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Abstract N°: 5

Illness-related stigma as a mediator between disease severity and dermatology-specific quality of life in chronic inflammatory skin diseases: a structural equation modelling analysis

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Introduction
Chronic inflammatory skin diseases (CISDs) are associated with substantial symptom burden and impaired dermatology-specific quality of life (HRQoL). However, objective clinical severity alone does not fully explain variability in patient-reported outcomes. Illness-related stigma is increasingly recognised as a central psychosocial process in visible chronic conditions, yet its mechanistic role remains unclear. This study examined whether illness-related stigma mediates the association between disease severity and HRQoL, and explored the contributions of hope and perceived social support within a biopsychosocial framework.

Materials and Methods
A cross-sectional study was conducted among 404 adults with CISDs. Objective disease severity was assessed using affected body surface area (BSA), and subjective symptom severity was evaluated using numerical rating scales for itch and pain. Illness-related stigma was measured with the 8-item Stigma Scale for Chronic Illnesses (SSCI-8). Hope and perceived social support were assessed using the Herth Hope Index and the Multidimensional Scale of Perceived Social Support. HRQoL was evaluated using the Dermatology Life Quality Index (DLQI). Structural equation modelling with maximum likelihood estimation and bias-corrected bootstrapping (5,000 resamples) was applied to test direct and indirect pathways.

Results
The structural model demonstrated good fit (χ^2/df = 2.04; CFI = 0.977; TLI = 0.969; RMSEA = 0.051; SRMR = 0.058). Greater objective and subjective disease severity were significantly associated with higher illness-related stigma (all $P < 0.001$). Stigma was strongly associated with worse HRQoL ($\beta = 0.44$, $P < 0.001$) and lower hope ($\beta = -0.53$, $P < 0.001$). Hope independently predicted better HRQoL ($\beta = -0.30$, $P < 0.001$), while perceived social support showed an additional protective effect ($\beta = -0.13$, $P = 0.007$). Bootstrapping confirmed significant indirect effects of disease severity on HRQoL through stigma, including a sequential pathway via reduced hope. The model explained 44% of the variance in HRQoL.

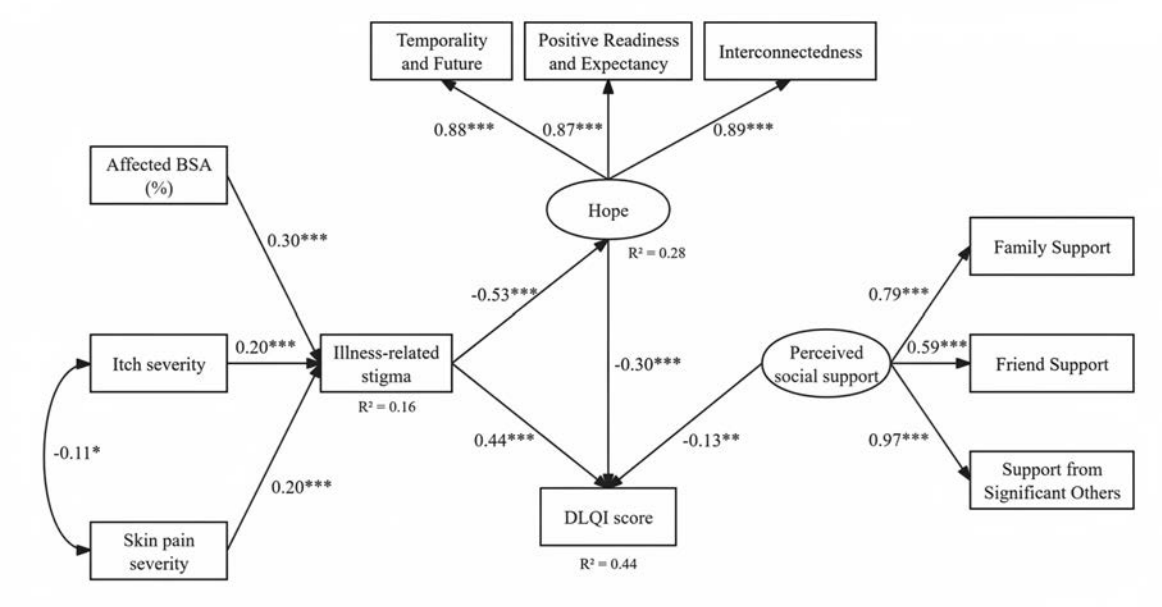

Figure 1. Final structural equation model linking disease severity, illness-related stigma, hope and dermatology-specific quality of life. Standardized path coefficients (β) are shown. R^2 values are presented for endogenous variables. Curved double-headed arrows represent residual covariances. *P < 0.05; **P < 0.01; ***P < 0.001.

Conclusions

Illness-related stigma represents a key psychological mechanism linking clinical disease burden and HRQoL impairment in CISDs. Beyond symptom severity, stigma and modifiable psychosocial resources substantially influence patient-reported outcomes. These findings highlight the importance of integrating stigma-sensitive assessment and psychosocial support into routine dermatologic care to improve holistic outcomes.

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Abstract N°: 370

Microvascular Reactivity to Cold-Heat Challenge in Self-Perceived Sensitive Skin and non-Sensitive Skin Population: A method for objective assessment of sensitive skin condition

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Introduction

Sensitive skin is a common condition defined by unpleasant sensory responses (stinging, burning, tingling) to stimuli that are normally innocuous stimuli without presenting obvious clinical signs. Multiple biological mechanisms have been implicated, including impaired barrier function, neurosensory hyper-reactivity, neurovascular dysregulation, and TRP-channel–mediated responses.[1,2] However, despite increasing understanding of these physiological contributors, assessment remains largely dependent on subjective self-report, as visible signs may be minimal or absent. Objective, reproducible markers remain limited, particularly those capable of characterizing microvascular reactivity, which has recently been shown to differ between sensitive and non-sensitive skin. Establishing standardized, objective criteria is therefore a key unmet need in sensitive-skin research.

Materials and Methods

A single-center, controlled, blinded study was conducted in 20 Chinese female participants (age 21–38): 10 self-perceived sensitive skin (SS) and 10 non-sensitive skin (NSS). Subjects underwent a cold–heat environmental challenge (cold: 5 ± 1 °C, RH 20 ± 10%, 30 min; heat: 38 ± 3 °C, RH 50 ± 10%, 30 min), followed by 5–10 min acclimation (21 ± 2 °C, RH 50 ± 10%). Imaging was performed full face using PeriCam PSI (blood perfusion), and bilaterally using Antera 3D (chromophore-based redness) and optical coherence tomography (OCT; perfused vessel density, mean/max vessel diameter, vascular plexus depth). Relevant parameters from each type of images, blood perfusion (PeriCam), chromophore-based redness (Antera 3D), perfused vessel density and mean/max vessel diameter at 0.3mm-0.5mm depth from skin surface and vascular plexus depth (OCT), were analyzed from the images acquired pre- and post-challenge. The values were statistically compared within and between groups.

Results

At baseline, no significant differences were observed between SS and NSS across any imaging parameters. After the cold–heat challenge, both groups exhibited significant increases in blood perfusion and facial redness values. However, only the SS group demonstrated statistically significant increases in perfused vessel density and vessel diameter, while vascular plexus depth remained unchanged. Between-group analysis showed that SS exhibited significantly greater increases in perfused vessel density, vessel diameter, and perfusion than NSS, consistent with earlier findings that sensitive skin exhibits higher vessel density and superficial microvascular patterns.2 No significant differences were observed in redness changes between groups.

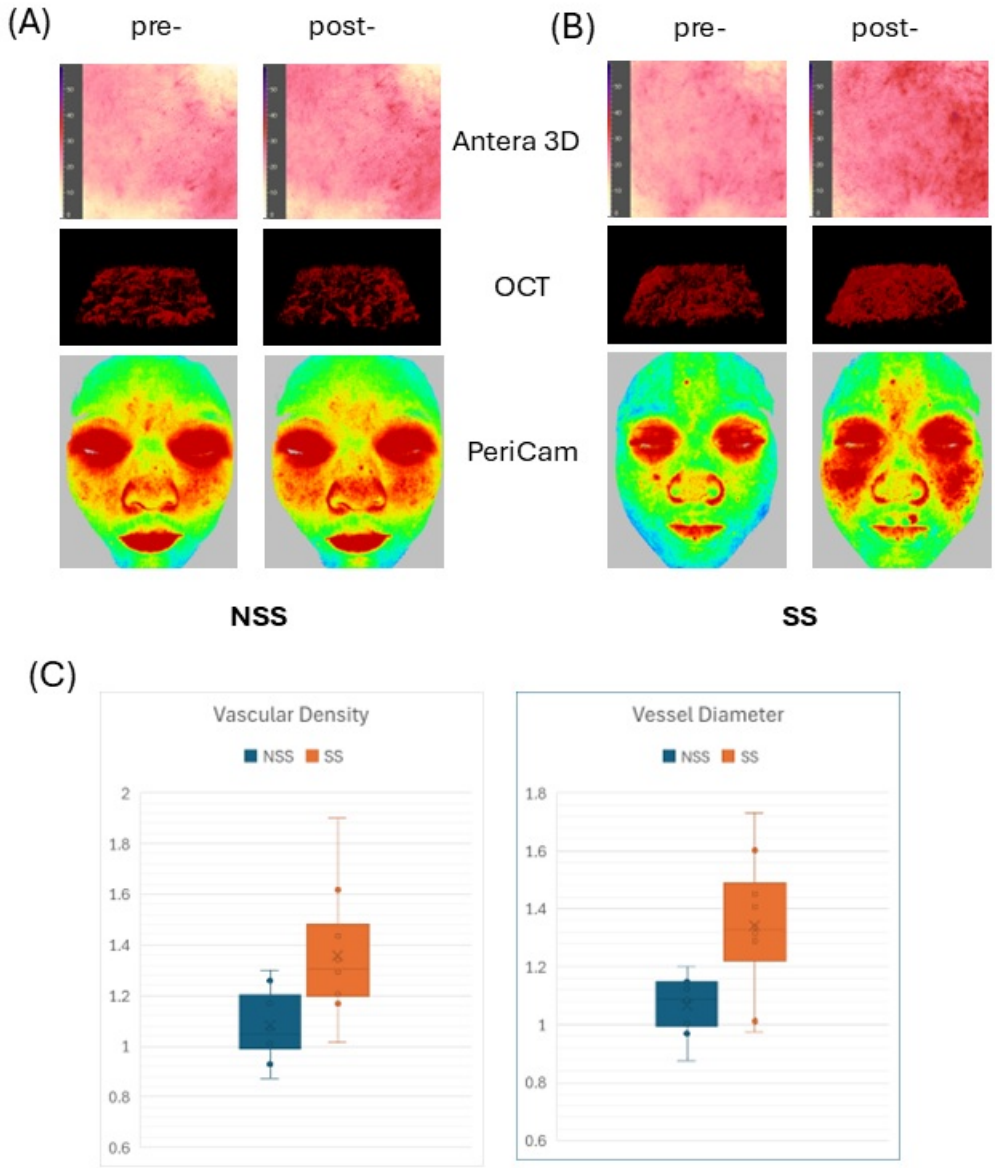

Figure 1. Microvascular response to a cold–heat challenge in non-sensitive skin (NSS) and self-perceived sensitive skin (SS).(A–B) Representative pre- and post-challenge images acquired on the cheeks using Antera 3D (facial redness), optical coherence tomography (OCT; perfused vessel density), and PeriCam PSI (blood perfusion) from an NSS participant (A) and an SS participant (B).(C) Group comparison of the change (post–pre challenge) in OCT-derived perfused vessel density and vessel diameter between NSS and SS. NSS, non-sensitive skin; SS, sensitive skin.

Conclusions

Microvascular reactivity measured by OCT and PSI following a cold–heat challenge can effectively differentiate SS from NSS populations. These preliminary findings support the feasibility of establishing quantitative thresholds for sensitive-skin categorization. When combined with subjective questionnaires and chemical-challenge responses, this physical reactivity test may contribute to a multidimensional framework for sensitive-skin classification and stratification.

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Abstract N°: 497

Artificial intelligence in dermatology: How patients use ChatGPT before consultation

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Introduction
Artificial intelligence tools, especially conversational platforms like ChatGPT, are increasingly used by the public for health-related questions. In dermatology, patients often seek information on symptoms, possible diagnoses, and treatments before consulting a physician. This study aimed to evaluate how frequently patients use ChatGPT, their motivations, the perceived usefulness of its information, and its potential impact on consultation timing and confidence in healthcare decisions.

Materials and Methods
A six-month cross-sectional study was conducted in a tertiary dermatology clinic. Outpatients completed a structured questionnaire on the frequency and types of questions posed to ChatGPT (symptoms, diagnosis, treatment, prognosis), their motivations (curiosity, reassurance, second opinion), perceived reliability of the AI, and its influence on their decision to consult a physician. Quantitative variables were expressed as mean ± standard deviation, and qualitative variables as counts and percentages. Univariate and multivariate logistic regression analyses examined associations between demographic and clinical characteristics and AI usage.

Results
The study included 80 patients, comprising 45 women (56.3%) and 35 men (43.7%), with a mean age of 34.7 ± 10.2 years (range 18–65). Overall, 56% (n = 45) reported using ChatGPT to search for dermatology-related information prior to their consultation. Among these users, 35% consulted the AI multiple times per month, while 21% used it approximately once per week. The most frequently searched topics were acne (35%), cutaneous eruptions (22%), psoriasis (15%), and other conditions such as eczema, fungal infections, and skin cancers (28%). Many patients explored more than one condition in a single session, reflecting a broad and diverse information-seeking behavior.User satisfaction with ChatGPT was generally high, with 68% assigning a score of ≥4/5. Nonetheless, 24% expressed concerns about the reliability of the information, noting that responses were often too general or lacked clinical specificity. The impact of ChatGPT on consultation behavior was notable: 32% of users delayed their consultation, 12% decided not to consult at all, while 56% attended their dermatology visit regardless of prior AI use. Importantly, 15% reported asking more precise or targeted questions to their dermatologist based on the information obtained from ChatGPT, and 7% attempted to adjust their treatment independently.Analysis of demographic associations revealed that patients under 40 years were significantly more likely to use ChatGPT ($p < 0.05$). Additionally, there was a strong positive correlation between ChatGPT use and consulting other online medical sources ($r = 0.62$; $p < 0.01$), indicating that AI usage is part of a broader pattern of digital health-seeking behavior.Overall, these findings suggest that ChatGPT is widely used by adult dermatology patients, particularly younger individuals, and can influence both the timing of consultations and the level of patient engagement. While the AI tool may enhance patient preparedness and knowledge, concerns regarding reliability and self-directed treatment emphasize the importance of clinician guidance and targeted patient education to ensure safe and effective use.

Conclusions

ChatGPT is widely used by patients to seek dermatology-related information before clinical consultations. It can enhance patient engagement and preparedness but may also influence healthcare-seeking behavior and create uncertainty regarding reliability. Dermatologists should be aware of AI’s growing role in patient self-education and provide guidance on interpreting AI-generated information, ensuring safe and informed decision-making.

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Abstract N°: 652

Factors affecting the quality of life of dermatological patients: the results of the survey using DLQI

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Introduction
Dermatological diseases have an impact not only on the patient's physical condition, but also on his emotional well-being and social functioning. At the same time, in clinical practice, the subjective difficulties of patients often remain underestimated. The purpose of our study is to assess the quality of life of patients with skin diseases using the dermatological quality of life index (DLQI), identify factors associated with its decrease, and identify aspects of the disease that are significant to patients and require medical attention.

Materials and Methods
We conducted an anonymous survey of patients: the questionnaire included demographic indicators, features of medical history data and a standardized DLQI form. The analysis of associations between the obtained characteristics and indicators of quality of life was carried out.

Results
The study included 60 people (39 women and 21 men). The median age is 56.6 - the interquartile range is 26.5. The most common diseases were psoriasis (n=18, 30%), atopic dermatitis (n=10, 16.7%), vulgar pemphigus (n=8, 13.3%) and others (n=24, 40%). The average DLQI value was 12, which corresponds to the strong effect of the disease on the patient's life. A longer duration of the disease was associated with a lower severity of a decrease in quality of life, which may reflect the gradual adaptation of patients to the disease (p=-0.27). There was a tendency that the presence of side effects of therapy (pain, stress, allergic reaction) was associated with a deterioration in quality of life (p=0.246). In addition, there are differences in the subjective perception of difficulties associated with the disease, depending on gender and bad habits. It was found that male patients had more addictions than women. In turn, women were more likely to complain about their general condition (p=-0.338 and p=0.252, respectively). The data obtained shows that the quality of life of patients is influenced not only by the clinical characteristics of dermatosis, but also by factors related to the course of the disease and treatment.

Conclusions
The DLQI is an informative tool for assessing the impact of skin diseases on a patient's life. The results of the study emphasize the need to take into account not only the clinical manifestations of the disease, but also subjectively significant inconveniences when managing patients. The identified factors can be used in the development of recommendations aimed at improving the quality of life of patients.

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Abstract N°: 722

Alexithymia in Patients Suffering From Hidradenitis Suppurativa

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Introduction

Hidradenitis suppurativa (HS) is a chronic, inflammatory, and recurrent disease of the pilosebaceous unit that predominantly affects intertriginous areas, such as the axillae, groin, and anogenital regions. It is characterized by painful nodules, abscesses, sinus tract formation, and scarring, often leading to significant physical discomfort and functional impairment. Beyond its somatic manifestations, HS exerts a profound psychosocial burden. Alexithymia, a multidimensional psychological construct, refers to difficulties in identifying, distinguishing, and describing emotions, as well as a tendency toward externally oriented thinking and limited imaginative processes. Although the relationship between alexithymia and dermatological diseases has gained increasing attention, data specifically addressing HS remain limited.

Materials and Methods

The study was designed as a cross-sectional observational analysis conducted among 123 consecutive adult patients diagnosed with HS (response rate of 93.2%). Clinical severity of HS was assessed using the Hurley staging system and the International Hidradenitis Suppurativa Severity Score System (IHS4). Subjective symptoms, including pain and pruritus intensity, were evaluated using the Numeric Rating Scale (NRS). Alexithymia was assessed using the Toronto Alexithymia Scale (TAS-20). Depressive symptoms were evaluated using the Patient Health Questionnaire-9 (PHQ-9) and the depression subscale of the Hospital Anxiety and Depression Scale (HADS-D). Anxiety was assessed using the Generalized Anxiety Disorder-7 (GAD-7) questionnaire and the anxiety subscale of the Hospital Anxiety and Depression Scale (HADS-A). Quality of life (QoL) was measured using dermatology-specific instruments, including the Dermatology Life Quality Index (DLQI) and the Hidradenitis Suppurativa Quality of Life (HiSQoL) questionnaire.

Results

Alexithymia was present in 17 (13.8%) individuals, while 27 (22.0%) were classified as having intermediate alexithymia. The mean TAS-20 score in the whole study group was 46.45 ± 12.75 points. The mean scores for individual domains were 15.77 ± 6.62 points for DIF, 11.85 ± 4.13 points for DDF, and 18.83 ± 5.22 points for EOT. With regard to disease staging assessed by Hurley scale, no statistically significant differences were found in total TAS-20 scores or DIF and DDF domains. However, a significant difference was observed for the EOT domain ($p=0.033$), with higher scores in patients with more advanced disease. Post-hoc analysis revealed a significant difference between Hurley stage II and III ($p=0.048$). Correlation analysis revealed that alexithymia scores were significantly associated with multiple clinical and psychosocial parameters. TAS-20 scores showed a significant, albeit weak, correlation with disease severity measured by IHS4. Weak but significant correlations were also found with pain and pruritus intensity. Higher TAS-20 scores were significantly correlated with greater depressive symptoms, as well as with anxiety severity assessment. In addition, alexithymia was significantly associated with

poorer disease acceptance and impaired QoL.

Conclusions

Our findings confirm that alexithymia in HS is primarily associated with psychosocial burden. Total TAS-20 scores correlated strongly with depression, anxiety, impaired QoL, and poorer disease acceptance, while associations with clinical severity and symptom intensity were weaker. From a clinical perspective, alexithymia may represent an important but underrecognized factor in HS. Impaired emotional awareness and communication may negatively affect doctor–patient interaction, adherence to treatment, and overall disease management. Therefore, identification of alexithymic traits could support a more comprehensive, multidisciplinary approach to HS care.

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Abstract N°: 732

Isotretinoin Therapy for Acne is Associated with Lower Risk of Substance Use and Self-Harm but Increased Risk of Excoriation-Type Behaviors

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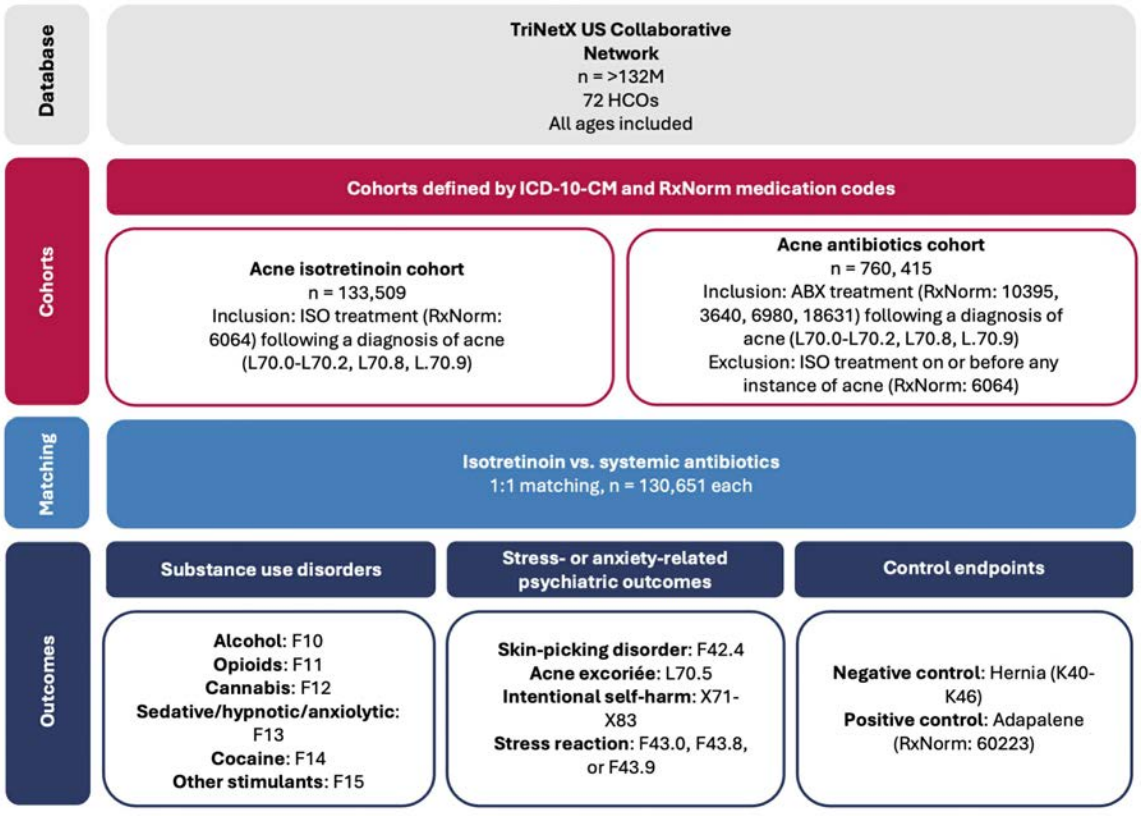
Introduction

Isotretinoin has revolutionized the management of severe, treatment-resistant acne, with growing evidence suggesting a reduced incidence of depression and suicide among treated patients. In contrast, data on its association with substance use disorders (SUDs) and stress- or anxiety-related conditions remain limited, particularly in large real-world cohorts.

Materials and Methods

Propensity score-matched cohort study including 130,651 isotretinoin-treated patients diagnosed with acne vulgaris and an equal number treated with systemic antibiotics. Risk of SUDs (alcohol, opioids, cannabis, sedatives/hypnotics/anxiolytics, cocaine, and stimulants) was examined as well as stress- or anxiety- related outcomes (acne excoriée, skin picking disorder, intentional self-harm, and stress reaction).

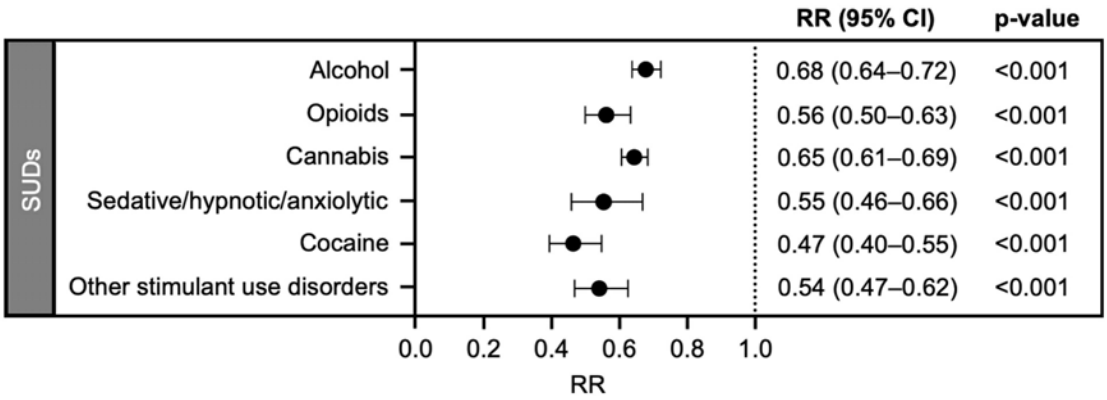


Study flowchart. Abbreviations: ABX, antibiotics; HCO, healthcare organization; ICD-10-CM,

International Classification of Diseases, Tenth Revision, Clinical Modification; ISO, isotretinoin.

Results

Isotretinoin therapy was associated with markedly lower risks across every SUD examined (risk ratios [RRs] 0.47-0.68) and decreased risks for intentional self-harm (RR 0.55, 95% confidence interval [CI] 0.44-0.68, p<0.001) and stress reaction (RR 0.71, 0.67-0.76) compared with antibiotic treatment. Conversely, isotretinoin increased the risk of acne excoriée (RR 1.80, 1.51-2.13) and skin picking disorder (RR 1.45, 1.20-1.77). Findings were largely consistent across multiple sensitivity and subgroup analyses, and validity was supported through expected patterns in positive- and negative-control outcomes.



Isotretinoin is associated with lower risks for substance use disorders, primary analysis. Relative risks with 95% confidence intervals for substance use disorder outcomes in patients treated with isotretinoin versus propensity score-matched patients treated with systemic antibiotics for acne are shown. P-values were evaluated against a Bonferroni-adjusted significance threshold (α = 0.005). All outcomes used an initial follow-up starting 1 day after the event. Abbreviations: SUDs, substance use disorders; RR, relative risk; CI, confidence interval.

Conclusions

Isotretinoin confers a lower risk across all SUDs studied while increasing the risk of acne excoriée and skin-picking disorder. In addition, the therapy is associated with markedly reduced rates of intentional self-harm and stress-reaction events. These findings suggest that, while isotretinoin offers a broad psychiatric protection, clinicians must incorporate anticipatory counseling and routine monitoring for excoriation-type behaviors to optimize long-term safety, holistic psycho-dermatologic care, and patient outcomes.

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Abstract N°: 774

Community Workshops Teaching Patients How to Advocate for Dermatology Referrals

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Introduction
Referral inequities disproportionately affect patients with limited health literacy, public insurance, language barriers, and restricted access to specialty networks. Delayed evaluation in inflammatory dermatoses, pigmentary disorders, hidradenitis suppurativa, and cutaneous malignancies can alter disease trajectory and amplify psychosocial burden. Referral reform is often framed as a systems-level challenge; however, literature across specialties demonstrates that patient activation, communication structure, and navigation infrastructure significantly influence patient health literacy and specialty access.

Materials and Methods
A narrative review was conducted of PubMed and Google Scholar peer-reviewed studies evaluating patient activation interventions, structured communication tools including question prompt lists, community health worker and patient navigation programs, and electronic consultation or structured referral systems associated with improved specialty access. Outcomes of interest included referral completion rates, time to specialty evaluation, patient engagement metrics, and equity-related measures. Evidence from safety-net primary care and specialty care interface research was examined to identify transferable constructs adaptable to dermatology referral systems.

Results
Patient activation and empowerment programs improve self-efficacy, symptom articulation, and preparedness for clinical encounters, correlating with enhanced engagement and shared decision-making. Structured communication, including visit-preparation guides and question-prompt lists, increase patient question-asking and clarifies consult intent, improving referral precision and reducing expectation misalignment. Community health worker and patient navigator programs address structural barriers such as insurance authorization, scheduling complexity, transportation limitations, and language discordance, demonstrating improved specialty appointment completion and timeliness in underserved populations. System-bridging innovations, including eConsult and structured eReferral platforms, enhance triage accuracy, expedite specialist input, and reduce unnecessary in-person visits when specialty capacity is constrained.

Conclusions
Existing evidence supports an integrated dermatology referral advocacy structure combining community-based activation workshops, communication tools, navigator-assisted referral facilitation, and rapid eConsult triage pathways. Community-based educational outreach programs, coupled with efficient referral operations, effectively teach patients when and how to access dermatologic care. Prospective implementation and evaluation of an integrated model holds potential to reduce diagnostic latency and reduce inequities in access to dermatologic care.

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Abstract N°: 841

Use of the Trichology Treatment Satisfaction Index-15 (TTSI-15) Questionnaire to Assess Treatment Satisfaction in Trichological Practice

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Introduction

Alopecia areata (AA) is a chronic autoimmune disease characterized by T-cell-mediated damage to hair follicles, resulting in persistent non-scarring hair loss. Its prevalence in the general population ranges from 0.7% to 3.8%. AA causes significant psychosocial distress, adversely affecting quality of life. Existing severity assessment tools do not fully capture patients' subjective perception of the disease. Quality-of-life instruments have limited specificity for scalp disorders and insufficient sensitivity to treatment dynamics. The lack of brief, subjective, and user-friendly personal questionnaires hinders monitoring of treatment efficacy and selection of individualized psychosocial support strategies.

Aim of the study: to evaluate the practical applicability of the TTSI-15 questionnaire, developed on the base of Dermatovenerologicaldepartment, for quantitative assessment of treatment satisfaction in adult patients with alopecia areata.

Materials and Methods

Sixty patients with focal AA (30 men, 30 women; SALT index <40%) were observed, stratified by age groups (under 30 years, 30–50 years, over 50 years). Average age was 37.7 ± 9.2 years. Upon completion of treatment with topical corticosteroids, patients were asked to complete the TTSI-15 at home and e-mail it to the treating physician (Fig.1). Personal questionnaires were reviewed for completeness, total scores calculated with colour-zone classification, and average scores across the five domains analyzed to identify life areas most negatively impacted.The TTSI-15 is designed for patients aged over 18 years and comprises 5 blocks: work and professional activity; social adaptation; personal life; emotional state; subjective treatment assessment. Each domain includes 3 items scored from 0 to 3 (0—no; 1—more no than yes; 2—more yes than no; 3—yes). The total index ranges from 0 (minimum) to 45 points (maximum), with separate domain scores possible (0–9 points per domain).Score interpretation corresponds to ranges and colour zones: 0–15 points—excellent treatment perception (green zone); 16–25 points—good perception with moderate difficulties (yellow zone); 26–45 points—satisfactory perception with acceptable well-being and quality of life (red zone).

Trichology Treatment Satisfaction Index (TTSI-15)

№	Question	Yes (3)	More Yes (2)	More No (1)	No (0)
Work and professional activity					
1	Your hair condition interferes with focusing on work or studies.	☐	☐	☐	☐
2	You avoid video calls, presentations, or public speaking due to your hair condition.	☐	☐	☐	☐
3	Hair problems have reduced your professional confidence or career opportunities.	☐	☐	☐	☐
Social adaptation					
4	It has become harder to communicate with friends or new acquaintances.	☐	☐	☐	☐
5	You limit participation in social events due to your hair condition.	☐	☐	☐	☐
6	You feel that others notice your hair.	☐	☐	☐	☐
Personal life and sexuality					
7	Hair problems have reduced your sense of attractiveness.	☐	☐	☐	☐
8	Your libido or confidence in the sexual sphere has worsened.	☐	☐	☐	☐
9	You feel embarrassed in front of your partner due to your hair condition.	☐	☐	☐	☐
Emotional state					
10	You often think about your appearance.	☐	☐	☐	☐
11	You experience anxiety or depressive feelings related to your hair condition or treatment.	☐	☐	☐	☐
12	You feel irritated or tired due to the need for hair care or therapy.	☐	☐	☐	☐
Subjective assessment of treatment and progress					
13	You feel the treatment is not working.	☐	☐	☐	☐
14	Your hair condition has worsened compared to before treatment.	☐	☐	☐	☐
15	Your self-esteem has not improved since starting treatment.	☐	☐	☐	☐

Scoring:
- **0-15 -** excellent treatment perception
- **16-25 -** good perception, moderate difficulties
- **26-45 -** satisfactory perception, well-being and quality of life

Fig.1. Blank of Personal Questionnaire Trichology Treatment Satisfaction Index - 15

Results

The average total score in AA patients was 24.1 ± 7.6 points (median 21). Women had higher scores than men: 27.9 ± 8.4 (median 27) vs. 20.3 ± 3.9 (median 20). The highest score was observed in the under-30 group: 25.6 ± 6.9 (median 22); 30–50 years: 23.5 ± 7.5 (median 21); over 50 years: 24.6 ± 8.3 (median 21).The personal questionnaire revealed the highest scores in emotional state (6.8), followed by treatment evaluation and dynamics (5.1), work (4.3), social adaptation (4.3), and personal life (3.6).Treatment satisfaction distribution was as follows: good and excellent perception accounted for 60% (40% men, 20% women) and 7% (5% men, 2% women), respectively; satisfactory perception—33% (5% men, 28% women). The average score in the red zone was higher among women.

Conclusions

The TTSI-15 represents a simple and accessible tool enabling patients to independently assess the psychosocial impact of AA and their satisfaction with treatment. Its application facilitates quantitative evaluation of subjective treatment response and quality of life, making TTSI-15 a convenient mechanism for integration into routine clinical practice.

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Abstract N°: 899

Impact of sociocultural beliefs on quality of life and healthcare-seeking behavior in patients with dermatological conditions

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Introduction
Dermatological conditions, due to their visible nature, are frequently associated with sociocultural beliefs and misconceptions. In many settings, skin diseases may be perceived as contagious, related to poor hygiene, or attributed to traditional or non-medical causes. These representations may contribute to stigmatization, altered illness perception, and delayed access to appropriate care.
To determine the prevalence of sociocultural beliefs among dermatology patients and to evaluate their impact on quality of life and healthcare-seeking behavior.

Materials and Methods
A cross-sectional analytical study was conducted using a structured anonymous questionnaire administered to patients presenting with various dermatological conditions. Collected variables included sociodemographic data, type and duration of dermatosis, exposure to sociocultural beliefs, perceived stigmatization, and healthcare-seeking patterns. Quality of life was assessed using the Dermatology Life Quality Index. Comparisons between groups were performed using chi-square and Student's t-tests, with statistical significance set at $p < 0.05$.

Results
A total of 94 patients were included. The mean age was 30.8 ± 11.2 years, with a female predominance of 61.7%. The most represented conditions were acne, pigmentary disorders, vitiligo, and chronic inflammatory dermatoses.Exposure to sociocultural beliefs was reported by 54.3% of patients. The most frequent misconceptions included perceived contagion, poor hygiene, dietary factors, and traditional or supernatural causes. Patients exposed to these beliefs reported significantly higher levels of perceived stigmatization and social discomfort.Quality of life impairment was more pronounced in this group, with a mean Dermatology Life Quality Index score of 11.2 ± 5.4, compared to 6.8 ± 4.1 in patients not exposed to such beliefs, indicating a significantly greater psychosocial burden ($p = 0.01$). These patients also more frequently reported avoidance behaviors, including social withdrawal and concealment of visible lesions.Delayed consultation was observed in 29.8% of cases and was significantly associated with exposure to sociocultural beliefs. The use of traditional or non-medical remedies was also more frequent in this group ($p = 0.03$).

Conclusions
Sociocultural beliefs are highly prevalent among dermatology patients and are associated with increased psychosocial burden and altered healthcare-seeking behavior. Their presence contributes to delayed consultation and the use of non-medical treatments. These findings underscore the need for targeted patient education and culturally adapted communication strategies to improve disease understanding, reduce stigma, and optimize dermatological care.

EADV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 969

Life satisfaction in patients with hidradenitis suppurativa: a cross-sectional analysis

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Introduction
Hidradenitis suppurativa (HS) is a chronic inflammatory skin disorder that may substantially impair psychological well-being and overall life satisfaction. This study aimed to evaluate satisfaction with life in individuals with HS and to examine its relationship with disease severity, sociodemographic variables, symptoms of depression and anxiety, broader psychopathological burden, and health-related quality of life.

Materials and Methods
A total of 114 patients with HS were included in this cross-sectional study; 53.1% were women, and the mean age was 36.6 ± 13.1 years. Disease severity was assessed using the Hurley staging system and the International Hidradenitis Suppurativa Severity Score System. Satisfaction with life was measured with the Satisfaction with Life Scale. Depressive symptoms were evaluated using the Patient Health Questionnaire-9, anxiety symptoms with the Generalized Anxiety Disorder-7 scale, general psychopathological symptoms with the General Health Questionnaire-28, and quality of life with the Hidradenitis Suppurativa Quality of Life scale.

Results
Low satisfaction with life was observed in 31.6% of participants, while 42.1% reported moderate satisfaction and 26.3% high satisfaction. Satisfaction with life did not differ significantly according to disease severity measured by either Hurley stage or the International Hidradenitis Suppurativa Severity Score System, and no significant correlation was found with disease severity scores. No significant differences were observed between men and women. Satisfaction with life was also not associated with age, disease duration, or number of hospitalizations. In contrast, satisfaction with life showed strong negative correlations with depressive symptoms, anxiety symptoms, and general psychopathological distress. In addition, lower satisfaction with life was associated with worse overall quality of life, including psychosocial burden and difficulties in daily functioning.

Conclusions
A considerable proportion of patients with HS report low satisfaction with life. This parameter does not appear to be related to clinical severity or basic sociodemographic factors, but it is closely associated with symptoms of depression, anxiety, broader psychological distress, and impaired quality of life. These findings highlight the importance of psychological assessment in the comprehensive care of patients with HS.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1012

Instagram Engagement Patterns, Self-Esteem, and Quality of Life in Female Dermatology Patients: A Cross-Sectional Study

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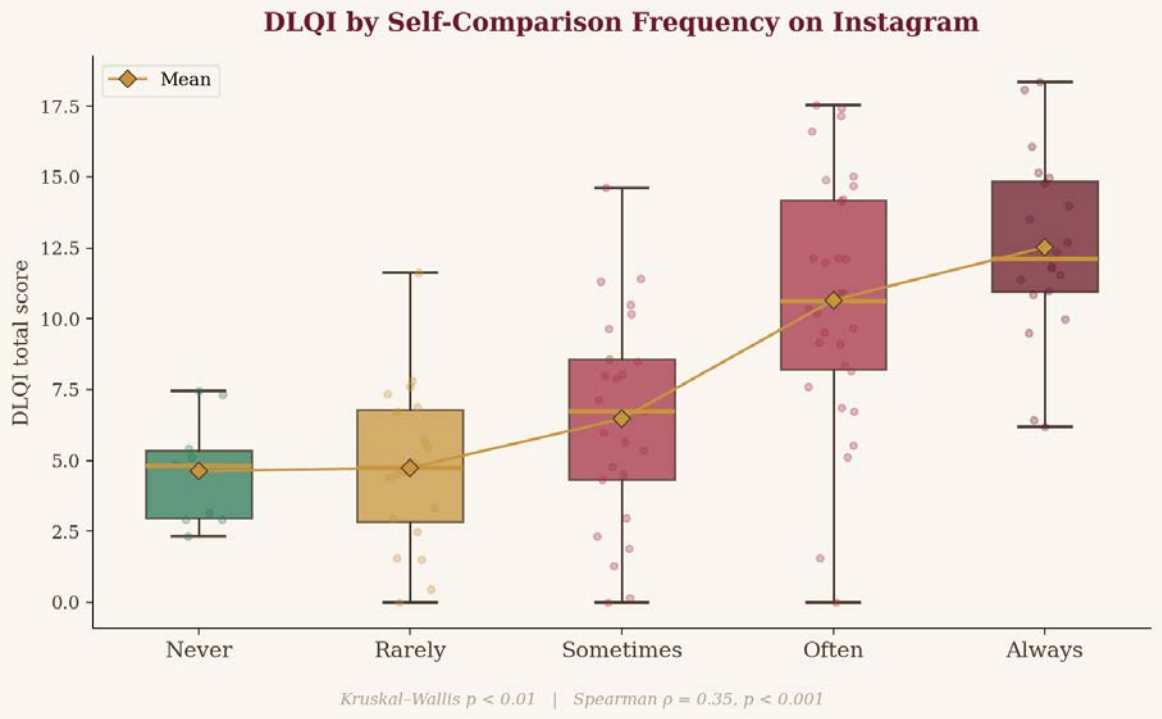
Introduction

Patients with visible skin conditions are particularly vulnerable to the psychosocial consequences of social media use. Instagram, a visually driven platform with over 1.3 billion active users, creates an environment that intensifies upward social comparison and appearance-focused behaviour [1,2]. Psychodermatological research confirms that low self-esteem, shame, and body image disturbance are core contributors to quality of life (QoL) impairment in dermatological patients [3,4]. While screen time has been widely studied, the specific behavioural patterns - self-comparison, image retouching, and associated negative affect - remain poorly characterised in relation to validated QoL outcomes. This study aimed to identify which Instagram behaviours independently predict Dermatology Life Quality Index (DLQI) scores in female patients with common inflammatory skin conditions.

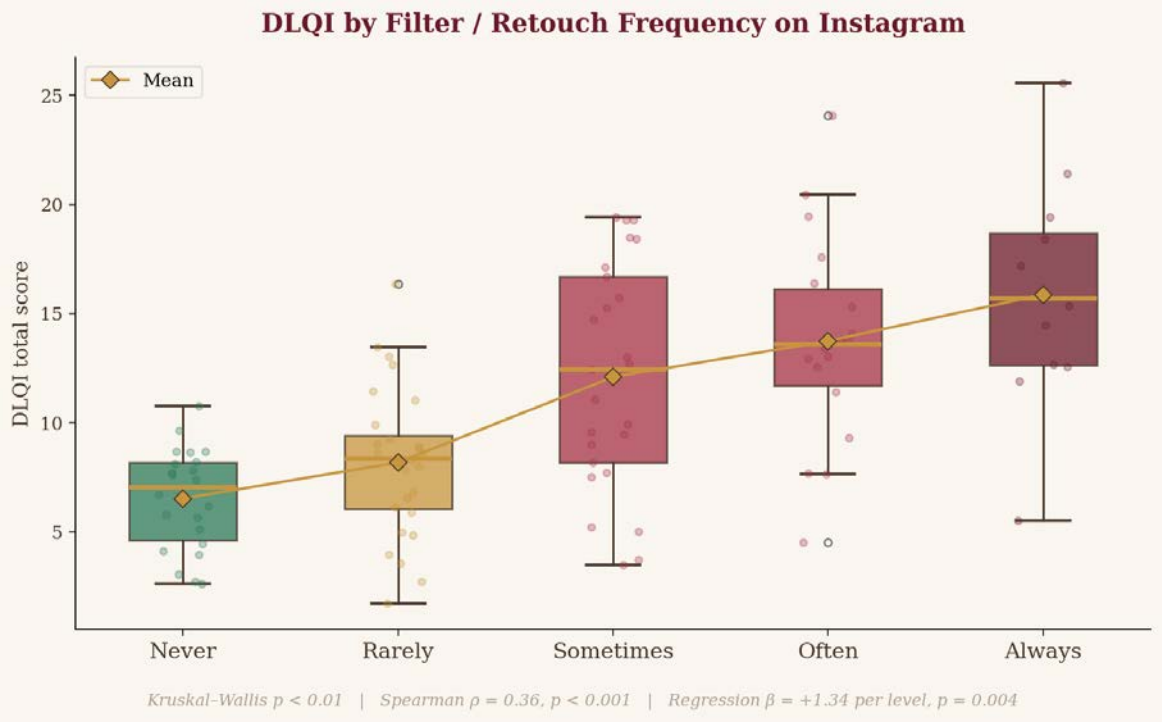
Materials and Methods

A cross-sectional survey was conducted among 105 female dermatology patients (mean age 27.8 years) with diagnoses of acne, rosacea, atopic dermatitis, or psoriasis. The questionnaire included the validated DLQI (10 items, score 0-30), self-esteem subscale items (Likert 1 - 5: satisfaction with self, perception of positive qualities, sense of worth, confidence in mirror), and Instagram use patterns (daily time online, self-comparison frequency, filter/retouch use, negative emotional responses, motivation to consult a dermatologist). Spearman correlation, Kruskal-Wallis tests, and multivariate linear regression were applied.



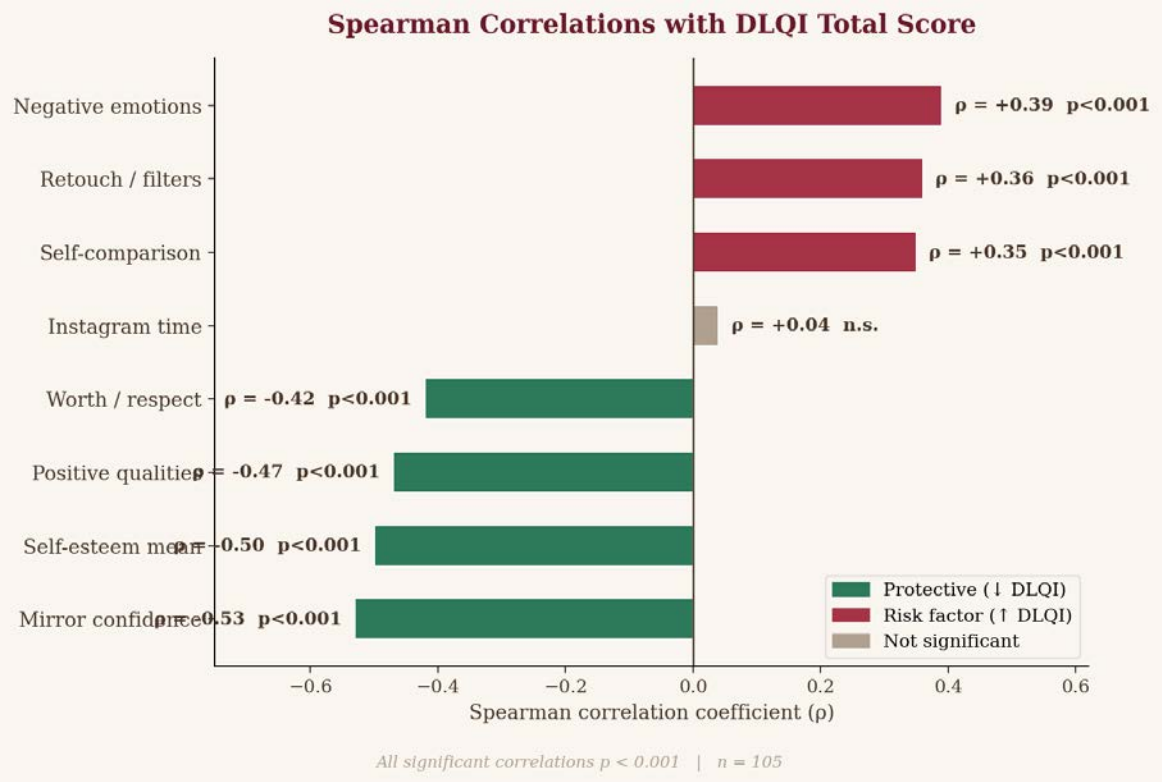
Results

Mean DLQI was 8.7 (SD 5.8); one-third of patients reported very large or extremely large QoL impact (scores ≥11). In bivariate analyses, DLQI correlated positively with self-comparison frequency (ρ=0.35, p<0.001), filter/retouch use (ρ=0.36, p<0.001), and negative emotions after Instagram use (ρ=0.39, p<0.001), and negatively with all self-esteem items (ρ=–0.42 to –0.53, all p<0.001). Time spent on Instagram showed no significant association with DLQI. Group comparisons confirmed significantly higher DLQI across increasing levels of retouch and comparison behaviour (Kruskal–Wallis, p<0.01). In multivariate linear regression, independent predictors of higher DLQI were: retouch/filter use (+1.34 points per scale level, p=0.004), negative emotional response to Instagram (+1.38, p=0.017), and lower self-esteem composite score (–2.19 per point, p=0.001; R^2=0.43). Diagnosis and time online were not significant after adjustment. The strongest single protective factor was confidence in mirror appearance (ρ=–0.53).



Conclusions

Quality of life impairment in female dermatology patients is driven not by the duration of Instagram use, but by specific engagement patterns: appearance comparison, image retouching, and negative affect. Self-esteem functions as a robust independent protective factor against QoL burden, regardless of diagnosis. These findings underscore the need to integrate psychodermatological assessment - including social media behaviour screening and self-esteem evaluation - into routine dermatological care. Psychoeducation and digital hygiene strategies targeting maladaptive Instagram behaviours may meaningfully improve patient outcomes beyond pharmacological treatment alone.


Spearman Correlations with DLQI Total Score
Negative emotions
Retouch / filters
Self-comparison
Instagram time
Worth / respect
Positive qualities
Self-esteem mean
Mirror confidence
ρ = +0.39 p<0.001
ρ = +0.36 p<0.001
ρ = +0.35 p<0.001
ρ = +0.04 n.s.
ρ = -0.42 p<0.001
ρ = -0.47 p<0.001
ρ = -0.50 p<0.001
ρ = -0.53 p<0.001
Protective (↓ DLQI)
Risk factor (↑ DLQI)
Not significant
−0.6
−0.4
−0.2
0.0
0.2
0.4
0.6
Spearman correlation coefficient (ρ)
All significant correlations p < 0.001 | n = 105

EA DV CONGRESS
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Abstract N°: 1080

Factors Affecting Difficult Physician-Patient Relationships in Dermatological Practice: A Cross-Sectional Analysis Using a Mixed-Effects Model

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Introduction
Difficult physician-patient relationships can negatively affect patient outcomes and increase rates of physician burnout, with both patient and physician factors implicated. This study aimed to examine factors associated with difficult physician-patient relationships, and to assess the relative contributions of patient-level and physician-level factors to difficult physician-patient relationships.

Materials and Methods
1049 physician-patient pairs across 44 dermatologists were analysed, with patients having a diagnosis of either psoriasis or atopic dermatitis. The primary outcome was the Difficult Doctor-Patient Relationship Questionnaire (DDPQR), with higher scores indicating more challenging interactions. Patient-level variables included age, gender, disease type, quality-of-life impairment (Skindex-16), anxiety (GAD-7), objective severity scoring (accounting for physician-assessed severity and body surface area), resilience (Brief Resilience Scale), physician trust (Wake Forest Physician Trust Scale) and perceptions of physician empathy (Jefferson Scale of Patient Perceptions of Physician Empathy). Physician-level variables included age, gender, professional seniority and self-reported burnout. We utilised a linear mixed-effects model with individual physicians treated as random intercepts.

Results
Our model showed significant inter-physician variability (random intercept variance=13.5, residual=26.1), however none of the physician-level variables included in the model showed statistically significant associations with the DDPQR. After adjusting for physician-level clustering, higher patient age ($p<0.001$), greater QOL impairment ($p=0.020$), and higher objective disease severity ($p=0.018$) were independently associated with higher DDPQR scores.

Conclusions
These results highlight the multifactorial nature of difficult physician-patient relationships. Patient burden of disease is an important factor, but there is also significant physician-level variation. Future studies can focus on exploring modifiable physician attitudes or practices, and refining patient-reported measures of difficult doctor-patient relationships for greater representation of patients' perspectives.

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Abstract N°: 1141

Comparison of the Effects of Different Psoriatic Therapies on Improvement of Depressive Symptoms and Their Mediating Mechanisms: A Real-World Prospective Cohort Study

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Introduction
Psoriasis is a chronic inflammatory disease frequently accompanied by psychological comorbidities, particularly depression. Although systemic therapies can effectively control skin lesions, their comparative effects on depressive symptoms remain unclear. Moreover, the mechanisms through which different treatments influence depression—whether directly or indirectly via improvements in disease severity or quality of life—have not been fully elucidated. This study aimed to compare the impact of psoriatic therapies with different mechanisms of action on depressive symptom improvement and to explore their potential mediating pathways in a real-world setting.

Materials and Methods
This prospective cohort study was based on the PSOWCH psoriasis database. Patients receiving systemic treatment and completing at least one follow-up visit were included. Participants were categorized into four groups according to treatment regimen: methotrexate (MTX), IL-17 inhibitors, IL-23 inhibitors, and apremilast. Clinical assessments were performed at baseline and at 3, 6, and 12 months, including the Psoriasis Area and Severity Index (PASI), Dermatology Life Quality Index (DLQI), and Beck Depression Inventory-II (BDI-II). The primary outcome was defined as a ≥17.5% improvement in BDI-II score from baseline, corresponding to the minimum clinically important difference (MCID). Kaplan–Meier analysis was used to estimate the cumulative probability of achieving MCID over time. Mediation analysis was conducted to assess the roles of changes in PASI (ΔPASI) and DLQI (ΔDLQI) in the association between treatment and improvement in depressive symptoms.

Results
A total of 170 patients were included: 34 in the MTX group, 46 in the IL-23 inhibitor group, 56 in the IL-17 inhibitor group, and 34 in the apremilast group. At baseline, patients receiving biologics had higher PASI scores and greater body surface area involvement. During follow-up, the IL-23 inhibitor group showed a significantly higher proportion of patients achieving BDI-II MCID compared with the MTX group ($P = 0.022$). Kaplan–Meier analysis demonstrated that at 12 months, the MCID achievement rate was 50.0% in the MTX group, which was markedly lower than that in the IL-23 inhibitor group (94.1%), IL-17 inhibitor group (93.8%), and apremilast group (69.8%) (all $P = 0.018$). Mediation analysis revealed that in the IL-17 inhibitor and apremilast groups, improvements in DLQI significantly mediated the relationship between treatment and depressive symptom improvement, accounting for 94.2% and 96.3% of the effect, respectively (both $P < 0.05$), while changes in PASI were not significant mediators. In contrast, no significant mediating effects of either PASI or DLQI were observed in the IL-23 inhibitor group.

Conclusions
Psoriatic therapies may have differential effects on depressive symptom improvement, with biologics and apremilast potentially offering greater benefits than MTX. IL-17 inhibitors and apremilast appear to improve depression primarily through enhancing quality of life, whereas IL-23 inhibitors may exert effects through alternative pathways independent of skin improvement and quality of life. These findings underscore the importance of integrating psychological outcomes into psoriasis management and provide insights into the

mechanisms linking inflammation and mental health.

EA DV CONGRESS
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30 SEP - 3 OCT 2026

Abstract N°: 1167

Efficacy of A Cream Containing 5% Panthenol and Prebiotic Complex in Rosacea and Sensitive Skin: A 56-day Randomized, Two-Phase Study

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Introduction

Recent advancements in understanding rosacea pathogenesis underline skin microbiome dysbiosis and barrier dysfunction as critical drivers of chronic inflammation and neurosensory hypersensitivity. Targeting these key pathophysiological pathways, this study evaluates the efficacy of a formulation containing 5% panthenol and a prebiotic complex. By integrating biophysical measurements with clinical assessments, we systematically analyzed the new cream's capacity to enhance barrier resilience, attenuate inflammatory responses, and restore skin homeostasis. Specifically, we assessed the alleviation of clinical signs and the elevation of the neuro-irritation threshold. Our objective was to elucidate the clinical utility and safety profile of this formulation as a long-term adjunctive strategy in the comprehensive management of rosacea.

Materials and Methods

This study is a stratified, randomized, controlled design enrolling 72 participants with rosacea and sensitive skin (test group: n = 31; control group: n = 31). The trial was conducted in two phases:
Phase 1 (Days 0–28) served as a randomized controlled period, during which participants applied either a cream containing 5% panthenol and prebiotic complex or a standard moisturizer to the entire face twice daily.
Phase 2 (Days 29–56) was a single-arm observational period in which both cohorts applied the cream containing 5% panthenol and prebiotic complex twice daily.
Follow-up assessments were performed at baseline and on Day 14, Day 28, and Day 56. Comprehensive evaluations included biophysical instrumental measurements, physician global clinical grading, participant self-assessment scales, and relevant validated questionnaires.

Results

1. The test group demonstrated significant improvements in skin moisture content, transepidermal water loss (TEWL), skin color, and skin sensitivity compared to baseline, with significantly greater improvement than the control group (Figure 1A-D). Skin pH value shifted toward a healthy weak acidity, and blood perfusion imaging outcomes also improved significantly from baseline (Figure 1E, F).

2. Physician erythema assessment scores improved significantly in the test group and were superior to those in the control group (Figure 2A). Physician-assessed scores showed significant reductions in rosacea symptoms. The test group showed significantly greater improvements in burning, itching, and tightness (Figure 2B). Safety profiles were similar between groups.

3. Self-reported skin sensitivity and flushing (redness and heat) improved significantly in both cohorts, with the test group showing a significantly greater reduction in symptom severity compared to the control group. (Figure 3A, B). The Rosacea Quality of Life (Rosa QOL) total score also improved significantly and was superior to that in the control group (Figure 3C).

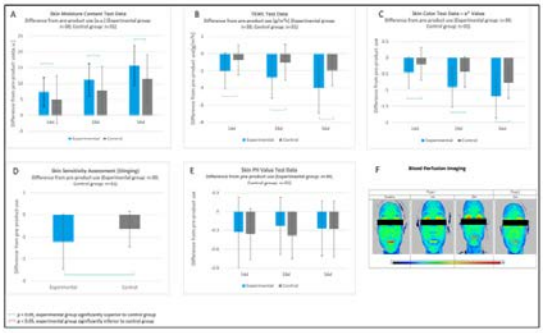

Figure 1. Comparative test results between the experimental and control groups: (A) skin moisture content, (B) TEWL, (C) skin color parameter a*, (D) skin sensitivity, (E) skin pH value. (F) A blood perfusion imaging scan.

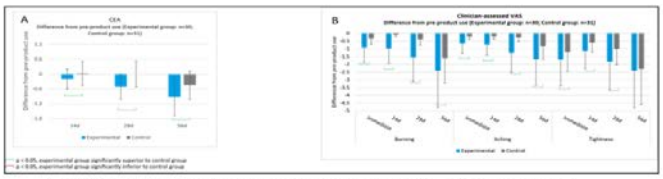

Figure 2. Comparative test results between the experimental and control groups: (A) Clinician Erythema Assessment (CEA), (B) Clinician-assessed Visual Analogue Scale (VAS) of skin burning, itching, and tightness.

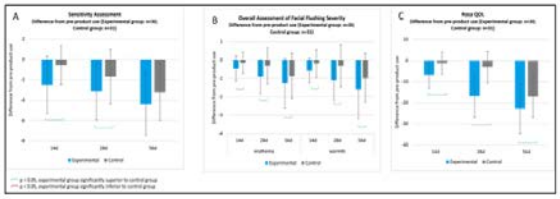

Figure 3. Comparative test results between the experimental and control groups: A) sensitivity assessment, B) overall assessment of facial flushing severity, C) Rosa QOL.

Conclusions

In conclusion, this study demonstrates that the cream containing 5% panthenol and prebiotic complex effectively reinforces the cutaneous barrier and alleviates erythema and sensory symptoms in rosacea patients with sensitive skin. By significantly improving overall skin condition and quality of life, this formulation—supported by robust safety and efficacy data—serves as a reliable and effective adjunctive strategy for the daily management of rosacea population.

EA DV CONGRESS
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Abstract N°: 1267

Ghost Psoriasis: Residual Psychological Scarring and Cumulative Life Course Impairment in Patients with Complete Clinical Remission Under Biological Therapy

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Introduction

Psoriasis is a chronic systemic inflammatory disease that imposes a significant psychosocial burden beyond its physical manifestations. While biologic agents achieve remarkable skin clearance (complete remission), the residual psychological impact—termed 'Ghost Psoriasis'—and the Cumulative Life Course Impairment (CLCI) remain under-recognized. The current study explores the hypothesis that dermatological recovery does not equate to psychological restoration. To evaluate and compare self-esteem, anxiety, and depression levels, and to investigate the CLCI across patients with active lesions, those in clinical remission under biologic therapy, and healthy controls. A specific aim was to examine the influence of sociodemographic factors and the differences in psychiatric outcomes between IL-17 and IL-23 inhibitors.

Materials and Methods

A single-center cross-sectional study was conducted with 240 participants (n=80 per group): Active Lesion (AL; PASI >= 10), Biologic Agent (BA; PASI < 2), and Healthy Control (HC). Psychometric evaluations included the Rosenberg Self-Esteem Scale (RSES) and the Hospital Anxiety and Depression Scale (HADS). Statistical significance was assessed using One-Way ANOVA, ANCOVA (controlling for age and sex), and Multiple Linear Regression.

Results

Biologic therapy achieved near-complete skin clearance (PASI: BA = 1.05 +/- 0.66 vs AL = 12.96 +/- 3.86; $p < 0.001$). However, the BA group exhibited a persistent 'Ghost Psoriasis' effect: anxiety and depression scores remained statistically identical to the AL group and significantly higher than controls (HADS-Anxiety: BA = 8.15 +/- 4.52 vs AL = 6.86 +/- 3.58 > HC = 3.58 +/- 2.60; $p < 0.001$). While biologics improved self-esteem compared to active lesions (RSES: 26.25 vs 22.90; $p < 0.001$), levels remained significantly below healthy norms (30.00; $p < 0.001$). Multiple regression identified 'Total Disease Duration' as the strongest negative predictor of self-esteem (Beta = -0.48, $p < 0.001$). Sociodemographic analysis revealed that marriage served as a protective buffer only during the active lesion phase ($p = 0.018$), losing its significance once clinical remission was achieved ($p = 0.471$). Gender, education level, and Body Mass Index (BMI) showed no significant impact on psychometric outcomes ($p > 0.05$). Conversely, active smoking and alcohol consumption were significantly associated with lower self-esteem and higher anxiety/depression levels ($p < 0.05$). Furthermore, IL-23 inhibitors demonstrated significantly lower anxiety and depression scores compared to IL-17 inhibitors ($p < 0.05$).

Table 1: Comparative Analysis of Clinical and Psychometric Parameters among Study Groups (N = 240)						
Variable	**SK (n = 80)**	**BA (n = 80)**	**AL (n = 80)**	***F*-value**	***p*-value**	**Post-hoc (Tukey)**
PASI Score	0.00 ± 0.00	1.05 ± 0.66	12.96 ± 3.86	663.21	< 0.001	AL > BA > SK
Disease Duration	—	15.24 ± 11.65	12.40 ± 10.92	19.33	< 0.001	BA > AL
RSES (Self-Esteem)	30.00 ± 4.31	26.25 ± 6.18	22.90 ± 4.68	38.49	< 0.001	SK > BA > AL
HADS-Anxiety	3.58 ± 2.60	9.25 ± 4.52	6.86 ± 3.58	42.15	< 0.001	BA > AL > SK
HADS-Depression	3.00 ± 2.40	7.85 ± 4.64	6.37 ± 3.38	35.12	< 0.001	SK > BA > AL

Table 1: Comparative Analysis of Clinical Parameters and Psychometric Scale Scores (PASI, RSES, HADS-A, HADS-D) Among Study Groups (N=240).**Values are expressed as mean ± standard deviation. BA: Biological Agents; SK: Healthy Controls; AL: Active Lesion

Conclusions

In conclusion, our findings demonstrate that complete clinical remission through biologic therapy does not correspond to psychological recovery, giving rise to the 'Ghost Psoriasis' phenomenon. We have statistically proven that despite achieving near-perfect skin clearance, patients continue to suffer from significant and persistent levels of anxiety and depression, comparable to those with active lesions. The persistent high anxiety in skin-cleared patients (Ghost Psoriasis) and the irreversible impact of disease duration (CLCI) necessitate a paradigm shift from purely dermatological to holistic dermatopsychiatric management. Furthermore, the observed differences between IL-17 and IL-23 inhibition warrant further investigation.

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Abstract N°: 1313

Subjective vs. objective severity: Effects on Partner Quality of Life in Atopic Dermatitis

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[2] kidz skin | Praxis für Kinder- und Jugenddermatologie, Ulm, Ulm, Germany

Introduction

Atopic dermatitis (AD) is a chronic inflammatory skin disease with strong impact on patients Quality of Life (QoL) across physical, psychological and social domains. Recurringsymptoms like pruritus, sleep disturbance and visible skin lesions impair daily functioning, emotional well-being and social participation. As in other chronic diseases AD not only affects patients but also their families. Previous studies focused mainly on parents of children with AD while QoL of partners of adult AD patients has received little attention so far, although partners may also be affected through shared daily routines, sleep disruption, treatment burden and psychosocial stress related to the disease.

Materials and Methods

To fill this gap our cross-sectional study examines the QoL of patients and partners using validated questionnaires (DLQI and FDLQI) as well as an unvalidated questionnaire and open questions addressing relationship-related aspects. AD severity was rated by SCORAD. Correlations were tested with Spearman`s r. Analyses were conducted separately for total, objective (extent and intensity) and subjective (pruritus and sleeplessness) SCORAD, including gender-stratified analyses. Differences between overlapping correlations were assessed. Linear regressions explored predictors of QoL of patient and partner. Kruskal-Wallis-Tests were conducted to assess differences in QoL in patients and partners in different disease severity levels. The effect of systemic treatment was assessed by using Mann-Whitney-U Tests. The non-validated instruments were analysed descriptively

Results

DLQI correlated moderately with subjective (r=0.441; p<.001), objective (r=0.303;p=.002) and total SCORAD (r=0.381; p<.001) indicating that QoL is more dependent on patients subjective perception than objective severity of AD. FDLQI correlated strongly with patient DLQI (r=0.656; p<.001), weakly with subjective SCORAD (r=0.280; p=.005) but not with objective or total scores. SCORAD correlated significantly stronger with patients` QoL than with partners` QoL. Linear regression analyses confirmed that subjective disease severity significantly predicted both patients and partner QOL, whereas objective severity showed no significant association with partner QoL. Furthermore, patients receiving systemic treatment reported significantly better subjective QoL compared with those without systemic therapy. Gender differences were observed, with QoL in women related mainly to subjective burden, while in men also to objective severity.Exploratory analyses of the non-validated questionnaire revealed additional relationship-related patterns. Among patients, a dose-response relationship was observed for feelings of helplessness, disruptions of daily rhythm and holiday planning, with higher SCORAD scores associated with greater impairment. Interestingly, perceived partner support was highest among patients with moderate disease and lower among those with severe disease, suggesting that severe disease burden may affect perceived availability of social support. Partner reports showed comparable patterns. Only a small number of patients with

severe disease reported maximal support capacity.

Conclusions

Our results show that partners' QoL is mainly determined by patients' subjective burden of disease and not by objective clinical severity. These findings suggest that symptom-related aspects of AD, particularly itch and sleep disturbance play an important role in shaping the psychosocial burden experienced within close relationships. Addressing subjective disease burden and strengthening coping strategies can be important targets for improving QoL not only for patients but also for their partners.

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Abstract N°: 1334

Dermoscopic Clues in Dermatitis Artefacta: A Pioneering Study

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Introduction
Dermatitis artefacta (DA) is a rare psychocutaneous disorder characterized by self-inflicted lesions on mucocutaneous junctions or appendages. Diagnosis remains challenging, as patients tend to conceal the self-induced nature of their lesions, leading to a broad differential diagnosis and unnecessary investigations. While dermoscopy is widely used to support the diagnosis of various inflammatory and infectious dermatoses, its role in DA has received limited attention. Isolated case reports have described patterns such as a tricolor zonation and red blotches, but comprehensive analyses are lacking. This study aimed to clinically and dermoscopically evaluate cases of DA to identify dermoscopic patterns and assess their diagnostic value.

Materials and Methods
We conducted a cross-sectional observational study including patients diagnosed with DA. All patients underwent polarized dermoscopic examination, and the images obtained were analyzed to identify recurrent dermoscopic patterns.

Results
16 patients were included (mean age 32.5 years; 62.5% female, 18.8% children). Facial involvement was observed in 75% of cases and scalp involvement in 18.7%. Disease duration before consultation ranged from 2 months to 11 years. Clinically, lesions most commonly presented as erosive plaques (87.5%) and dyschromic scars (62.5%). A total of 40 lesions were analyzed dermoscopically. Background color was erythematous in 46.3%, pigmented in 26.8%, hypopigmented in 2.4%, and mixed in 24.4%. The global dermoscopic pattern was non-specific in 60.6% of lesions. A tricolor pattern—composed of peripheral hyperpigmentation, a middle hypopigmented zone, and a central erythematous or eroded area—was identified in 22.5%, whereas a starburst pattern was observed in 12.5%. Follicular dermoscopic features included rosettes (25%), dilated follicles with yellowish plugs (72.5%), and white perifollicular halos (75.8%). Comedo-like openings with a distinctive corn-pearl–like appearance were observed in 7.5% of lesions. Hair shafts were preserved in only 32.5% of lesions; in the remaining cases, hairs were broken, dystrophic, absent, or leukotrichic. Vascular structures were present in 60% of lesions, most frequently polymorphous and peripheral in distribution. White scales were present in 72.5% of lesions, with 58.6% showing a collarette pattern. Red blotches were observed in 65% of lesions, while crusts were seen in 27.5%. Structureless areas were present in 40% of lesions, most commonly white or milky-red. Less frequent findings included circles, pustules, whitish streaks, and brown dots or globules. Hyponychial dermoscopy revealed supportive findings in 81% of patients, including nail bed hemorrhages and keratotic or skin debris (68.7%), while broken hair fragments were observed in 31.2%.

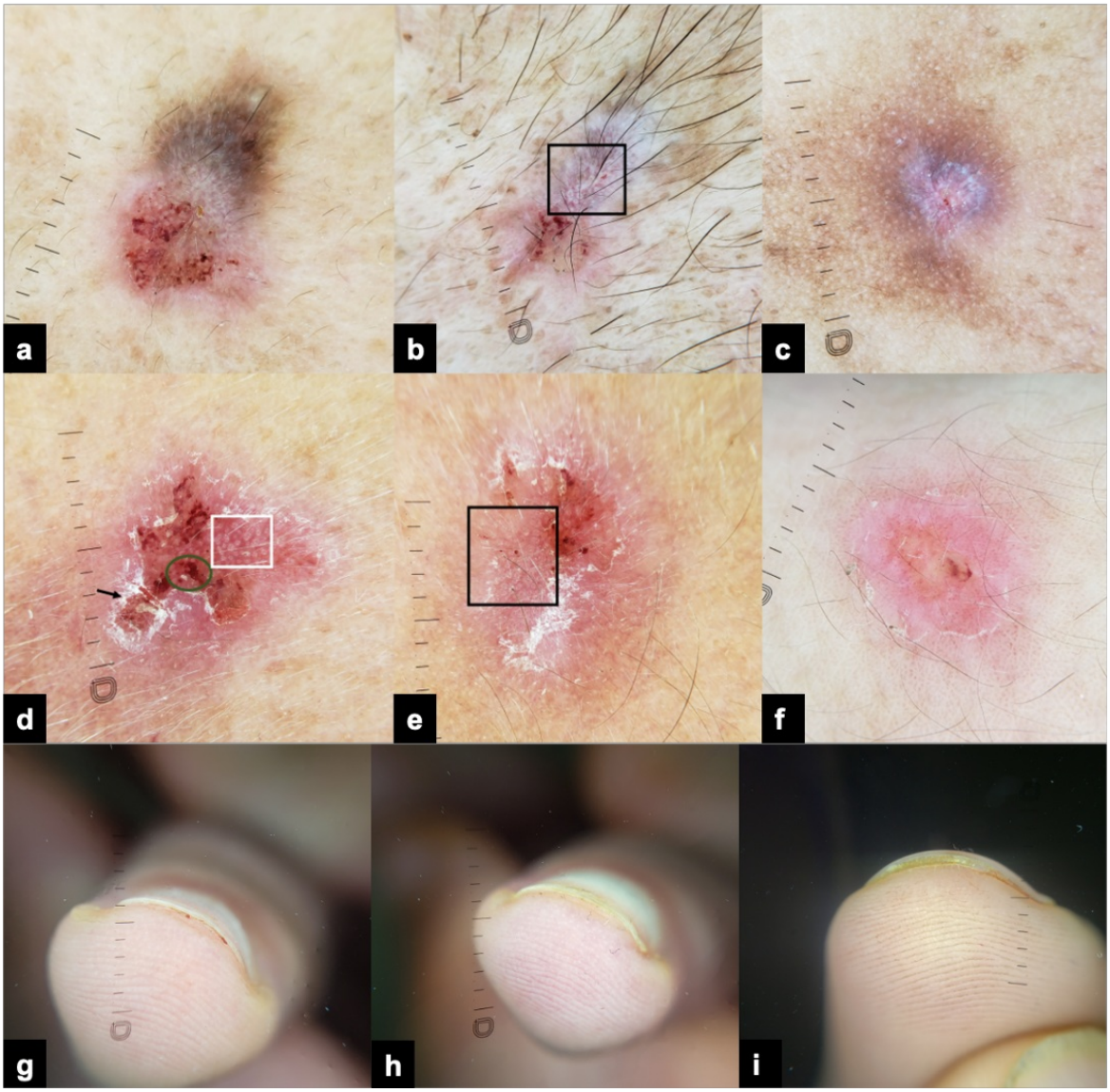

Figure: Dermoscopy images illustrating the tricolor pattern (a), comedo-like openings with a distinctive corn pearl–like appearance (b), the starburst pattern (c), rosettes (white square, d), hemorrhagic spots (green circle, d), a collarette of scales (black arrow, d), dilated follicles with central yellowish plugs and white perifollicular halos (e), and a peripheral polymorphous vascular pattern (f). Hyponychial dermoscopy showing nail bed hemorrhages (g), fragments of broken hairs (h), as well as keratotic and cutaneous debris (i) at the level of the hyponychium.

Conclusions

This is an original study investigating the dermoscopic features of DA. While previous reports have described tricolor pattern and red blotches, our findings introduce additional features, such as the starburst pattern, dilated follicles, follicular plugs, white perifollicular halos, and rosettes. These dermoscopic findings likely reflect the chronic epidermal and follicular disruption induced by repeated self-inflicted trauma, triggering a reparative hyperkeratotic response. However, these features may closely mimic dermoscopic patterns observed in lupus erythematosus, cutaneous leishmaniasis, sarcoidosis, or lichen planus. Importantly, our findings also highlight the often overlooked diagnostic value of hyponychial dermoscopy in factitious disorders. The frequent presence of nail-bed hemorrhages, keratotic debris, and hair fragments beneath the hyponychium may represent indirect evidence of repetitive manipulation or trauma, and can therefore provide useful supportive clues in suspected cases of DA. Recognizing these clues within a broader clinical and psychosocial framework is essential to improving diagnostic accuracy, avoiding unnecessary investigations, and facilitating timely psychiatric intervention.

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Abstract N°: 1354

The good, the bad, and the ugly: The effects of social media on skincare attitudes, behaviours, and outcomes among children, adolescents, and adults.

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Introduction

Social media has been increasingly used as a platform for skincare and health information since COVID-19. There's been an increase in skincare content, 'glass skin' routines, and cosmetic advertising on social media to such an extent that there are subdivisions of platforms solely dedicated to this content – such as 'Skintok'. This content is mostly created by 'influencers', cosmetic brand representatives, and trained professionals, alongside general users reviewing products.

Despite this surge in online interest in dermatology and skincare content, the effect this social media content has on its viewers are yet to be fully addressed.

Understanding this is especially important, given that children and teenagers are among the general social media audience, with access to these platforms and information.

Materials and Methods

A systematic review was conducted using PRISMA guidelines and PubMed as the study database. 329 studies between 2016 – 2026, 11 of which were included in this study.

Results

The Good

Social media was identified as a widely accessible source of dermatology and skincare information across all age groups. In a Thai cohort of acne patients, 36.8% reported using social media as a primary source of information, therefore, identifying its role in supplementing traditional knowledge pathways (10).

In addition, increased exposure to dermatological information was associated with greater awareness of treatment options and willingness to seek professional care(8,11).

The Bad

Social media was strongly associated with changes in skincare attitude and behaviours among all age groups, many of which may not be evidence-based(2,6,10). Dermatology content exposure was associated with product purchases, increased product use, adoption of complex skincare routines among all age groups, and interest in cosmetic dermatologic procedures among older age groups (7,8,11).

Results identified a consistent trend toward increasingly complex skincare regimens among children, adolescents and adults.

Content analyses demonstrated that routines frequently involved multiple products, with an average of 6.4 products (max 12) per routine in one study(5). Commonly promoted products included moisturisers, cleansers, serums and toners, often used in layered combinations. **The Ugly**

Content analyses revealed that dermatologists are significantly underrepresented among social media creators (11-16%), with non-professional influencers producing the majority of dermatology-related content(4). This content was frequently promotional and rarely addressed potential risks.

In one study, 68.9% reported that dermatology-related social media content negatively influenced their self-image, with many experiencing increased self-scrutiny and comparison, with female and gender-diverse individuals being particularly vulnerable (2).
Another major concern regarding the effects of skincare-targeted content is the emerging impact it has on children. Paediatric-focused content analyses demonstrate that young audiences are primarily exposed to influencer-driven skincare routines. The products identified in these routines would contain actives, which would not be beneficial for use in children (3,4).
Patients are increasingly seeking cosmetic adjustments or professional dermatology help, with pre-formed expectations shaped by social media(11).
Studies indicate that individuals often possess prior knowledge of treatments and may seek specific procedures based on online content, potentially altering the traditional clinician–patient dynamic(11).

Conclusions

Social media dermatology/skincare content plays an important role in skincare attitudes, behaviours, and product trends. While it offers educational opportunities, it also promotes misinformation and inappropriate practices, particularly among younger, more vulnerable populations. More patient engagement with professional dermatological advice and services, along with improved digital health literacy, is needed to ensure safe, evidence-based skincare practices.

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Abstract N°: 1393

The Skin Wellbeing Questionnaire – a novel questionnaire to assess skin health exemplified in psoriasis

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Introduction
Up to now, health-related quality of life of patients with psoriasis is assessed using the Dermatology Life Quality Index (DLQI), a validated tool to assess quality of life in dermatological conditions. However, the DLQI underrepresents the numerous facets of skin health, therefore making new tools desirable. To close this gap, the Skin Wellbeing Questionnaire was recently developed and validated in the general population, focusing on skin wellbeing rather than overall quality of life.

Materials and Methods
The Skin Wellbeing Questionnaire is a short questionnaire consisting of 5 items each with a 6-point response (total range 0-25). It accounts for subjective skin health and comfort, the presence of unpleasant sensations, the necessity of skin-specific attention and social participation of the past 2 weeks. A lower score indicates lower skin wellbeing. In this cross-sectional study, the Skin Wellbeing Questionnaire was evaluated in patients with psoriasis, herein comparing it to established questionnaires such as the DLQI while taking into account the severity of the disease via the Psoriasis Area and Severity Index (PASI).

Results
82 patients with psoriasis with varying disease severity (range PASI: 0-14.4) were included. We found a strong, highly significant negative correlation between the Skin Wellbeing Questionnaire and the DLQI ($r = -0.792$, $p < 0.001$) which was independent of age or sex ($r = -0.782$, $p < 0.001$). Furthermore, the severity of psoriasis as measured by the PASI significantly correlated with the Skin Wellbeing Questionnaire. Specifically, the PASI explains 26% of skin wellbeing in a highly significant regression model. For every one-point increase in the PASI the skin wellbeing decreases by 1.374. The variance explained can be increased to 48.8% by additionally accounting for sex and the total score of the WHO-5 Questionnaire (a screening tool for subjective psychological wellbeing).

Conclusions
The Skin Wellbeing Questionnaire is a useful addition to the standard of care for patients suffering from psoriasis, additionally accounting for subjective skin-specific health next to overall quality of life as assessed by the DLQI. The Skin Wellbeing Questionnaire is independent of sex and age, allowing for a broad range of application among psoriasis patients.

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Abstract N°: 1431

Psycholag in Moderate-to-Severe Psoriasis: Insights from the POSITIVE Study on Psychological Well-Being and Treatment with Tildrakizumab

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Introduction

Moderate-to-severe psoriasis can profoundly impact mental health. A delay between physical and psychological improvement in patients with skin disease has been described as 'psycholag'. However, this phenomenon has been scarcely explored using biologic therapies in psoriasis. Here, we evaluate whether patients with moderate-to-severe psoriasis treated with tildrakizumab experience psycholag by comparing improvements in skin versus psychological well-being control during 104 weeks of treatment.

Materials and Methods

POSITIVE (NCT04823247) is a 24-month Phase IV multicountry observational study in adult patients with moderate-to-severe plaque psoriasis treated with tildrakizumab in a real-world setting. The Psoriasis Area and Severity Index (PASI) and World Health Organization-Five Well-Being Index (WHO-5) were used to assess clinical effectiveness and psychological well-being, respectively. A PASI score of ≤2 indicates skin control; WHO-5 score of ≥64 (the European population average) indicates psychological well-being control.

Results

Overall, 171 patients with PASI >2 and WHO-5 <64 at baseline (BL) were included (**Figure**). At Week 16, 56 patients (32.7%) achieved both skin and psychological well-being control: mean (95% confidence interval [CI]) PASI decreased from 14.5 (12.4, 16.7) at baseline to 0.7 (0.5, 0.8) at Week 16 and mean (95% CI) WHO-5 score increased from 45.9 (42.7, 49.0) at baseline to 75.4 (72.9, 77.8) at Week 16. Whereas, 51 patients (29.8%) achieved similar skin control (mean [95% CI] PASI: 12.4 [10.5, 14.4] at baseline to 0.9 [0.7, 1.1] at Week 16) but maintained

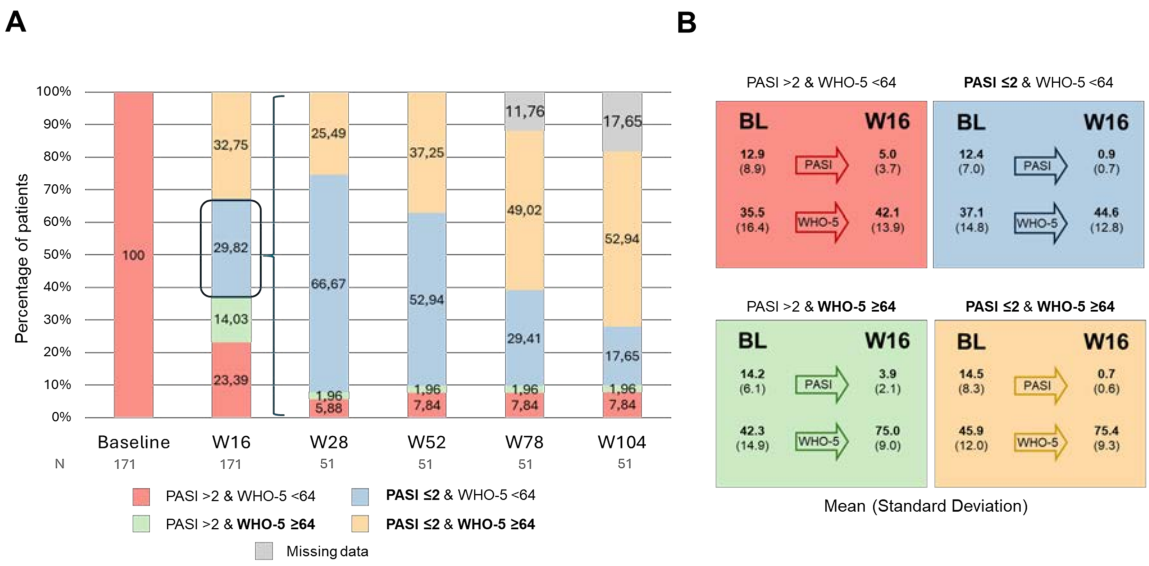
impaired psychological well-being (mean [95% CI] WHO-5: 37.1 [33.0, 41.2] at baseline to 44.6 [41.1, 48.1] at Week 16). Of these patients, 19/51 (37.3%) had resolved psycholag within the first 52 weeks: 13/51 (25.5%) achieved psychological well-being control by Week 28 (mean [95% CI] WHO-5: 72.0 [66.2, 77.8]) and 6/51 (11.8%) by Week 52 (mean WHO-5: 76.7 [66.5, 86.9]). Skin control was maintained up to 52 weeks in 27/51 (52.9%) patients, while psychological well-being showed only slight improvement (mean [95% CI] WHO-5: 40.1 [34.7, 45.6]).

Conclusions

The POSITIVE study demonstrates that tildrakizumab improves both physical symptoms and psychological well-being within 16 weeks in most patients. However, psycholag was exhibited by some patients. When evaluating treatment success in skin disease, psychological parameters should be measured alongside physical outcomes to enhance people-centred healthcare.

Previously presented at EsDAP 2026.

Figure. (A) Plot representing the four response patterns at Week 16 and follow up of patients achieving only PASI response up to Week 104 **(B)** Evolution of the PASI and WHO-5 scores from baseline to Week 16 in the four different response groups.



Panel A shows that at Week 16, 56 patients reached both PASI ≤2 and WHO-5 ≥64 thresholds (orange), 51 patients reached PASI ≤2 only (blue), 24 patients reached WHO-5 ≥64 only (green) and the remaining 40 patients did not reach any of the two thresholds yet (dark red). From Week 28 onwards, percentages correspond to the 51 patients with only PASI response at Week 16. BL: baseline; PASI: Psoriasis Area and Severity Index; W: week; WHO-5: World Health Organization-Five Item Well-Being Index.

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Abstract N°: 1447

Gardner–Diamond syndrome mimicking panniculitis

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Introduction

Gardner–Diamond syndrome (autoerythrocyte sensitization syndrome) is a rare psychodermatologic disorder characterized by spontaneous, painful ecchymoses, often associated with emotional stress. Its clinical presentation may mimic inflammatory conditions, including panniculitis, leading to diagnostic challenges.

Case Presentation

A 49-year-old woman presented with a three-month history of recurrent, painful bruising on the trunk and thighs, occurring without preceding trauma and resolving spontaneously. Subsequently, she developed tender erythematous lesions on the medial aspects of both lower legs, clinically suggestive of panniculitis, which gradually evolved into ecchymoses and resolved spontaneously within two weeks. None of the lesions were preceded by injury. Histopathological examination of a deep skin biopsy, including the dermis and subcutaneous tissue, revealed only erythrocyte extravasation, without features of septal or lobular panniculitis or vasculitis. Laboratory investigations, including complete blood count, coagulation profile, and QuantiFERON-TB test, were within normal limits. The patient reported increased psychological stress in recent months and had been treated with citalopram and lorazepam for anxiety-depressive disorder for past three months.

Conclusion

Based on the clinical presentation, exclusion of other causes, and relevant psychosocial context, a diagnosis of Gardner–Diamond syndrome was established. This case highlights the importance of considering psychodermatologic conditions in the differential diagnosis of panniculitis-like lesions.

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Abstract N°: 1613

Body dysmorphic disorder in dermatology patients: prevalence and association with psychological distress and trauma

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Introduction

Body dysmorphic disorder (BDD) is a psychodermatologic condition characterized by excessive preoccupation with perceived appearance flaws, often leading to significant distress and functional impairment. Dermatology clinics represent a key setting for early identification, yet BDD remains underrecognized. While psychological comorbidities are well described, the role of trauma, particularly in populations exposed to cumulative stressors, remains insufficiently explored. This study aimed to estimate the prevalence of BDD in dermatology patients and examine its association with psychological distress, trauma exposure, and level of insight.

Materials and Methods

A multicenter cross-sectional study was conducted among 472 adult dermatology patients. BDD was assessed using the validated Arabic Body Dysmorphic Disorder Questionnaire (ABDDQ), applying a diagnostic cutoff combined with clinician-rated defect assessment. Psychological distress was assessed using the Depression, Anxiety, and Stress Scale-21 (DASS-21), trauma exposure using Criterion A of the Post-Traumatic Stress Disorder Checklist for DSM-5 (PCL-5), and insight using the Brown Assessment of Beliefs Scale (BABS). Multivariable analyses were performed adjusting for sociodemographic and clinical variables.

Results

BDD was identified in 7.6% of participants, while 14.8% demonstrated subthreshold symptoms, indicating that nearly one in five patients experienced clinically relevant body image concerns. Patients with BDD exhibited

significantly higher levels of depression, anxiety, stress, and post-traumatic stress symptoms (all $p < 0.001$), with large effect sizes observed across domains.

Trauma exposure was frequent, with interpersonal trauma, especially violence, abuse, or harassment, demonstrating the strongest association with BDD. In contrast, collective stressors (e.g., war-related events) were less strongly associated, suggesting that trauma involving direct violations of bodily integrity may have a greater impact on body image disturbance.

In adjusted analyses, BDD remained independently associated with increased psychological symptom burden, with the strongest effect observed for post-traumatic stress symptoms (B = 16.85, 95% CI [10.22–23.52]), followed by depression (B = 8.26, 95% CI [5.43–11.22]), anxiety (B = 5.55, 95% CI [2.51–8.83]), and stress (B = 5.07, 95% CI [1.79–8.23]). These findings support a graded relationship between BDD severity and psychological burden, particularly for trauma-related symptomatology.

Impaired insight was highly prevalent, with most patients demonstrating fair to absent insight. Poorer insight was significantly associated with greater symptom severity, highlighting a link between cognitive distortion and clinical burden.

Conclusions

BDD affects a substantial proportion of dermatology patients and is closely linked to psychological distress and trauma exposure. The prominent role of interpersonal trauma suggests a potential psychobiological pathway linking trauma, altered self-perception, and emotional dysregulation. These findings underscore the importance of systematic screening for BDD in dermatologic practice and support a multidisciplinary approach integrating mental health care, particularly given the high prevalence of impaired insight, which may hinder spontaneous disclosure and timely diagnosis. Dermatology clinics represent a critical opportunity for early detection and intervention, especially in populations exposed to chronic or cumulative stressors.

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Abstract N°: 1650

Psychological Burden and Suicidal Ideation in Dermatological Inpatients: A Cross-Sectional Analysis of HADS Scores and Disease Severity at a Tertiary Care Centre in Lahore, Pakistan

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Introduction

Dermatological disorders are increasingly recognized to impose a substantial psychological burden, significantly affecting patients' quality of life. Conditions involving visible skin changes, chronicity, and symptom severity are associated with higher rates of anxiety, depression, and, in severe cases, suicidal ideation. Hospitalized dermatology patients may represent a particularly vulnerable group due to greater disease severity, treatment resistance, and psychosocial distress. Despite this, mental health assessment is not routinely integrated into dermatological care in many settings, especially in low- and middle-income countries such as Pakistan. The Hospital Anxiety and Depression Scale (HADS) serves as a validated tool to screen for psychological morbidity in medical patients. This study aims to evaluate the psychological burden and prevalence of suicidal ideation among dermatological inpatients and to examine their association with disease severity at a tertiary care centre in Lahore.

Materials and Methods

This cross-sectional study was conducted on 151 patients admitted to the dermatology ward, Services Hospital Lahore over a period of one year. Demographic data and disease characteristics were recorded. The Hospital Anxiety and Depression Scale (HADS) was utilized to quantify psychological distress. Statistical analysis was performed to identify significant correlations ($p < 0.05$).

Results

Of the 151 patients, 59.6% were male. Anxiety (HADS-A ≥8) and depression (HADS-D ≥8) were present in 59.6% and 65.6% of patients, respectively. Clinical disease severity was highly correlated with HADS-A (p=0.000) and HADS-D (p=0.000). Gender was a significant factor for anxiety (p=0.002), with females showing higher scores. Alarmingly, 9.9% of patients reported suicidal ideation, which was significantly associated with depression severity.

Conclusions

Hospitalized dermatology patients in Lahore carry a substantial psychological burden. Routine screening and a multidisciplinary approach involving psychiatrists are necessary to improve patient outcomes and safety.

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Abstract N°: 1841

Quality of Life Outcomes in Hidradenitis Suppurativa Under Systemic Treatment: A Comparative Real-World Study

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Introduction

Hidradenitis suppurativa (HS) is a chronic, recurrent, and debilitating inflammatory skin disease associated with a substantial burden on patients' quality of life (QoL), impairing physical comfort, emotional well-being, social functioning, and daily activities. Although treatment response in HS is commonly assessed using validated clinical endpoints, patient-reported outcomes may better capture the multidimensional impact of the disease. Comparative real-world data on QoL improvement under different biologic therapies remain limited.

Aims: To assess changes in QoL in patients with HS treated with biologic therapies and to evaluate the relationship between patient-reported outcome improvement and clinical response, comparing anti- TNF-a (i.e., adalimumab) and anti-interleukin-17 agents (i.e., secukinumab and bimekizumab), approved for moderate and severe forms of HS.

Materials and Methods

We performed an observational study including patients with moderate-to-severe HS treated at a tertiary dermatology referral Center. Patients were stratified into two treatment groups according to ongoing biologic therapy: anti-TNF-a (i.e., adalimumab) and anti-interleukin-17 agents (i.e., secukinumab and bimekizumab). Anti-TNF-a therapies included originator and its biosimilars while the anti-IL-17 group included both bio-naïve and bio-experencied patients. Disease severity was assessed using validated clinical endpoints commonly adopted in HS clinical trials, including Hidradenitis Suppurativa Clinical Response (HiSCR), HiSCR50, and 50% improvement in the International Hidradenitis Suppurativa Severity Score System (IHS4-50). Quality of life was evaluated using the Dermatology Life Quality Index (DLQI), Skindex-17, SF-36, and the General Health Questionnaire (GHQ-12). Changes in QoL scores from baseline to follow-up visits, scheduled every six months, were analyzed within and between groups. Correlation analyses were performed to assess the association between improvements in QoL measures and reductions in disease severity indices.

Results

A total of 100 patients were included: 71 treated with anti-TNF-a and 29 with anti-IL-17 agents, including 20 receiving secukinumab and 9 receiving bimekizumab. At follow-up, both groups showed a reduction in disease activity and an improvement in QoL measures. However, the magnitude of benefit differed significantly between treatment groups. Patients receiving anti-IL-17 therapy achieved significantly greater improvement in DLQI, Skindex-17, SF-36, and GHQ-12 scores compared with those treated with anti-TNF-a . Likewise, anti-IL-17-treated patients showed significantly higher rates of clinical response, with a greater proportion achieving HiSCR, HiSCR50, and IHS4-50. Across the overall cohort, improvement in QoL was significantly correlated with reduction in disease severity. In particular, patients achieving clinical response endpoints consistently reported greater decreases in DLQI and Skindex-17 scores than non-responders. Notably, the association between objective disease improvement and patient-reported benefit was more pronounced in the anti-IL-17 group.

Conclusions

In HS, not all systemic therapies translate into the same patient-perceived benefit. Anti-IL-17 agents appear to provide the greatest QoL improvement, closely aligned with objective clinical response. QoL advantage, likely reflecting a more effective control of disease burden. These findings support the value of integrating patient-reported outcomes with conventional clinical response measures and suggest that anti-IL-17 therapy may offer a greater overall benefit in the multidimensional management of HS.

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Abstract N°: 1880

Ethnic Disparities in Antipsychotic Side Effect Profiles Among Patients with Delusional Infestation

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Introduction
Delusional infestation (DI) is characterised by a fixed belief of infestation and is associated with significant implications for a patient's mental health. First-line treatment for DI typically involves antipsychotic (AP) medication; however, this medication class is frequently associated with adverse side effects (SEs). Whilst ethnic disparities in medication-related SEs have been reported, evidence specific to DI remains limited. This study aims to compare the incidence and profile of AP-related SEs between White patients and patients with skin of colour.

Materials and Methods
We retrospectively reviewed the patient records of current DI patients at a tertiary psychodermatology clinic. Patients with incomplete records, unclassified DI, or no AP exposure were excluded. The primary outcome was the proportion of patients experiencing at least one SE, and the secondary outcome was the distribution of SE types. Comparative analyses were performed using standard statistical tests.

Results
140 patients (105 [75.0%] White and 35 [25.0%] Black) were eligible for inclusion. The final analysis did not include other ethnic groups due to insufficient cohort numbers. Black patients were significantly more likely to report at least one SE compared to White patients (19/35 [54.3%] vs 32/105 [30.4%], p = 0.011). Despite this higher reported SE incidence, Black patients were found to be significantly less likely to be lost to follow-up (13/35 [37.1%] vs 65/105 [61.9%], p = 0.010). Lethargy was the most frequently reported SE in both groups (6/19 [31.6%] vs 12/32 [37.5%]), while other SEs were less frequent and varied across individuals. Consistent differences in specific SE categories were observed beyond lethargy, and the overall SE profiles were broadly comparable.

Conclusions

Black patients experienced a significantly higher overall incidence of antipsychotic-associated SEs than White patients. Whilst variations in compliance could explain this observed pattern, our results demonstrate that Black patients were significantly less likely to be lost to follow-up. As such, further work in larger, more diverse cohorts is needed to better understand these patterns and to inform more tailored prescribing and monitoring approaches.

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Abstract N°: 1881

Delusional Infestation; Disparities in Treatment for Patients with Skin of Colour

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Introduction
Delusional infestation (DI) carries a significant psychosocial burden, remaining challenging to manage as patients can be reluctant to accept the diagnosis or psychiatric input. Whilst current research has revealed ethnic disparities across several dermatological conditions, these inequalities are unexplored in DI. This study aims to compare the treatment response between patients with skin of colour and White patients with DI in order to identify inequities and scope to optimise outcomes.

Materials and Methods
This retrospective observational study utilised the electronic patient records of current DI patients managed at a tertiary psychodermatology clinic. Clinical severity was measured using the validated Clinical Global Impression Scale (CGI-S) score. The change in CGI-S score from baseline to post- optimal antipsychotic (AP) treatment determined treatment response. Patients with incomplete records were excluded.

Results
The final cohort consisted of 143 (74%) White and 51 (26%) Black patients. Other ethnic groups were excluded due to insufficient sample size. The mean change in CGS-S from baseline to first AP was greater in White patients compared to Black patients (-1.05 vs -0.73). Across individual APs, White patients experienced greater changes with quetiapine (-1.00 vs -0.50), risperidone (-1.10 vs -1.00), and olanzapine (-0.75 vs 0.00). However, improvements with apripiprazole (-0.50 vs -0.73) and amisulphide (-0.83 vs -1.33) were more substantial in Black patients. Additionally, 8.9% (n=4) of Black patients required multiple APs, compared to 3.8% (n=4) of White patients.

Conclusions
Our findings demonstrate disparities in treatment response between ethnic groups, with a more considerable improvement overall observed in White patients. Variability in response across specific APs highlights an opportunity for tailored approaches to AP prescribing. Future efforts should elicit the underlying biological and

systemic drivers of these disparities to develop strategies that enable more equitable outcomes.

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Abstract N°: 1965

Quality of life, psychological burden, and self-esteem in pediatric vitiligo: A cross-sectional study of patients and their primary caregivers in skin of color

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Introduction

Vitiligo affects 0.4-2% of the global population, with onset before the age of 20 years in nearly half of the cases. Although a benign condition, its visible nature, particularly in darker skin renders it a significant source of psychosocial morbidity in affected children and adolescents, with the disease burden extending beyond patients to their parents and caregivers. Despite this, study on pediatric psychosocial outcomes and caregiver burden from skin of color populations remain limited.

Materials and Methods

This cross-sectional study was conducted at a tertiary care centre over a span of two years. Seventy children and adolescents aged 6-18 years with clinically diagnosed vitiligo and their primary caregivers were enrolled, alongside 35 age-matched healthy controls with their caregivers in a 2:1 ratio. Among cases, disease extent was quantified using body surface area (BSA) and Vitiligo Area Severity Index (VASI). Quality of life (QOL) assessment among cases and their caregivers were performed using the Children's Dermatology Life Quality Index (CDLQI) and Family Vitiligo Impact Scale (FVIS) . For psychological assessment, among both cases and controls, Revised Children's Anxiety and Depression Scale - child and parent versions (RCADS-C and RCADS-P) and Rosenberg Self-Esteem Scale (RSE) were administered. Baseline characteristics, demographic details and verbatim concerns were also recorded. Statistical analysis was performed using Stata where $p < 0.05$ was considered significant.

Results

The mean age of patients was 10.6 ± 3.2 years while the mean disease duration was 3.1 ± 3.0 years. Among the cases with vitiligo, 84.3% had non-segmental vitiligo. Visible site involvement was present in 77.1% and acrofacial involvement was seen in 52.8%. The mean CDLQI score was 6.1 ± 5.0 which represents small to moderate effect, however 43% of patients reported moderate to very large quality of life (QOL) impairment. Higher CDLQI scores (worse QOL) were significantly associated with greater BSA involvement (>5%), higher VASI scores, visible site involvement, and rural background ($p < 0.05$). Interestingly, all patients with a family history of vitiligo had no to small effect on QOL ($p < 0.05$). Caregiver burden was substantial, with 70% of caregivers of children and adolescents with vitiligo scoring above the FVIS threshold for significant psychosocial impact (mean FVIS 20.3 ± 11.0). Caregiver burden was amplified by visible lesion sites, leukotrichia, lower socioeconomic strata, and darker Fitzpatrick skin phototype ($p < 0.05$). Low self-esteem was more prevalent in patients (17.1%) than controls (2.9%), with a particularly significant difference among adolescents as compared to children (22.7% vs 3.3%, $p = 0.021$). Parent-reported RCADS-P scores identified significantly higher anxiety and depressive symptoms in patients compared to controls ($p < 0.05$), though child self-reports (RCADS-C) did not reach statistical significance.

Conclusions

Pediatric vitiligo imposes a significant psychosocial burden on both affected children and adolescents and their primary caregivers, especially in skin of color populations in a stigmatised society. Low self-esteem and elevated anxiety and depression, particularly as perceived by parents are more prevalent in affected children, especially adolescents . Therefore, there is a multifaceted impact on pediatric patients and their families in terms of impaired QOL, low self-esteem and higher depression and anxiety symptoms. Factors such as greater BSA, disease severity, visible sites, darker skin phototype, leukotrichia, lower socioeconomic strata and rural settings have higher psychosocial impact. These findings underscore the need for holistic management integrating psychological support alongside dermatological care, and highlight the importance of including caregivers in the therapeutic framework, along with the need of development of a pediatric specific vitiligo QOL instrument.

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Abstract N°: 1977

Primary hyperhidrosis is more than excessive sweating: A selective psychosocial phenotype with preserved global self-esteem

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Introduction
To define the psychosocial phenotype of primary hyperhidrosis using the 12 subscales of the Rosenberg Self-Esteem Inventory and to identify its clinical correlates.

Materials and Methods
This cross-sectional case-control study included 117 patients with primary hyperhidrosis and 72 healthy controls. Daily life impairment was assessed using a 0–10 visual analogue scale, and all 12 Rosenberg subscales were evaluated in all participants. In patients, family history, involved sites, age at onset, disease duration, Hyperhidrosis Disease Severity Scale Score (HDSS), attack frequency, time-of-day sweating pattern, triggers, food-related worsening, menstrual worsening, caffeinated beverage habits, and treatment characteristics were also analysed. Benjamini-Hochberg false discovery rate correction was applied for multiple comparisons.

Results
Mean age at onset was 11.85±4.71 years, mean symptom duration was 104.41±87.37 months, and mean HDSS was 3.43±0.74. Palmoplantar involvement predominated, 38.5% of patients had a family history, and 68.4% had never received treatment. Daily life impairment was significantly greater in patients than in controls (8.60±1.64 vs 0.69±2.04; p=0.001; d=1.74). Rosenberg subscales revealed a selective rather than diffuse psychosocial burden. Compared with controls, patients showed higher criticism sensitivity and psychosomatic symptoms, whereas participation in discussions was lower (all p=0.001; FDR<0.01). In contrast, global self-esteem, continuity of self-concept, interpersonal trust, parental interest, father relationship, and psychic isolation did not differ significantly between groups. Criticism sensitivity increased with longer disease duration (r=0.282; FDR<0.01). No reliable associations were found between the main psychosocial subscales and HDSS, daily sweating frequency, or weekly attack frequency (all p>0.05). Psychic isolation was significantly higher in patients with axillary involvement, in those without palmar involvement, and in those reporting food-related or menstrual worsening (p=0.001, p=0.002, p=0.008, and p=0.027, respectively). Although treated patients had greater daily life impairment and higher sweating frequency, no generalized deterioration was observed across Rosenberg domains.

Conclusions
Primary hyperhidrosis is usually interpreted as a severity-driven sweating disorder. However, our findings suggest that its psychosocial burden is not diffuse, but selective and phenotype-specific.
The key finding was the dissociation between preserved global self-esteem and impaired specific domains. Patients showed higher criticism sensitivity and psychosomatic symptoms, together with reduced participation in discussions, while global self-esteem remained largely preserved. This indicates a distinct psychosocial phenotype rather than generalized psychological impairment.
Importantly, these affected domains were not reliably associated with HDSS or sweating frequency, suggesting that symptom severity alone may miss clinically relevant psychosocial vulnerability.
Clinically, this shifts the approach from severity-based assessment to phenotype-oriented screening. Patients with

axillary involvement, absence of palmar involvement, food-related worsening, or menstrual worsening may particularly benefit from targeted evaluation of psychic isolation, criticism sensitivity, psychosomatic symptoms, and social participation.
Overall, primary hyperhidrosis should be viewed not only as excessive sweating, but as a condition with a selective psychosocial architecture that may require individualized psychosocial assessment and management.

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Abstract N°: 1992

Trauma-informed total-body and sensitive-site dermatology examination: from narrative review to a clinic-ready framework

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Introduction

Total-body and sensitive-site dermatology examinations are often diagnostically important, yet they may also provoke distress, shame, retraumatization, and care avoidance. Dermatology-specific guidance on trauma-informed examination remains limited despite the frequency and clinical importance of these encounters. We aimed to synthesize the available evidence and develop a practical framework for trauma-informed dermatologic examination.

Materials and Methods

A narrative review (2010-2026) informed framework development and examined peer-reviewed dermatology literature and relevant professional guidance. Where dermatology-specific evidence was limited, we also drew on adjacent literature from trauma-informed physical examination, gynecology and sexual health, pediatrics, refugee and migrant health, disability-inclusive care, gender-affirming care, medical ethics, and global health practice. Findings were synthesized according to whether they were directly supported by dermatology literature, informed by adjacent fields, or included as practical recommendations where direct dermatology evidence was limited.

Results

Across the literature, consistent themes included safety, transparency, anticipatory communication, ongoing consent, stepwise exposure and draping, patient control options, careful handling of sensitive-site examination, explicit photography consent, process-focused documentation, and adaptations for vulnerable populations and low-resource settings. Direct dermatology evidence most clearly supported the clinical importance of examination thoroughness and photography, whereas many practical safeguards were informed by adjacent clinical fields. These findings were translated into the COVERED Skin Exam Framework, a clinic-ready model comprising core principles, pre-examination preparation, an opening script, consent checkpoints, a stepwise draping and exposure strategy, sensitive-site safeguards, chaperone, support person, and interpreter protocols, a photography protocol, a documentation checklist, a staged examination pathway, referral triggers, and proposed implementation indicators.

Conclusions

This work provides an evidence-informed, dermatology-adapted framework for trauma-informed total-body and sensitive-site examination. It offers a practical structure for implementation while addressing an important gap between diagnostic thoroughness and patient safety, dignity, and autonomy. Prospective dermatology-specific validation is needed, including in low-resource and high-vulnerability settings.

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Abstract N°: 2064

DNR Tattoos: A narrative review of published cases and media reports

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Introduction

Medical alert tattoos represent a permanent alternative to traditional medical alert jewelry, offering practical advantages: they cannot be lost, are cost-effective over time, and are continuously present on the body. In emergency situations — particularly when a patient is unconscious and no next of kin is available — they can provide critical information such as blood type, allergies, or chronic conditions. Beyond their pragmatic utility, they may also fulfill a psychological role, allowing patients to reclaim a sense of control over their own bodies. Among the most ethically significant applications is the DNR (Do Not Resuscitate) tattoo, which expresses an end-of-life directive in a permanent, always-visible form.

Materials and Methods

We performed a narrative review combining PubMed-indexed medical literature and mainstream media reports. A systematic search using the keywords "DNR tattoo" and "Do Not Resuscitate tattoo" was performed with no date restrictions, supplemented by manual screening of reference lists and a parallel Google search to capture real-world testimonies not formally published in peer-reviewed journals. All identified cases were narratively synthesized, with a focus on circumstances, motivations, and clinical or ethical implications.

Results

The PubMed literature yielded only six testimonies and one clinical case. The sole documented emergency case involved a 70-year-old unconscious man brought to Jackson Memorial Hospital in Miami, bearing a DNR tattoo and signature on his chest. Faced with uncertainty, the treating physicians consulted an ethics expert before deciding to honour the tattoo. The decision was subsequently validated by the discovery of a formal DNR order in the patient's medical records. The remaining cases and testimonies report on patients' personal motivations without documenting any acute medical situation.
Across all ten identified cases, six individuals were male, with a median age of 71.5 years (range 50–85). Notably, five had a professional background in medicine, including two emergency physicians and two nurses. Tattoo designs varied considerably, ranging from explicit written statements and abbreviations to figurative representations such as a crossed-out defibrillator. Eight patients were in good health at the time of their decision; one had metastatic cancer, and another suffered from angina and reactive depression following bereavement. Only four had also completed formal written advance directives.

Conclusions

Practical concerns include the lack of standardisation in tattoo design and placement, the risk of misinterpretation

— particularly by healthcare providers unfamiliar with their meaning or working in a different language — and the reality that emergency protocols do not routinely accommodate tattoo verification. More fundamentally, DNR tattoos typically lack a date and signature, making it nearly impossible to confirm their validity or whether they still reflect the patient's current wishes. The scope of the directive itself may be ambiguous. In light of these uncertainties, the appropriate clinical response is to initiate conservative treatment while actively seeking reliable information about the patient's documented preferences.

From a legal standpoint, DNR tattoos hold no recognized status as formal medical directives in most healthcare systems worldwide. They may serve as a meaningful signal of a patient's values and wishes, prompting clinicians to investigate further, but they cannot substitute for legally valid advance directives. Ultimately, while a DNR tattoo may draw the attention of medical staff, it does not relieve them of the obligation to search for and comply with official documentation of the patient's end-of-life wishes.

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Abstract N°: 2149

Discordance Between Surgical Success and Perceived Failure in Hair Transplantation: A Psychodermatology-Based Model of Patient Satisfaction

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Introduction

Hair transplantation is conventionally evaluated through objective surgical parameters such as graft survival and postoperative density. However, a clinically relevant subset of patients report dissatisfaction despite excellent technical outcomes. This persistent discordance suggests that perceived success in hair restoration surgery is not fully explained by objective surgical metrics alone and may be driven by psychodermatological factors.
This study aimed to investigate whether preoperative psychological phenotype predicts postoperative satisfaction independently of objective surgical outcomes in patients undergoing follicular unit extraction (FUE) hair transplantation.

Case Presentation

This prospective pilot study included 25 consecutive patients undergoing primary FUE hair transplantation. Preoperative assessment incorporated validated instruments evaluating body dysmorphic disorder traits (BDDQ-based screening), appearance-related anxiety, self-esteem, and expectation realism.

A composite Psychological Risk Score was used to define a psychodermatological risk phenotype and stratify patients into low-, moderate-, and high-risk groups. Objective surgical outcomes included graft survival (94.2% ± 3.1%), recipient-site density (41.8 ± 5.0 grafts/cm²), and postoperative complications.

Patient-reported outcomes were assessed at 12 months using a 0–10 satisfaction scale and HAIR-Q–based measures.

Despite uniformly high and consistent objective surgical outcomes across all psychological strata, substantial variability in patient satisfaction was observed. Patients with high psychodermatological risk phenotype consistently reported lower satisfaction despite equivalent graft survival and density outcomes. Appearance-related anxiety and unrealistic preoperative expectations emerged as dominant psychological drivers of dissatisfaction.

Conclusion

These findings support a psychodermatology-based model in which patient satisfaction after hair transplantation is partially decoupled from objective surgical success. Psychological phenotype appears to function as an independent determinant of perceived outcome.

This study suggests a potential paradigm shift in hair restoration surgery: optimal outcomes may require not only technical excellence, but also structured identification and management of psychological risk prior to surgery. Integration of psychodermatological screening may therefore represent an underutilized opportunity to improve patient-centered outcomes.

Keywords: Hair transplantation; Psychodermatology; Patient satisfaction; Body dysmorphic disorder; Follicular unit extraction.

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Abstract N°: 2162

Disease-specific psychological burden across chronic inflammatory dermatoses: a cross-sectional psychodermatology study

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Introduction

Chronic inflammatory dermatoses are increasingly recognized as conditions with significant psychosocial burden. However, disease-specific patterns of psychological comorbidity remain incompletely characterized. Psychodermatology approaches integrating dermatology and psychology may improve understanding of these associations and support a more comprehensive multidisciplinary approach to care. Our objective is to evaluate disease-specific psychological comorbidity patterns in patients with chronic dermatological conditions and investigate associations between behavioral profiles and distinct dermatoses.

Materials and Methods

This exploratory cross-sectional study included patients from seven dermatoses groups: mycosis fungoides, psoriasis, atopic dermatitis, hidradenitis suppurativa, pemphigus vulgaris, pemphigus foliaceus and bullous pemphigoid (10 patients per group).
Psychological evaluation was performed using the Mini International Neuropsychiatric Interview (MINI), based on DSM-IV criteria, during routine outpatient consultations, ensuring standardized assessment across groups. Descriptive statistical analyses was performed to compare prevalence and behavioral profile across groups.

Results

A total of 70 patients were evaluated. Psychological/psychiatric comorbidity rates varied substantially across diagnostic groups, revealing disease-specific patterns.
Higher prevalence rates were observed in hidradenitis suppurativa and bullous pemphigoid (60% each), followed by atopic dermatitis and pemphigus vulgaris (50% each). Intermediate prevalence was seen in mycosis fungoides (40%) and psoriasis (30%), while pemphigus foliaceus showed no diagnoses (0%).
Among patients with hidradenitis suppurativa, psychological comorbidities included anxiety disorders (4 patients), major depressive disorder (2 patients), and substance use (1 patient with alcohol dependence), reflecting a diverse but impactful psychological profile.
Bullous pemphigoid patients presented notable psychological burdens, including recurrent major depressive disorder (3 patients), dysthymia (1 patient), generalized anxiety disorder (1 patient) and active psychotic symptoms (1 patient).
Patients with atopic dermatitis exhibited a higher concentration of diagnoses, notably multiple anxiety disorders (4 patients), major depressive disorder (3 patients), and dysthymia (2 patients). Some individuals presented severe psychological clustering, including concurrent mood and anxiety disorders at a young age.
Pemphigus vulgaris patients showed most mood disorders, including major depressive disorder and bipolar spectrum features (2 patients each).
In mycosis fungoides, a few patients presented significant psychopathological burden, including complex anxiety multimorbidity (3 patients) and major depressive episodes (2 patients).
In psoriasis, the majority of patients had no formal diagnosis, but clinically relevant cases included anxiety disorders (3 patients), and major depressive disorder as well as bipolar spectrum features (2 patients each), often in combination.
Pemphigus foliaceus demonstrated no identified comorbidities in this sample.

Mood and anxiety disorders were the most frequent conditions (24% and 23%, respectively) and commonly co-occurred within individuals, suggesting a high burden of overlapping affective pathology in chronic dermatological disease and highlighting the complexity of the psychodermatological interface.

Conclusions

This study suggests potential disease-specific patterns of behavioral profiles across chronic dermatological diseases, highlighting hidradenitis suppurativa and bullous pemphigoid as conditions with particularly high psychological burden.

These findings support the importance of disease-specific psychodermatology screening strategies and reinforce the need for integrated dermatological and psychological care models. Further studies are warranted to confirm these associations and evaluate their impact on treatment and clinical outcomes.

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Abstract N°: 2296

Improving Self-Stigma and Psychosocial Wellbeing in Chronic Skin Disease: Results from the HautKompass® Randomized Controlled Trial

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Introduction

People with skin disease frequently experience stigma from others but also tend to internalize negative beliefs about themselves. This self-stigmatization can substantially impair their mental health and wellbeing. To address this problem, the web-based programme *HautKompass*® was developed based on cognitive behavioural therapy and self-compassion approaches. The aim of this study was to test the effectiveness of *HautKompass*® in reducing self-stigma and improving psychosocial well-being. It was hypothesized that the intervention group would show greater improvements in self-stigma, anxiety, depression, suicidal ideation, body image, self-compassion, and acceptance compared to a control group.

Materials and Methods

A parallel group-randomized controlled trial was conducted fully online. German-speaking adults (n=284) with alopecia areata, atopic dermatitis, hidradenitis suppurativa, psoriasis, and vitiligo were randomized 1:1 into an intervention group or a waitlist control group. The intervention group was invited to complete the eight *HautKompass*® sessions independently. Participants could not be blinded to their group membership. The primary outcome self-stigma and secondary outcomes including self-compassion, acceptance, and other psychosocial variables were assessed through self-report questionnaires before (T0) and after the program (T1), and at 6-months follow-up (T2). Data was analysed using Generalized Linear Mixed Models. This study was funded by the German Ministry of Education and Research (BMBF; funding number: 01GY2105) and pre-registered on ClinicalTrials.gov (registration number: NCT06324695).

Results

Recruitment was completed in October 2024. Of 158 participants the intervention group and 138 participants in the control group, 151 and 133 participants were considered in the analyses, respectively. Group membership significantly predicted improvements in self-stigma [F(1,169)=13.399, p<.001], acceptance [F(1,179)=7.271, p=.008], anxiety [F(1,168)=5.173, p=.024], body image [*F*(1,167)=8.749, *p*=.004], and suicidal ideation [*F*(1,160)=6.590, *p*=.011] from T0 to T1 and T2. Compared to the control group, patients in the intervention group showed greater reductions in self-stigma, anxiety, body image concerns, and suicidal ideation, and greater increases in acceptance. Change scores in self-compassion [F(1,180)=2.769, p=.098] and depression [*F*(1,177) = 0.833, *p* = .363] did not differ significantly between the two groups. Notably, dropout was substantially higher in the intervention group and occurred predominantly within the first two sessions. No adverse events were detected.

Conclusions

HautKompass® effectively reduced self-stigma, anxiety, and suicidal ideation, and fostered acceptance and a more positive body image among people living with chronic skin diseases. This free, accessible web-based programme represents a significant step forward in psychosocial care in dermatology. 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.

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Abstract N°: 2327

Dermatologic Diagnoses in Psychiatric Inpatients: A Five-Year Retrospective Consultation-Based Analysis

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Introduction
Psychiatric inpatients are at risk of underrecognized skin disease, yet the spectrum of dermatologic diagnoses in this setting remains insufficiently described. We aimed to characterize dermatology consultations requested for psychiatric inpatients and to assess whether dermatologic patterns differed across major psychiatric diagnostic groups.

Materials and Methods
This retrospective cross-sectional study evaluated dermatology consultations requested for adult psychiatric inpatients between February 2020 and February 2025. To prevent overrepresentation of patients with recurrent consultations, repeated consultations from the same patient were excluded before statistical analysis. Descriptive statistics were calculated for demographic and clinical variables, and psychiatric diagnoses were compared with dermatologic diagnostic categories using chi-square testing.

Results
A total of 590 consultation records were identified. After exclusion of repeated consultations from the same patient, 418 consultation records were included in the final analysis. Mean age was 41.0±13.2 years, and 11 consultations (2.6%) were marked as urgent. The most frequent psychiatric categories were schizophrenia/psychotic disorders (231/418, 55.3%) and bipolar/manic disorders (94/418, 22.5%). Dermatologic diagnoses could be confidently categorized in 279/418 records (66.7%). Among classifiable cases, the leading diagnostic groups were superficial fungal infections (71/279, 25.4%), eczematous/xerotic disorders (52/279, 18.6%), scabies/infestation (33/279, 11.8%), hyperkeratotic/fissure disorders (23/279, 8.2%), seborrheic dermatitis (23/279, 8.2%), and bacterial skin and soft tissue infections (22/279, 7.9%). Dermatologic category distribution did not differ significantly across psychotic disorders, bipolar disorders, and other psychiatric diagnoses (chi-square p=0.56).

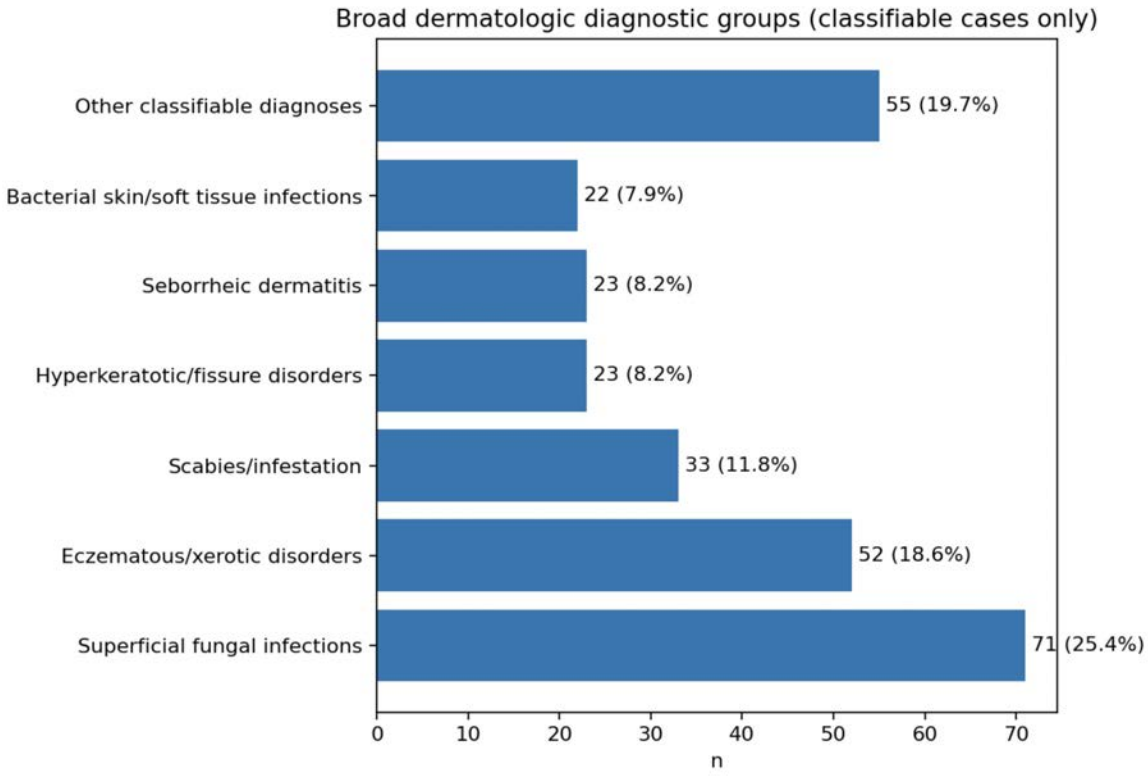

Figure 1. Distribution of dermatologic diagnostic groups

Conclusions

After exclusion of repeated consultations, dermatology requests in psychiatric inpatients were driven largely by common, treatable infectious and inflammatory dermatoses rather than diagnosis-specific patterns. This finding supports routine skin screening and pragmatic dermatologic care pathways in psychiatric wards. The relatively limited sample size is likely related to the hospital information system permitting access only to completed consultations, while consultations remaining in follow-up status were not retrievable.

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Abstract N°: 2397

Psychodermatology of female: A Gender-Specific Perspective in Psychocutaneous disorders

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Introduction
Psychodermatology explores the bidirectional relationship between mental health and skin disease, emphasizing the interplay between psychological factors and dermatologic conditions. This interaction is mediated through complex pathways involving physiological stress responses, immune signaling, and hormonal regulation. In women, hormonal fluctuations across the lifespan significantly influence both cutaneous disease expression and mental health outcomes. We examine the impact of key hormonal transitions in women—particularly menstruation and pregnancy—on skin pathophysiology and associated psychiatric comorbidities, through the framework of the brain–skin axis and the Neuro-Immuno-Cutaneous-Endocrine (NICE) network.

Materials and Methods
A narrative review of current literature was conducted, focusing on hormonal influences on dermatologic conditions and their psychiatric correlates. Emphasis was placed on integrating neuroendocrine, immunologic, and psychosocial perspectives.

Results
Hormonal milestones such as menstruation and pregnancy are associated with significant fluctuations in skin disease activity, mediated through the NICE network. These changes often coincide with increased vulnerability to psychiatric comorbidities, including depression, anxiety, and body dysmorphic disorder. The brain–skin axis provides a unifying framework for understanding these interactions, highlighting the role of neuroendocrine and immune pathways in linking psychological stress and cutaneous inflammation.

Conclusions
Women with dermatologic conditions face unique psychodermatologic challenges driven by hormonal variability and psychosocial factors. Recognition of these interactions supports the need for integrative, gender-specific management strategies that address both dermatologic and mental health components. Future approaches should prioritize holistic care models to improve outcomes in women's psychodermatologic health.

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Abstract N°: 2400

Psychocutaneous Disorders in Children and Adolescents: Diagnostic Challenges, Comorbidities, and Management Gaps

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Introduction

Psychocutaneous disorders (PCDs) in pediatric populations represent a complex interface between dermatology and psychiatry. These conditions encompass primary psychiatric disorders with cutaneous manifestations, dermatologic diseases with psychiatric sequelae, and functional or overlap syndromes. Despite significant psychosocial burden and chronic morbidity, pediatric PCDs remain under-recognized and inconsistently managed in clinical practice. We aimed to synthesize current evidence on the epidemiology, risk factors, diagnostic approaches, and management strategies for psychocutaneous disorders in children and adolescents, and to identify key gaps in pediatric psychodermatology research.

Materials and Methods

A narrative review of literature published between 2000 and 2025 was conducted using PubMed, Embase, PsycINFO, Scopus, and Web of Science. Eligible sources included epidemiologic studies, clinical trials, meta-analyses, and consensus statements addressing pediatric PCDs.

Results

Available data indicate that approximately 20–30% of children and adolescents with chronic dermatologic conditions have comorbid psychiatric disorders. Trichotillomania and excoriation disorder affect an estimated 1–5% of pediatric patients, while adolescents with acne demonstrate a two- to three-fold increased risk of depression. Diagnosis is frequently delayed due to overlapping clinical features, limited clinician training, and inconsistent implementation of validated screening tools, which are more robustly studied in older adolescents than in younger children. Behavioral interventions are the cornerstone of management, with pharmacologic therapies reserved for moderate-to-severe or treatment-resistant cases. Effective dermatologic treatment may reduce secondary psychiatric morbidity.

Conclusions

Pediatric psychocutaneous disorders require early recognition through structured screening, developmentally appropriate assessment, and consideration of family and psychosocial context. Significant gaps persist, including limited pediatric-specific epidemiologic data, insufficient validation of diagnostic instruments in younger populations, and a lack of longitudinal treatment studies. Targeted research and interdisciplinary care models are essential to improve outcomes in this vulnerable population.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2432

Glabellar chemodenervation with onabotulinumtoxinA in major depressive disorder: a systematic review and meta-analysis of 8 randomized controlled trials defining the therapeutic dose-response window

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Introduction

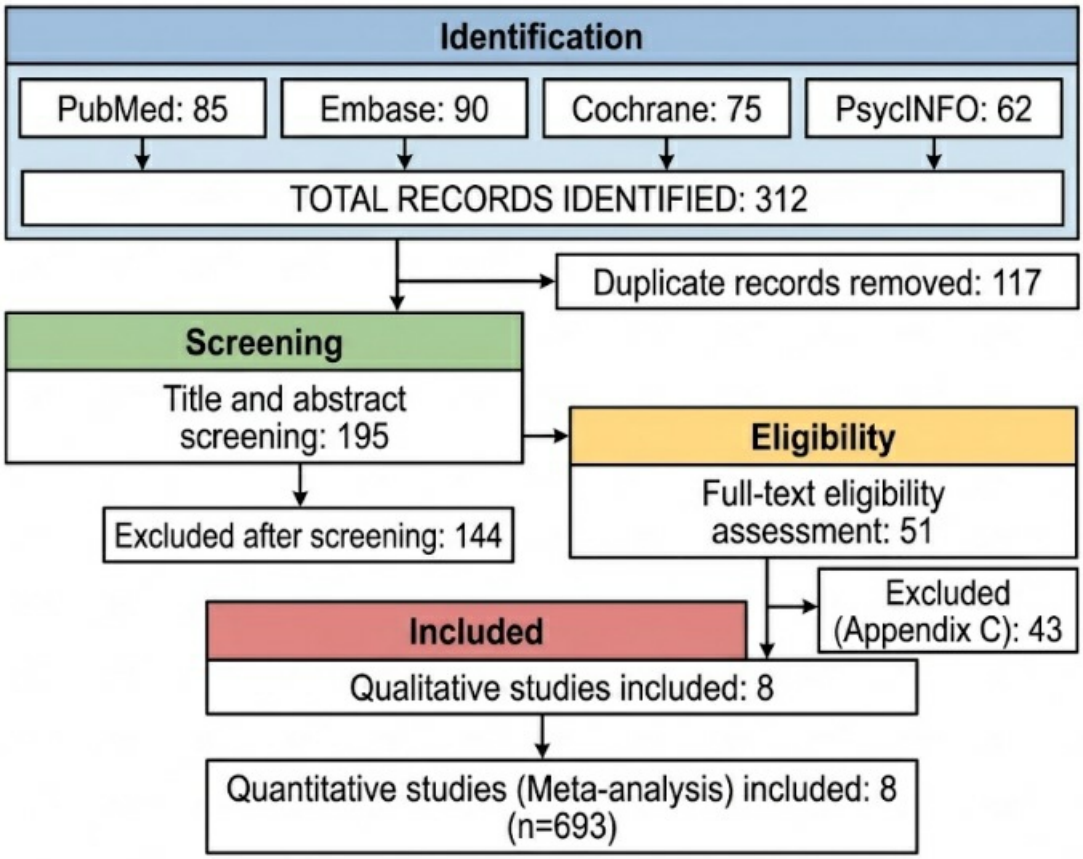
BACKGROUND: Proprioceptive afferents from the glabellar muscle complex (the corrugator supercilii and procerus) travel via the trigeminal nerve to the limbic system, where they modulate amygdala reactivity. The facial feedback hypothesis holds that mimetic proprioception actively regulates central emotional tone, and that disrupting it chemically has measurable psychiatric effects. Clinical observation of the omega melancholicum sign (persistent glabellar hypertonia in chronic depression) lends anatomical weight to this mechanism. Functional neuroimaging evidence further suggests that denervation of the corrugator-procerus complex with onabotulinumtoxinA (BoNT-A) reduces left amygdala reactivity to aversive stimuli. Individual RCTs have supported antidepressant effects since 2012, but the dose-response architecture of glabellar BoNT-A in major depressive disorder (MDD) had not been synthesized prior to this work.

OBJECTIVES: To quantify the antidepressant efficacy and safety of glabellar BoNT-A versus placebo in adults with MDD, and to characterize the dose-response relationship across the available RCT evidence.

Materials and Methods

MÉTODOS: Revisión sistemática y metaanálisis bajo PRISMA 2020. Se buscaron cuatro bases de datos (desde su inicio hasta marzo de 2026): PubMed, Embase, Cochrane Library, PsycINFO. Estudios elegibles: ECA doble ciego en adultos con TDM confirmado (HAM-D ≥18 o MADRS ≥20). Resultado primario: diferencia de medias estandarizada (DME) mediante g de Hedges. Combinación: modelo de efectos aleatorios, estimador REML, ajuste del intervalo de confianza de Knapp-Hartung. El análisis de subgrupos de dosis utilizó metarregresión de splines cúbicos restringidos para probar la no linealidad. Riesgo de sesgo: Cochrane RoB 2. Certeza de la evidencia: GRADE. Sesgo de publicación: prueba de Egger y gráfico de embudo.

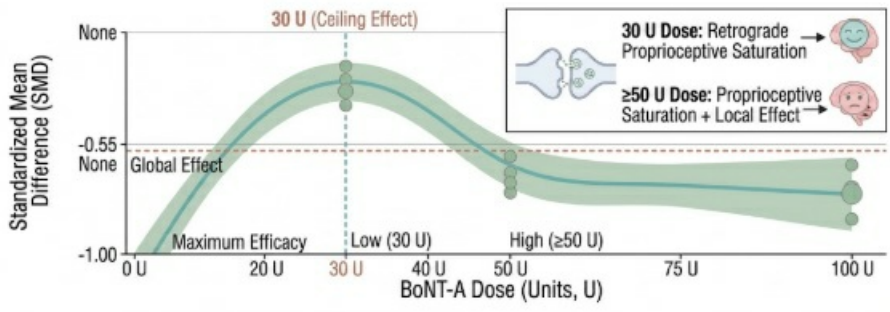
Figure 1. PRISMA 2020 Diagram



Results

RESULTADOS: Ocho ECA (n=693) cumplieron los criterios de inclusión de 312 registros iniciales. La muestra combinada fue predominantemente femenina (85,2%), con una edad media de 44,5 años y depresión basal de moderada a grave (HAM-D: 22,4; MADRS: 29,2). La toxina botulínica tipo A (BoNT-A) fue superior al placebo (DME: -0,55; IC del 95%: -0,82 a -0,28; p<0,001; I^2=42,1%). El análisis estratificado por dosis reveló una respuesta no lineal: 29-30 U produjeron el mayor efecto (DME: -0,82; IC del 95%: -1,05 a -0,58), mientras que 50-100 U mostraron una eficacia atenuada (DME: -0,28; IC del 95%: -0,45 a -0,11). El modelo spline confirmó una meseta por encima de 30 U (p=0,48 para el componente no lineal), consistente con la saturación propioceptiva de los husos neuromusculares glabelares. Se demostró especificidad topográfica: las inyecciones perioculares (patas de gallo) no produjeron señal antidepresiva, lo que confirma que la conectividad glabelar-amigdala es la vía operativa. Eventos adversos: 4,8%, todos locales y transitorios (cefalea tensional 3,2%, eritema en el sitio de inyección 1,5%, ptosis leve <1%). GRADE: certeza moderada. Prueba de Egger: p=0,32.

Figure 2. Dose-Response Curve: Identification of the "Ceiling Effect" at 30 U (n=693)



Conclusions

CONCLUSIONS: Glabellar BoNT-A is effective and well-tolerated in MDD. Thirty units is the clinical threshold; doses above it add local diffusion risk without adding antidepressant effect. A 4.8% adverse event rate, confined to injection-site reactions, compares favorably to systemic antidepressants. The predominantly female sample (85.2%) limits direct generalizability to men, where glabellar muscle mass may require dose recalibration. These findings place the dermatologist in a concrete role within interventional psychiatry. The precision of the five-point glabellar injection protocol carries more clinical weight than dose volume.

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Abstract N°: 2534

Psychological Interventions for Adults with Psoriasis: A Systematic Review and Meta-Analysis

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Introduction
Psoriasis, a chronic inflammatory skin condition affecting 3% of the global population, is associated with a high prevalence of psychiatric comorbidities. Psychological interventions may improve mental health and dermatologic outcomes. The object of this study is to evaluate the effectiveness of psychological interventions on psychological and dermatological outcomes in adults with psoriasis.

Materials and Methods

We conducted a PRISMA-compliant systematic review/meta-analysis (PROSPERO CRD42024601589), searching nine databases from inception to September 2025, plus trial registries and reference lists. English-language randomized controlled trials (RCTs)/non-randomised studies (NRSs) evaluating psychological interventions (alone or combined with psoriasis treatments) in adults were included. Two blinded reviewers independently screened 9261 reports,

selecting 11 RCTs and 2 NRSs using HADS-A (anxiety), HADS-D (depression), PASI (severity), DLQI (QOL), and WHO-5 (well-being) outcomes. Data extraction followed PRISMA; risk of bias was assessed via Cochrane RoB tools and GRADE (Table 1). Random-effects models pooled mean differences (MDs) for primary outcomes: anxiety, depression, psoriasis severity, quality of life, and psychological well-being. Heterogeneity was explored via subgroup analyses by intervention type/delivery mode.

Psychological intervention compared to no psychological intervention for adults with psoriasis

Patient or population: Adults with psoriasis

Intervention: Psychological intervention

Comparison: No psychological intervention

Outcomes	Nº of participants (studies) Follow-up	Certainty of the evidence (GRADE)	Relative effect (95% CI)	Anticipated absolute effects	
				Baseline Mean	Difference with psychological intervention
Anxiety					
Anxiety assessed with: HADS-A: Lower Better Scale from: 0 to 21	351 (6 RCTs and non-randomized studies)	⨁⨁◯◯ Low[a]	-	**5.9-11.2**	MD **2.2 lower** (2.7 lower-1.7 lower)
Depression					
Depression - In-Person Psychological Intervention assessed with: HADS-D: Lower Better Scale from: 0 to 21	127 (3 RCTs and non-randomized studies)	⨁⨁◯◯ Low[a]	-	**4.9-5.9**	MD **2.6 lower** (3.1 lower-2.0 lower)
Depression - Remote Psychological Intervention assessed with: HADS-D: Lower Better Scale from: 0 to 21	166 (3 RCTs)	⨁◯◯◯ Very low[a,b]	-	**4.1-5.1**	MD **1.7 lower** (2.7 lower-0.7 lower)
Psoriasis Severity					
Psoriasis Severity - In-Person Psychological Intervention assessed with: PASI: Lower Better Scale from: 0 to 72	340 (6 RCTs and non-randomized studies)	⨁◯◯◯ Very low[a,c]	-	**7.0-10.1**	MD **1.7 lower** (2.8 lower-0.7 lower)
Psoriasis Severity - Remote Psychological Intervention assessed with: PASI: Lower Better Scale from: 0 to 72	136 (2 RCTs)	⨁◯◯◯ Very low[a,d]	-	**2.6-3.4**	MD **0.6 higher** (0.6 lower-1.9 higher)
Quality of Life					
Quality of Life assessed with: DLQI: Lower Better Scale from: 0 to 30	465 (8 RCTs and non-randomized studies)	⨁◯◯◯ Very low[a,e]	-	**3.7-10.9**	MD **1.7 lower** (3.1 lower-0.3 lower)
Psychological Wellbeing					
Psychological Well-Being assessed with: WHO-5: Higher Better Scale from: 0 to 100	82 (2 RCTs)	⨁◯◯◯ Very low[a,f,g]	-	**51.3-51.9**	MD **12.2 higher** (1.3 higher-23.1 higher)

*__The risk in the intervention group__ (and its 95% confidence interval) is based on the assumed risk in the comparison group and the __relative effect__ of the intervention (and its 95% CI).

CI: confidence interval; **MD:** mean difference

GRADE Working Group grades of evidence
High certainty: Weareveryconfidentthatthetrue effect lies close to that of the estimate of the effect.
Moderate certainty: Wearemoderatelyconfident in the effect estimate; the true effect is likely close to the estimate, but it may differ substantially.
Low certainty: Ourconfidenceintheeffectestimate is limited; the true effect may be substantially different from the estimate of the effect.
Very low certainty: Wehaveverylittleconfidence in the effect estimate: the true effect is likely to be substantially different from the estimated effect.

Explanations

a. Studies that carried large weight for the overall effect estimate were rated as high risk of bias due to lack of participant blinding, risk of bias in the outcome assessment, and incomplete data.

b. Serious imprecision. 95% CI is consistent with an important benefit and a trivial effect exceeding a minimal important difference (1.5 points).

c. Serious imprecision. 95% CI is consistent with an important benefit (SMD=-0.54) and a trivial effect (SMD=-0.11) exceeding a minimal important difference (SMD=-0.2).

d. Serious imprecision. 95% CI is consistent with trivial effect (SMD=-0.19) and important harm (SMD=+0.62) exceeding a minimal important difference (SMD=+0.2).

e. Serious inconsistency. Unexplained inconsistency, with point estimates widely different and confidence intervals not overlapping (I2=63%).

f. Serious inconsistency. Unexplained inconsistency, with point estimates widely different and confidence intervals not overlapping (I2=59%).

g. Very serious imprecision. 95% CI is consistent with important benefit (SMD=-0.45) and important harm (SMD=+1.78) exceeding minimal important differences (SMD=+/-0.2).

Table 1. Summary of the findings table using the GRADE approach.

Results

Eleven RCTs and two NRSs showed psychological

interventions may reduce anxiety (HADS-A; 5 RCTs, 1 NRS, 351 participants; MD -2.24 [95% CI: -2.74, -1.73]; Figure 1) and improve psychological wellbeing (WHO-5; 2 RCTs, 82 participants; MD 12.17 [95% CI: 1.29, 23.06]), though they may have limited clinical impact on QOL (DLQI; 6 RCTs, 2 NRS, 465 participants; MD -1.7; [95% CI: -3.13, -0.26]). In-person psychological interventions may reduce depression (HADS-D; 4 RCTs, 1 NRS, 293 participants; MD -2.58 [95% CI: -3.14, -2.03]) and psoriasis severity (PASI; 4 RCTs, 2 NRS, 340 participants; MD -1.71 [95% CI: -2.77, -0.65]). Of note, heterogeneity was observed across analyses due to intervention delivery, and there was a high risk of bias due to missing data and outcome measurement.

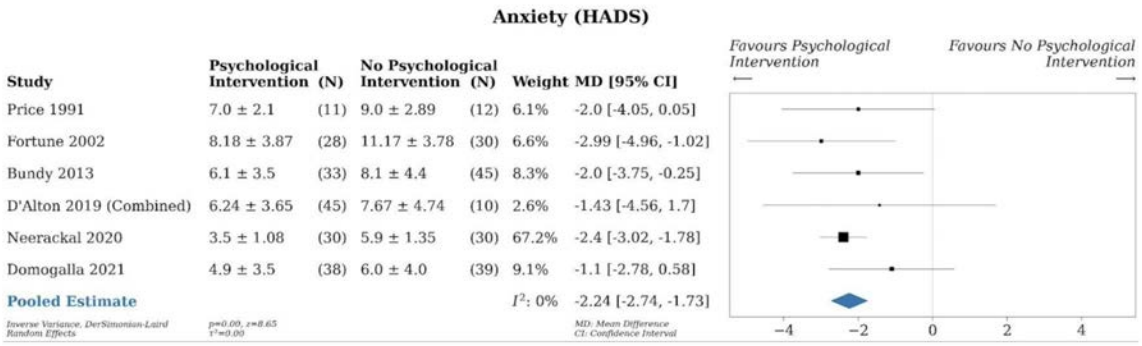

Figure 1: Meta-analysis of HADS-A scores in patients with psoriasis who were assigned to psychological or no psychological intervention.

Conclusions

Psychological interventions may reduce anxiety, depression, and psoriasis severity while improving mental wellness. However, due to heterogeneity in psychological intervention types and modes of delivery, and given the high risk of bias in studies, additional studies would be required to draw more definitive conclusions.

EA DV CONGRESS
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Abstract N°: 2570

Breaking the Skin-Mind Divide: A National Initiative to Integrate Psychodermatology into Healthcare Education

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Introduction
Psychodermatology explores the bidirectional relationship between psychological factors and skin disease yet remains underrepresented in healthcare education. In the UK, access to dedicated psychodermatology services is limited and geographically variable, with few specialised clinics and no standardised integration within undergraduate or postgraduate medical curricula. Common conditions including psoriasis, eczema, acne, and vitiligo are associated with significant psychological comorbidity, adversely affecting patient outcomes and quality of life. This study aims to evaluate current psychodermatology teaching, identify knowledge gaps, and assess educational needs among UK healthcare professionals (HCPs).

Materials and Methods
A national cross-sectional survey was conducted as part of a two-cycle quality improvement project. A total of 166 HCPs participated, including medical students, dermatology trainees, nurse specialists, pharmacists, general practitioners with special interest, and dermatology educators. The survey assessed prior training, familiarity, confidence, perceived barriers, and awareness of referral pathways.

Results
Only 35.5% of respondents reported receiving formal psychodermatology teaching. Lack of training was identified as a key barrier by 81.3% of participants, alongside time constraints (65.1%) and limited knowledge of referral pathways (62.2%). Awareness of services was poor: 51.2% were unsure of local availability and 27.7% reported no access, with only 19.8% confirming available services (mean accessibility score 2.14/10). Mean familiarity scores were marginally higher among trained respondents (2.03 vs 1.84, p=0.16), but this difference was not statistically significant. Similarly, confidence scores showed no significant difference between trained and untrained groups

(4.19 vs 4.13, p=0.805).

Conclusions

Psychodermatology education and service awareness remain limited across UK healthcare settings. The absence of significant differences in confidence and familiarity suggests current teaching is variable, non-standardised, and may lack sufficient depth to impact clinical confidence. These findings support the need for structured, accessible educational interventions. The next phase will co-develop and pilot targeted teaching resources to enhance clinician confidence and promote holistic, patient-centred dermatological care.

EADV CONGRESS
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Abstract N°: 2622

Functional burden and quality of life impairment in chronic lymphedema: a cross-sectional study

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Introduction
Chronic lymphedema is a progressive and often under-recognized condition characterized by irreversible tissue changes and substantial functional and psychosocial burden. Its impact on quality of life remains insufficiently documented in real-world clinical settings.

Objectives
To assess quality of life impairment and identify clinical factors associated with its severity in patients with chronic lymphedema.

Materials and Methods
A cross-sectional study was conducted including patients with chronic lymphedema. Clinical and socio-demographic data were collected, and disease severity was assessed according to the International Society of Lymphology classification. Quality of life was evaluated using validated questionnaires (LYMQOL and EQ-5D-5L). Quantitative variables were expressed as mean ± standard deviation and qualitative variables as percentages. Associations between clinical factors and quality of life scores were analyzed, with statistical significance set at $p < 0.05$.

Results
Ninety-four patients were included (mean age: 55.1 ± 12.6 years; 66% female). Lower limb involvement was predominant (76%), with advanced stages (II–III) in 72% of cases.

Functional impairment was the leading clinical feature, affecting 78% of patients, with significant limitations in mobility and daily activities. Skin fibrosis and trophic changes were observed in 68% and 63% of cases, respectively, while recurrent erysipelas occurred in 41%.

Quality of life was markedly impaired. LYMQOL scores revealed predominant functional involvement (3.3 ± 0.7), exceeding symptomatic (3.1 ± 0.6), appearance (2.9 ± 0.7), and emotional (2.7 ± 0.6) domains. The mean global score was 6.4 ± 1.8. EQ-5D-5L showed a reduced index (0.50 ± 0.15) and a visual analog scale score of 56 ± 15.

Advanced stages were significantly associated with worse functional scores ($p < 0.05$). A moderate negative correlation was observed between LYMQOL global score and EQ-5D-5L index ($r \approx -0.6$), supporting consistency between instruments.

Conclusions

Chronic lymphedema is associated with a substantial functional burden and significant impairment in quality of life, largely driven by advanced disease stages and recurrent complications. The predominance of functional limitation underscores the need for early diagnosis and targeted management strategies to prevent progression and improve patient outcomes.

EADV CONGRESS
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Abstract N°: 2652

Psychological burden in a rare and visible disease: a qualitative study in adults with ichthyosis

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Introduction
Beyond the manifestation of clinical symptoms, including scaling, hyperkeratosis, and blistering, ichthyosis has a substantial impact on quality of life and imposes considerable personal, financial, and time-related burden. In the patient-centered study IchthyCare, we examine the underlying factors and consequences of psychosocial burden, care needs and barriers to participation across different areas of life.

Materials and Methods
This qualitative pilot study is part of a larger mixed-methods study and aimed to identify relevant thematic areas from the patient perspective. Semi-structured in-depth interviews were conducted with adults with ichthyosis. Participants were recruited through two specialized dermatology clinics (Münster and Berlin) and the German Ichthyosis Self-Help Group e.V. A total of 18 individuals (5 men and 13 women), aged 18 to 67 years (mean age = 39), with different subtypes of ichthyosis (including Netherton syndrome, ARCI, and epidermolytic ichthyosis) were included. Interviews had a mean duration of 56 minutes and were analyzed using thematic analysis.

Results
Psychosocial burden was consistently reported across all interviews and was described as an additional burden to the physical condition, affecting social and occupational participation. Psychological strain appears to arise less from the physical symptoms themselves, and more from social factors such as stigma, unequal participation opportunities, and barriers in accessing healthcare.
The visibility of the condition often attracts social attention and is associated with exclusion, bullying, disgust or discrimination. All participants reported experiences of stigmatization, which may contribute to self-stigmatization, reduced self-esteem, and the anticipation of negative social reactions, potentially leading to avoidance and social withdrawal. Psychological consequences such as depression, anxiety, and persistent emotional exhaustion were described.
In addition, challenges within the healthcare system, such as difficulties in obtaining reimbursement, limited treatment options and the time-intensive nature of daily skin care, were reported as relevant burdens. While some participants develop coping strategies over time, others experience ongoing strain. Psychotherapeutic support was described as helpful but often difficult to access.

Conclusions
There is a need for a stronger empirical basis regarding psychological burden in ichthyosis, as these factors are relevant for participation and should be identified and addressed in care. The variation in psychological strain across participants, despite similar physical manifestations, underscores the importance of contextual and individual factors in shaping lived experience. Future research should therefore focus on identifying factors that promote successful adaptation and effective disease management. Based on our findings, such factors may include early psychosocial support within the family during childhood and adolescence, Support in developing individualized care routines, facilitation of access to social-medical benefits, being taken seriously and the

recognition of the impact of the condition on daily life by healthcare professionals.
Furthermore, both the rarity of the disease, with associated challenges in accessing care and the visibility of the condition may contribute to psychological burden. Our findings provide indications that the interaction of these factors may play a relevant role in psychosocial outcomes and may also be transferable to other rare or visible conditions. These findings are now used to inform the development of a patient-centered questionnaire, which may serve as a basis for the future improvement of patient care.

EADV CONGRESS
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30 SEP - 3 OCT 2026

Abstract N°: 2693

Re-pigmentation experience, psychosocial burden and fear of relapse in vitiligo: a patient-reported outcomes analysis from 765 patients

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Introduction

Re-pigmentation is a central therapeutic goal in vitiligo management, yet its psychosocial impact and the psychological burden it may generate remain inadequately documented in large patient cohorts.

Objective had to characterise the lived experience of re-pigmentation and its relationship with stigmatisation, mental burden and treatment-related anxieties in a national cohort of adult patients with vitiligo.

Materials and Methods

Cross-sectional study conducted through the Association Française du Vitiligo (AFV). Of 1,076 respondents, 765 patients completed a dedicated re-pigmentation block including questions on re-pigmentation status, subjective experience, psychosocial impact, and treatment-related concerns. Two validated instruments were administered: PUSH-D (Patient-reported Urgency and Stigmatisation in Hypopigmentation Diseases, 0–64) and DMLQ (Dermatology Mental Load Questionnaire, 8–32). Perceived severity was categorised as mild, moderate or severe. Statistical analyses included Mann-Whitney pairwise comparisons with Bonferroni correction, Kruskal-Wallis tests, and Cohen's d effect sizes.

Results

Among 765 patients (68.2% women; mean age 50.5 ± 16.4 years), 413 (54.0%) reported re-pigmentation: 230 (30.1%) ongoing, 183 (23.9%) past. Re-pigmentation was experienced positively by 89.1%, with 62.7% reporting improved self-confidence and social functioning. However, 46.0% expressed treatment-related anxieties, with fear of relapse accounting for 88.9% of concerns. PUSH-D scores differed significantly between ongoing re-pigmentation and never-repigmented patients ($p = 0.022$; $d = -0.27$, small effect), but this benefit disappeared when re-pigmentation was lost (past vs never: $p = 1.00$; $d = -0.09$, negligible). Conversely, DMLQ showed no significant variation across re-pigmentation status groups (Kruskal-Wallis $H = 3.28$; $p = 0.194$; all pairwise $d \leq 0.15$). Perceived severity remained the strongest determinant of both PUSH-D ($d = -1.75$, large effect mild vs severe) and DMLQ ($d = -0.64$, medium effect).

Conclusions

Re-pigmentation significantly reduces experienced stigmatisation but does not alleviate mental burden. The dissociation between PUSH-D and DMLQ underscores the need for systematic psychosocial support, even in patients achieving therapeutic response. Fear of relapse emerges as a distinct psychological burden warranting clinical attention.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2697

Advancing Dermatology Patients' Quality of Life Through Digital Health Innovations: A Comprehensive Systematic Review

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Introduction
Dermatologic conditions affect over one third of the global population. They cause physical, psychological, and social burdens. Quality of life (QoL) impairments are common. These include functional capacity, emotional well being, social interaction, and appearance perception. Traditional face to face care often fails to address these issues adequately. Digital health interventions (DHIs) may help. They enable asynchronous image sharing, real time symptom tracking, and automated feedback. However, evidence on how different DHIs affect QoL in dermatology is still fragmented. This systematic review aims to evaluate the efficacy of DHIs on QoL and related patient centered outcomes across dermatologic conditions.

Materials and Methods
This review follows PRISMA 2020 guidelines. It was prospectively registered with PROSPERO (CRD420250628076). We searched PubMed, Embase, Cochrane Library, and Web of Science from inception to June 2024. We also manually tracked citations. We included studies that involved patients with a primary dermatologic diagnosis. Studies had to evaluate patient facing DHIs and report QoL outcomes. We accepted randomized controlled trials (RCTs), single arm interventional studies, observational studies, and cross sectional designs. We classified DHIs according to the WHO Classification into four domains: telemedicine, targeted client communication, personal health tracking, and client to client communication. We categorized secondary patient centered outcomes using the PROMIS framework (mental health, self efficacy, social health). We assessed risk of bias with RoB 2 for RCTs, ROBINS I for non randomized studies, and JBI tools for observational and cross sectional studies. We performed a narrative synthesis due to heterogeneity.

Results
A total of 14 studies including 6 RCTs, 2 cross sectional, 5 single arm, and 1 observational. Telemedicine (n=8) was the most studied domain. Three RCTs showed that telemedicine was non inferior or superior to in person care for improving QoL. Five additional studies reported similar trends. Targeted client communication (n=4) showed mixed effects on global QoL. However, it consistently improved mental health and self efficacy. For example, it reduced depression rates and increased disease coping efficacy. Personal health tracking (n=1) reduced disease severity but did not significantly improve QoL. Client to client communication (n=1) provided psychosocial support. About half of the users perceived improvements in their QoL. For implementation outcomes, 11 studies reported high engagement (85–97% retention) and satisfaction. Barriers included low initial uptake, poor engagement with optional tasks, and patient embarrassment. Risk of bias varied. Two RCTs had low risk, two had some concerns, and two had high risk. Among single arm studies, two had moderate risk and three had serious risk. Observational studies had low to moderate risk.

Conclusions
DHIs, especially telemedicine, may improve QoL in dermatology patients. They also provide benefits for mental health and self efficacy. However, the evidence is limited by methodological heterogeneity, variable risk of bias, short follow ups, and diverse outcome measures. Personal health tracking alone appears insufficient. Peer support

communities offer adjunctive value. Future research should prioritize standardized core outcome sets (e.g., CSG COUSIN). It should also include rigorously designed long term RCTs. Researchers should develop personalized, adaptive DHIs (e.g., just in time adaptive interventions) that integrate AI to deliver tailored psychological support while ensuring algorithmic equity.

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Abstract N°: 2699

Avoidance behaviours and resilience as determinants of perceived disease severity in vitiligo: a national cross-sectional study of 890 patients

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Introduction

Vitiligo is a chronic skin disorder with a major psychosocial burden. Perceived severity frequently diverges from objectively measured clinical severity, yet its determinants remain poorly characterised in large cohorts.

Objective has to identify the clinical, objective and psychosocial factors associated with perceived disease severity in a national cohort of adult patients with vitiligo.

Materials and Methods

Cross-sectional study conducted through the Association Française du Vitiligo (AFV). Patients completed a questionnaire including measures of disease extent (BSA %, SA-VES) and four validated psychosocial instruments: VIP (Vitiligo Impact Patient, 0–90), SOL (Stigma of Life Opportunities, 0–44), PUSH-D (Psychosocial Unhealthy Skin Hiding, 0–58) and DMLQ (Dermatology Mental Load Questionnaire, 0–32). Perceived severity was measured using a numerical visual analogue scale (VAS, 0–10), then categorised into three levels: mild (0–3), moderate (4–6) and severe (≥ 7), serving as the primary dependent variable. Univariate analyses (Spearman, Kruskal-Wallis, η^2) and ordinal logistic regression were performed.

Results

Of 890 analysable patients (79.5% women; mean age 50.8 ± 15.8 years; mean disease duration 22.5 ± 17.6 years), PUSH-D was the strongest predictor of perceived severity in univariate analysis (Of 1,340 AFV members invited, 1,076 questionnaires were received (response rate: 80.3%), of which 890 were analysable (82.7% completion rate). $\rho = +0.539$; $\eta^2 = 30.8\%$), followed by VIP ($\rho = +0.378$; $\eta^2 = 14.1\%$). Objective skin extent (BSA, SA-VES) showed significant but modest associations ($\eta^2 = 4.3–5.4\%$). In multivariate ordinal regression (N = 618; McFadden pseudo-R^2 = 21.0%), only PUSH-D (OR = 3.98; $p < 0.001$) and VIP (OR = 1.44; $p = 0.003$) remained independent significant predictors. Skin surface extent was no longer independently associated with perceived severity after adjustment for psychosocial variables.

Conclusions

Perceived severity in vitiligo is not solely driven by disease extent; psychosocial avoidance behaviours are the main determinants of severity perception.

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Abstract N°: 2721

Evaluation of the Turkish Validity and Reliability of the Hairdex Scale

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Introduction

Hair loss disorders may adversely affect self-perception, body image, and psychosocial well-being, highlighting the need for disease-specific quality-of-life instruments. The German Hairdex is a 48-item quality-of-life scale specific to hair and scalp disorders, comprising five domains: Symptoms, Functioning, Emotions, Self-confidence, and Stigmatisation. This study aimed to translate and culturally adapt the German Hairdex into Turkish and to evaluate its psychometric properties in patients with alopecia areata (AA) and androgenetic alopecia (AGA). A secondary aim was to examine the associations between Turkish Hairdex scores and sociodemographic and clinical variables.

Materials and Methods

A total of 250 patients with AA or AGA were included. The Hairdex was cross-culturally adapted into Turkish using forward–backward translation. Patients completed the Turkish version of the Hairdex together with the Dermatology Life Quality Index (DLQI), and the Skindex-16. Disease severity was assessed using the SALT score in AA and the Hamilton–Norwood and Ludwig classifications in AGA. Internal consistency, item characteristics, construct validity, convergent validity, and test–retest reliability were evaluated using Cronbach's alpha, item–total correlations, confirmatory factor analysis (CFA), Spearman correlation analysis, and intraclass correlation coefficients (ICC), respectively. Test–retest reliability was assessed in a subgroup of 112 patients representing both disease groups. Associations between Turkish Hairdex scores and sociodemographic and clinical variables were also analyzed.

Results

Of the 250 patients, 151 had AA and 99 had AGA. The median age was 29 years; 36.4% were female and 63.6% were male. For the Turkish Hairdex, internal consistency was high for the total scale (Cronbach's alpha=0.941), with domain alpha coefficients ranging from 0.700 to 0.917. Item–total correlations were acceptable for most items; however, deletion of any individual item did not meaningfully improve internal consistency. CFA supported preservation of the original five-domain structure, with acceptable model fit indices (χ^2/df=1.97; CFI=0.933; TLI=0.930; RMSEA=0.062). The Hairdex total score showed a strong positive correlation with the Skindex-16 total score and a moderate positive correlation with the DLQI total score (r=0.730 and r=0.683, respectively; p<0.001). Test–retest reliability was good for the total score (ICC=0.880), with domain ICC values ranging from 0.744 to 0.888. The highest Hairdex scores were observed in the Emotions and Self-confidence domains. Scores for the Hairdex Symptoms and Stigmatisation domains were significantly higher in patients with AGA than in those with

AA (p=0.001 and p=0.003, respectively). Female patients had higher Hairdex total, Symptoms, Functioning, Emotions, and Self-confidence scores than male patients, particularly in the AGA group (p<0.05). In both AA and AGA, increasing disease severity was associated with higher Hairdex total, Functioning, and Self-confidence scores (p<0.05).

Conclusions

The Turkish version of the Hairdex demonstrated strong psychometric properties and preserved the original multidimensional structure of the instrument in patients with AA and AGA. Beyond validity and reliability, its sensitivity to disease type, sex, and disease severity supports its clinical utility as a disease-specific patient-reported outcome measure for hair disorders.

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Abstract N°: 2773

Unpleasant Skin Sensations in the General Population on Réunion Island: Prevalence, Associated Factors and Impact on Quality of Life

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Introduction

Unpleasant skin sensations (itching, stinging, burning, tingling, pain) are a common complaint in dermatology and general practice, but their prevalence in the general population is poorly documented in tropical regions with high ethnic diversity. In Réunion, the combination of skin types I to VI, a tropical climate and a high prevalence of dark skin types creates a specific epidemiological context that may alter the frequency and impact of these sensations.

Materials and Methods

Cross-sectional population-based survey (December 2025 – January 2026), N=1,302 adults, representative telephone panel. The five skin sensations (pruritus, tingling, burning, pins and needles, skin pain) were assessed on a binary basis (presence/absence) via self-report. No intensity scale was used. The number of sensations reported per patient (0 to 5) was then used as a quantitative variable for correlation with the DLQI score.

Results

25.8% of adults in Réunion (N=336/1,302) report at least one unpleasant skin sensation. Itching is the most common sensation (14.9%), followed by tingling (9.4%), burning (9.2%), pins and needles (8.8%) and pain (6.0%). Women are significantly more affected by pruritus (17.7% vs 11.4%, p=0.005) and by the combination of ≥1 sensation (28.6% vs 22.3%, p=0.011). However, the prevalence of skin sensations did not vary significantly by age (18–29 years: 27.8%; 30–44 years: 27.3%; 45–59 years: 25.7%; ≥60 years: 22.3%; p=0.442), skin type (p=0.748) or level of education (p=0.851). A non-significant trend was observed for obesity (BMI >30: 32.3% vs ~24% in the other categories; p=0.066).

The mean DLQI is 10.62 ± 7.62 (median 9.0); 72.9% have a DLQI ≥ 6. Tingling (mean DLQI = 12.76, p = 0.015) and pins and needles (12.00, p = 0.030) are the sensations that most adversely affect quality of life. Accumulation is a key factor: from 3 cumulative sensations onwards, the mean DLQI exceeds 13 (r=0.254, p=0.001). Skin allergy

(χ^2=66.84, p<0.001) and sensitive skin (χ^2=41.68, p<0.001) are the factors most strongly associated with the presence of unpleasant skin sensations.

Conclusions

A quarter of the population of Réunion suffers from unpleasant skin sensations, with a severe impact on quality of life (72.9% DLQI ≥ 6). The accumulation of sensations is a marker of worsening symptoms. Systematic screening during consultations — particularly for pruritus, tingling and pins and needles — and a multimodal management approach incorporating sleep and psychological care are recommended.

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Abstract N°: 2841

Psychotherapeutic support for a female patient with severe bullous pemphigoid using relaxation and imagery techniques

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Introduction

Whilst the literature generally emphasizes the importance of cognitive behavioural therapy in providing mental health support for people living with chronic conditions, the use of relaxation and imagery techniques, as well as hypnosis, can yield similarly significant results. In this presentation, we would like to present the case of a 45-year-old female patient who was started on biological therapy (guselkumab) for psoriasis, following which she developed extensive skin symptoms consistent with bullous pemphigoid.

Case Presentation

The patient was treated with methylprednisolone and subsequently with azathioprine, but her symptoms only improved following the administration of 2 × 1000 mg of rituximab. The steroid dose could not be tapered off due to her residual symptoms. Her treating physician recommended psychotherapeutic support for the patient, taking into account her mood disorder and reduced performance.

The patient's mild depressive symptoms did not require medication; following the initial psychotherapeutic interview, we initiated a course of 10 sessions of supportive psychotherapy, focusing on reducing anxiety and affective symptoms. In the next phase of therapy, however, we employed a deeper, more exploratory approach: we worked with the patient using the katathymic imaginative psychotherapy (KIP) method, with two 45-minute sessions (every two weeks), for a period of one year.

During the initial phase of psychotherapy, an acute family stressor preceding the onset of symptoms was identified. We addressed both family- and illness-related trauma, whilst also mapping out the underlying family dynamics in detail. During this phase of therapy, we organised a consultation in which the patient's husband also participated. By the end of the therapeutic phase, the psychological symptoms had eased and the patient's self-reflection had increased. We continued the work using relaxation and imagery techniques, with the primary aim of working through family traumas more deeply, resolving inhibitions regarding the expression of emotions and to overcome the patient's alexythymia. By the end of the therapeutic phase, the patient's residual symptoms had subsided, their anxiety had disappeared, and their emotional regulation had improved significantly.

Conclusion

Although relaxation and imagery techniques require a longer course of therapy, they can bring about profound changes in the mental health of patients with chronic conditions. Our case clearly illustrates how family trauma can contribute to the onset of a severe skin condition, as well as the importance of a systemic approach and the exploration of family dynamics in the care of those suffering from skin conditions.

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Abstract N°: 2845

Severe Psychosocial Burden of Facial Discoid Lupus and Lichen Planus Overlap in a Young Patient

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Introduction

The coexistence of Discoid Lupus Erythematosus and Lichen Planus is an uncommon inflammatory dermatosis overlap syndrome that may represent a diagnostic and therapeutic challenge, particularly in patients with facial involvement. Beyond physical manifestations, visible facial dermatoses may cause profound psychosocial distress.

Case Presentation

We report the case of a 27-year-old man presenting with chronic facial lesions diagnosed as discoid lupus erythematosus associated with lichen planus overlap syndrome. Dermatological examination revealed erythematous, hyperpigmented, and infiltrated facial plaques with significant aesthetic disfigurement.

The disease had a major psychosocial impact, leading the patient to progressively withdraw from social interactions, resign from his job, and avoid leaving home except for medical consultations. The patient systematically concealed his face using sunglasses and facial covering because of severe embarrassment and altered self-image.

The patient was treated with synthetic antimalarial agents, topical tacrolimus, and strict photoprotection measures. Given the marked psychological distress and social isolation, psychiatric evaluation and psychological support were proposed and eventually accepted by the patient.

Conclusion

This case highlights the major psychosocial burden associated with chronic inflammatory facial dermatoses and emphasizes the importance of multidisciplinary management integrating dermatological treatment, photoprotection, and psychological support.

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Abstract N°: 2848

Stress perception in occupational dermatology patients: first results of a qualitative interview study

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Introduction
Occupational dermatology patients, who are suspected of suffering from an occupational skin disease (OSD), frequently report stress and psychological cofactors. This may play a part in disease progression, chronicity and may contribute to disease burden. The role of stress in OSD has not been researched in this way before. A systematic literature search on psychological factors in OSD identified 15 studies on stress. They reported quantitative cross-sectional data with no causal interpretation. The aim of the present study was to investigate patient stress perception in a qualitative way.

Materials and Methods
Patients with severe OSD were asked open questions on stress (N = 17). The questions derived from clinical experience and expert opinions (dermatologist, psychologist, epidemiologist). Three OSD patients participated in a pretest. The interview questions were then specified further. Questions aimed at e.g. understanding what stressors are present in this patient population, in what context stress presents itself, how it is perceived and how patients cope with stress. Answers were categorised and analysed according to qualitative content analysis.

Results
A total of 63 patients (female: n = 25, 39.7%, mean age: 49.2 years, SD: 12.0, Min: 21, Max: 63) were interviewed. The interview length ranged from 20 to 45 minutes. Reported stressors were time pressure (63.5%), situational uncertainty (55.6%), a lack of future plannability (25.4%), interpersonal conflicts (25.4%) and a perceived transgression of personal and professional limits (11.1%). Stress perception was reported as primarily occupational (44.4%), occupational and private (41.3%) and primarily private (14.3%), with coping mechanisms mostly including spending time on hobbies (49.2%), simply resting (46%), taking walks (42.9%) or family time (42.9%). Irritability (50.8%), nervousness (30.2%), bodily tension (19%), hecticness (17.5%) and exhaustion (15.9%) were the most common ways of patient stress perception. Furthermore, patients reported feeling performance oriented 82.3% of the time.

Conclusions
Our results point to the importance of addressing job-related stress with OSD patients. The reported stressors can be observed in low control and high demand work environments, e.g. healthcare workers, shift work. How job-related stress of performance-oriented workers impacts OSD occurance needs to be investigated further. OSD patients perceive stress in occupational as well as in private settings. However, the patients attribute stress to their occupation. The reported stress symptoms also differ from other studies on stress (e.g. palpitations, gatrointestinal complaints). This points to OSD patients being a distinctive patient population requiring more

targeted care. Patient stress perception is relevant for future patient-centered care and early intervention. The interviews will help to develop a standardized set of questions to then be implemented in research and in the identification of „high stress“ patients requiring more and earlier interventions.

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Abstract N°: 2926

Skin phenotypes as transdiagnostic predictors of mental health in sleep medicine clinic outpatients: a multimodal machine-learning study

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Introduction

Patients attending sleep medicine clinics frequently present with comorbid transdiagnostic psychiatric symptoms, including depression, anxiety, anger, and substance use, which are commonly captured by the DSM-5 Cross-Cutting Symptom Measure. Current clinical workflows rely primarily on the Pittsburgh Sleep Quality Index (PSQI) and the Epworth Sleepiness Scale (ESS), which provide only limited capture of mental-health risk beyond the sleep domain. Facial skin offers a visible peripheral window onto chronic stress: it is innervated by the autonomic nervous system, expresses a complete local hypothalamic–pituitary–adrenal (HPA) axis, and integrates the cumulative effects of long-term stress through microvascular, collagen, and pigmentary changes. Whether multispectral facial imaging adds incremental value to existing sleep questionnaires for transdiagnostic mental-health screening in real-world clinical populations remains untested.

Materials and Methods

We consecutively enrolled 224 outpatients at a sleep medicine clinic (October 2025–April 2026), retaining 209 with complete data (age 42.5 ± 10.9 years; 21.1% female). All participants completed the DSM-5 Cross-Cutting Symptom Measure, the PSQI, and the ESS, and underwent multispectral facial imaging. Six skin features were derived by combining LASSO selection from a 61-feature candidate pool with axis-level aggregation across four stress-skin pathways: accelerated cutaneous ageing (skin-age gap), pigmentation (hyperpigmentation count, skin lightness), pore activity (mean pore area), and periorbital fatigue (dark-circle severity, eye-bag area). The primary outcome was screen-positivity on ≥1 of the 12 non-sleep DSM-5 Level 1 domains. Four nested predictor configurations were evaluated: demographics-only, sleep-questionnaire (demographics + PSQI + ESS), skin-phenotype (demographics + six skin features), and a multimodal model integrating all three. Within each configuration we trained six classifier families under nested 5×3 cross-validation across five seeds. The multimodal vs sleep-questionnaire contrast was assessed by paired DeLong test; secondary pairwise comparisons used Benjamini–Hochberg correction (family size = 3). Clinical utility was assessed by decision-curve analysis, and feature contributions by SHAP.

Results

Among 209 sleep-clinic patients (66% positive on the non-sleep DSM-5 composite outcome), the multimodal model (demographics + sleep questionnaires + skin features) achieved an AUC of 0.783 (95% CI 0.714–0.844) for the primary outcome, significantly outperforming the clinically realistic sleep-questionnaire model (AUC 0.702; ΔAUC +0.081, 95% CI 0.023–0.144, p = 0.008) and the demographics-only baseline (ΔAUC +0.114, q_BH = 0.042). Neither single-modality model significantly exceeded the demographics baseline after correction (Skin: q = 0.222; Sleep: q = 0.498), indicating that the predictive value of skin phenotypes lies in their complementary contribution beyond conventional sleep assessment rather than as a standalone screening modality. Decision-curve analysis

demonstrated higher net benefit for the multimodal model across clinically relevant thresholds (p_t = 0.40–0.70), equivalent to approximately 7 additional correct decisions per 100 patients on average and 12.4 at p_t = 0.70. SHAP attribution identified age, PSQI sleep quality, mean pore area, hyperpigmentation count, and skin-age gap as the leading contributors.

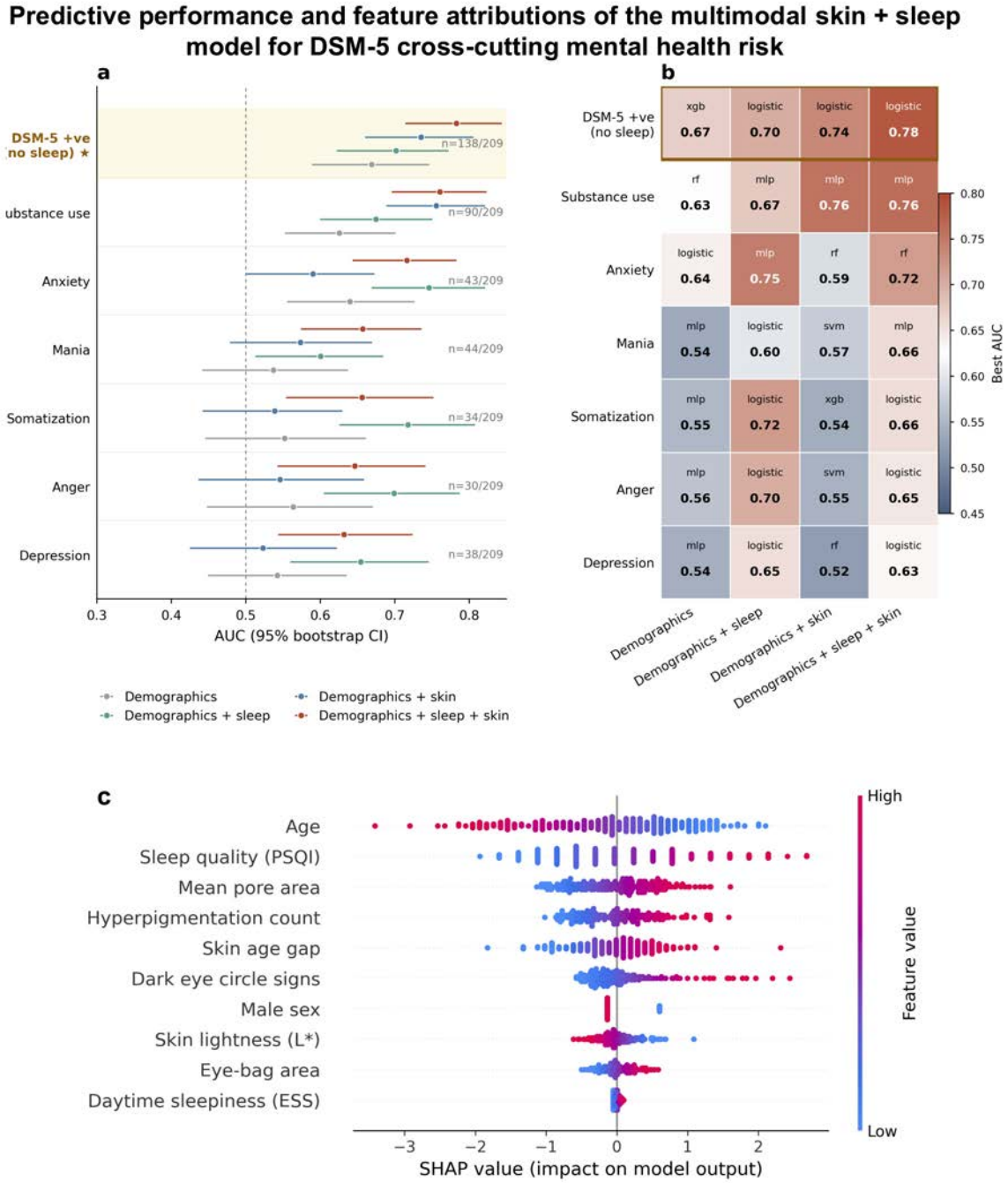

Figure 1. Evaluation of skin and sleep-questionnaire features for DSM-5 cross-cutting mental-health risk prediction, with SHAP-based feature attribution for the multimodal model. (a) Predictive performance across DSM-5 cross-cutting domains shown as area under the receiver operating characteristic curve (AUC) with 95% bootstrap confidence intervals for four feature configurations: demographics alone (grey), demographics + sleep questionnaires (PSQI, ESS; teal), demographics + skin phenotype features (blue), and their combination (red). Sample sizes (n positive / n total) are indicated. The highlighted row ("DSM-5 +ve (no sleep)") denotes a composite outcome defined as positivity on any non-sleep DSM-5 domain. (b) Best-performing classifier and corresponding AUC for each outcome–feature configuration pair; cells colour-coded by AUC. (c) SHAP summary plot of the multimodal model. Features are ranked by mean absolute SHAP value; each point represents an individual participant with colour indicating feature value (blue = low, pink = high). Positive SHAP values indicate increased predicted mental-health risk. PSQI, Pittsburgh Sleep Quality Index; ESS, Epworth Sleepiness Scale; SHAP, SHapley Additive exPlanations.

Conclusions

In a sleep-clinic population, multispectral facial imaging adds modest but clinically meaningful incremental predictive value to existing sleep questionnaires for risk screening across 12 DSM-5 psychiatric domains, with the strongest gain observed for substance-use risk. These findings provide preliminary clinical evidence supporting facial-skin phenotypes as an adjunct to self-report instruments in transdiagnostic mental-health screening.

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Abstract N°: 2987

Parental Quality of Life in Children with Vitiligo: A Cross-Sectional Study Using the Family Dermatology Life Quality Index

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Introduction
Vitiligo is a chronic pigmentary disorder with a major psychosocial impact, particularly in children. While its effect on patients has been widely studied, data regarding the burden on caregivers remain limited, especially in North African populations and darker skin phototypes.

Objective

To evaluate parental quality of life in childhood vitiligo using the Family Dermatology Life Quality Index (FDLQI) and to identify clinical factors associated with increased parental burden.

Materials and Methods
A cross-sectional study was conducted between April 2025 and April 2026 in the Department of Dermatology at Hassan II University Hospital, Fez, Morocco. Parents of children younger than 16 years with clinically confirmed vitiligo were included. Quality of life was assessed using the FDLQI questionnaire. Demographic and clinical variables, including disease duration, activity, body surface area involvement, lesion location, phototype, and treatment modalities, were analyzed in relation to FDLQI scores. Item-level analysis of major FDLQI domains was also performed.

Results
A total of 62 parents were included. The mean parental age was 37 ± 12 years, and mothers represented 87.1% of caregivers. Children had a mean age of 11.79 ± 4.62 years, with a slight female predominance (58.1%). Progressive disease was observed in 32.3% of patients, while 85.5% had less than 1% body surface area involvement. Visible area involvement was frequent, particularly affecting the décolleté (79.0%), genital area (69.4%), hands (62.9%), and face (54.8%).

The mean FDLQI score was 13.54 ± 5.88, indicating marked impairment in parental quality of life. Severe or very severe impairment was observed in 62.9% of parents, whereas only 9.7% reported mild impairment. The most affected domains were emotional distress, personal relationships, reactions of others, and financial burden.

Higher FDLQI scores were significantly associated with darker phototypes (median: 18 vs. 13, $p = 0.02$), longer disease duration (median: 9 for <1 year, 14 for 1–5 years, and 19 for >5 years; $p < 0.001$), active disease (median: 19 vs. 12, $p < 0.001$), and greater disease extent (median: 19 vs. 14, $p = 0.01$). Lesions involving visible or socially sensitive areas were also associated with significantly higher scores, particularly facial involvement (18 vs. 11, $p = 0.002$), hand involvement (18 vs. 12, $p = 0.004$), trunk involvement (17 vs. 12, $p = 0.01$), and genital involvement (17 vs. 13, $p = 0.03$).

Item-level analysis showed that 80.6% of parents reported moderate-to-severe emotional distress, which was

significantly associated with facial involvement (100.0% vs. 64.7%, p = 0.001) and hand involvement (95.7% vs. 71.8%, p = 0.024). More than half of parents also reported moderate-to-severe impairment in work or daily activities (54.8%) and financial burden (56.5%), particularly in cases of active and long-standing disease.

Variable	Group	n	Median FDLQI	p-value
Child sex	Female	36	14	
	Male	26	15	0.60
Phototype	Light	44	13	
	Dark	18	18	**0.02**
Disease duration	<1 year	9	9	
	1–5 years	38	14	
	>5 years	15	19	**<0.001**
Disease activity	Inactive	42	12	
	Active	20	19	**<0.001**
Disease extent	<1%	54	14	
	≥1%	8	19	**0.01**
Facial involvement	No	28	11	
	Yes	34	18	**0.002**
Hand involvement	No	37	12	
	Yes	25	18	**0.004**
Trunk involvement	No	32	12	
	Yes	30	17	**0.01**
Genital involvement	No	45	13	
	Yes	17	17	**0.03**
Neck and upper chest involvement	No	49	14	
	Yes	13	17	**0.08**
Phototherapy	No	43	13	
	Yes	19	16	0.12
Systemic treatment	No	56	14	
	Yes	6	18	0.15

Factors associated with parental quality of life (FDLQI scores)

Conclusions

Childhood vitiligo substantially impairs parental quality of life, particularly in emotional, social, and financial domains. Disease activity, longer duration, darker phototypes, and involvement of visible areas appear to be major determinants of caregiver burden. These findings highlight the importance of a family-centered and psychosocial approach in the management of pediatric vitiligo.

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Abstract N°: 2993

Multidimensional Benefits of Biological Therapy: Reduced Caregiver Burden and Improved Quality of Life in Families of Children with Psoriasis and Atopic Dermatitis,

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Introduction
Chronic inflammatory dermatoses such as psoriasis and atopic dermatitis significantly affect not only paediatric patients but also their caregivers. The introduction of biological therapies has improved disease control. The psychosocial impact of the diseases and medical interventions such as the biologic therapy on families is significant and can be further explored.
The aim of this study was to assess the impact of biological therapy on caregiver's stress, family functioning, and quality of life in children with psoriasis and atopic dermatitis, as well as to evaluate coping strategies, social support, and parental self-efficacy.

Materials and Methods
The study included 73 caregivers of children with psoriasis or atopic dermatitis: 43 in the biologically treated group and 30 in the non-biological treatment group. Standardized instruments were used, including PSS-10 (perceived stress), FROM-16 (family impact), cDLQI (child quality of life), FDLQI (family quality of life), COPE (coping strategies), ISEL-40 (social support), and PSOC (parental self-efficacy). Group comparisons were performed using the Mann–Whitney U test or Student’s t-test, and correlations were assessed using Spearman’s rho.

Results
Caregivers of children receiving biological therapy reported significantly lower stress levels (PSS-10; $p = 0.018$) and reduced negative impact of the disease on family functioning (FROM-16; $p = 0.027$) compared to the non-biological group. Children treated biologically had significantly better quality of life (cDLQI; $p < 0.001$), which was reflected in improved family quality of life (FDLQI; $p < 0.001$).

Disease severity was significantly lower in the biologically treated group ($p < 0.001$) and strongly correlated with worse child and family quality of life (cDLQI: rho = 0.816; FDLQI: rho = 0.672). However, no direct correlation was found between disease severity and caregiver stress.

Higher caregiver stress was associated with greater family burden (FDLQI; rho = 0.254; $p = 0.030$), increased use of avoidant coping strategies such as denial (rho = 0.369; $p = 0.001$) and behavioural disengagement (rho = 0.339; $p = 0.003$), and less frequent use of positive reframing (rho = −0.367; $p = 0.001$). No significant differences between groups were observed in overall coping styles or perceived social support.

Parental self-efficacy showed a moderate negative correlation with stress (rho = −0.447; $p < 0.001$), indicating that higher parental confidence is associated with lower stress levels.

Conclusions

Biological therapy in paediatric patients with psoriasis and atopic dermatitis is associated with improved quality of life for both children and their caregivers, as well as reduced caregiver stress and family burden. While coping styles and social support did not differ significantly between groups, parental self-efficacy emerged as an important protective factor against stress. These findings highlight the multidimensional benefits of biological treatment and the importance of holistic care addressing both patients and their families.

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Abstract N°: 3025

Pathergy-Site Lesions Revealing Dermatitis Artefacta in a Patient With Presumed Behçet Disease, Trichotillomania, and Chronic Opioid Exposure

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Introduction

Dermatitis artefacta is a self-inflicted psychocutaneous disorder that can mimic autoimmune disease and lead to misdiagnosis and unnecessary treatment. Behçet disease remains a clinical diagnosis without definitive biomarkers, with nonspecific ulcers and variable pathergy sensitivity. Chronic opioid use may further reinforce itch–scratch behavior. We report a patient initially diagnosed with Behçet disease whose lesion morphology, trichoscopy, and repeat pathergy-site findings supported dermatitis artefacta.

Materials and Methods

A 40-year-old woman presented with febrile neutropenia, pancytopenia, and painful mucocutaneous lesions. History included aplastic anemia, prior chemotherapy, epilepsy, chronic opioid use, and Behçet disease treated with multiple immunosuppressants. Workup was non-contributory. Oral lesions were broad, irregular erosions not consistent with aphthae (Figure 1), and perianal findings were superficial excoriations (Figure 2). Initial pathergy test was negative. Due to clinicopathologic discordance, it was repeated after explaining expected positivity. Within 18 hours, sharply demarcated lesions appeared strictly at test sites (Figure 3), with morphology inconsistent with a sterile papulopustular response and suggestive of external manipulation. Subsequently, the patient reported hair loss. Trichoscopy showed broken hairs at varying lengths, black dots, coiled hairs, and tulip hairs, consistent with trichotillomania (Figure 4). Opioid-induced pruritus likely contributed to scratching behavior.

Results

This case highlights diagnostic anchoring bias in presumed Behçet disease. Despite a prior diagnosis, current findings were atypical: oral lesions were broad irregular erosions rather than aphthae, and perianal lesions were superficial excoriations.Sharply demarcated erosions in accessible areas supported a self-induced process.Trichoscopy showed broken hairs of varying lengths, black dots, coiled hairs, and tulip hairs, consistent with trichotillomania (Figure 4).The repeat pathergy test was diagnostically revealing. Instead of a sterile papulopustular reaction, traumatic-appearing lesions developed after discussion of expected positivity, favoring manipulation over true pathergy.Chronic opioid use may also have reinforced itch-scratch behavior through opioid-induced pruritus.

Conclusions

Recognition of dermatitis artefacta is essential, as misdiagnosis as autoimmune disease may result in unnecessary hospitalizations, immunosuppression, and escalating analgesic use. Management requires a non-confrontational multidisciplinary approach.

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Abstract N°: 3095

FLOURISHING SKIN EUROPE A multicenter European cross-sectional study on values and humor in psoriasis and atopic dermatitis

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Introduction
Chronic inflammatory skin diseases such as psoriasis and atopic dermatitis substantially affect psychological well-being and social functioning beyond physical symptoms. While previous research has primarily focused on psychosocial burden, positive psychosocial resources remain insufficiently investigated in dermatology. Personal values and humor styles may represent resilience-related factors associated with well-being, yet their role in chronic skin disease has not been systematically examined. Flourishing, a multidimensional construct of psychosocial well-being, has not previously been investigated in this context. FLOURISHING SKIN EUROPE is an ongoing European multicenter study aiming to explore associations between flourishing, humor styles, and personal values in patients with psoriasis and atopic dermatitis across different cultural settings.

Materials and Methods
The study is designed as a multicenter cross-sectional study conducted across dermatological centers in several European countries. Adult patients with psoriasis or atopic dermatitis are recruited during routine outpatient visits. Participants complete an anonymous paper-based questionnaire assessing flourishing (Flourishing Scale), humor styles (Humor Styles Questionnaire), personal values (Portrait Values Questionnaire), dermatology-specific quality of life (Skindex-16), psychological distress (PHQ-4), and subjective social status. Clinical severity scores (PASI, EASI/SCORAD) are documented by study personnel. Descriptive analyses and exploratory association analyses are planned, including mixed-effects models for multicenter comparisons.

Results
Recruitment across participating European centers is ongoing. Preliminary analyses from the initial study cohort will explore associations between flourishing, humor styles, and personal values in patients with psoriasis and atopic dermatitis. Exploratory analyses will further examine disease-specific and cross-cultural differences in flourishing and psychosocial resource profiles, while accounting for clinical severity and psychosocial burden.

Conclusions
FLOURISHING SKIN EUROPE may contribute to a more resource-oriented understanding of chronic inflammatory skin diseases by integrating dermatological, psychological, sociological, and public health perspectives. Identifying psychosocial resources associated with flourishing could support the development of patient-centered approaches that move beyond symptom reduction and incorporate well-being as a relevant outcome in dermatological care across diverse European settings.

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Impact of visible dermatoses on professional life: an underestimated burden

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Introduction
Visible dermatoses are chronic conditions that frequently affect exposed areas such as the face, scalp, hands, and neck, leading not only to physical discomfort but also to significant psychosocial consequences. Because appearance plays an important role in interpersonal and professional interactions, patients with visible skin diseases may experience embarrassment, stigmatization, impaired self-esteem, and social avoidance. While the psychological impact of dermatoses has been widely studied, their repercussions on professional life remain insufficiently investigated, particularly in developing countries where awareness of visible skin disorders and workplace accommodations may be limited. Difficulties during recruitment, reduced professional confidence, absenteeism, impaired productivity, and fear of negative judgment may considerably affect patients' career trajectories and quality of life.

Materials and Methods
A descriptive cross-sectional study was conducted over a 6-month period in a dermatology department. Adult patients presenting with visible dermatoses involving exposed body areas, including the face, scalp, neck, or hands, were consecutively recruited during dermatology consultations. Patients with isolated non-visible lesions were excluded.

Results
A total of 120 patients were included, with a predominance of women and young adults. The most common dermatoses were acne, psoriasis, vitiligo, atopic dermatitis, rosacea, and alopecia. Facial involvement was observed in the majority of patients.
More than half of participants reported that their dermatosis negatively affected their professional life. The most frequently reported difficulties were decreased self-confidence during workplace interactions, anxiety related to physical appearance, discomfort during public speaking or meetings, and fear of negative judgment by colleagues or clients. A substantial proportion of patients reported feeling less comfortable during job interviews because of their skin condition.
Several patients reported absenteeism or reduced work performance during disease flares. Others stated that they avoided certain professions involving direct public contact or frequent social interaction. Perceived stigmatization in the workplace was common, particularly among patients with highly visible facial dermatoses. Younger patients and those working in customer-facing occupations appeared to experience a greater psychosocial and professional burden.
A significant proportion of participants believed that visible dermatoses remain underestimated in professional environments and expressed the need for greater public awareness and psychological support.

Conclusions

Visible dermatoses have a considerable impact on professional life, affecting self-esteem, workplace interactions, career opportunities, and productivity. These consequences remain insufficiently recognized despite their important psychosocial implications. Management of visible skin diseases should therefore extend beyond clinical treatment to include psychological support, patient counseling, and increased awareness regarding the occupational burden associated with dermatological conditions. Further studies are needed to better evaluate workplace discrimination and to promote supportive professional environments for affected patients.

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A Mentorship Program Addressing Social Media Comparison Anxiety Among Dermatology Applicants

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Introduction
Patient encounters in dermatology increasingly begin with references to viral acne regimens, sunscreen safety debates, influencer-endorsed procedures, and ingredient toxicity claims circulating across social media platforms. Algorithm-amplified narratives shape expectations before patients enter the clinic and often require extended counseling to reconcile with evidence-based recommendations. Although dermatology occupies a uniquely visible position within digital culture, structured preparation in social media literacy is rarely incorporated into faculty development. Reverse mentorship, in which medical students provide structured digital insight to attending physicians, has been proposed as a practical educational strategy. A preliminary survey explored the perceived clinical influence of social media–shaped beliefs and early interest in reverse mentorship within dermatology.

Materials and Methods
A small-scale, online cross-sectional survey was distributed to U.S. dermatology attendings and medical students over a three-month period in 2025. The instrument gathered descriptive information regarding frequency of social media-influenced patient encounters, perceived impact on visit flow, confidence in addressing viral dermatologic claims, and attitudes toward structured reverse mentorship programming. Brief clinical vignettes explored responses to common online narratives such as sunscreen safety concerns and influencer-driven acne routines. Responses were analyzed descriptively to identify patterns and perceived areas of need.

Results
Participants represented a mix of academic and community practice environments. Many attending respondents reported regular exposure to social media-influenced concerns and noted that such discussions can alter visit dynamics. Several described strong confidence in interpreting scientific literature yet less confidence when responding to persuasive online narratives. Vignette responses suggested variability in approaches to digitally shaped treatment expectations. Interest in reverse mentorship was generally favorable, with attendings expressing openness to trainee-led digital literacy discussions and medical students indicating willingness to participate in structured mentorship roles. Greater reported exposure to misinformation-related encounters appeared associated with stronger receptivity to mentorship-based solutions.

Conclusions
Preliminary survey findings suggest that social media-influenced beliefs are perceived to affect dermatologic encounters and may contribute to uncertainty in addressing digitally shaped expectations. Early interest in reverse

mentorship indicates potential feasibility as an educational strategy. Structured trainee-to-attending digital literacy initiatives represent a pragmatic approach to strengthening clinical preparedness and improving alignment between patient expectations and evidence-based dermatologic care.

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Beyond hair loss: Psychosocial impact in frontal fibrosing alopecia

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Introduction
Frontal fibrosing alopecia (FFA) is a primary cicatricial alopecia whose psychosocial repercussions remain poorly investigated. This study aimed to evaluate the psychological impact of FFA and to identify the various camouflage methods used by patients.

Materials and Methods
A retrospective monocentric study included 30 female patients followed for FFA between 2012 and 2023. Quality of life was assessed using the Dermatology Life Quality Index (DLQI) in 12 patients. Camouflage techniques were documented during the clinical examination for the entire cohort (n=30).

Results
DLQI assessment in 12 patients showed scores ranging from 4 to 11, with a mean score of 8, reflecting a moderate impact on quality of life. The most significantly affected domains were self-esteem and social life. Regarding camouflage methods, 11 patients (37%) utilized them: 7 (23%) wore a headscarf to mask frontal and temporal recession, and 4 (13%) had undergone eyebrow tattooing, particularly in cases of total eyebrow loss. These techniques, sometimes combined, reflect the patients' determination to actively conceal the aesthetic stigmas of the disease.

Conclusions
Our results demonstrate that frontal fibrosing alopecia carries a real and measurable psychological burden, contradicting the common assumption that the slow and progressive nature of the disease allows for seamless psychological adaptation. The moderate scores in our series hide a deeper reality of daily distress, particularly concerning the loss of eyebrows, which significantly alters facial expression and identity. The frequent use of camouflage strategies whether traditional like a headscarf or permanent such as tattooing serves as a proxy for the perceived aesthetic impairment and social stigmatization felt by these women.
These findings advocate for a paradigm shift in the management of this condition, moving toward a holistic model of care. It is essential for clinicians to integrate psychological screening into routine consultations as the emotional impact does not always correlate with the severity of the hair loss itself. Furthermore, the proactive search for camouflage solutions highlights the need for dermatologists to provide professional guidance on cosmetic rehabilitation such as hairpieces or dermopigmentation alongside pharmacological treatments. Ultimately, achieving clinical stability is only half the battle. Addressing the psychosocial invisibility of these patients is crucial to improving their overall well being and long term resilience.

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The shared burden of bullous pemphigoid: study of the patient-caregiver dyad (EQuIPAG)

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Introduction
Bullous pemphigoid (BP) is the most common autoimmune bullous dermatosis in the elderly, with a one-year mortality rate of 27 to 72%. While the impact on patients is well established, the impact on carers remains underestimated. The concept of the "Greater Patient" recognises that chronic diseases affect the family system. The objective of EQuIPAG was to simultaneously assess the burden on patients AND their carers, testing the hypothesis of shared, bidirectional emotional vulnerability.

Materials and Methods
Observational, cross-sectional, multicentre, national study (RIPH3, CPP East I August 2024, ID-RCB 2024-A01409-38). Use of validated instruments: Mini-GDS (depressive risk), ISI (insomnia), Mini-Zarit (burden), WBQ-12 (well-being). We share the results of the interim analysis: 34 patients, 26 matched carers.

Results
44 patients [78.4 years old, 71% women] and 36 caregivers [58% spouses (72 years old), 42% children (59 years old)] were recruited as of 20 /04/ 2026.

Depression risk (Mini-GDS>0): 56% of patients vs. 46% of caregivers. Among patients, we observed: sadness 38%, impaired happiness 53%. Among caregivers, spouses were more affected (47%) than children (45%).

Insomnia (ISI): 79% of patients (50% moderate-severe) vs. 50% of caregivers. Severe insomnia is found exclusively among spouses (23%), ISI score 10.6 vs. 4.7 (among children), indicating nocturnal hypervigilance.

Caregiver burden: 62% clinically significant (31% moderate + 31% severe). The most affected aspects of the burden are: impact on health [61%], fear for the future of the loved one [57%], a feeling of overload [54%], and expressions of sadness and helplessness [43%]. **Functional impact on the patient:** pruritus 77%, delayed healing 79%, oral pain 53%, discomfort when washing 62%, clothing constraints 71%.

Conclusions

EQuIPAG reveals an unprecedented shared burden. Half of patients AND caregivers are at risk of depression, suggesting bidirectional emotional contagion. Insomnia emerges as a cross-cutting marker, fuelling a negative cycle: insomnia amplifies suffering, which worsens insomnia — in both members of the dyad. Spouses constitute a vulnerable subgroup: older, with severe sleep disorders, 40% of the burden being severe. These results argue for a dyadic approach that integrates the assessment of carers into the PB pathway.

PB generates an invisible but measurable and shared burden. Identifying at-risk spouses and parallel emotional vulnerability opens up prospects for interventions targeted at the patient-carer dyad.

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Social Rejection, Stigma and Exclusion in Epidermolysis Bullosa across 7 European countries

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Introduction

Epidermolysis bullosa (EB) is a rare genetic skin disorder whose visible manifestations — wounds, bandages, disfigurement, functional disabilities — generate social stigma, teasing, exclusion from activities, and progressive isolation from an early age. While the physical and economic burden of EB is increasingly documented, the social rejection dimension remains underrepresented in the literature.

Despite accumulating evidence, social rejection in EB has not been systematically quantified using standardised validated instruments across multiple countries, nor has it been compared between adults and children in the same study.

These abstract addresses this gap by combining a narrative review of published evidence with original data from the BUR-EB multinational study (7 European countries, N=348 patients), using the QOLEB and CDLQI as primary instruments for social domain assessment.

Materials and Methods

This abstract presents original data from the BUR-EB multinational study (between 2022 and 2024 in France, Germany, Austria, Italy, Spain, Bulgaria, and Hungary, in collaboration with EB reference centres and national DEBRA associations. The questionnaire was administered online in 7 languages. Inclusion criteria: confirmed EB diagnosis, residing in a study country. The full population includes 207 adults and 141 children across 7 countries , using the Quality of Life in Epidermolysis Bullosa questionnaire (QOLEB) and the Children's Dermatology Life Quality Index (CDLQI) as primary instruments for social domain assessment.

Results

100% of adult EB patients reported sports-related exclusion (75.6% moderate/severe). 64.4% of children reported embarrassment and distress related to their skin (35.6% moderate/severe). 41.1% of children experienced teasing, bullying or avoidance by peers. 54.8% of children reported friendship impairment. In adults, 60.5% experienced stigmatising comments or stares, and 48.9% reported friendship impairment. A four-stage isolation spiral — from visible disease to social withdrawal — was identified across all countries.

Conclusions

Social rejection is a constitutive dimension of EB, not a secondary complication. It operates from childhood, through a measurable and progressive isolation mechanism. These findings support systematic integration of social rejection screening in clinical practice and call for targeted anti-stigma interventions in schools and workplaces.

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Impact of palmoplantar keratoderma on quality of life in children: a Moroccan prospective study

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Introduction
Palmoplantar keratoderma (PPK) represents a heterogeneous group of dermatological disorders characterized by abnormal thickening of the skin of the palms and soles. In children, PPK may have hereditary or acquired causes and can significantly affect daily activities, school performance and psychosocial well-being. However, its impact on quality of life remains underestimated. So the objective of our study was to assess the impact of palmoplantar keratoderma on quality of life in children and to identify factors associated with more severe impairment.

Materials and Methods
We conducted a prospective descriptive and analytical study over a 3-year period, from 2023 to 2025, including children aged 5 to 16 years followed in pediatric dermatology consultation for palmoplantar lesions. Demographic, clinical and etiological data were collected. Quality of life was assessed using the Children's Dermatology Life Quality Index questionnaire.

Results
A total of 45 children were included (30 boys and 15 girls) with a mean age of 8.5 years. Most patients were between 5 and 10 years old. Palmoplantar involvement was observed in the majority of cases (n=36), while isolated plantar and palmar involvement were less frequent. The main clinical presentations were erythematous, scaly and fissured lesions (49%). Inflammatory dermatoses were the leading causes, with psoriasis vulgaris being the most frequent etiology (62%), followed by eczema (20%). The mean CDLQI score was 15, indicating a marked impairment of quality of life. The most affected domains were symptoms and feelings, as well as treatment-related constraints. Quality of life impairment was moderate in 55,50% of cases, important in 33,33% of cases, mild in % 8,80 % of cases and extremely important in 4,40% of cases.

Conclusions
PPK can substantially affect children's daily lives because palms and soles are essential for walking, sports, writing, and manual activities. Plantar involvement may cause pain and limit physical activity, whereas palmar lesions may interfere with school tasks. Visible lesions may also lead to stigmateasing, and psychological distress. In addition, prolonged daily care and parental concern contribute to the overall burden. Compared with previous pediatric data, our series showed a higher mean CDLQI score, highlighting a significant and probably underestimated impact in our context.

PPK in children has a considerable impact on quality of life, particularly through pain, functional limitation, school difficulties and psychosocial burden. Standardized tools such as the CDLQI are useful to objectively assess this impact. Early recognition, adapted treatment, and psychological support are essential to improve the well-being of

affected children and their families.

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How is narcissistic personality disorder related to aesthetic dermatology care and body dysmorphic disorder?

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Introduction
Psychodermatological research is receiving increasing attention: this multidisciplinary field places special emphasis on body dysmorphic disorder (BDD), which is one of the most challenging conditions both in dermatology and psychiatry. The available literature suggests that certain personality traits might be associated with the development of BDD, however, the association of personality disorders and dysmorphophobia requires further investigations. From this perspective, narcissistic personality disorder (NPD) may be a particularly important area, as it shares many similarities with BDD.

Materials and Methods
Our Psychodermatology Team was founded in 2025, with the cooperation of the Department of Dermatology, Venereology and Oncodermatology and Department of Psychiatry and Psychotherapy. Currently, the collaboration involves dermatologists, psychiatrists, clinical psychologists and a dermatologist who is also qualified as a psychotherapist. In addition to providing care for psychodermatological cases, we place strong emphasis on research activities, with particular focus on investigating personality disorders associated with BDD. For the present study, a systematic PubMed search was conducted on NPD in aesthetic practice.

Results
A review of the phenomenology of BDD and NPD reveals numerous common features, the most important of which are perfectionism, high standards, poor insight into the condition, a search for positive reinforcement, and a fear of shame. Both conditions may be associated with other psychiatric comorbidities, moreover, the clinical presentations are also associated with one another, and the contribution of childhood trauma should not be overlooked. Contrary to popular belief, the basis of NPD is fragile self-esteem and fear of embarrassment. All of this makes patients vulnerable in their personal relationships, where they often feel threatened and behave in a sensitive manner. The interpersonal aspects of this condition also extend to the doctor-patient relationship. In this context, we have summarized several communication traits that may indicate narcissistic personality disorder, as well as strategies that can help overcome these challenges related to NPD in dermatological and aesthetic practice.

Conclusions

In cases of personality disorders, it can be crucial to recognize as early as possible what we are dealing with. We should emphasize that the personality of the patients may have intact parts upon which psychotherapeutic treatment can be based. The use of transference-focused therapy and a modified version of mentalization-based therapy may offer hope in cases of comorbid narcissistic personality disorder. The collaboration of allied professions may be particularly important in overcoming the problem of NPD and BDD, as well.

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Abstract N°: 3739

Mood Disorders Following Aesthetic Interventions: A Practical Psychodermatology Approach for Early Recognition and Prevention

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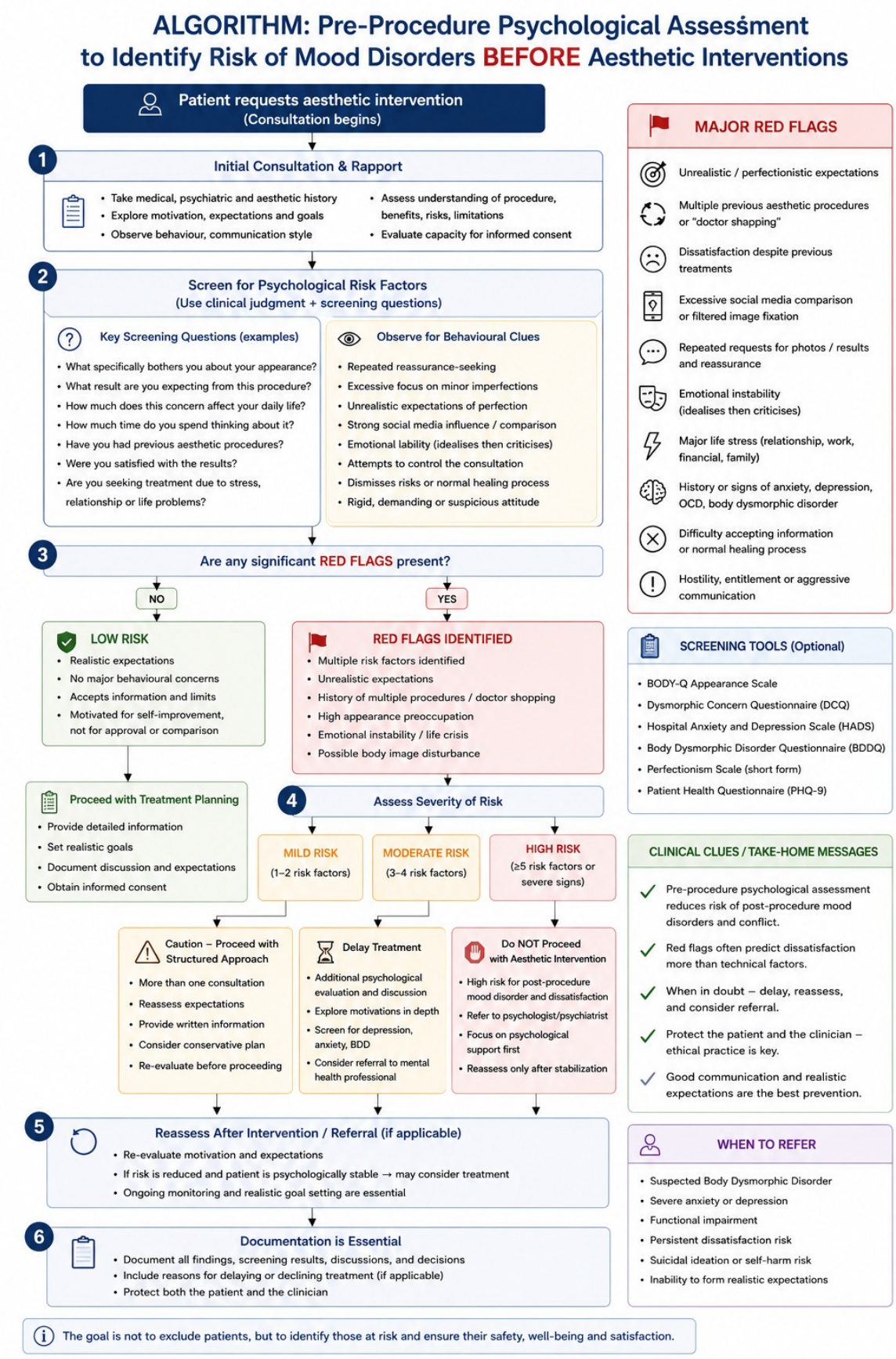
Introduction
Psychological deterioration after aesthetic procedures is increasingly encountered in cosmetic dermatology and hair restoration practice. Emotional distress may be disproportionate to objective procedural findings and may develop despite technically successful outcomes. Early recognition of psychological risk factors remains insufficiently addressed in routine aesthetic practice.

Materials and Methods
Behavioral warning signs, communication patterns, and post-procedure emotional reactions observed in aesthetic practice were analyzed alongside current literature on body image disturbance, cosmetic dissatisfaction, reassurance-seeking behavior, and social media-driven appearance anxiety.
Based on these findings, practical pre-procedure screening and post-procedure management pathways were proposed to support early recognition of psychological risk in aesthetic settings.

Results
Recurring behavioral patterns associated with post-procedure emotional dysregulation included repeated reassurance-seeking, unrealistic perfectionistic expectations, excessive requests for before/after photographs, physician shopping, multiple prior aesthetic procedures, fixation on minor defects, emotional lability, and excessive social media comparison.
Patients frequently demonstrated disproportionate distress during normal healing phases such as edema, bruising, crusting, temporary asymmetry, or transient hair shedding. Importantly, dissatisfaction severity often exceeded objective clinical findings despite technically adequate procedural outcomes.
Two practical clinician-oriented pathways were proposed:
a pre-procedure psychological risk assessment pathway;
a post-procedure emotional distress management pathway.
These frameworks emphasize early recognition of psychological risk, differentiation between normal emotional reactions and pathological distress, avoidance of overtreatment, and timely psychological referral when indicated.



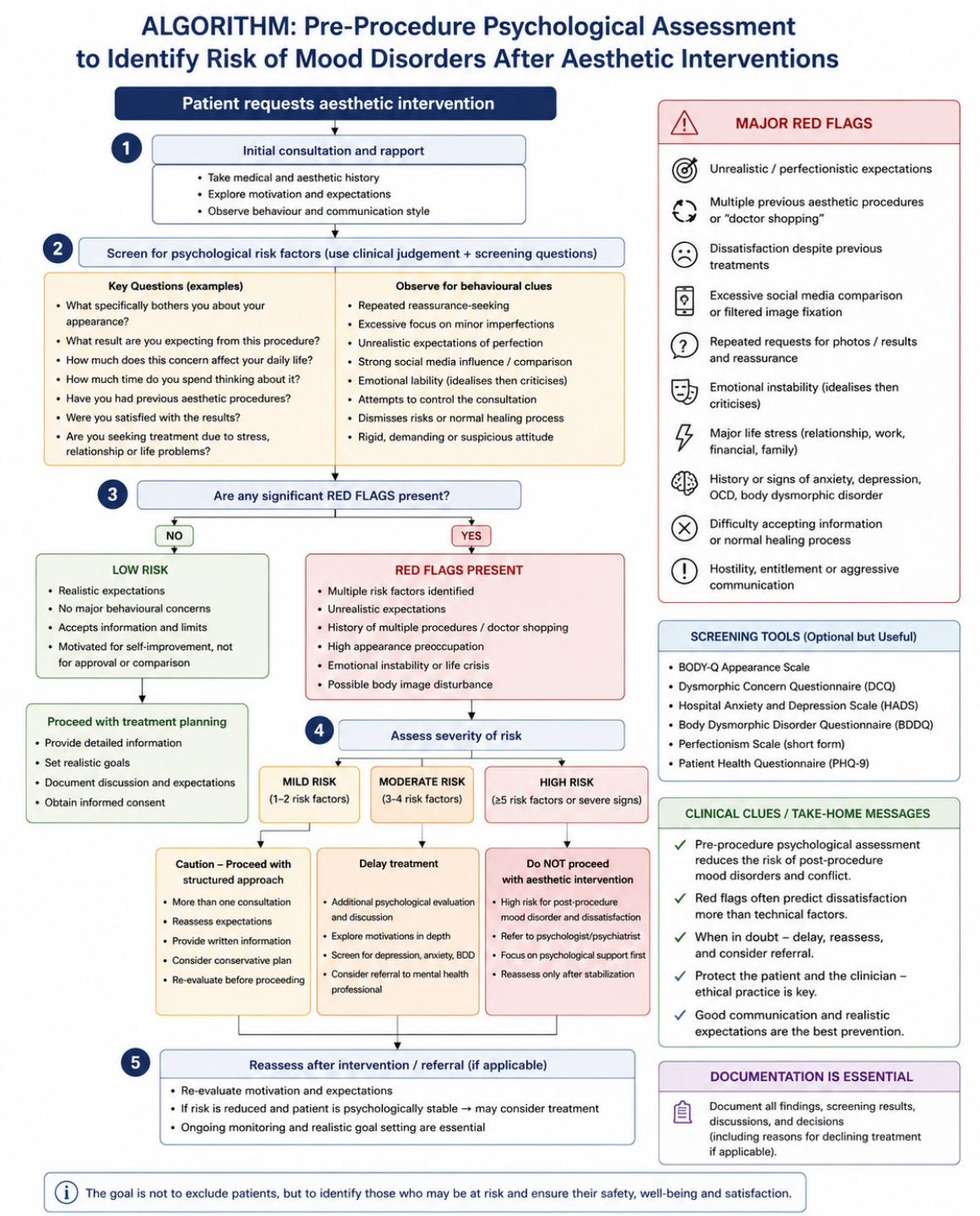
This slide presents a practical psychodermatology-oriented framework for identifying patients at increased psychological risk before aesthetic interventions

Conclusions

Psychological dissatisfaction after aesthetic interventions is often predictable before treatment through identifiable behavioral clues.

Structured psychodermatology-oriented screening and management pathways may improve patient selection,

reduce post-procedure conflict, prevent unnecessary corrective procedures, and support safer aesthetic practice.



his slide illustrates a pre-procedure psychological assessment framework aimed at identifying patients at risk of post-procedure emotional distress and dissatisfaction following aesthetic interventions.

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Abstract N°: 3784

From childhood to adulthood: extreme manifestations of cutaneous pathomimia associated with mild neurotic manifestations and preserved psychosocial functioning

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Introduction

Cutaneous pathomimia (CP) is a severe psychocutaneous disorder characterized by self-inflicted skin lesions. Clinical presentation is highly polymorphic and often comprise erosions, ulcerations, necrotic plaques, burns, excoriations andscars. Since histopathological findings are often nonspecific and patients frequently deny manipulation, diagnosis remains challenging. Although severe forms of CP are usually associated with psychotic features, we highlight two extensive cases occurring in a child and an adult with predominantly anxious-depressive symptomatology and largely preserved psychosocial functioning.

Case Presentation

A 13-year-old boy was hospitalized for recurrent erosions and ulcerations predominantly involving the scalp, with less extensive lesions on the trunk, pubic region, genital area, and lower extremities, evloving over two years. Disease onset followed the death of his father. Despite severe skin involvement, the patient attended school regularly with broad social circle. Repeated microbiological swabs isolated *Staphylococcus aureus*, resulting in multiple courses of systemic antibiotics without significant improvement. Previous skin biopsy of trunk lesion demonstrated nonspecific ulceration with mixed inflammatory infiltrate.
Clinical examination revealed sharply demarcated circular and oval erosions, ulcerations, hemorrhagic crusts, excoriations, and atrophic scars localized predominantly to anatomically accessible sites. Strikingly regular lesion shapes, polymorphic morphology, and accessible distribution raised suspicion of CP. Due to scalp-predominant lesions, dermatitis herpetiformis was considered, but anti-gliadin and anti-endomysial antibodies were negative. Under supervision and local wound care, no new lesions developed and existing lesions improved significantly. Psychiatric evaluation revealed anxiety with mild depressive symptomatology and no sychotic features. Clomipramine therapy resulted in partial improvement.
The second patient was a 49-year-old woman admitted for recurrent painful ulcerative lesions involving the upper back, axillary and scapular regions, upper extremities, fingers, and toes. Lesions developed following surgery for intramedullary spinal ependymoma and progressively evolved over several years. Histopathological examinations were repeatedly inconclusive, while one biopsy revealed sparse neutrophilic infiltrate, leading to hospitalization with a presumptive diagnosis of pyoderma gangrenosum or Sweet syndrome. Multiple courses of topical antibiotics and corticosteroids produced only transient improvement.
Clinical examination demonstrated large irregular erosions and ulcerations in different stages of epithelialization, some with extensive necrosis, accompanied by numerous atrophic scars. Polymorphic morphology and lack of features specific to a defined dermatosis strongly raised suspicion of CP. Despite relatively preserved daily functioning, psychiatric evaluation revealed anxious-depressive symptomatology associated with previous tumor diagnosis. Treatment was exclusively local occlusion with vaseline dressings, resulting in near-complete epithelialization within ten days. Psychiatric treatment was initiated with trazodone, and pregabalin.

Conclusion

A recent systematic review demonstrated that nearly half of CP patients have an associated psychiatric disorder, most commonly depression, anxiety, somatoform disorders, and substance abuse, while approximately 41% report significant stressful life events preceding disease onset. Pediatric data additionally demonstrate increased prevalence of anxiety, obsessive-compulsive traits, depression, family dysfunction, and bullying exposure among children with CP. Our cases demonstrate that devastating self-inflicted lesions in both age groups may also occur in relatively functional individuals without overt psychiatric decompensation. Therefore, careful psychological assessment may at times be more informative than formal psychiatric categorization alone.

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Beyond the Surface: A Biopsychosocial Approach to Skin Diseases. Anxiety, Depression, and Perceived Stress and Their Association with Skin Conditions.

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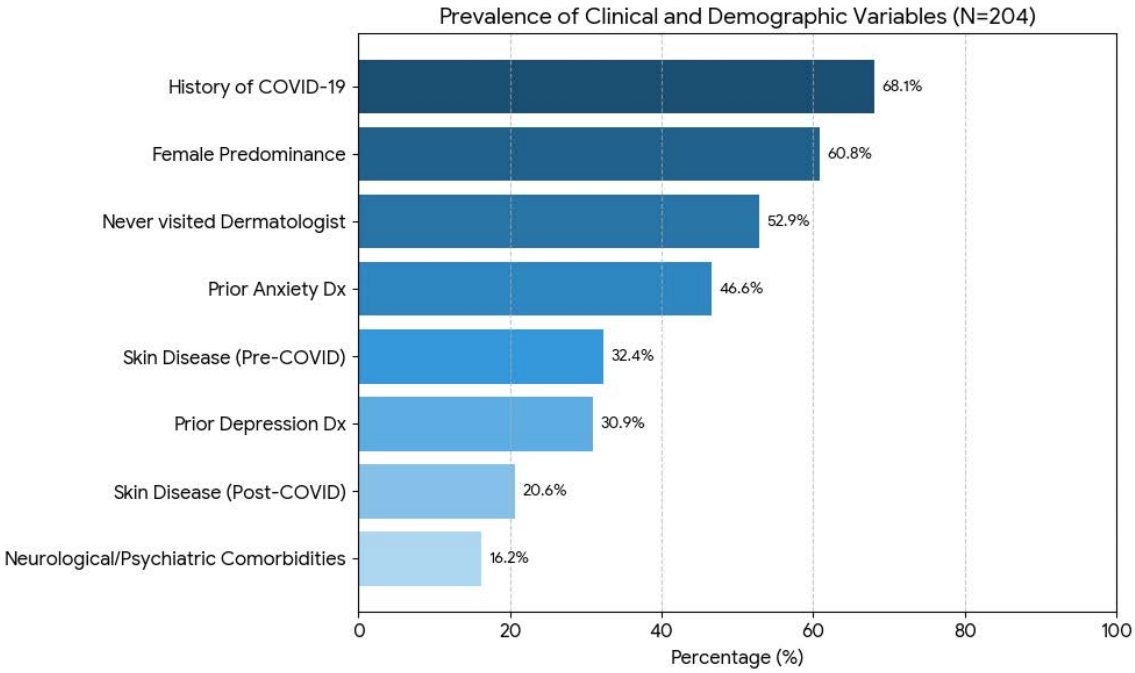
Introduction

The interaction between the skin and the mind is bidirectional. Chronic dermatoses (psoriasis, atopic dermatitis, acne) not only affect the skin barrier but also profoundly impact self-image and social functionality. Global studies place psychiatric comorbidity in these patients at approximately 39.4% for stress, 28.8% for anxiety, and 27.2% for depression. This association is explained by a combination of biological and psychosocial factors. From a biological perspective, chronic inflammation and neuroendocrine pathways (such as the hypothalamic-pituitary-adrenal axis) can contribute to both dermatological manifestations and psychological vulnerability. At a psychosocial level, visible skin sequelae, persistent pruritus, social stigmatization, and altered self-image act as chronic stressors that increase the risk of developing anxiety and depression. The objective of this study was to determine the association between levels of anxiety, depression, and stress with the presence of skin lesions.

Case Presentation

Material and Methods: A prospective, cross-sectional study was conducted using a self-administered questionnaire over 10 months with a sample of 204 adult participants of any gender in Mexico, from March 2023 to December 2023. Validated instruments were used: Beck Depression Inventory, Beck Anxiety Inventory, and the Perceived Stress Scale. The primary objective of the study was to verify the relationship between anxiety, depression, and perceived stress and their association with dermatological diseases. Secondary objectives included analyzing the association with having suffered from SARS-CoV-2, post-pandemic outcomes, the most commonly associated dermatological diseases, and the relationship between variables. Statistical analysis was performed using SPSS 26.0, employing Chi-square for categorical associations and Spearman's correlation for continuous variables.

Results: The sample had a mean age of 26.9 years, with a female predominance (60.8%). 30.9% reported a prior diagnosis of depression, and 46.6% reported a prior diagnosis of anxiety. Regarding dermatological history, 32.4% reported skin disease prior to COVID-19, and 20.6% reported skin disease following COVID-19. The most frequent comorbidities were neurological/psychiatric diseases at 16.2%. A statistically significant association ($p < 0.05$) was identified between high stress levels and the appearance of new post-pandemic skin lesions ($p = 0.001$). Likewise, severe anxiety correlated directly with the presence of active physical lesions ($p = 0.000$). Depression levels were significantly associated with having presented a dermatological disease after suffering from SARS-CoV-2, with a significance level of 0.032. Notably, 52.9% of participants stated they had never visited a dermatologist despite presenting evidence of dermatosis, suggesting a critical gap in care. Having presented a skin lesion, a prior diagnosis of dermatological disease, or a systemic disease was significantly associated with levels of anxiety, stress, and depression ($p < 0.05$ in all cases).



Conclusion

Perceived stress is a critical predictor of cutaneous exacerbation through the hypothalamic-pituitary-adrenal axis, inducing the release of proinflammatory cytokines (IL-6, TNF-α). From a psychodermatological perspective, this finding is crucial as it provides three arguments for potential research: 1) Chronic stress increases cortisol release, keratinocyte alteration, and mast cell activation, leading to greater susceptibility to inflammatory flares; 2) This, in turn, disrupts the skin barrier function; 3) It promotes cytokine-mediated inflammation (IL-6, TNF-α), which drives the pathophysiology of several dermatological diseases. The results underscore the need to transition toward a biopsychosocial model in dermatology, where mental health assessment is part of the standard protocol to improve treatment adherence and clinical outcomes—remembering that the skin always reveals what the body keeps silent.

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Abstract N°: 3964

DEVELOPMENT OF A PREDICTIVE MODEL FOR FORECASTING WORK DISABILITY IN PATIENTS WITH AXIAL PSORIATIC ARTHRITIS AND ITS APPLICATION IN REAL-WORLD CLINICAL PRACTICE

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Introduction
Was to develop a predictive model for forecasting work disability in patients with axial psoriatic arthritis (axPsA)

Materials and Methods
The study included 74 patients with PsA according to CASPAR (ClASsification criteria for Psoriatic ARthritis, 2006) criteria with axial involvement (axPsA). All patients underwent a standard rheumatological examination: the number of tender and swollen joints was assessed (TJC/68 and SJC/66), the level of CRP (mg/L) in the blood was measured, the arthritis/spondylitis activity indices DAPSA (Disease Activity in PSoriatic Arthritis)/ASDAS (Ankylosing Spondylitis Disease Activity Score) were calculated, the overall disease activity was assessed by a physician using a visual analogue scale (VAS, mm); We analyzed patient-reported outcomes measures: BASDAI (Bath Ankylosing Spondylitis Disease Activity Index), pain intensity, and disease activity assessed by the patient using the VAS (in mm). Fatigue was assessed using the FACIT-F scale, and fibromylagia was assessed using the FiRST questionnaire. Work capacity was assessed using the WPAI-SHP (Work Productivity and Activity Impairment: Specific Health Problem) questionnaire, and hours missed due to illness were assessed using the presenteeism scale. A multivariate stepwise discriminant analysis was performed to identify predictors of work disability

Results
Based on a combination of significant factors, a predictive model of work disability was developed: -1.868*FACIT-F (1 - severe fatigue, 2 - fatigue; 3 - no fatigue) + 1.194*CRP (mg/L) + 0.846*question 5 of the FiRST questionnaire (0 - no; 1 - yes) + 0.08*SJC/66. P WORK DISABILITY indicator was calculated, where a P WORK DISABILITY ≥-2.812 corresponds to 20% or more missed hours due to illness on the presenteeism scale. If P WORK DISABILITY <-2.812, the patient remains able to work, and the number of missed work hours due to illness is less than 20%.

Conclusions
Prognostic model for assessing disability has been developed. This model will allow physicians, taking into account significant factors, to promptly adjust treatment, thereby reducing the risk of further disability in patients.

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Abstract N°: 3993

Depression, anxiety, stress, and ADHD symptoms in chronic urticaria

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Introduction
Chronic urticaria (CU) is a chronic inflammatory skin disorder that significantly impairs quality of life. Psychiatric comorbidities such as depression, anxiety, stress, and attention-deficit/hyperactivity disorder (ADHD) are increasingly recognized in patients with CU. This study aimed to evaluate psychiatric symptoms in patients with chronic urticaria using the Depression Anxiety Stress Scale-21 (DASS-21) and Adult ADHD Self-Report Scale (ASRS v1.1).

Materials and Methods
This prospective cross-sectional study included 340 patients aged 18–65 years diagnosed with chronic urticaria at a tertiary dermatoallergy outpatient clinic. Participants completed the DASS-21 questionnaire and the ASRS v1.1 Part A screening form. Depression, anxiety, and stress symptoms were assessed using DASS-21, while individuals at risk for ADHD were identified using ASRS Part A scores. Patients with active psychiatric disorders, psychotropic medication use, or inadequate literacy were excluded. Statistical analyses were performed to evaluate group differences and correlations between variables.

Results
Among the participants, 58.2% were female and the mean age was 42.3±12.1 years. A total of 21.2% of patients screened positive for ADHD symptoms.

Elevated depression, anxiety, and stress scores were observed in 44.7%, 39.4%, and 53.8% of patients, respectively.

Female patients had significantly higher total DASS-21 scores ($p=0.002$) and stress subscores ($p=0.01$) compared with male patients.

Patients at risk for ADHD had significantly higher total DASS-21 scores compared with those without ADHD risk (53.1 vs 41.9, $p<0.001$). Depression subscores positively correlated with ASRS scores ($r=0.42$, $p<0.001$).

Younger patients demonstrated significantly higher stress levels and ADHD risk scores ($p<0.05$).

Conclusions
Patients with chronic urticaria demonstrated substantial psychiatric symptom burden, including high rates of depression, anxiety, stress, and ADHD-related symptoms. Our findings highlight the significant psychodermatological burden associated with chronic urticaria and emphasize the importance of psychiatric

assessment in affected patients. Early recognition of psychiatric symptoms and a multidisciplinary approach may improve patient management and treatment outcomes.

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Abstract N°: 4100

Restoring more than hair: Impact of Hair prostheses on quality-of-life outcomes in children with chemotherapy-induced alopecia and their caregivers

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Introduction

Chemotherapy-induced alopecia (CIA) is a frequent and visible adverse effect in pediatric oncology, with a significant psychosocial impact. Previous studies have shown impairment in self-consciousness, body image, and social functioning in children, as well as a substantial emotional burden in caregivers, sometimes exceeding that of the child. The aim of our study is to evaluate the impact of hair prosthesis provision on quality of life in children with CIA and their caregivers.

Materials and Methods

We conducted a prospective study in the pediatric onco-hematology department of the Children's Hospital of Rabat over six months (September 2025–February 2026). Thirty children referred for specialized onco-dermatology consultation for cutaneous complications and/or CIA were included. Demographic data, diagnosis, chemotherapy regimen, and alopecia severity were collected.

Quality of life was assessed using the Moroccan Arabic dialect validated versions of the Children's Dermatology Life Quality Index (CDLQI) and Family Dermatology Life Quality Index (FDLQI).

Among the 15 patients who requested and received a hair prosthesis, CDLQI and FDLQI were reassessed after one month of use.

Results

The cohort included 30 children (mean age 6.55 years, female predominance 75.9%). The most frequent diagnoses were bone sarcoma, acute lymphoblastic leukemia, and immune deficiency requiring transplantation. Total alopecia was observed in 80% of patients.

The main alopecia-inducing agents across protocols were anthracyclines (daunorubicin, doxorubicin), alkylating agents (cyclophosphamide, ifosfamide), etoposide, and vincristine.

At baseline, caregiver burden was higher than child impairment, with FDLQI scores exceeding CDLQI scores (24.0 vs 21.7; $p < 0.001$). A strong positive correlation was observed between CDLQI and FDLQI ($r = 0.705$; $p < 0.001$).

After one month of hair prosthesis use (n=15), CDLQI significantly decreased from 21.7 to 3.73 ($\Delta -17.9$; $p < 0.001$), and FDLQI from 24.0 to 9.40 ($\Delta -14.6$; $p < 0.001$).

The most affected domains in children were self-consciousness (Question 2 (Q2)= 2.80), clothing/body image (Q4 = 2.80), and social/leisure activities (Q6 = 2.60). The greatest improvement was observed in body image (Q4: $\Delta -2.60$) and social domains.

In caregivers, emotional distress was maximal at baseline (Q1 = 3.00/3 in all participants) and remained only partially improved after intervention (Δ −1.40).

Conclusions

The psychosocial impact of CIA in children, particularly on body image, social interactions, and self-consciousness, as well as the major emotional burden in caregivers, has been consistently reported in the literature. Previous studies also suggest that caregiver burden may exceed that of the child, which is in line with our findings.
While data specifically addressing hair prosthesis use in pediatric CIA are limited, studies in severe alopecia areata have demonstrated a significant improvement in quality of life, particularly in self-esteem and social adjustment. Our results parallel these findings, with marked improvement in psychosocial domains following hair prosthesis provision.
Hair prosthesis provision is therefore a simple and effective supportive intervention associated with a marked improvement in quality of life in children with CIA and their caregivers. Its integration into supportive care strategies, alongside counseling and psychological support, is essential.

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Abstract N°: 4102

Invisible Wounds: The Impact of Emotional Stress on Chronic Inflammatory Dermatoses and Quality of Life

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Introduction
Psychodermatology explores the complex interaction between the skin and mental health. Chronic inflammatory dermatoses such as psoriasis, atopic dermatitis, acne, and seborrheic dermatitis are frequently influenced by emotional stress, anxiety, and depressive symptoms. Psychological distress may exacerbate skin lesions, while visible dermatoses can negatively affect self-esteem, social interactions, and overall quality of life. The aim of this study was to evaluate the psychological burden associated with chronic inflammatory skin diseases and to highlight the importance of an integrated psychodermatological approach.

Materials and Methods
A cross-sectional observational study was conducted including patients presenting with chronic inflammatory dermatoses. Demographic data, disease duration, triggering factors, and psychosocial impact were assessed through clinical interviews and standardized quality-of-life questionnaires. Symptoms of anxiety, sleep disturbance, social withdrawal, and emotional stress were evaluated. Correlations between psychological distress and disease severity were analyzed.

Results
A significant proportion of patients reported emotional stress preceding disease flares. Anxiety symptoms, sleep disturbances, impaired self-image, and social discomfort were commonly observed, particularly in patients with facial involvement or chronic relapsing disease. Higher psychological distress was associated with increased disease severity and poorer quality-of-life scores. Many patients described avoidance behaviors, reduced social confidence, and emotional exhaustion related to the chronic visibility of their condition.

Conclusions
Chronic inflammatory dermatoses have a substantial psychological and social impact that should not be underestimated. Psychological stress appears to contribute to disease exacerbation, creating a self-perpetuating cycle between skin inflammation and emotional suffering. A multidisciplinary approach integrating dermatological care with psychological support may improve therapeutic outcomes and patient well-being. Psychodermatology should therefore be considered an essential component of modern dermatologic practice.

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Abstract N°: 4120

The Psychological Burden of Acne in Young Adults: Impact on Self-Esteem and Social Life

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Introduction
Acne vulgaris is one of the most common dermatologic conditions among young adults and may significantly affect psychological well-being, self-confidence, and social interactions. The visibility of facial lesions often contributes to emotional distress and impaired quality of life.

Materials and Methods
A cross-sectional study was conducted among young adults diagnosed with acne vulgaris. Clinical severity, duration of disease, and psychosocial impact were evaluated through dermatologic examination and quality-of-life questionnaires focusing on self-esteem, anxiety, and social behavior.

Results
Most patients reported decreased self-confidence, social discomfort, and emotional distress related to acne lesions. Moderate-to-severe acne was associated with higher psychological burden and impaired social interactions. Female patients appeared particularly affected by body image concerns.

Conclusions
Acne vulgaris has an important psychosocial impact beyond skin manifestations. Early psychological assessment and holistic management may improve both emotional well-being and therapeutic outcomes.

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Abstract N°: 4269

Skin lightening as aN addiction: prevalence and associated factors in a multicentric study in 4 hospitals of the city of Douala

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Introduction
Voluntary skin lightening (VSL) is a highly prevalent practice across sub-Saharan Africa, where reported rates reach 77% in Nigeria and 67% in Senegal. Despite well-documented dermatological and systemic complications, a significant proportion of users prove unable to discontinue the practice, raising the hypothesis of a behavioural addiction. This dimension remains underexplored in the African literature. We conducted this study to determine the prevalence of addiction to skin-lightening products among patients practising VSL in Douala, Cameroon, and to identify its independent risk and protective factors.

Materials and Methods
We conducted an analytical cross-sectional study (January–June 2025) across four hospitals in Douala (Hôpital Général, Hôpital Laquintinie, HGOPED, Polyclinique Marie O). Consecutive adults practising VSL were enrolled. Addiction was assessed using two complementary tools: the cosCAGE score (cut-off ≥2) and Goodman's criteria (cut-off ≥3). Sociodemographic, clinical, and behavioural data were collected via standardised questionnaires. Univariate and multivariate logistic regression were performed using SPSS 28.0; results are expressed as adjusted odds ratios (aOR) with 95% confidence intervals.

Results
Of 445 patients screened, 305 were analysed (mean age 34 years; 94.4% female). Addiction prevalence was 78.4% by cosCAGE and 53.1% by Goodman's criteria. The dominant addictive features were failed cessation attempts (72.1%), compulsive use, and persistence despite visible harm. On multivariate analysis, independent risk factors were: income bracket 40,000–75,000 FCFA (aOR 2.5; p=0.029), the presence of pronounced striae (aOR 22.2; p=0.011) or other cutaneous stigmata (aOR 3.6; p=0.011), use of laboratory-manufactured products (aOR 5.3; p=0.015), use of third-party-prepared formulations (aOR 3.7; p=0.004), a stated motive of treating skin imperfections (aOR 2.0; p=0.036), and a duration of use between 24 and 36 months (aOR 9.6; p=0.025). Conversely, age 40–55 years (aOR 0.2; p=0.050) and serum formulation use (aOR 0.4; p=0.035) were protective.

Conclusions
VSL fulfils the criteria for behavioural addiction. Prevalence exceeds 78% in this dermatology population. Striae and cutaneous stigmata — rather than the mere desire for lighter skin — emerged as the primary drivers of addictive behaviour, suggesting that dermatological complications themselves perpetuate the cycle of dependence. These findings have direct implications for patient counselling and underscore the need to integrate addiction-focused approaches into VSL management guidelines.

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Abstract N°: 4384

Reconceptualising Paediatric TSW: Introducing the Term 'Topical Steroid Withdrawal by Proxy'

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Introduction
Increasing media-led discourse surrounding topical steroid withdrawal (TSW) has contributed to parental anxiety, treatment hesitancy, and increasing presentations of children labelled as having TSW.
However, paediatric TSW remains poorly characterised, with limited evidence and no standardised diagnostic criteria. A dichotomy exists between caregiver beliefs and the consensus of medical opinion, leading to our proposition of a new term – Topical Steroid Withdrawal by Proxy, to characterise those children and young people being given this diagnosis by caregivers, rather than healthcare professionals (HCPs).

Objectives:
To summarise current evidence regarding paediatric TSW, explore the influence of social media narratives, and propose a pragmatic multidisciplinary management framework for TSW by proxy.

Materials and Methods
A narrative review of the literature was undertaken using PubMed, Google Scholar and Google and social media content relating to pediatric TSW.

Results
21 TSW cases were identified in the literature from 1946-2024.[1] Evidence is heterogeneous and largely limited to case reports and small case series. Recent reviews highlight substantial uncertainty regarding diagnosis, pathophysiology, and management. None of the papers elucidated whether the diagnosis was caregiver-led. No published use of the term "topical steroid withdrawal by proxy" was identified. Social media content was predominantly caregiver-led, commonly advocating steroid avoidance.

Conclusions
We introduce the term **'Topical Steroid Withdrawal by Proxy'** to describe situations in which children and young people, who may not have the developmental capacity to assess diagnostic criteria themselves, are labelled as having TSW based primarily on caregiver interpretation. While this term is not intended to encompass all paediatric patients who may legitimately meet emerging criteria for TSW, it highlights a subgroup in whom caregiver-driven attribution, often shaped by social-media-amplified fears of topical corticosteroids, leads to treatment avoidance, deteriorating eczema control, and misattribution of symptoms to presumed withdrawal. Recognising this phenomenon is essential to support clinicians in delivering evidence based care and to safeguard children from the unintended consequences of steroid hesitancy.

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Abstract N°: 4459

Chronic itch significantly affecting quality of life as a predicting factor of higher levels of anxiety and depression

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Introduction

Chronic pruritus is associated with an increased risk of anxiety, depression, stigmatization, stress levels, and body image disturbances. However, psychosomatic relationships in patients with chronic pruritus with a high or low impact on quality of life, have not been assessed. Objective: to compare the psychometric parameters of patients with chronic pruritus, with either a high or low impact on quality of life, based on measures of anxiety, depression, stigmatization, body dysmorphic disorder, and stress.

Materials and Methods

The study included patients with chronic pruritus, with either a low (group 1, n=44) or high (group 2, n=44) impact on quality of life (Table 1). These groups included patients with psoriasis, atopic dermatitis, melanoma, and skin toxic reactions associated with anticancer therapy. All patients underwent a clinical dermatological and psychometric examination. Itch duration (more or less than 6 weeks) and intensity using a numerical rating scale were registered, and the impact of itch on quality of life (QOL) according to the 5PLQ scale was assessed. Psychometric examination included the GAD-2 Anxiety Screening Scale, the PHQ-2 Depression Screening Scale, which are part of the PHQ-4 Anxiety and Depression Screening Scale. A comparative assessment of the groups was conducted.

Indicators	Categories	Studied groups		p
		Chronic itch, mildly affecting quality of life	Chronic itch, severely affecting quality of life	
Gender, abs. (%)	male	9 (20,5)	11 (25,0)	0,611
	female	35 (79,5)	33 (75,0)	
Age (years), Me [IQR]	-	55,50 [40,00; 72,25]	32,50 [23,75; 61,25]	0,012*
Education, abs. (%)	Incomplete secondary	14 (31,8)	9 (20,5)	0,478
	Secondary	20 (45,5)	23 (52,3)	
	Secondary vocational	10 (22,7)	12 (27,3)	
	Higher	0 (0,0)	0 (0,0)	
Marital status, abs. (%)	Single	14 (31,8)	14 (31,8)	1,000
	Married	30 (68,2)	30 (68,2)	
Employment status, abs. (%)	Unemployed	7 (15,9)	4 (9,1)	0,247
	Retired	16 (36,4)	12 (27,3)	
	On sick leave	0 (0,0)	3 (6,8)	
	Student	3 (6,8)	6 (13,6)	
	Employed	18 (40,9)	19 (43,2)	

Table 1. Socio-demographic characteristics

Results

Chronic itch severely affecting patient's life quality, was associated with young age (p=0,012 predominated in atopic dermatitis (63,6%) and a skin toxic reaction to anti-cancer therapy (54,5%), higher intensity of itch (median 8.00 points on VAS score; q_1 – q_3 7.00 – 10.00 in chronic itch, which strongly affects the quality of life, versus a median of 4.50 points on VAS score; Q_1 – Q_3 3.00 – 5.25) with chronic itch, which has little effect on the quality of life) (Table 1). Higher levels of depression were detected in group 2 (Me 3,00; Q_1 – Q_3 2,00 – 4,00) vs group 1 (Me 0,50; Q_1 – Q_3 0,00 – 2,00) (p< 0,001, U– Mann–Whitney criterion) (Fig. 1, a). Depression was more common in the second group (65.9%) than in group 1 (11.4%), (p< 0.001, Pearson's Chi-square). Higher levels of anxiety were detected in group 2 (Me 4,00; Q_1 – Q_3 2,00 – 6,00) vs group 1 (Me 2,00; Q_1 – Q_3 0,75 – 2,00) (p< 0,001, Brunner-Munzel criterion) (Fig. 1, c). Anxiety was more common in group 2 (63.6%) than in group 1 (22.7%), (p< 0.001, Pearson's Chi-square) (Fig. 1, d). The odds of having depression in the chronic itch group with a high impact on QOL were 15.08 times higher than in the chronic itch group with a low impact on QOL, the difference in odds was statistically significant (95% CI: 4.918–46.238). The odds of having anxiety in the chronic itch group with a high impact on QOL were 5.950 times higher than in the chronic itch group with a low impact on QOL, the difference in odds was statistically significant (95% CI: 2.336–15.157).

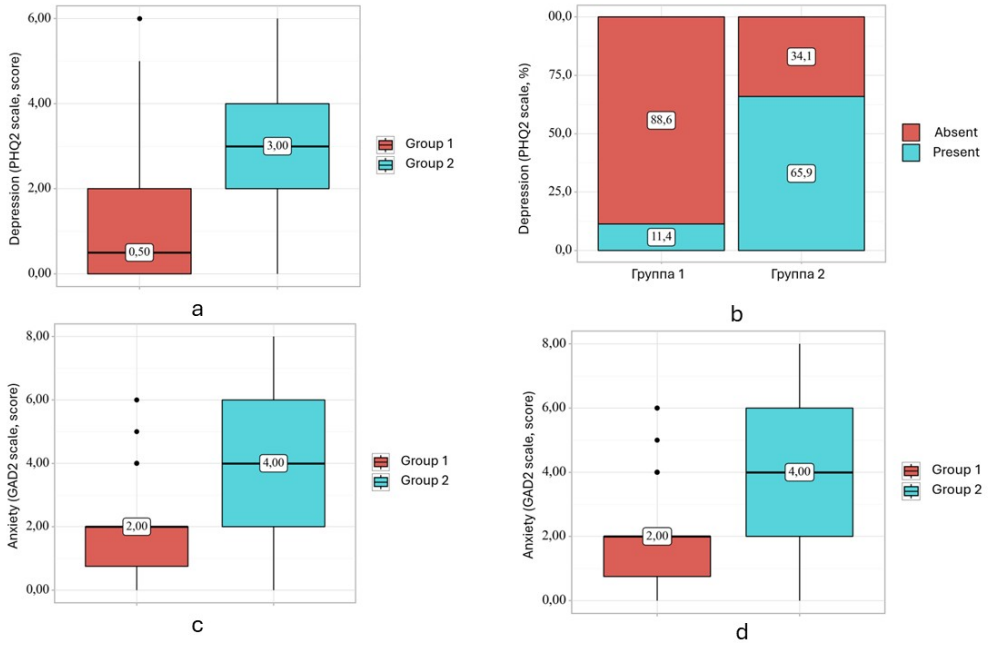

Figure 1. Characteristics of the studied clusters of chronic itch according to indicators characterizing anxiety and depression: the severity of depression on the PHQ2 scale (a), the presence of depression on the PHQ2 scale (b), the severity level of anxiety on the GAD2 scale (c), the presence of anxiety on the GAD2 scale ($p < 0.001$, Pearson Chi-squared) (d).

Conclusions

Thus, chronic itch, which has a strong impact on the quality of life, was accompanied by the most pronounced psychosomatic disorders. The parameter of the impact of itch on the quality of life reflects a more severe psychosomatic status in a number of parameters (anxiety, depression, perceived stress level, dysmorphophobia, and stigmatization) and can serve as an important criterion for selecting patients with an increased risk of concomitant psychosomatic disorders who may need more detailed examination and benefit from complex therapy within an interdisciplinary approach.

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Abstract N°: 4539

Prevalence and Association of Psychiatric Comorbidities in Prurigo Nodularis: A Systematic Review and Meta-Analysis

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Introduction
Prurigo nodularis (PN) is a chronic neuroinflammatory skin disorder associated with intense pruritus and substantial disease burden. While elevated rates of cardiovascular, metabolic, and atopic comorbidities are well documented, the psychiatric comorbidity profile of PN remains incompletely characterized. We conducted a systematic review and meta-analysis to quantify the prevalence and characterize the association of psychiatric comorbidities in PN.

Materials and Methods
Following PRISMA guidelines, five databases (PubMed, Embase, Scopus, Cochrane Library, CINAHL) were searched from inception through April 2026. Studies reporting comorbid psychiatric diagnoses including depression, anxiety, bipolar disorder, PTSD, OCD, psychotic disorders, substance use disorder (SUD), and suicidal ideation/self-harm/suicide attempt (SI/SH/SA) in patients with physician diagnosed PN were eligible. Case series of ≤10 patients, reviews, and qualitative studies were excluded. Pooled prevalence estimates with 95% CIs were calculated using a random-effects model (DerSimonian-Laird) for comorbidities reported in ≥3 studies. Heterogeneity was assessed via I^2 and Cochran Q and publication bias via Egger test and funnel plot inspection.

Results
Of 1,068 records identified, 39 studies encompassing 161,106 individuals with PN met inclusion criteria. Depression (k=30; 25.1%, 95% CI: 18.7–31.5%) and anxiety (k=24; 22.7%, 95% CI: 17.4–28.1%) were most prevalent (both $p<0.001$), substantially exceeding general population estimates (~4.3% and ~7.4%, respectively). SUD (k=9; 8.32%, 95% CI: 2.80–13.8%; p=0.003), OCD (k=4; 5.47%, 95% CI: 1.2–9.8%; p=0.012), and PTSD (k=3; 2.97%, 95% CI: 1.1–4.9%; p=0.002) were also significant. Psychotic disorders (k=9; 1.15%, 95% CI: 0.5–1.7%) and bipolar disorder (k=4; 0.87%, 95% CI: 0.6–1.1%) showed the lowest but statistically significant pooled prevalence. The pooled prevalence of SI/SH/SA (k=8; 7.22%, 95% CI: −0.3–14.7%; p=0.058) did not reach statistical significance, though individual longitudinal studies reported markedly elevated hazard ratios for suicidal ideation (HR 2.50; 95% CI: 1.95–3.20) and suicide attempt (HR 2.20; 95% CI: 1.33–3.62) in PN. Heterogeneity was high across most categories ($I^2>78\%$), with exceptions for PTSD ($I^2=0\%$) and bipolar disorder ($I^2=30.95\%$).

Conclusions
PN carries a pervasive and multidimensional psychiatric comorbidity burden. Depression and anxiety prevalence substantially exceed general population rates and are comparable to or higher than those reported in atopic dermatitis and psoriasis. These findings support the systematic integration of mental health screening, particularly for depression and anxiety, into routine dermatologic care for patients with PN and emphasize the need for multidisciplinary management.

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Abstract N°: 4554

Acne and Quality of Life: A Prospective Study of 88 Cases

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Introduction

Acne vulgaris is one of the most common dermatoses in young adults, with a psychosocial impact that often exceeds the cutaneous manifestations alone. Assessing its effect on quality of life is essential for comprehensive patient management. The aim of this study was to evaluate quality of life impairment in acne patients and to identify its predictive factors.

Materials and Methods

A prospective study was conducted in the Department of Dermatology-Venereology over the period January to December 2025. All patients aged 18 years or older with acne were included. Assessment was based on the Dermatology Life Quality Index (DLQI) and the Global Evaluation Acne (GEA) severity scale.

Results

Eighty-eight patients were enrolled, with a mean age of 25 years (range: 18–73 years) and a mean disease duration of 3.12 years. Female predominance was marked at 84.1%. The main risk factors identified were seborrhea (48.9%), smoking (22.2%), hirsutism (27.7%), and menstrual irregularity (17.8%). Mixed and retentional acne types each accounted for 38.6% of cases. Frontal localization was the most common site (64.4%). Regarding severity, 45.5% of patients had moderate acne. Quality of life was moderately impaired in 45.45% of cases and significantly impaired in 11.36%.

Statistical analysis identified acne severity ($p<0.0003$) and acne type ($p=0.0038$) as significant predictive factors of DLQI impairment, whereas age ($p=0.39$) and gender ($p=0.64$) did not reach statistical significance.

Conclusions

The female predominance reflects the frequency of hormonal adult female acne, supported by the high rates of seborrhea, hirsutism, and menstrual irregularity, suggesting an underlying androgenic component warranting systematic evaluation. Quality of life impairment was substantial, comparable to that reported in chronic dermatoses such as psoriasis and atopic dermatitis, underscoring the importance of not underestimating the psychosocial burden of acne. Acne severity and type were the only significant predictors of DLQI impairment, justifying early and tailored therapeutic management. The absence of correlation with age and gender advocates for systematic and individualized DLQI assessment in all acne patients, regardless of demographic profile.

This study confirms the significant impact of acne on quality of life, correlated with clinical severity and acne type. Systematic integration of the DLQI score into dermatological consultations enables a holistic approach, guiding therapeutic decisions beyond clinical severity alone.

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Cutaneous Clues to Hidden Eating Disorders: A Dermatologist's Role in Early Detection

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Introduction

Eating disorders (EDs) are complex psychiatric illnesses that can cause significant systemic morbidity. While the psychiatric and metabolic complications are well recognized, the cutaneous sequelae are often overlooked or disguised as other diagnoses. Nutritional deficiencies, dehydration, and endocrine dysfunction manifest on the skin as visible indicators of underlying disease. Because most EDs are concealed due to stigma, it is crucial for dermatologists to recognize the warning signs of EDs. Prompt recognition is critical for distinguishing eating disorders from other diseases, facilitating early multidisciplinary management.

Materials and Methods

A literature review was conducted using PubMed, Google Scholar, and PsycInfo databases to identify reports of skin findings associated with EDs. Articles were selected based on clinical relevance, inclusion of dermatologic findings, and applicability to diagnostic recognition.

Results

Eating disorders produce a wide range of dermatologic manifestations. Common findings in anorexia nervosa include xerosis, lanugo, brittle hair, acrocyanosis, nail fragility, and carotenemia. Bulimia nervosa may display xerosis, parotidomegaly, Russell sign, gingivitis, and dental enamel erosion.

Many of these findings overlap with other systemic diseases, highlighting the complex nature of this disease. Xerosis, brittle hair, and nails may mimic hypothyroidism. Nutritional deficiencies and chronic diarrhea may resemble malabsorptive disorders or inflammatory bowel disorders. Parotid enlargement raises concern for sjrögen syndrome or sarcoidosis. Significant weight loss may prompt malignancy evaluation. Dermatologic signs may precede a psychiatric diagnosis and represent the most visible sign of an otherwise hidden illness.

Conclusions

The skin can provide valuable insight into the important but underrecognized clues of underlying eating disorders. Dermatologists should maintain a high index of suspicion when encountering patients with these characteristic cutaneous warning signs, while also considering mimicking conditions in their differential diagnosis. Prompt recognition can facilitate early interventions, reduce further complications, ensure multidisciplinary management, and ultimately, improve patient health outcomes.