed among women is consistent with the literature and may be attributed to higher societal acceptance of hair loss in men. Higher DLQI scores among younger individuals or those with early-onset AGA may reflect a greater sense of stigmatization, as self-image is often shaped by comparisons with age peers.

Importantly, our results reaffirm that the impact on quality of life is not significantly associated with the clinical severity of AGA. Therefore, treatment decisions should not be based solely on clinical staging, but must also consider the patient-reported quality of life.


**Abstract N°: 5756**

**Anxiety in Pemphigus Vulgaris: A Prospective Case-Control Study from Türkiye**

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**Introduction & Objectives:**

Pemphigus vulgaris (PV) is a chronic autoimmune blistering disease associated with significant physical and psychological morbidity. While much attention has been given to its clinical management, the psychological burden of PV—particularly anxiety—remains underexplored. The chronic disease course, recurrent hospitalizations, treatment burden, and social consequences may contribute to anxiety disorders. This study aimed to assess anxiety levels in PV patients using the Beck Anxiety Inventory (BAI), compare them with healthy controls, and investigate the clinical, demographic, and socioeconomic factors associated with anxiety. By addressing these aspects in a large Turkish cohort, we aim to fill a gap in the literature and emphasize the importance of psychosocial integration in PV care.

**Materials & Methods:**

A prospective, case-control study was conducted between December 2023 and March 2024 at the Istanbul Faculty of Medicine. A total of 105 PV patients, diagnosed via clinical, histopathological, and immunological criteria, were recruited from the dermatology outpatient clinic. The control group included 193 healthy, age- and sex-matched individuals without chronic inflammatory skin disease. All participants completed questionnaires covering sociodemographic data, behaviors, and comorbidities. Clinical data such as disease duration, prior treatments, and hospitalization history were retrieved from medical records, while disease severity assessments (PDAI), serological evaluations including anti-desmoglein 1/3 antibodies, and indirect immunofluorescence (IIF) testing were conducted prospectively during the study. Anxiety was evaluated using the 21-item BAI. In the PV group, adherence was also assessed via the Morisky Medication Adherence Scale. Statistical analyses were performed using SPSS v25.0, with $p<0.05$ considered significant.

**Results:**

The study included 105 PV patients (mean disease duration: 7.5 years) and 193 age- and sex-matched healthy controls. Anxiety was significantly more prevalent in PV patients (79%) compared to controls ($p<0.001$). In the PV group, higher anxiety scores were significantly associated with disease severity (PDAI; $p=0.009$), comorbid diabetes and other chronic illnesses ($p=0.009$), hospitalizations ($p=0.024$), and stopping medication when symptoms improved ($p=0.036$). Although overall adherence did not differ significantly, a near-significant trend was observed ($p=0.051$). No significant associations were found between anxiety and sex, age, marital status, education, disease duration, treatment regimen, corticosteroid dose, follow-up adherence, or anti-Dsg1/3 antibody levels ($p>0.05$). In controls, higher anxiety was linked to female sex ($p<0.001$), lower education ($p=0.012$), and being married ($p=0.021$). These findings suggest anxiety in PV is influenced not only by disease activity but also by comorbid and behavioral factors.

**Conclusion:**

This is the first prospective case-control study from Türkiye to assess anxiety in PV patients using validated psychometric tools. Anxiety was significantly more prevalent in PV patients and was associated with disease severity, comorbidities, and poor adherence behaviors. These findings underscore the need for comprehensive

psychiatric evaluation and multidisciplinary management in PV. Addressing psychosocial health alongside clinical disease activity is essential for optimizing long-term outcomes.


**Abstract N°: 5782**

**Psychiatric Comorbidities and Quality-of-Life Burden in Pediatric Patients with Vitiligo**

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**Introduction & Objectives:**

Vitiligo is an autoimmune pigmentary disorder characterized by melanocyte destruction, causing depigmented skin patches. Although primarily dermatologic, vitiligo carries substantial psychosocial consequences, especially in pediatric patients, who frequently experience stigma, embarrassment, and bullying. Such negative experiences place children and adolescents at heightened risk for psychiatric comorbidities and reduced quality of life (QoL). While the psychosocial burden of vitiligo has been examined in adults, no systematic review has yet evaluated psychiatric and QoL outcomes specifically in pediatric populations.

This systematic review synthesizes available evidence on psychiatric comorbidities and QoL outcomes among pediatric vitiligo patients. We also identify clinical and demographic factors associated with greater psychosocial burden.

**Materials & Methods:**

We systematically searched electronic databases to identify primary studies with pediatric vitiligo patients (0–18 years) that reporting validated psychiatric or QoL outcomes. Two independent reviewers screened studies, extracted relevant data, and assessed study quality using the Oxford Centre for Evidence-Based Medicine criteria. Due to study heterogeneity, we conducted a qualitative narrative synthesis, descriptively summarizing psychiatric comorbidity prevalence and QoL impairment. Psychiatric outcomes included depression, anxiety, attention-deficit/hyperactivity disorder (ADHD), conduct disorders, and related psychiatric symptoms. QoL scores from validated instruments (CDLQI, VitiQoL, Skindex-19, PedsQL) were interpreted using established clinical guidelines.

**Results:**

Fourteen studies (n=1576 pediatric vitiligo patients) met inclusion criteria; ten included healthy controls, and four compared patients with other dermatologic conditions (alopecia areata, atopic dermatitis, psoriasis). Pediatric vitiligo patients consistently demonstrated significantly elevated psychiatric comorbidity rates compared to healthy controls, particularly depression (prevalence 10.4%–68.3%), anxiety (10%–11.6%), ADHD (~20%), and conduct-related disorders (~23%). Shorter disease duration, and stressful life events correlated with increased psychiatric burden. Psychiatric symptoms correlated more closely with perceived QoL impairment rather than objective lesion extent or anatomical visibility.

Overall QoL impairment was mild-to-moderate but notably worse in adolescents, females, and patients with extensive or visible lesions. Vitiligo patients often experienced greater QoL impairment compared to healthy peers and compared chronic dermatologic conditions such as atopic dermatitis or psoriasis in one study. Stigma, embarrassment, and bullying were strongly associated with QoL impairment.

**Conclusion:**

**Conclusions:** Pediatric vitiligo significantly impacts mental health and QoL, with notable vulnerability among adolescents, patients with greater BSA, and visible lesions. Current reliance on general dermatology QoL measures

likely underestimates true psychosocial burden. There is a critical need to develop validated pediatric-specific vitiligo QoL instruments and integrate routine mental health screening into pediatric dermatologic care, especially among more vulnerable patient subgroups.

Table 1: Study Characteristics and Demographics

| Characteristic | Number of Studies (n %)<br><br>N=14 |
|---|---|
| Outcomes of interest | |
| QOL only | 6 (42.9) |
| Psychiatric comorbidities only | 3 (21.4) |
| QOL and psychiatric comorbidities | 5 (35.7) |
| Control group comparison | 10 (71.4) |
| Study type | |
| Interventional study[a] | 1 (7.1) |
| Observational study | 13 (92.9) |
| Geographical Region | |
| Europe | 1(7.1)[b] |
| Eastern Asia | 2(14.3) |
| Southern Asia | 1(7.1) |
| Middle East | 7(50) |
| North America | 3(21.4)[b] |
| South America | 1(7.1) |
| Age group of patients with vitiligo | |
| Adolescent (11-17) | 1 (7.1) |
| Children (1-10) | 2 (14.3) |
| Mixed (1-17) | 11 (78.6) |
| OCEBM Levels | |
| Level 3 | 10 (71.4) |
| Level 4 | 4 (28.6) |

Abbreviations: OCEBM=Oxford Centre for Evidence-based medicine; QoL = Quality of Life
[a]A prospective randomized study that looked at effect of camouflage on QOL outcomes in pediatric vitiligo patients
[b]Study appears under both "North America" and "Europe"


**Abstract N°: 5823**

# Body modifications in patients with chronic dermatoses: associations with body dysmorphic disorder and illness acceptance

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**Introduction & Objectives:**

Body modifications, including tattoos and piercings, have become increasingly popular worldwide, often serving as expressions of self-identity. However, their association with psychological conditions such as body dysmorphic disorder (BDD) remains underexplored, particularly in patients with chronic dermatological conditions. This study aimed to assess the prevalence of body modifications among dermatology patients, investigate their correlation with BDD symptoms, and examine the relationship between body modifications and illness acceptance.

**Materials & Methods:**

A cross-sectional study was conducted on 333 consecutive dermatology outpatients in Wrocław, Poland. Participants completed a questionnaire on demographics, chronic skin conditions, and body modifications. BDD symptoms were assessed using the Appearance Anxiety Inventory (AAI), with a cutoff score of 20 indicating high risk for BDD. The Acceptance of Illness Scale (AIS) was used to measure patients' acceptance of their dermatological condition. Statistical analyses included t-tests, chi-square tests, ANOVA, and Spearman's correlation.

**Results:**

Among participants, 29.4% had body modifications (20.7% tattoos, 15.9% piercings). BDD symptoms were present in 15.9% of patients, with significantly higher prevalence in those with tattoos (26.1%) and piercings (34%). Patients with body modifications were significantly younger and more often female. The AIS score was negatively correlated with AAI scores, indicating that lower illness acceptance was associated with higher BDD symptoms.

**Conclusion:**

BDD symptoms are more prevalent in dermatology patients with body modifications, emphasizing the need for dermatologists to recognize and address psychosocial factors influencing skin conditions. Given the high BDD prevalence in this population, dermatologists should be trained to identify and manage associated psychological concerns effectively.


**Abstract N°: 5847**

**Patient Perceptions of Medical Photography in Dermatology: Insights from a Moroccan Cohort of 325 Patients**

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**Patient Perceptions of Medical Photography in Dermatology: Insights from a Moroccan Cohort of 325 Patients**

**Introduction & Objectives:**

Medical photography is a fundamental tool in dermatology, facilitating lesion monitoring, medical education, and clinical research. Although widely used, patient acceptability of medical photography depends on several factors, particularly the information provided and the perceived confidentiality of images. Previous studies have shown that adequate patient education significantly enhances acceptance. However, the majority of these studies have been conducted in Europe and North America, with a notable lack of data from the Moroccan context. This study aims to evaluate Moroccan patients' perception of medical photography in dermatological consultations, focusing on their level of comfort, the information received, and their concerns.

**Materials & Methods:**

We conducted a cross-sectional, observational, monocentric study over a three-month period in the dermatology department of Mohammed V Military Hospital in Rabat. Included were adult patients and parents of pediatric patients attending their first consultation and who underwent medical photography. Excluded were patients who declined photography or had previous consultations. After the consultation, participants received an anonymous questionnaire assessing sociodemographic characteristics, comfort level, prior information, consent type, and concerns regarding image confidentiality and usage. Descriptive statistics were performed, and logistic regression was used to identify factors associated with the acceptability of medical photography.

**Results:**

Out of 325 patients surveyed (response rate: 92.8%), 82% reported feeling comfortable with medical photography. Acceptability varied by anatomical location: 85% for the face, 78% for the limbs, and only 32% for the genital area. While 55% of participants received prior information, 70% provided verbal consent, 10% written consent, and 20% were not explicitly informed. Regarding concerns, 43% feared unauthorized use or insecure storage of their images. Acceptability was significantly higher among patients with university-level education and those who had previously experienced medical photography in dermatology ($p < 0.05$).

These findings highlight a generally high level of acceptability, consistent with international studies from Australia and the United States (Doherty et al., 2022; Lim et al., 2020; Dell et al., 2019), which also emphasized the critical role of pre-photography information. However, nearly half of the respondents in our cohort were unaware of where and how their images were stored, indicating a gap in communication and a source of concern. Implementing standardized written consent procedures and enhancing transparency could strengthen patient trust and further improve acceptability.

**Conclusion:**

This is the first study in Morocco to assess patient perceptions of medical photography in dermatology. It

demonstrates a high level of acceptability but underscores the need for improved patient education and transparent image management. Standardizing consent procedures and raising awareness among both patients and healthcare providers may further enhance acceptance. A multicenter study would help validate these findings on a broader scale and support the development of national guidelines for dermatological practice in Morocco.


**Abstract N°: 5920**

**Cutaneous Pathomimia with Necrotic Presentation: Diagnostic Pitfalls and the Role of Psychodermatology**

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**Introduction & Objectives:**

Cutaneous pathomimia (CP), otherwise known as dermatitis artefacta (DA) or factitious dermatitis, is a psychocutaneous disorder characterized by self-inflicted lesions.

We herein present a clinically significant case of CP, manifesting through a chronic ulcero-necrotic lesion, with possible roots in childhood trauma. This case exemplifies the severe clinical impact and diagnostic complexity of CP, particularly when underlying psychological triggers are subtle or undisclosed.

**Materials & Methods:**

A 52-year-old man with a history of smoking and occasional alcohol consumption presented with extensive ulcero-necrotic lesions on the dorsal side of the left hand, evolving for over six months. Multiple undocumented topical and oral treatments had yielded no improvement. The lesion reportedly began as a centimetric papule, which progressed to ulceration and was subsequently complicated by superinfection and necrosis. The patient denied any manipulation of the lesion and showed no overt signs of psychological distress. Initial differential diagnoses included pyoderma gangrenosum, cutaneous tuberculosis, and cutaneous leishmaniasis. A comprehensive diagnostic workup was initiated.

**Results:**

All paraclinical investigations, including routine laboratory tests and a thoracic CT scan, were normal. Tuberculin intradermal reaction and parasitological direct microscopy and culture were negative. Histological analysis revealed focal epidermal ulceration, sparse inflammatory infiltrate, and microabscess formation. The dermis showed significant angiogenesis and focal fibrosis. No specific features supportive of the primary suspected diagnoses were found. A diagnosis of CP was retained. The patient was treated with amoxicillin-clavulanic acid and metronidazole to manage the superinfection, combined with topical care and occlusive bandage. The lesion demonstrated spectacular healing. Psychotherapeutic sessions uncovered a history of childhood trauma, related to the loss of his sister to an “unknown disease manifesting through a skin rash.” He was referred to psychiatric care but was lost to follow-up.

CP/DA is an underrecognized condition that presents considerable diagnostic and therapeutic challenges. It involves deliberate self-infliction of skin lesions, either consciously or unconsciously, typically linked to unmet psychological needs. It is more common in young women and individuals with psychiatric comorbidities. Lesions can appear on any accessible skin surface, and clinical presentations vary—ranging from erythematous and purpuric patches to ulcerations, erosions, and bullae. Histopathology is generally nonspecific, though multinucleated keratinocytes have recently emerged as a relatively specific diagnostic clue. This case is especially important because it illustrates how CP can mimic severe dermatologic pathology, leading to extensive, unnecessary investigations and treatments. It reinforces the need for heightened clinical suspicion and early psychological assessment in patients with atypical, treatment-resistant lesions.

**Conclusion:**

DA is one of the most challenging entities in dermatology, both diagnostically and therapeutically. An atypical clinical course, favorable evolution under occlusion, and the exclusion of other dermatoses should prompt consideration of this diagnosis. A multidisciplinary approach is often necessary.


**Abstract N°: 6046**

**Understanding the impact of ichthyosis: a qualitative study on disease-related impairment, participation barriers, and care experiences**

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**Introduction & Objectives:** Besides the manifestation of clinical symptoms, including scaling, hyperkeratosis, and blistering, ichthyosis significantly impacts quality of life and imposes substantial personal, financial, and time-related burden [1]. In the patient-centered study IchthyCare, we investigate disease-related impairments and the disease impact on participation across various life domains. Furthermore, we analyze the experiences of people with ichthyosis with the healthcare system to identify care needs and to look for innovative care approaches.

**Materials & Methods:** In a qualitative study, semi-structured in-depth interviews were conducted with patients and affected families. Recruitment occurred through two specialized dermatological clinics (Münster, Berlin) and the german Ichthyosis Self-Help Group e.V. A total of 5 men and 12 women, aged 18 to 67 (mean age = 39), with various subtypes of ichthyosis (Netherton syndrome, ARCI, epidermolytic ichthyosis), participated in the interviews (mean duration 56 minutes). The results were analyzed using thematic analysis [2].

**Results:** The results indicate that burden result fromsymptoms of the condition but also from social factors such as stigmatization, unequal participation opportunities, and the struggle for (legal) recognition of the condition. Limitations in social participation arise from feelings of exclusion from peer-related activities such as travel, sports, and other social engagements. Patients experience inequalities in education and employment opportunities, as well as rejection and discrimination during job search and at work. This can lead to social anxiety, depression, and negative effects on self-image. Psychological burden also stems from challenges in medical care, particularly the repeated “fight” for coverage of required topical treatments, limited treatment options, and financial strain. The impact of the disease on daily life is frequently underestimated or dismissed by healthcare professionals, complicating the legal recognition of disability and access to social healthcare benefits.

**Conclusion:** Participation establishes the right for compensation for disability-related disadvantages, as required by the UN Convention on the Rights of Persons with Disabilities [3]. The question arises whether individuals with skin diseases are adequately considered in terms of social inclusion. Dermatologists can support the certification of disability by documenting and confirming the medical and social impact of the condition. Covering treatment costs can reduce burden. Guideline-based clinical care pathways ensure access to specialized outpatient clinics and support for social and medical entitlements. An empirical basis for understanding the impact of psychological stress in chronic skin conditions, such as ichthyosis, is necessary, as these factors are crucial for the participation and quality of life.

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**Abstract N°: 6047**

**The role of the dermatologist in gender-affirming care**

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**Introduction & Objectives:**

The transgender community represents a small but increasing proportion of the UK population. Transgender people may seek gender-affirming medical and surgical intervention at gender identity clinics via referral from primary care. Such interventions have been linked to dermatological complications such as acne vulgaris and androgenetic alopecia. This review aims to evaluate whether the addition of a dermatologist within the multidisciplinary team at NHS gender identity clinics would improve outcomes for these patients. Key considerations for the care of transgender patients include provision of an inclusive environment and education for clinicians on the unique needs of this population. Both chronic skin disorders and gender dysphoria confer a risk for the development of mental health problems. As such, this review highlights how timely and quality treatment of dermatological complaints might lead to an improvement in physical and mental health outcomes for these patients. The transgender population are subject to significant health inequalities in our society: this intervention represents a public health opportunity to tackle inequality, improve clinical outcomes, and ultimately enhance the quality of life for these patients.

**Materials & Methods:**

Review of the literature:

Part 1: Dermatological aspects of gender-affirming care: Acne vulgaris, Androgenetic alopecia, Hirsutism and pseudofolliculitis barbae, Melasma, Skin cancer, Janus kinase inhibitors and risk of venous thromboembolism, Consequences of chest binding, tucking, and packing, Consequences of gender-affirming surgery

Part 2: Gender-affirming care in the UK: problems posed by the separation of dermatologists from gender identity clinics: Overview, Attitudes of clinicians towards transgenderism, Knowledge of transgender dermatology, Trauma-informed care, Continuity of care, Waiting times

**Results:**

N/A

**Conclusion:**

This review has identified how dermatological input would be a key asset in providing high-quality care for transgender patients at gender identity clinics. Gender-affirming interventions may cause a variety of dermatological complaints. These are best managed by a dermatologist who is suitably informed about the process of gender-affirming care and its complications. Furthermore, care of transgender patients is best provided by clinicians who have an understanding of gender diversity and are able to deliver care in an inclusive manner, tailored to the specific needs of this population. Optimising the quality of care for transgender patients is especially important considering the increased mental health burden on this population. Considering the association between chronic skin conditions and mental health symptoms, timely intervention and optimised management for these patients may be an avenue towards reducing their overall mental health burden. The transgender population is subject to longstanding health, social and economic disparities. Improving the quality of

care for this population is a key step towards building a more inclusive and equitable healthcare system as well as wider society.


**Abstract N°: 6195**

**Adolescent Vulnerability: Examining the Role of Peer Victimization in Body Focused Repetitive Behaviors**

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**Introduction & Objectives:**

Peer victimization, encompassing physical, verbal, relational, and cyberbullying, is a pervasive stressor among adolescents. It has been increasingly linked to a spectrum of psychosocial consequences, including body-focused repetitive behaviors (BFRBs) such as trichotillomania and excoriation, as well as a range of mental health disorders like insomnia. This comprehensive review synthesizes current literature to examine the impact of peer victimization on BFRBs and other mental health problems in adolescents and explores the interrelationship between these outcomes.

**Materials & Methods:**

A systematic search was conducted across PubMed, Embase, and Google Scholar from January 2000 to August 2024. Studies focusing on adolescents aged 10–19 years that assessed peer victimization in relation to BFRBs were included. Methodological quality was evaluated using the Newcastle-Ottawa Scale and the JBI checklist. A narrative synthesis was used due to heterogeneity in study designs and outcomes.

**Results:**

Peer victimization was consistently associated with increased prevalence of BFRBs. Emotional dysregulation, anxiety, and depressive symptoms and sleep disturbances were frequent mediators, while physiological responses such as HPA axis activation were implicated. A potential bidirectional relationship between BFRBs and mood disorders was observed, with both contributing to a cycle of emotional distress.

**Conclusion:**

Peer victimization has a profound and multifaceted impact on adolescent mental health, contributing to maladaptive behavioral outcomes and physiological dysfunction. Integrated interventions targeting both emotional and behavioral symptoms are critical for this vulnerable population.


**Abstract N°: 6238**

**Self-expression, self-esteem and personality disorders in tattooed people**

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**Introduction & Objectives:** The study of body modifications is an exciting subfield of psychodermatology. This approach is particularly important in aesthetic care, as it can draw attention to problems of body image and self-esteem. For this reason, the examination of body modifications may be considered when planning aesthetic interventions. However, they can also be interpreted as a specific form of self-harm, thus, may also raise awareness of suspected psychiatric illness. The aim of the study was to gain a deeper understanding of the psychological background of body modifications, especially tattoos.

**Materials & Methods:** Our study has been ongoing since 2021. The cohort comprises of 150 participants, of which 48 subjects (32.00%) were diagnosed with a psychiatric disorder, including both tattooed and non-tattooed individuals. We documented the tattoos and other body modifications of the participants and the circumstances of the creation, as well as the motivations. A 32-page questionnaire package was completed, which was used to measure emotional dysregulation, personality traits, self-esteem and body image. In the current work, we are focusing on the results of the Rosenberg Self-Esteem Scale (RSES).

**Results:** The self-expressive nature of tattoos is indicated by the fact that 73.19% of them are located on a clearly visible area of skin not covered by clothing. If we examined the motivations for tattoos, self-expression proved to be the closest one, in addition to the individual's close relationships. The proportion of piercings and other aesthetic interventions can be put at 48.48% among tattooed people. An important result is that 13.13% of the participants had more than 10 tattoos, which could also indicate the addictive aspect of tattoos. It is interesting, however, that getting tattoos did not significantly improve self-esteem: based on the RSES self-esteem scale, the proportion of individuals with low self-esteem is almost the same between non-tattooed (26.00%) and tattooed (26.04%) participants. Examining the data of tattooed psychiatric patients, we saw that 8 patients had a more serious personality involvement, and some kind of personality disorder was among their diagnoses, most often borderline personality disorder, which is associated with self-harm, instability and impulsivity. In these patients, tattoos with more violent content and dealing with self-harm also indicated the diagnosis.

**Conclusion:** The study of tattoos draws attention to issues related to self-esteem, self-harm and personality disorders. According to the literature, individuals affected by personality disorders (including narcissistic and borderline patients) may also present for aesthetic care. Body modifications indicate a tendency towards exhibitionism, addiction and self-harm. Since unnecessary aesthetic interventions may result in a worsening of the mental problem, the recognition of psychiatric disorders is also important in dermatological and aesthetic practice.


**Abstract N°: 6362**

**Exploring Dermatological Concerns and Experiences Among South Asians**

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**Introduction & Objectives:**

South Asians represent a significant proportion of the UK and wider European population, yet remain underrepresented in dermatological research. Despite the size of the South Asian diaspora across regions such as the UK, Europe, and North America, little research has explored their specific dermatological concerns and skin health needs. A US-based study identified common issues such as dry skin, hair loss and post-inflammatory hyperpigmentation among this population, but these findings have not been replicated or investigated in European contexts. This study aimed to explore the dermatological experiences of South Asians living in the UK to address a critical gap in the literature and inform more culturally competent dermatological care.

**Materials & Methods:**

A national cross-sectional survey was distributed online to South Asians in the UK aged 18 years and above. Recruitment was conducted via social media platforms, university societies and dermatology-related organisations across the UK. A total of 130 respondents completed the questionnaire. The survey collected self-reported data on demographics, skin concerns, use of cultural or traditional treatments and perceptions of South Asian skin representation in social media. Responses were anonymised at the point of collection and written informed consent was obtained. Ethical approval was granted prior to data collection.

**Results:**

Of the 130 participants, the majority were aged 25–34 (70/130; 53.8%), with females comprising 58.5% (76/130). The most frequently reported ethnic identity was Indian (71/130; 54.6%). Among the 103 respondents with self-reported skin conditions, the most common were acne (58/103; 56.3%), hyperpigmentation (49/103; 47.6%), eczema (36/103; 35.0%) and hair loss (35/103; 34.0%). Most participants (121/130; 93.1%) had seen a dermatologist, yet 73.1% (95/130) reported delays in diagnosis, commonly due to long wait times or lack of condition awareness. Cultural treatments were used by 48.5% (63/130); the most commonly reported involved turmeric-based products (39/63; 61.9%), homemade face masks (23/63; 36.5%), natural oils such as coconut oil (11/63; 17.5%), yoghurt (12/63; 19.0%), and honey (5/63; 7.9%). Regarding media representation, 61.5% (80/130) disagreed or strongly disagreed that South Asian skin is well represented in mainstream social media.

**Conclusion:**

This study provides the first UK-based data on the dermatological experiences of South Asians, which revealed key gaps in representation, access and engagement. These findings carry broader relevance across Europe, where increasingly diverse populations present with unique dermatological needs shaped by cultural, genetic and social

factors. By addressing these disparities, the study lays essential groundwork for more inclusive, culturally competent dermatological care across both national and international contexts.

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**Abstract N°: 6474**

# Validation of a patient-centred instrument to assess positive skin relationship in individuals: A study in patients with psoriasis and atopic dermatitis

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**Introduction & Objectives:**

Skin diseases such as psoriasis or atopic dermatitis (AD) can significantly affect one's perception of one's own skin. This often results in restrictions in daily life, which in turn may have a negative impact on the individual's well-being.

The aim of this study was to validate a questionnaire for self-assessment of individual skin perception in adult patients with psoriasis and AD.

**Materials & Methods:**

The SkinLove questionnaire comprises 15 items on a Likert scale ranging from 0 ('no agreement') to 4 ('maximum positive agreement'), with higher scores indicating a more positive perception of one`s skin. In addition, sociodemographic and clinical data as well as the Dermatology Life Quality Index (DLQI) were assessed.

The data presented here originates from the university outpatient clinic of the Institute for Health Services Research in Dermatology and Nursing (IVDP) at the University Medical Centre Hamburg-Eppendorf (UKE), Germany. Patients were interviewed at a first measurement time point (baseline) and again at a second time point (T1) after about 6 months.

Convergent validity was assessed using Spearman correlations between SkinLove and the DLQI, as well as the Psoriasis/Eczema Area and Severity Index (PASI/EASI) at baseline. Internal consistency was determined using Cronbach's alpha.

**Results:**

A total of 643 baseline questionnaires were included in the analysis: 507 from patients with psoriasis and 136 from patients with AD. The mean age of patients with psoriasis was 51.0 ± 14.7 years, with 36.1 % identifying as female. Patients with AD had a mean age of 44.0 ± 16.0 years, with 57.4 % female. Internal consistency of the questionnaire was high for both groups (Cronbach's $\alpha > 0.9$). The mean total score of SkinLove was 39.1 ± 16.6 for psoriasis and 34.0 ± 14.0 for AD.

In patients with psoriasis, the SkinLove total score showed a significant moderate negative correlation with the Dermatology Life Quality Index (DLQI) ($r = -0.5$, $p < 0.001$). A similar correlation was observed in patients with AD ($r = -0.6$, $p < 0.001$). A significant negative correlation was also found in the SkinLove total score with the Psoriasis Area and Severity Index (PASI) in patients with psoriasis ($r = -0.2$, $p < 0.001$). Thus, convergent validity was confirmed.

**Conclusion:**

The SkinLove questionnaire appears to be a valid and reliable instrument in measuring individual skin perception

in patients with psoriasis and AD.

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**Abstract N°: 6731**

# Understanding the Impact of Genital Hyperpigmentation on the Quality of Life and Self Image Among Moroccan Women

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**Introduction & Objectives:**

Female genital hyperpigmentation is a prevalent concern, particularly in regions with darker phototypes like Morocco. Influenced by societal beauty standards, it can significantly impact a woman's quality of life (QOL) and self-image. Despite its commonality, genital hyperpigmentation remains under-discussed, leading many women to suffer in silence. This study evaluates the impact of genital hyperpigmentation on QOL and self-image in Moroccan women using the Dermatology Life Quality Index (DLQI) and Female Genital Self-Image Scale (FGSIS). It also explores how age, phototype, pigmentation location, partner remarks, and media representations shape women's experiences. To our knowledge, this is the first study addressing these aspects of genital hyperpigmentation.

**Materials & Methods:**

A total of 170 participants were surveyed using a questionnaire that collected data on age, marital status, pigmentation location, partner remarks, interest in genital whitening, and external influences. The Validated Moroccan Dialect versions of the DLQI, and FGSIS assessed the impact of genital hyperpigmentation on QOL and self-perception. Data were analyzed using Jamovi 2.6.26.

**Results:**

The participants' average age was 29.2 years (range: 17-62). The most common phototypes were III (50.6%), followed by II (29.4%) and IV (15.3%). Regarding marital status, 37.1% were single, and the rest either married or in a relationship. A total of 87.1% reported genital pigmentation, with 68.7% describing the color as brown. Of those, 21.8% received remarks from their partners, 43.2% negative. The average DLQI score was 3.98 (range: 0-19), and FGSIS scores ranged from 28 to 10, with a mean of 19.9.

A strong negative correlation was found between **DLQI** and **FGSIS** ($r = -0.92$, $p < 0.01$). A negative correlation was also observed between age and **DLQI** (Spearman's rho = -0.290, $p < 0.001$), indicating that older women experience less impact from genital hyperpigmentation. A weak positive correlation was found between age and **FGSIS** (Spearman's rho = 0.283, $p < 0.001$), suggesting that younger women are more concerned with their genital appearance.

The location of pigmentation, particularly at the thigh roots, was strongly associated with a reduced QOL ($p < 0.001$) and negatively impacted **FGSIS** ($p = 0.003$). Pigmentation on the labia majora also significantly affected **DLQI** ($p = 0.047$) and **FGSIS** ($p = 0.049$). Partner remarks were significantly correlated with declines in both QOL and self-image **FGSIS** ($p < 0.01$). Additionally, 43.7% of participants expressed interest in genital whitening, with 47.2% citing personal reasons, 34.4% influenced by media portrayals, and 11.4% reporting external pressure from their partner.

**Conclusion:**

Dermatologists are often the first to address concerns related to genital hyperpigmentation, a subject that has long been taboo, often experienced in shame and silence. While our study revealed an overall mild impact on quality of life, it also highlighted that, at the extreme, some patients experienced greater impact with very altered genital self-image perception. It is crucial for dermatologists to handle these situations with sensitivity and offer appropriate treatment options when necessary to improve patients' well-being.


**Abstract N°: 6862**

**Well-being In German patients with vitiligo in visible body and genital areas – a pilot study**

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**Introduction & Objectives:**

Vitiligo is a chronic skin disorder with an estimated global prevalence between 1.1% and 1.3 %. Many lines of evidence indicate reduced quality of life and increased frequency of psychic disorders in vitiligo. Nevertheless, only few studies exist on the psychosocial impact of vitiligo in German patients, in particular those affected in genital and visible body areas. In April 2023 the Janus kinase 1/2 inhibitor ruxolitinib was officially approved in Europe as a new therapy for non-segmental vitiligo with facial involvement. However, genital and hand lesions might be associated with severe impairments in quality of life and well-being, too. This study therefore aimed to assess the impact of vitiligo on health-related well-being in general as well as in comparison between patients with and without genital, and visible body (facial and hand) involvement.

**Materials & Methods:**

This monocentric cross-sectional study included German patients aged ≥18 years with any type of vitiligo. The physicians assessed type of vitiligo, body surface area (BSA), disease duration, body area affected and comorbidities. The patients reported on their health-related quality of life using the Dermatology Life Quality Index (DLQI) and well-being measured by the WHO-5 questionnaire. Sociodemographic data included age and sex, duration of disease, and comorbidities. Besides descriptive statistics, one-way univariate analyses of covariance were performed.

**Results:**

In total, n=110 patients (mean age±SD: 47.45±14.65 years; 54.5% females; 95.5% with non-segmental vitiligo) were included. The majority of patients (60.0%, n=66) had a skin phototype III. 84.5% (n= 93) had an involvement of the face and 72.7% (n=80) of the hands. Involvement of genital area was noted in 47.3% (n=52). 78.2% of patients had concomitant involvement of genital and visible areas. The mean BSA was 13.59% (SD: 17.10). 45.87% (n=50) of patients had an extensive vitiligo with a BSA > 6.45%. The mean disease duration was 12.36 years (SD: 11.62). The WHO-5 mean score was 13.29 with 42.20% (n=46) having a score of <13 indicating impaired well-being. 14.68% (n=16) of the patients had a WHO-5 score of <7 indicating a high probability of depression. Mean DLQI score was 7.40 (SD 6.33). Correlation analyses showed that the WHO-5 was negatively correlated with age (r = -0.281; p = 0.003). In addition, DLQI was moderately correlated with age (r = 0.402; p = < 0.001) and BSA (r = 0.312; 0.003). No significant differences neither in the WHO-5 nor in the DLQI were found between patients with vs without genital, facial and hand involvement, indicating that people with vitiligo suffer, independent of the body areas affected.

**Conclusion:**

In this study, we have addressed for the first time health-related well-being in German patients suffering from vitiligo. Our findings emphasize the psychosocial impact of vitiligo in German patients and underline the importance of screening for psychological comorbidity under routine care in order to improve mental health.


**Abstract N°: 6880**

**Scars Beyond the Skin: An Investigation into Psychosocial and Functional Impacts**

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**Introduction & Objectives:**

Scars, whether visible or not, can have a significant impact on self-image, self-esteem, and overall quality of life. Their presence, particularly when located in exposed areas, may lead to psychological distress, embarrassment, or social avoidance behaviors. This study aims to evaluate the psychosocial repercussions of scars through a descriptive analysis that includes their nature, age, appearance, and the emotional responses they elicit in affected individuals.

**Materials & Methods:**

A survey was conducted using an online questionnaire distributed via Google Forms to collect data. A total of 178 responses were obtained. Participants provided information regarding their sociodemographic characteristics, details about their scars (type, size, location, age, appearance), any treatments received, and associated emotional responses. Quality of life was assessed using the validated dialectal Arabic version of the Skindex questionnaire.

**Results:**

The participants had a mean age of 31.7 years, with the majority being female (77.8%). Most respondents had a single scar (55.6%), mainly of traumatic origin (61.1%), and most commonly located on the face (50%) or upper limbs (27.8%). Half of the scars were old (over 10 years), small in size (1 to 3 cm), and often hyperpigmented (61.1%).

Regarding treatment, 33.3% of participants had not received any treatment, while 50% had used topical care. Photoprotection was used by 72.2% of respondents, primarily with chemical sunscreens.

Emotionally, the majority of participants reported feeling neutral to comfortable with their scar (66.6%), while 22.3% reported discomfort. While 33.3% stated they never felt shame or embarrassment, 38.9% experienced it to varying degrees. Nevertheless, 88.9% reported no effect on their mood or psychological state, although anxiety was mentioned by a small proportion of those affected. No participant reported seeking psychiatric treatment. The average Skindex score, an indicator of the impact of skin conditions on quality of life, was 12.11, suggesting a moderate impact.

**Conclusion:**

This study highlights the moderate psychosocial impact of scars on individuals' daily lives, particularly among young women. Although few participants reported depressive symptoms, a significant portion expressed discomfort or embarrassment. Scars located on the face or those with pronounced pigmentation appear to be more strongly associated with distress. These findings underscore the importance of a holistic approach to scar management that includes psychological support, in order to improve the well-being of individuals living with visible scars.


**Abstract N°: 6938**

**Topical Steroid Withdrawal (TSW): Experience from a tertiary psychodermatology clinic**

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**Introduction & Objectives:**

Topical steroid withdrawal (TSW) is an increasingly recognised but controversial phenomenon linked with significant psychosocial burden. Patients often self-diagnose TSW following social media exposure and report worsening skin symptoms alongside emotional and social disruption. This retrospective study aimed to characterise the clinical and psychosocial features of patients presenting with self-diagnosed TSW at a tertiary dermatology centre, highlight real-world management approaches, and raise awareness of this emerging presentation.

**Materials & Methods:**

Consecutive patients presenting with self-diagnosed TSW to a psychodermatology clinic in a tertiary dermatology centre between August 2024 and January 2025 were included. Demographics, past medical history, topical corticosteroid use (duration and potency), comorbid psychosocial diagnoses, EASI and DLQI scores, and treatment strategies were recorded.

**Results:**

Sixteen patients (13 female, 3 male; mean age 34 ± 8.6 years) were included. Fifteen patients (94%) had a background diagnosis of moderate-to-severe atopic dermatitis, and one (6%) had dyshidrotic eczema. Ten patients (62.5%) had previously used potent or super-potent topical corticosteroids; two (12.5%) had used moderate potency agents; the remainder were unsure of the preparation used. The mean EASI score was 19.0 ± 5.3, and the mean DLQI score was 21.4 ± 6.8, reflecting a significant disease burden. Eight patients (50%) reported a previous diagnosis of anxiety or stress-related disorders, three (18.8%) had a history of depression, and one (6.3%) was diagnosed with PTSD. Patients described significant emotional distress, including low self-esteem and social withdrawal. Two patients (13%) reported suicidal ideation. Following our local treatment pathway treatments initiated included ciclosporin in six patients (38%) and methotrexate in one patient (6%). Three patients (19%) required escalation to advanced therapies including dupilumab, lebrikizumab, and Upadacitinib.

Five patients (31.3%) had consultations with psychiatry, and four (25%) were referred for, or were undergoing, psychological therapy. Pharmacological treatment for mood disorders was initiated in five (31.3%) patients (amitriptyline in three cases, duloxetine and sertraline in one each). Non-pharmacological strategies such as psychotherapy, lifestyle modifications, and stress management techniques were recommended in all patients.

There was a variation in terms of management which highlight the heterogeneity in TSW management and the ongoing clinical need for effective, evidence-based interventions.

**Conclusion:**

Increasing number of patients present with self-diagnosed TSW in eczema and psychodermatology clinics with multiple psychosocial comorbidities. There is need to increase awareness about this condition among dermatologists and multidisciplinary management may be required in this special population. Additionally, patient

education remains critical, particularly in the context of widespread misinformation regarding topical corticosteroids which can be an effective and safe treatment option.

Finally, further research is required to understand whether it is fundamentally a separate entity from atopic dermatitis.

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**Abstract N°: 6979**

**Topical Steroid Damaged Face: Quality of Life Impairment Across Age, Gender, and Duration of Use**

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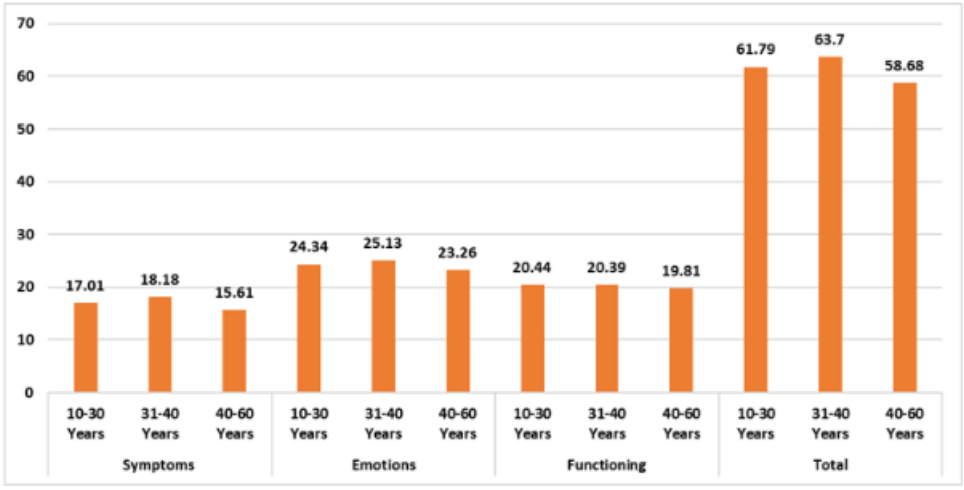
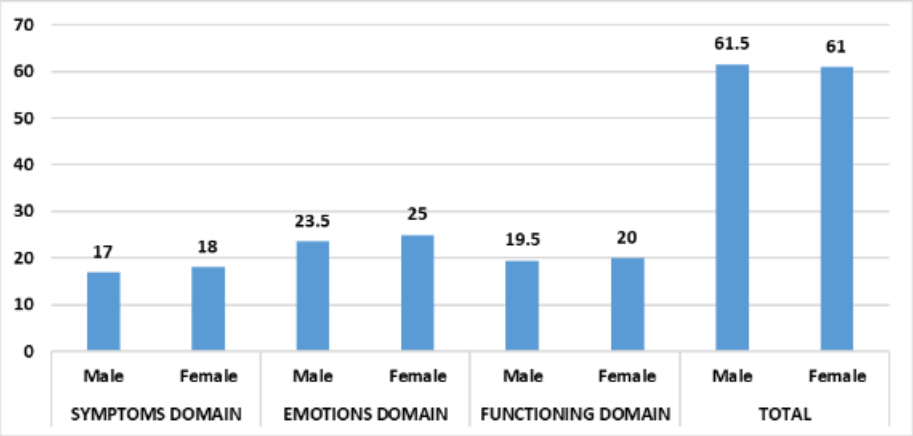
**Introduction and Objectives** Topical Steroid Damaged or Dependent Face (TSDF) is a dermatologic condition stemming from inappropriate use of topical corticosteroids (TCS), often driven by cosmetic motivations. While its cutaneous features are well-documented, the broader psychosocial burden remains underexplored. This study aimed to assess the quality of life (QoL) impact of TSDF across age, gender, and steroid use duration using the Skindex-16 questionnaire.

**Materials and Methods** A cross-sectional study was conducted on 240 patients aged 10–60 years with continuous facial TCS use for ≥4 weeks. QoL was evaluated across symptoms, emotions, and functioning domains using the Skindex-16. Comparative analyses were performed between age groups (10–30, 31–40, 40–60 years), genders, and TCS duration groups (1–3, 3–6, 6–9, >9 months) using Mann-Whitney U and Kruskal-Wallis tests.

**Results** All age groups reported substantial QoL impairment, with the 31–40 years group showing the highest mean total score (63.7±11.65); however, intergroup differences were not statistically significant (p=0.117). Similarly, while females exhibited marginally higher emotional domain scores and males slightly higher functional impact. Duration-wise, patients with >9 months of TCS use had the highest total scores (63.6±10.82). Notably, even those with only 1–3 months of use demonstrated considerable QoL impairment, underscoring early psychosocial consequences.

**Conclusion** TSDF exerts a significant negative impact on patients' quality of life, affecting all age groups and both genders similarly, regardless of the duration of TCS misuse. The emotional and functional consequences manifest early and do not necessarily intensify with prolonged use. These findings highlight the urgent need for public education and early intervention strategies to mitigate both the dermatologic and psychosocial burden of TSDF.

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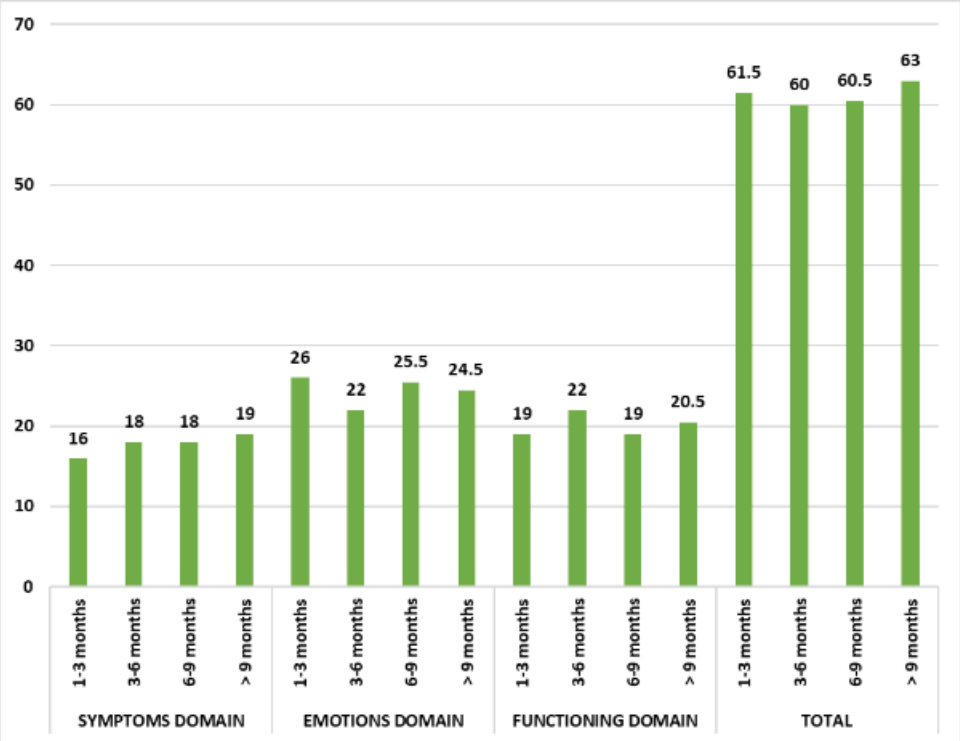
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EMOTIONS DOMAIN
FUNCTIONING DOMAIN
TOTAL


**Abstract N°: 6995**

# Intimate Partner Violence Exposure, Posttraumatic Stress and Quality of Life Among Women with Psoriasis

Esra Ağaoğlu*[1], Imran Gokcen Yilmaz Karaman[2], Furkan Acikbas[1], Hilal Kaya Erdogan[1]

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**Introduction & Objectives:** Intimate partner violence (IPV) exposure is a chronic stressful condition that prevalently affects women's health and quality of life. As a chronic stressor factor, the presence of IPV and related posttraumatic stress have never been examined in psoriasis patients.

**Materials & Methods:** The present study aims to evaluate the prevalence of emotional, physical, and sexual IPV exposure, posttraumatic stress symptoms, and quality of life among female psoriasis patients. This cross-sectional study was conducted on 134 female psoriasis patients. The disease severity was assessed with the Psoriasis Area Severity Index (PASI) by a dermatologist. Patients were asked to complete the Dermatology Life Quality Index (DLQI), the Violence Against Women Instrument (VAWI), and the Posttraumatic Stress Disorder (PTSD) Checklist for DSM-5 (PCL-5).

**Results:** Sixty-two patients (46.3%) were exposed to at least one type of IPV and psychological IPV (45.5%) was the most prevalent form of IPV. Patients with lifetime IPV exposure had worse dermatological quality of life ($U=1545.00$, $p=0.004$) and higher posttraumatic stress symptoms ($U=1272.00$, $p<0.001$). Posttraumatic stress of IPV was related to higher PASI ($\rho=0.184$, $p=0.047$) and higher DLQI scores ($\rho=0.654$, $p<0.001$).

**Conclusions:** IPV exposure is a common stressor that influences the psychological health of female psoriasis patients. Lifetime IPV exposure is associated with lower dermatological quality of life and higher posttraumatic stress. Acknowledging IPV-related chronic stress in patients with psoriasis may help increase quality of life. Healthcare providers should be aware of IPV and prevent the deleterious effects of violence on this vulnerable group of women.

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**Abstract N°: 7013**

# Quality of life in acne patients undergoing led therapy: a prospective observational study

Oumaima Zouine*[1], Meryem Soughi[1], Zakia Douhi[1], Sara Elloudi[1], Hanane Baybay[1], Fatima Zohra Mernissi[1]

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## Introduction & Objectives:

Acne vulgaris is a common skin condition that affects both physical appearance and emotional well-being. Conventional treatments, such as topical creams and oral medications, often have side effects or limited effectiveness. LED therapy has emerged as a non-invasive alternative, using blue light to target acne-causing bacteria and reduce inflammation. Despite its growing use, its impact on patients' quality of life remains underexplored. This study aimed to evaluate the impact of LED therapy on the quality of life of patients with moderate to severe inflammatory acne. Changes in quality of life were measured using the Dermatology Life Quality Index (DLQI) questionnaire before and after treatment. Patient satisfaction and clinical improvement were also assessed.

## Materials & Methods:

A prospective observational study was conducted at our dermatology department , starting in June 2024. It included 60 patients with moderate to severe inflammatory acne who agreed to undergo LED therapy. Patients received two sessions per week, totaling eight sessions. Data collected included demographic details, acne severity, and treatment parameters. The DLQI questionnaire was used to assess quality of life, while clinical improvement was measured using the Global Evaluation Acne (GEA) score. Patient satisfaction was evaluated using a standardized scale.

## Results:

The study included 60 patients, with a mean age of 23.97 years (ranging from 15 to 42 years), comprising 53 females and 7 males. Most participants had mild to moderate inflammatory acne. The treatment plan involved eight LED therapy sessions, with patients completing an average of 7.17 sessions. Before treatment, the mean Dermatology Life Quality Index (DLQI) score was 17.73 ± 3.49, highlighting the significant impact of acne on patients' daily lives. Following LED therapy, the mean DLQI score improved to 14.73 ± 2.94, demonstrating a noticeable enhancement in quality of life. Clinically, the mean Global Evaluation Acne (GEA) score decreased from 3.15 ± 0.95 before treatment to 1.97 ± 0.93 after treatment, indicating a reduction in acne severity. Patient satisfaction was high, with an average score of 0.61 ± 0.23 on a scale of 0 to 1. The treatment was well tolerated, with no major adverse effects reported by any of the participants.

## Conclusion:

LED therapy significantly improved the quality of life and clinical outcomes for patients with moderate to severe acne. The reduction in DLQI scores highlights its positive impact on emotional well-being and daily functioning. Patients reported high satisfaction, and the treatment was well-tolerated. However, post-treatment DLQI scores remained moderate, suggesting that LED therapy alone may not fully restore quality of life.


**Abstract N°: 7047**

**Under the White Coat: Dermatoses in Doctors, from Onset to Worsening Throughout Their Career**

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[1]Mohammed VI University Hospital Center, dermatology, TANGIER

**Introduction & Objectives:**

Occupational dermatoses are common yet often overlooked among doctors, manifesting as conditions like acne, eczema, alopecia, and psoriasis. Driven by intense stress, long hours, and harsh working environments, these skin disorders can both arise and worsen over time. This study evaluates their prevalence and progression in physicians, pinpoints workrelated stressors and demanding settings as major triggers, and examines the resulting impact on doctors' mental health and quality of life.

**Materials & Methods:**

An anonymous online questionnaire (Google Forms) was distributed via WhatsApp, Instagram, and Facebook to 483 participants, focusing on medical students and practicing doctors.

**Results:**

The study included 483 participants, consisting of doctors (30.8% medical students, 25.3% interns, 29.4% residents, 7.7% general practitioners, 3.5% specialists), pharmacists (1.4%), and dentists (1.9%) working in both the public and private sectors in our country. Among the 483 participants, 305 had dermatoses, including acne (114 cases), seborrheic dermatitis (94 cases), androgenetic alopecia (79 cases), psoriasis (21 cases), eczema and atopic dermatitis (17 cases), rosacea (11 cases), urticaria (6 cases), telogen effluvium (4 cases), trichotillomania (4 cases), vitiligo (3 cases), and alopecia areata (3 cases). The onset of these conditions occurred during medical studies in 57.4% of cases and during specialty training (internship/residency) in 17.5%. The course of the disease remains stable under medical treatment in 18% of cases, shows relapses and remissions in 67% of cases, and worsens in 15% of cases. The aggravating factors identified include stress related to the profession, lack of sleep, and an unbalanced diet in the majority of cases. Regarding alleviating factors, rest after discharge was reported in 82.4% of cases, regular medication intake in 77.5% of cases, and contact with a psychiatrist in 11.8% of cases. Of the 305 doctors with dermatoses, 80% blamed their medical career for the onset or worsening of their condition, and 89.5% experienced daily-life impacts, namely low selfesteem (44.7%), reduced quality of life (77.3%), and depressive symptoms (31.6%). Although most would still choose a medical career, 33.2% were undecided and 16.6% regretted their choice, citing the profession's detrimental effects on both their skin and mental health.

**Conclusion:**

The study demonstrates that medicalprofession stress, especially around exam periods, oncall duties, and intense workloads, significantly contributes to the onset and worsening of skin disorders, corroborating evidence that psychological stress both triggers and aggravates many dermatological conditions.

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**Abstract N°: 7348**

**Oleomas: dermatological, psychiatric, and anthropological approaches**

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[1]Faculty of Medicine of São José do Rio Preto, São José do Rio Preto, Brazil
[2]University of São Paulo, São Paulo, Brazil
[3]University of Florida, Gainsville, United States
[4]University of São Carlos, São Carlos, Brazil

**Introduction & Objectives:**

Oleoma is a granulomatous foreign body reaction that results from the intradermal injection of oily substances containing long-chain acyclic hydrocarbons. It manifests as an irregular plaque-like indurations of the skin, usually within weeks and sometimes years after the injection.

An adequate evaluation of psychiatric and dermatological contexts is necessary to properly prescribe cosmetic procedures, satisfy desires, and provide the potentially possible and adequate results.

**Materials & Methods:**

We present two very complex cases in terms their evaluation and the corresponding challenging treatments. In addition, we conducted a literature review concerning the application of unusual substances in dermatological, psychiatric and anthropological contexts.

**Results:**

Case 1: A 53-year-old obese, woman without housing was taken in by a non-governmental organization and began treatment for schizophrenia. The patient's critical judgment was partially compromised, but she reported having injected argan, olive and soybean oil into her face to improve her appearance and alleviate itching using an insulin syringe and needle over the years. She denied receiving help from third parties for the injections, but she was unable to specify the timing, start, and end of the treatment (figure 1). The patient was extensively evaluated for vascular, neurological and ophthalmological complications, all of which were absent. Magnetic resonance imaging of the face, orbit and skull showed an increase in soft tissue with changes in enhancement in all planes, without delimiting nodules and tumors (figure 2). The patient presented severe traits of borderline personality disorder. The patient preferred to remain under observation.

Case 2: A 44-year-old transgender person sex worker underwent silicone injections in her face, buttocks, and limbs at the age of 19 to obtain a gynecoid body. In retrospect, she regretted such procedures. She is HIV-positive, has avascular necrosis of the femoral head, and is a former cocaine and alcoholic abuser. The patient began with erythematous papules with subsequent purulent secretion, followed by ulcerations in the lower limbs and worsening in the right leg. She used oxacillin, vancomycin, meropenem, clindamycin, ampicillin-sulbactam, and dexamethasone, with no improvements (figure 3). MRI showed diffusely distributed nodules in the subcutaneous tissue and gluteal muscles, with inflammatory changes, without organized collections, and bilateral adenomegaly (figure 4). An incisional biopsy showed irregular acanthosis, spongiosis, and lymphocyte exocytosis in the epidermis. The superficial and deep dermis exhibited fibrosis, areas of necrosis and diffused inflammatory infiltrate composed of lymphocytes and histiocytes, with the formation of foreign body-type granulomas; there was

chromophobic vacuoles (figure 5). There was significant improvement with the use of colchicine and tetracycline.

**Conclusion:** We present the complex interplay between dermatological, psychiatric, and anthropological factors in the context of oleoma and substance use for cosmetic enhancement. It underscores the urgent need for comprehensive evaluations that consider not only the physical health implications of self-injection practices but also the psychological motivations and societal pressures that drive individuals—particularly those from vulnerable populations—to engage in risky esthetic procedures.

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**Abstract N°: 7551**

# Skin health as a vector for social inclusion: a multidisciplinary dermatological program for homeless and migrant populations in Italy

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[1]IISMAS, Rome, Italy
[2]IISMAS, Medical, Rome, Italy
[3]Beiersdorf, Medical, Rome, Italy

**Introduction & Objectives:**

Skin diseases are highly prevalent in homeless and migrant populations, often exacerbated by factors such as poor hygiene, environmental exposure, and systemic barriers to healthcare access. These communities frequently experience a range of dermatological conditions, including infections, inflammatory skin diseases, and chronic skin disorders, which can lead to significant physical suffering and psychological distress. The stigma associated with visible skin conditions can further contribute to social exclusion, limiting individuals' ability to secure employment, housing, and social support. Despite growing awareness of these issues, the dermatological needs of vulnerable populations remain largely unmet, highlighting a critical gap in public health initiatives. Access to dermatological care is often hindered by a lack of resources, inadequate health education, and cultural barriers, which disproportionately affect marginalized groups.

This study aims to assess the effectiveness of a multidisciplinary intervention that combines dermatological care, psychosocial support, and health education in improving skin health and promoting social inclusion among underserved populations. Additionally, a sub-study focused on vulnerable female populations evaluated the prevalence of human papillomavirus (HPV) and access to preventive gynecological screening.

**Materials & Methods:**

A prospective observational study was conducted from January to December 2024, involving 395 individuals (68% male, 32% female; 49.6% of African origin) residing in shelters, reception facilities, or precarious living conditions. The intervention program included comprehensive skin screenings, targeted treatments (both topical and systemic), distribution of dermocosmetic products, psychological support, and educational sessions aimed at enhancing health literacy. A focused intervention involving 133 migrant women included cervical-vaginal sampling, HPV DNA testing (Xpert HPV), and cytology to assess reproductive health needs.

**Results:**

The most frequent diagnoses included scabies (14.7%), allergic dermatitis (8.9%), fungal infections (8.1%), eczema (6.6%), and acne (5.3%). All patients received targeted therapies and follow-up. Health-related quality of life (HrQoL) improved notably after four weeks. In the female sub-cohort, 94.7% underwent cervical screening; HPV prevalence was high, and many had never accessed prior gynecological care. Main barriers were lack of information and health system inaccessibility.

**Conclusion:**

This study confirms that structured, low-threshold dermatological programs can improve clinical outcomes and foster social inclusion in underserved groups. Integrating dermatological care with psychosocial and reproductive health services—particularly for migrant women—can address health disparities and support public health goals.

Scaling such initiatives across Italy and Europe is strongly recommended.


**Abstract N°: 7657**

# Exploring Quality of Life Impairments in Indian Children with Atopic Dermatitis and Alopecia Areata: Insights from a Tertiary Care Center in North India

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[1]Post Graduate Institute of Medical Education and Research, Dermatology, Venereology and Leprology, Chandigarh, India

**Introduction & Objectives:**

Atopic dermatitis (AD) and alopecia areata (AA) are chronic conditions significantly impacting quality of life (QoL) in pediatric patients due to associated psychosocial challenges. AD affects 3.1%-7.21% of Indian children, while AA accounts for about 20% of pediatric hair loss cases, with both conditions impairing QoL. However, limited data exists on QoL burden in the Indian context.

The aim was to assess the impact of AD and AA on QoL in children aged 4-16 years, examining correlations between QoL scores and various clinico-socio-demographic factors.

**Materials & Methods:**

This cross-sectional study at a North Indian tertiary dermatology center (July 2023-July 2024) collected data on demographics, caregiver characteristics, socioeconomic status, SCORAD/SALT, and CDLQI scores from AD and AA patients. CDLQI, graded from 0 (no effect) to 30 (extreme effect), assessed QoL impact, and statistical analyses examined correlations between QoL, disease severity, and other factors.

**Results:**

A total of 102 AD and 19 AA patients participated. Among AD patients, 62.7% were male (mean age 8.67 years), while 63.2% of AA patients were male (mean age 8.16 years). Mothers were the primary caregivers in AD (56.9%) and fathers in AA (63.2%). Mild, moderate, and severe cases constituted 53.9%, 44.1%, and 2% of AD cases, respectively; for AA, mild cases were 52.6%. Mean±SD CDLQI scores (range) were 4.82± 4.02 (R: 0-17) for AD and 3.37±4.74 (R:0-20) for AA patients. Itching was the most affected domain in AD (95.1%), while embarrassment predominated in AA (69.4%). No impact was observed in swimming/sports for 98% of AD and 100% of AA patients. Higher CDLQI correlated significantly with SCORAD ($r=0.346$, $p<0.05$) and SALT scores ($r=0.568$, $p<0.05$).

**Conclusion:**

AD and AA are associated with reduced QoL in pediatric patients, with higher severity producing a greater impact on QoL. Some CDLQI domains showed minimal relevance, highlighting the need to adapt QoL assessment tools for cultural context, especially for Indian patients.


**Abstract N°: 7666**

# Psychogenic Purpura (Gardner Diamond Syndrome): a case with immediate positive reaction to intradermal autoerythrocyte sensitization test

Ahmet Tuğrul Su[1], Esra Düzdemir[1], miraç polat[1], Gulsen Akoglu[1]

[1]University of Health Sciences, Gülhane Training and Research Hospital, Dermatovenereology, Ankara, Türkiye

**Introduction & Objectives:**

Psychogenic purpura, also known as Gardner-Diamond Syndrome (GDS), is a rare psychosomatic disorder characterized by recurrent, painful ecchymotic lesions that primarily affect adult women with psychiatric disease. The disorder is associated with an autosensitization phenomenon against the individual's erythrocytes in patients who do not have any underlying coagulation disorders.

**Materials & Methods:**

A 62-year-old Fitzpatrick type 3 female was presented with recurrent, painful, and pruritic ecchymoses on her extremities and neck for the past year. She denied any trauma history or personal/family history of bleeding diathesis. The onset of symptoms coincided with a period of psychological stress. Laboratory tests, including complete blood count with differentials, erythrocyte sedimentation rate, PT, aPTT, bleeding time, factor VIII, vWF antigen, fibrinogen, D-dimer, complement C3, C4, protein C, protein S levels, and liver, kidney, and thyroid function tests were all within normal limits.

**Results:**

The histopathologic examination of a skin biopsy revealed widespread erythrocyte extravasation in the upper dermis, basal layer hyperpigmentation, and mild lentiginous melanocytic proliferation without signs of vasculitis, vasculopathy, or panniculitis. The intradermal autoerythrocyte sensitization test was positive as localized ecchymosis emerged within minutes and lasted 24 hours, confirming the GDS diagnosis. The patient, who was experiencing comorbid depressive and anxious symptoms, was referred to psychiatry. She was prescribed a treatment plan of fluoxetine (20 mg/day) and mirtazapine (15 mg/day). After one month of therapy, a significant reduction of ecchymotic lesions was observed.

**Conclusion:**

The GDS should be in the differential diagnosis of ecchymotic lesions in a patient who expresses poor mental health.

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**Abstract N°: 7794**

# Impact of facial skin fluctuations across the skin health continuum: Results from a 20,000 sample epidemiological study

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[1]No7 Beauty Company, Nottingham, United Kingdom

**Introduction & Objectives:**

Past research has shown that skin disease has a large impact on quality of life (QoL) and wellbeing (e.g. Balieva et al., 2016, Dalgard et al. 2015, Gisondi et al. 2022). Despite a growing facial skin health market, the impact of non-disease facial skin fluctuations remains largely unexamined. The present study therefore aimed first to estimate the prevalence of facial skin fluctuations in the UK and US populations before assessing their impact on QoL and mental wellbeing. This was determined across the spectrum of skin health from mild cosmetic fluctuations through to disease.

**Materials & Methods:**

The study included two phases. In Phase 1, female and male participants aged 18 – 80 were recruited from nationally representative samples in the UK and US to estimate the prevalence of fluctuating skin and establish population demographics. In Phase 2, participants were recruited using the demographics established in Phase 1. 20,029 participants completed a questionnaire, which was developed by a panel of skin biologists, independent dermatologists, a psychologist, and a UK skin disease charity. The questionnaire included socio-demographics, the Dermatological Life Quality Index (DLQI, Finlay & Khan, 1994), and the Hospital Anxiety and Depression Scale (HADS, Zigmond & Snaith, 1983). Participants were asked if they had a confirmed skin disease diagnosis or believed they had undiagnosed disease. With a sample as large as this, a significant *p*-value of < .05 can be found even when the difference is negligible, so effect size was reported instead.

**Results:**

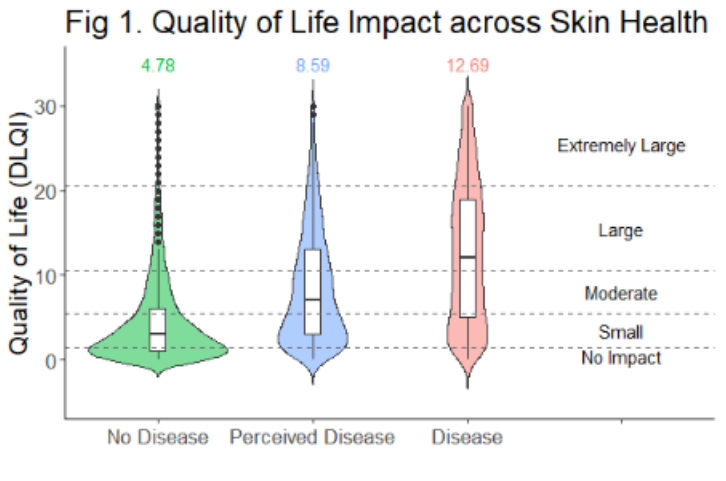
There were no statistically significant differences between countries, so the data was merged. Overall, 41% of the population had fluctuating skin. 47% reported that they have been diagnosed with a skin disease (skin disease, SD), and of the 53% who do not have a skin disease, 2/3rds believed they had undiagnosed disease (perceived disease, PD) and the remaining believed their fluctuations were not disease (no disease, ND).

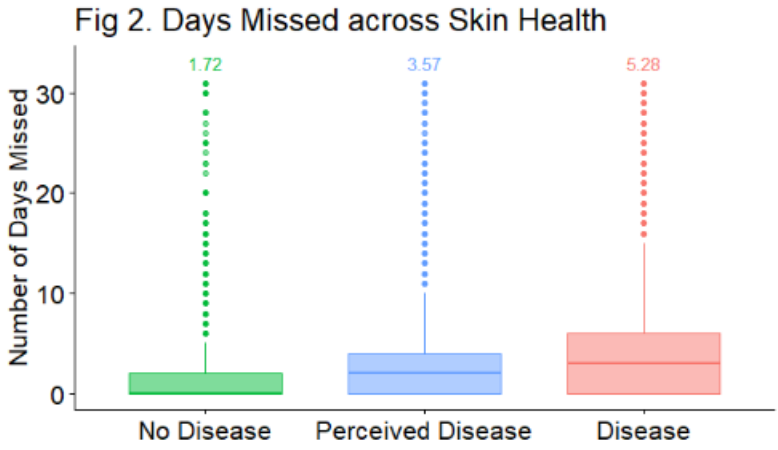
The QoL of those who do not have skin disease was impacted to variable extent with more than a quarter affected to a large/extremely large extent and reported to miss on average 3 days of work/social arrangements in the past month. Anxiety (71% above normal) and depression (53% above normal) were also impacted.

There was a large effect of skin health on QoL (Fig. 1, Cohen's ε2 = .16). Pairwise comparisons indicated that ND's QoL was impacted the least (*M* = 4.78, *SE* = .09), SD was impacted the most (*M* = 12.69, *SE* = .09), and PD was in the middle (*M* = 8.59, *SE* = 6.73). There was a medium effect of skin health on days missed in the past month (Fig 2, Cohen's ε2 = .09). ND missed the fewest days (*M* = 1.72, *SE* = .07), SD missed the most (*M* = 5.28, *SE* = 7.02), and PD was in the middle (*M* = 3.57, *SE* = 5.96). There was a small effect of skin health on anxiety (Fig. 3, Cohen's ε2 = .06). ND had the lowest anxiety levels (*M* = 8.88, *SE* = 4.72), SD had the highest (*M* = 11.79, *SE* = 4.29), and PD was in the middle (*M* = 10.60, *SE* = 4.29). There was negligible effect on depression (Fig. 4).

**Conclusion:**

This is the first study to our knowledge to demonstrate the impact that fluctuations have on QoL and mental wellbeing across the spectrum of skin health from mild cosmetic skin fluctuations to disease. These results identify the large burden that facial skin fluctuations have even for those with mild cosmetic fluctuations, highlighting the importance of cosmetic interventions in improving the QoL and relieving the psychological burden of cosmetic skin fluctuations.



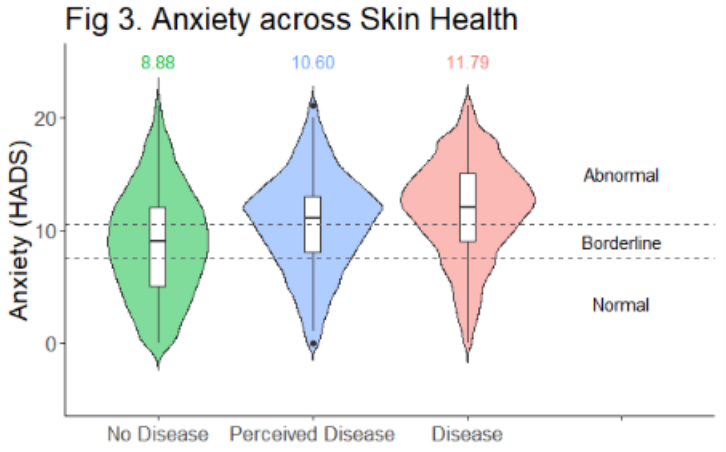
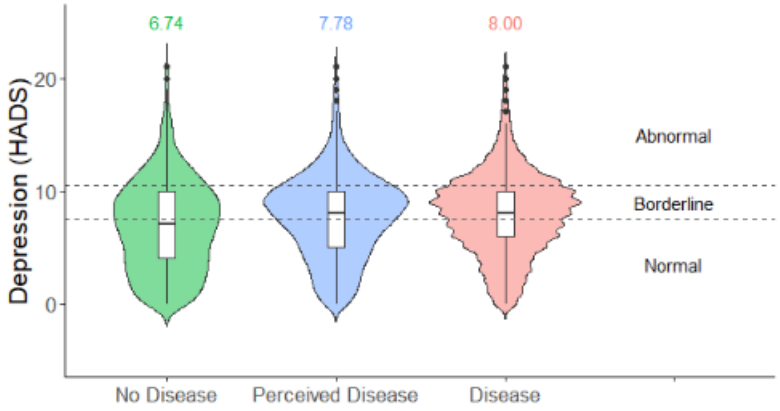



Fig 4. Depression across Skin Health



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**Abstract N°: 7816**

**Perception Versus Reality: Social Media Engagement and Self Image in Young Adults with Acne**

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**Introduction & Objectives:**

Acne is an inflammatory disease of the pilosebaceous unit that affects not only the skin but also the individual's psychological state and body image. Social media platforms, widely used in today's world, are suggested to influence self-perception and appearance-related behaviors. This study aimed to investigate whether social media usage duration and platform preferences are associated with psychosocial well-being and body image perception in individuals with acne.

**Materials & Methods:**

The study included 250 acne patients aged 18–30 who were under follow up in our dermatology clinic. Participants' social media usage patterns (duration, platforms, purpose of use, acne-related content), demographic data, and psychiatric treatment history were recorded. Acne severity was evaluated by dermatologists using the Global Acne Grading System (GAGS) of face and whole body. Self-perceptions were assessed using the valid versions of AQoL, Rosenberg Self-Esteem Scale, Body Image Disturbance Questionnaire (BIDI), and Hospital Anxiety and Depression Scale (HADS). Standardized scores were computed and the difference between clinical and self-assessment scores was calculated as "Z-difference scores." Additionally, appearance-related behaviors (e.g., mirror checking, social comparison) were quantitatively scored.

**Results:**

No significant correlation was found between total social media duration and the absolute values of Z-difference scores ($p>0.05$). Similarly, platform-based analyses revealed no significant differences in almost all cases. A significant negative correlation was found only between X use duration and the BIDI (face) Z-difference score ($\rho = -0.241$, $p = 0.035$), suggesting that longer X use may be associated with perceiving acne less severely than clinical evaluation. Instagram use duration showed a significant negative correlation with depression scores. A positive correlation was observed between the number of Instagram followers and Rosenberg scores ($\rho=0.172$, $p=0.021$), implying a possible link between social popularity and self-esteem. No significant association was found between total social media time or specific platforms and the number of appearance focused behaviors. In terms of content specific engagement, individuals following celebrity and magazine accounts reported significantly higher anxiety scores ($\rho = +0.142$, $p = 0.0252$), possibly reflecting increased social comparison. Influencer following behavior was associated with higher anxiety ($\rho = +0.142$, $p = 0.0252$), higher facial self esteem Z-difference ($\rho = +0.127$, $p = 0.0443$), and higher facial depression Z difference scores ($\rho = +0.125$, $p = 0.0479$). These findings suggest that engagement with idealized social content may disrupt shape both self-perception and emotional state in acne patients.

**Conclusion:**

Contrary to expectations, social media use did not lead to a significant distortion in body image perception among acne patients. While some users showed more favorable self perception than clinical evaluations, this trend was not generalizable. These findings suggest that the effect of social media may be more related to how it is

used and which content is consumed, rather than total duration.


**Abstract N°: 7833**

**Psychological Burden and Quality of Life in Patients with Xeroderma Pigmentosum**

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[1]Mohammed VI university hospital, Dermatology, Oujda

**Introduction & Objectives:**

Xeroderma pigmentosum (XP) is a rare autosomal recessive disorder characterized by extreme photosensitivity and a significantly increased risk of cutaneous malignancies due to defective nucleotide excision repair. Beyond its physical manifestations, XP imposes a profound psychological burden that remains under-investigated. This review aims to explore the psychosocial dimensions of living with XP, including anxiety, depression, social isolation, and quality of life impairment.

**Materials & Methods:**

A qualitative, exploratory study design was employed. Eight families of patients diagnosed with XP were recruited through a tertiary dermatology hospital. Inclusion criteria included a confirmed clinical diagnosis of XP. Data were collected through interviewing families. Interviews explored themes including psychological well-being, social integration, family routines, economic challenges, and coping strategies. **

**Results:**

Four major themes emerged, **Chronic Anxiety and Hypervigilance**: They reported persistent anxiety related to sun exposure, fear of skin cancer, and the unpredictability of disease progression. **Social Isolation and Stigmatization**: Children and adolescents with XP experienced limited peer interactions due to their restricted exposure to daylight. Some parents reported stigmatization or misunderstanding from extended family and the community. **Family Disruption and Lifestyle Modification**: Families adapted their entire routine around photoprotection, with many shifting to nocturnal activity patterns. Some parents modified or gave up their employment to become full-time caregivers.**Financial and Emotional Burden**: The cost of UV-protective equipment, frequent medical visits, and sunscreen was described as significant. Emotional exhaustion and feelings of helplessness were common among caregivers.

**Conclusion:**

XP imposes a profound psychosocial burden not only on patients but also on their families. This study highlights the importance of integrating psychological and social care into the management of XP and advocates for targeted support services to improve quality of life.


**Abstract N°: 7937**

**The impact of social media and photo-editing practices on cosmetic dermatology care-seeking behavior: A cross-sectional study from Saudi Arabia**

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**Introduction & Objectives:**

The growing prevalence of social media and photo-editing tools has redefined beauty ideals, often promoting unrealistic standards that affect users' perceptions of self-image and skin health. In Saudi Arabia, where social media usage ranks among the highest globally, these platforms may significantly influence cosmetic dermatology care-seeking behaviors. This study aims to assess the effects of social media engagement and digital photo modification on individuals' awareness, motivation, and likelihood to seek cosmetic dermatology services.

**Materials & Methods:**

A cross-sectional study was conducted among Saudi citizens aged 18–65 who actively use social media platforms. A validated, self-administered online questionnaire was distributed via Instagram, TikTok, X (formerly Twitter), Snapchat, and WhatsApp between April and August 2024. The survey included five domains: (1) social media usage, (2) photo-editing practices, (3) awareness and motivation for cosmetic dermatology, (4) care-seeking behavior, and (5) self-esteem, using a standardized scale. Convenience sampling was used, and participants who were non-Saudi, under 18 or over 65, or not using social media were excluded. Statistical analysis was performed using JMP software, with categorical data analyzed via the Chi-square test and significance set at $p < 0.05$. Ethical approval was obtained from the KAIMRC IRB.

**Results:**

Out of 386 participants, the majority were female (79.8%) and aged 18–30 (89.6%). TikTok (25.6%) and Instagram (20.7%) were the most commonly used platforms. Nearly half (45.9%) reported editing their photos before posting, with acne and pigmentation being the most frequently concealed lesions. Edits were mainly done to improve skin appearance, with 69.4% of participants stating that social media increased their awareness and self-consciousness about their skin. Although 57.8% had previously consulted a dermatologist, 32.1% still preferred social media influencers over medical professionals for skincare advice. Notably, individuals who frequently edited their photos were more likely to express concern about their appearance. However, no statistically significant associations were found between photo-editing practices or platform usage and the decision to undergo cosmetic dermatologic procedures.

**Conclusion:**

This study highlights the nuanced relationship between social media behaviors and dermatology care-seeking patterns in a digitally engaged population. While no direct link between photo editing and dermatology visits was observed, the data reveal an underlying trend of increasing self-scrutiny, cosmetic concern, and reliance on non-professional sources of advice. These insights underscore the need for dermatologists to actively engage on social media to counteract misinformation and provide evidence-based guidance. Given the high influence of digital self-presentation, further longitudinal research is warranted to explore whether these behavioral patterns translate into increased demand for cosmetic interventions over time.


**Abstract N°: 7977**

# Increased Skin Sensitivity and Reduced Stratum Corneum Hydration in Patients with Keratosis Pilaris: A Cross-sectional Study

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**Introduction :**

**Keratosis pilaris (KP), colloquially termed 'chicken skin', is a prevalent hyperkeratotic dermatosis manifested by small papules encircling hair follicles, frequently accompanied by variable perifollicular erythema. This condition is associated with dry, pruritic, and erythematous skin, thereby significantly compromising patients' skin aesthetics and quality of life.**

**Objectives:**

**This study aimed to delve into the skin sensitivity of patients afflicted with Keratosis pilaris.**

**Materials & Methods:**

**A total of 62 patients with KP and 62 healthy individuals without KP were enrolled in the study. We assessed multiple parameters, including stratum corneum (SC) hydration, transepidermal water loss rate (TEWL), and lactic acid sting test (LAST) results. Additionally, we utilized the "VISIA" Skin Analysis System for skin imaging and recording. Questionnaires such as the Sensitive Scale-10 (SS-10) and Dermatology Life Quality Index (DLQI) were administered to gather subjective data.**

**Results:**

**Our analysis unveiled significant discrepancies between the KP cohort and the control group. Specifically, the control group exhibited markedly higher SC hydration levels than the KP group ($p<0.05$). In the LAST, KP patients demonstrated a higher incidence of skin sensitivity (54% versus 23% in the control group, $p<0.05$). Furthermore, the KP group reported elevated SS-10 scores compared to the control group.**

**Conclusion:**

**This study provides evidence that the skin barrier function is impaired in patients with Keratosis pilaris, consequently heightening skin sensitivity. These insights not only enhance our comprehension of skin sensitivity in KP patients but also hold promise for refining the management strategies for this condition.**


**Abstract N°: 8013**

# Transcranial Magnetic Stimulation in Trichotillomania

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## Introduction & Objectives:

Trichotillomania (TTM), or hair-pulling disorder, is classified in the DSM-5 as an obsessive-compulsive and related disorder, characterized by recurrent, irresistible urges to pull out hair. This can often lead to noticeable hair loss and significant emotional distress. Cognitive behavioral therapy (CBT), particularly habit reversal training (HRT), is considered the first-line treatment for TTM and has demonstrated efficacy in research trials. Pharmacological interventions have shown promise in some studies, though no medications are currently FDA-approved specifically for TTM.

Despite these treatment options, many individuals with TTM continue to experience symptoms, highlighting the need for alternative therapeutic approaches. Transcranial magnetic stimulation (TMS), a non-invasive neuromodulation technique approved by the FDA for conditions like major depressive disorder and obsessive-compulsive disorder (OCD), has emerged as a potential treatment for TTM.

This systematic review aims to synthesize current clinical and experimental evidence on the efficacy, safety, and treatment parameters of transcranial magnetic stimulation (TMS) for trichotillomania (TTM). By evaluating existing studies, we seek to assess TMS's potential as a therapeutic modality for individuals with refractory TTM and to identify directions for future research.

## Materials & Methods:

A literature search was conducted through May 2025 using MEDLINE, Scopus, PsycINFO, Web of Science, CINAHL, and Embase. Search terms included "trichotillomania," "hair pulling," "transcranial magnetic stimulation," and related terms. Studies were included if they evaluated TMS for TTM in human participants and reported clinical outcomes. Exclusion criteria included animal studies, reviews, non-English publications, and studies not reporting treatment efficacy. Forty-five unique articles were identified; twenty-one underwent full-text screening, and four met all inclusion criteria.

## Results:

The four studies analyzed in this study included data from twenty-two patients with TTM treated with TMS across one case report (n=1), two case series (n=7), and one retrospective cohort study (n=14). TMS protocols varied in frequency (1 Hz, 15 Hz, intermittent theta burst stimulation), duration (15–24 sessions), and target regions (left dorsolateral prefrontal cortex, supplementary motor area, pre-supplementary motor area). One study included a 6-week maintenance phase. Outcomes were measured using validated clinical scales including the Massachusetts General Hospital Hair Pulling Scale and the Yale-Brown Obsessive Compulsive Scale. All four studies demonstrated symptom reduction and improvement in at least one clinical outcome measure, with no significant adverse effects reported.

## Conclusion:

Preliminary evidence suggests that TMS may be a safe and promising intervention for TTM. However, conclusions are limited by small sample sizes, heterogeneous study designs, and lack of randomized controlled trials. Further research is needed to validate efficacy, refine stimulation protocols, and determine optimal candidates for treatment.


**Abstract N°: 8090**

**Emotional Distress in Patients with Melanoma Across Three Assessment Time Points**

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**Introduction & Objectives:** Melanoma, a malignant tumor of pigment-producing cells in the skin and mucous membranes, is one of the most aggressive human cancers, known for its invasiveness and high metastatic potential. Despite increasing survival rates in recent years, emotional distress remains a significant concern for patients, often leading to reduced quality of life. Additionally, the treatment process itself can be a source of considerable psychological burden.

**Materials & Methods:** This study aimed to examine the relationship between emotional state and quality of life in patients diagnosed with melanoma. Participants completed questionnaires that included basic demographic data (age, sex, education), clinical information, and validated instruments for assessing emotional state (YP-CORE, PANAS) and melanoma-related quality of life (QoL). Data were collected at three time points: (1) at the beginning of hospitalization, prior to re-excision of the postoperative scar and sentinel lymph node biopsy (for staging and therapeutic purposes); (2) during hospitalization, following the surgical procedure; and (3) at a follow-up outpatient visit after receiving the histopathological results of the surgery.

**Results:** The study included 55 participants (23 women and 32 men). The most common melanoma subtype was superficial spreading melanoma (N=35), followed by nodular melanoma (N=19), and one case of acral lentiginous melanoma. Patients reported a comparable, higher level of emotional distress at the first and third assessment points, in contrast to the second measurement point. A statistically significant difference in quality of life was observed between the first and third assessment points, meaning lower quality of life compared with second assessment point, reflecting both clinical and psychosocial benefit from the treatment.

**Conclusion:** The findings of this study may contribute to a better understanding of the psychological needs of melanoma patients throughout the course of treatment. Insights into patients' emotional states could serve as a foundation for the development of guidelines aimed at improving psychosocial support, healthcare delivery, and overall quality of life for individuals affected by melanoma.


**Abstract N°: 8180**

**Improving standard of care in chemotherapy - the influence of active-containing formulations on QoL and skin condition**

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**Introduction & Objectives:**

Each year, approximately 20 million new cancer cases are reported, with a rising trend in incidence. More than 50% of affected individuals undergo chemotherapy, and two out of three patients experience skin reactions as a consequence of their treatment. These reactions can manifest as inflamed, itchy patches, dry or irritated skin, and redness or swelling. Such skin changes not only exacerbate the physical burden of the illness but also make the disease more visible to others, potentially leading to therapy interruptions or adjustments due to skin toxicities. The impact extends beyond mere dryness, affecting the quality of life related to daily activities, social interactions, and sleep. This study aimed to evaluate the influence of active-containing formulations on maintaining skin condition and dermatological quality of life in patients undergoing chemotherapy.

**Materials & Methods:**

A monocentric, randomized, controlled trial was conducted with 65 male and female participants aged 41 to 84 years undergoing chemotherapy (for treatment of e.g. breast cancer, bronchial/rectal/colon or pancreatic carcinoma). Subjects were assigned to either the active formulation group, which utilized a 10% urea body lotion, 5% urea hand cream, and 10% urea foot cream, or a standard of care group using urea formulations of their choice reflecting patients' real-life situation. Both study groups received the same medical information by oncologists. Each formulation was applied at least twice daily for nine weeks, with four assessments conducted at baseline and after 3, 6, and 9 weeks. Skin condition was evaluated through expert clinical grading and self-assessment using validated questionnaires (DLQI and Skindex-16).

**Results:**

The study demonstrated very good skin tolerance of the active formulations on the hands, feet, and body after 3, 6, and 9 weeks of use. For over 80% of subjects using the active formulations oncologists reported improved or unchanged skin conditions throughout treatment. Furthermore, the active formulations resulted in a significantly higher number of subjects with improved skin conditions compared to the standard of care group at all assessment points. They effectively prevented clinically relevant worsening of skin-associated quality of life, as indicated by both DLQI and Skindex-16 scores. Overall, 100/100/93% (body/hand/feet) claimed that the active-containing formulations were ideally suited alongside chemotherapy treatment and provided them with adequate care.

**Conclusion:**

Active-containing urea formulations exhibited excellent skin tolerance on the hands, feet, and body, even during intensive chemotherapy. They are suitable for adjunctive care during multi-drug treatment and effectively protect the skin of patients undergoing skin-irritating chemotherapy. With consistent use, the formulations demonstrated superior protective effects compared to other urea products and successfully prevented clinically relevant deterioration in skin-associated quality of life during chemotherapy. Professional, targeted skincare during cancer treatment can alleviate treatment-accompanying physical symptoms and may positively influence the (emotional)

well-being of patients.


**Abstract N°: 8228**

# Seborrheic Dermatitis as a Neuropsychiatric Amplifier: An Analysis of Skin–Brain Axis Dysregulation and Immune-Mediated Psychiatric Comorbidities

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**Introduction & Objectives:**

Seborrheic dermatitis (SD) is a chronic inflammatory skin condition characterized by flaking skin, greasy scales, and itchy red papules, manifesting in sebaceous-gland–rich areas such as the scalp, face, and trunk. Prior studies have demonstrated increased rates of depression and anxiety in patients with inflammatory dermatoses. We sought to quantify the association between SD and a range of psychiatric disorders—hypothesizing that shared inflammatory pathways and psychosocial burden amplify mental health risk—in the NIH All of Us Research Program cohort.

**Materials & Methods:**

We identified adults with SD (SNOMED: 50563003 or ICD-10-CM: L21.9) in All of Us and matched each case 1:4 to controls by nearest-neighbor propensity scoring on age, sex, race/ethnicity, income, education, and smoking status. Univariate and multivariate logistic regression models estimated odds ratios (ORs) and 95% confidence intervals (CIs) for associations between SD and psychiatric diagnoses, including bipolar I disorder (BP1), bipolar II disorder (BP2), depression, generalized anxiety disorder (GAD), schizophrenia, and social phobia. Statistical significance was set at $P < 0.05$.

**Results:**

A total of 11,289 SD cases (mean age 63.1 years; 58.0% female; 63.3% White; 53.6% college-educated; 38.2% income ≥ 50,000 USD) and 45,156 matched controls were analyzed. In univariate models, SD was associated with higher odds of BP1 (OR 2.19; 95% CI [1.93–2.49]; $P < .01$), BP2 (OR 1.77; [1.43–2.19]; $P < .01$), depression (OR 2.24; [2.15–2.34]; $P < .01$), GAD (OR 2.34; [2.20–2.48]; $P < .01$), schizophrenia (OR 1.19; [1.02–1.38]; $P = .03$), and social phobia (OR 3.20; [2.55–4.02]; $P < .01$). After adjustment for demographic and socioeconomic covariates, all associations remained significant: BP1 (OR 2.44; [2.15–2.78]; $P < .01$), BP2 (OR 1.89; [1.52–2.33]; $P < .01$), depression (OR 2.40; [2.30–2.50]; $P < .01$), GAD (OR 2.44; [2.29–2.59]; $P < .01$), schizophrenia (OR 1.76; [1.50–2.07]; $P < .01$), and social phobia (OR 3.21; [2.55–4.02]; $P < .01$).

**Conclusion:**

In a large, diverse cohort, SD was independently associated with a two- to three-fold increased odds of multiple psychiatric disorders. These findings underscore the need for integrated dermatology–psychiatry care models and routine mental health screening in SD patients. Future longitudinal studies should explore causality and elucidate the inflammatory and psychosocial mechanisms linking SD to psychiatric morbidity.

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**Abstract N°: 8296**

**Between lupus and rosacea: Pathomimicry in disguise**

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**Introduction & Objectives:**

Cutaneous pathomimicry, a rare and distinct form of factitious disorder, is characterized by self-induced lesions without conscious external benefit. Often unrecognized, it is directly linked to an underlying psychiatric context. Thus, it requires a meticulous clinical approach and multidisciplinary management in which dermatologists and psychiatrists collaborate closely.

We report a case of pathomimicry revealed by facial erythema, a clinically perplexing presentation that has long raised both diagnostic and therapeutic challenges.

**Materials & Methods:**

**Results:**

**Case presentation:**

A 37-year-old female patient presented with chronic, fluctuating facial erythema, resulting in a significant deterioration in quality of life. This symptomatology led to an extended medical journey involving several dermatologists, some of whom considered lupus erythematosus and initiated treatment with corticosteroids and hydroxychloroquine, while others suspected rosacea and prescribed metronidazole and tetracyclines—none of which resulted in clinical improvement. Dermatological examination revealed bilateral malar erythema in a "butterfly wings" pattern, bright red, shiny, slightly warm, non-infiltrated, non-tender, and non-pruritic, with areas of non-follicular papules and multiple telangiectasias on dermoscopy. Several alopecic patches were noted on the scalp, mainly in the temporoparietal region, sparing the occipital area, with hairs of varying lengths and broken hairs visible on dermoscopy, suggesting a pattern consistent with trichotillomania. No other cutaneous or extracutaneous signs were noted. The main diagnostic hypotheses, including erythematotelangiectatic rosacea, lupus erythematosus, contact dermatitis, and photodermatosis, were ruled out after all investigations returned normal results. Suspicion of pathomimicry grew after a detailed history revealed symptom onset coinciding with the patient's mother's death, alongside admitted compulsive behaviors, particularly trichotillomania. A psychiatric evaluation confirmed the diagnosis, associating it with an underlying anxio-depressive syndrome. Treatment combined reparative creams, antidepressants, and, above all, supportive psychotherapy, leading to a favorable outcome.

**Conclusion:**

Cutaneous pathomimicry remains a major diagnostic challenge in dermatology. Predominantly affecting young women with psychiatric comorbidities—particularly anxiety, depression, or obsessive disorders—it manifests as self-inflicted lesions, often geometric, asymmetric, fluctuating, and located in accessible areas. Their identification requires a rigorous approach, with analysis of both the psychiatric context and the evolving dynamics of the lesions, whose healing under local treatment contrasts with their tendency to recur. An authentic dermatological condition can also be triggered or exacerbated. Optimal management relies on a strong partnership between dermatologists and psychiatrists, combining dermatological care, psychopharmacological treatments

(antidepressants, anxiolytics, etc.), and psychotherapy, particularly cognitive-behavioral. Prolonged and well-structured follow-up is essential to prevent relapses and restore quality of life. Therefore, the approach must remain empathetic and non-stigmatizing to strengthen the therapeutic alliance, particularly regarding adherence to psychiatric follow-up.


**Abstract N°: 8535**

# Adapting Therapeutic Education Programs for Chronic Dermatological Diseases: A Systematic Review and Framework Proposal for the United Arab Emirates Healthcare Context

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Introduction & Objectives:

The Atelier d'Éducation Thérapeutique (AET) model, widely used in France for chronic disease management, offers a structured, group-based approach to enhance patient self-management and quality of life (QoL). The purpose of this systematic review is to review the existing therapeutic education interventions and adapt the AET model for dermatological chronic diseases (e.g., psoriasis, atopic dermatitis, acne, vitiligo, hidradenitis suppurativa) in the United Arab Emirates (UAE), addressing a critical gap in patient-centered care.

Materials & Methods:

According to PRISMA 2020, a systematic search of PubMed, Embase, Scopus, Web of Science, and the Cochrane Library databases was performed using the last 8 years' data of the relevant literature. From 95 identified records, 48 full-text were reviewed and 25 were included in the meta-analysis for this study. The information on the design of intervention, highlighted outcomes, and implementation challenges was compiled systematically.

Results:

Therapeutic education interventions was found to increase the levels of adherence to treatment regimes, quality of life, reduced disease severity scores, and improved psychosocial outcome measures. It was possible to announce that each element of the models included interdisciplinary workshops, the use of digital media in education, and cultural-significant content. Ah, but challenges associated with sustainable practice, fair distribution of resources and cultural issues of the society were also highlighted.

Conclusion:

Proposing AET model as an improvement strategy for chronic dermatological diseases in the UAE presents a possibility to develop the patient-centered approach. They suggest a blended system that integrates face to face workshops, information technology tools and culture sensitive education. Future pilot programs are needed to test this framework for effectiveness in the UAE.


**Abstract N°: 8705**

**An Unusual Bullous Presentation of Dermatitis Artefacta Induced by Aerosol in an Adolescent**

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**Introduction & Objectives:**

Dermatitis artefacta is defined as a psychodermatological disorder characterized by self-inflicted lesions on the skin. Bullae are an uncommon manifestation of it. There are very few documented cases of aerosol-induced bullous dermatitis artefacta. The objective is to emphasize the relevance of comprehensive anamnesis and full patient assessment in order to have an accurate diagnosis.

**Materials & Methods:**

We present the case of a 15-year-old female patient with no relevant medical history, who consulted for a painful bullous dermatosis of one year of evolution. Physical examination revealed multiple residual hypo-hyperpigmented macules located on the infrapatellar region of both lower limbs.

She reported that the episodes were similar. Initially, an erythematous-violaceous macule appeared, which quickly progressed into a tense blister. The episodes were managed with topical corticosteroids, topic antibiotics, and analgesics. She reported a severe flare-up six months earlier, which was managed with oral corticosteroids.

**Results:**

On that occasion, skin biopsies were taken for histopathological examination and direct immunofluorescence (DIF). The histological report revealed non-specific findings. Additionally, DIF with studies of IgG, IgM, IgA, C3, and fibrinogen, showed negative results.

In later consultations, we performed a more detailed interview, and some alarming signs emerged, such as the intense pain that did not correlationate with the clinically visible lesions. Another sign alarm was the consistent change of treating doctors and her constant mention of the lack of diagnostic precision by them. Furthermore, the histopathology report provided inconclusive findings.

With all this information, given the suspected diagnosis of dermatitis artefacta, we closely followed the patient, focusing on building a trusting doctor-patient relationship. We insisted on the need for direct communication with her psychologist. After that, the patient confessed to us self-inducing the lesions with aerosol. This led us to confirm the diagnosis of aerosol-induced dermatitis artefacta.

**Conclusion:**

Dermatitis artefacta lesions represent the combined product of the patient’s thought process, creativity, and the availability of materials used to create them, which makes the clinical presentation broad and variable, as well as the pathological anatomy. Bullae are an uncommon manifestation of dermatitis artefacta reported to be induced by pinching, thermal injury and aerosolised products.

This disorder is characterized by the patient’s lack of recognition of the cause of their lesions, not revealing the authorship of them. The patient consciously creates lesions to attract attention, satisfy psychological needs, or

evade responsibility.

Dermatitis artefacta represents a diagnostic challenge, due to the broad and variable clinical presentation. Diagnosis should be based on a detailed history, examination and psychosocial assessment alongside histopathologic evaluation.

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**Abstract N°: 8727**

# Development of the "SkinLove" Questionnaire for Patients with Chronic Inflammatory Skin Diseases

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**Introduction & Objectives:** The skin is a multifunctional organ that, in addition to many physiological tasks, also has a profound impact on people's development and well-being. One of its characteristics is the internal relationship between people and their skin, which contributes to their personality development, individuation and demarcation and has also been referred to as "skin - ME". To date, the elements and significance of the skin from the perspective of people with skin diseases have been described predominantly in terms of well-being, quality of life and social interactions. A complementary methodology on the relationship between an individual and their skin in the sense of "skin love" has been lacking to date.

This study aimed to develop a novel questionnaire to assess patients' relationship with their skin in the context of chronic inflammatory skin diseases.

**Materials & Methods:** After conceptualizing the term "Skin Love", an item survey and cognitive interviews were conducted among patients with chronic skin diseases. The items generated were reviewed, weighted and evaluated by an international expert group of dermatologists, psychologists and patients. The final questionnaire was again examined for its application characteristics and tested in a study on n=643 patients in routine care.

**Results:** In the first patient survey, 119 items were obtained from the open questions, being relevant from the patient's view. These were rated and condensed by a panel of experts including patients to 59, 25 and finally 18 items. The 25 items identified were evaluated by the patients in terms of comprehensibility, thematic relevance and relevance, scored and, after further discussion in qualitative groups (n=15) submitted to the renewed expert consensus. The pilot test showed that a large majority of patients considered these to be relevant and understandable. The concept of "SkinLove" was also understood and rated positively by the patients. The 18-item version was transferred to a 5-point-Likert scale and validated in n=643 patients, including n=507 with psoriasis (age 51.0 ± 14.7 y., 36.1% female) and 136 with atopic dermatitis (44.0 ± 16.0 y., 57.4 % female). The mean score value of SkinLove was 39.1 ± 16.6 % for psoriasis and 34.0 ± 14.0 in AD. In both groups, the SkinLove total score showed a significant negative correlation with the DLQI ($r = -0.5$ for psoriasis, $r = -0.6$ for AD, both $p < 0.001$). A significant negative correlation was also found between SkinLove total score and PASI for psoriasis ($r = -0.2$, $p < 0.001$), which indicates a convergent validity of SkinLove. The items "My skin is important to me" (mean 3.31 on a positive scale of 0-4) and "I believe that people accept people accept my skin" (2.93). were rated highest In the validation study. All the initial items addressing the "Skin Love" concept received high acceptance rates regarding both personal importance and association with the concept.

**Conclusion:** The newly developed questionnaire "SkinLove" allows to capture patients' relationship with their skin in chronic inflammatory conditions. The final version of the "SkinLove" questionnaire with 18 items is well suited for use in extended care practice, and in studies with the corresponding focus. Further studies are currently examining its use in clinical research.


**Abstract N°: 8798**

# The Association of Functional Activity Limitation and Quality of Life of Leprosy Cases in A Tertiary Government Hospital: A Cross Sectional Study

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**Introduction & Objectives:**

Few studies have been done on the association of functional activity limitations (FALs) and quality of life (QoL) among those with leprosy. This study is to determine the association between functional activity limitations and quality of life of leprosy cases in a tertiary government hospital.

**Materials & Methods:**

A cross-sectional study of leprosy cases in the Department of Dermatology in a tertiary hospital was done between January and August 2018. The Screening of Activity Limitation and Safety Awareness (SALSA) scale was used to measure FALs with scores ranging from 10 to 80. The higher scores represent more severe functional activity limitations. The World Health Organization QOL-BREF (WHOQOL-BREF) questionnaire was used to measure QoL. It is divided into physical, psychological, environmental and social domains with each item rated from 0 to 5. The higher scores denote better QoL.

**Results:**

A total of 70 leprosy cases were included in the study. The SALSA scores showed that more than half of the population had no significant FALs. QoL scores were lower for the physical and environmental domains, with scores of 64.3 (50-75) and 70.3 (59.38-78.13), respectively. There was a statistically significant association between increasing SALSA scores and lower QoL most notably in the physical domain.

**Conclusion:**

The presence of functional activity limitations is associated with lower QoL in leprosy with greater impairment in the physical domain. This emphasizes the need for early treatment, frequent assessments, and supportive systems for leprosy cases in endemic areas.


**Abstract N°: 8834**

**Impact of seborrheic dermatitis on patients' quality of life**

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**Introduction & Objectives:**

Seborrheic dermatitis is a common chronic inflammatory dermatosis primarily affecting sebaceous-rich areas such as the scalp, eyebrows, nasolabial folds, and retroauricular region. It manifests as erythematous, scaly patches accompanied by itching, with recurrent flare-ups. Although benign, this condition can significantly impact patients' quality of life due to its unsightly appearance, chronic symptoms, and associated discomfort.

The aim of our study was to assess the impact of seborrheic dermatitis on the quality of life of patients followed in dermatology consultations.

**Materials & Methods:**

This is a retrospective descriptive study conducted over a 3-year period including patients diagnosed with seborrheic dermatitis in the dermatology department.

Quality of life was assessed using the validated Arabic dialect version of the Dermatology Life Quality Index (DLQI). This questionnaire evaluates the impact of the skin condition on various aspects of daily life, with a total score ranging from 0 to 30, classified as follows: 0–1: no effect; 2–5: small effect; 6–10: moderate effect; 11–20: very large effect; 21–30: extremely large effect.

**Results:**

A total of 98 patients were included in the study. The mean age was 31 ± 11.7 years, ranging from 18 to 65 years. There was a male predominance (60.2%). The average disease duration was 3.6 ± 2.9 years. The mean DLQI score was 9.8 ± 7.2. The distribution of quality of life impact based on DLQI scores was as follows:

- Extremely large effect in 4.1% of patients
- Very large effect in 39.8%
- Moderate effect in 34.7%
- Small effect in 17.3%
- No effect in 4.1%

Quality of life impairment was more significant among young adults (20–30 years), patients with extensive facial involvement, severe pruritus, and those recently diagnosed.

**Conclusion:** Although often considered a minor condition, seborrheic dermatitis has a tangible impact on quality of life, particularly in young adults and patients with visible lesions. Systematic evaluation of this impact using tools like the DLQI can help tailor therapeutic strategies and improve overall patient well-being.