



Abstract N°: ID-197

Topic: Psychodermatology and quality of life

Digital Dermatology: Influence of Online Content on Disease Beliefs, Anxiety and Treatment Behaviour in AD, TSW & Psoriasis

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Introduction

Social media has become a prominent source of health information for people with dermatological conditions. Emerging evidence suggests that online content may shape disease perceptions, affect emotional response and drive self-management behaviours. However, the extent of this influence across different dermatoses remains poorly understood.

Materials and Methods

To evaluate how adults affected by atopic dermatitis (AD), topical steroid withdrawal (TSW) and psoriasis engage with, understand and trust social media content about their condition. We aim to determine associations between online engagement, disease beliefs, and treatment-related behaviours.

Adults (≥ 16 years) with AD, TSW or psoriasis were recruited through dermatology clinics, across two hospitals. Participants completed a questionnaire assessing demographics, disease history, social media habits, trust in online dermatology content, concerns regarding steroid use, and behavioural outcomes such as modifying prescribed treatments. Knowledge questions were used to measure the accuracy of key dermatology concepts. Descriptive statistics summarised usage patterns. Between-group comparisons were conducted using χ^2 tests and t-tests. Regression models explored the predictors associated with misinformation and treatment avoidance.

Results

Preliminary analysis reveals notable social media engagement across conditions, with Instagram and TikTok the most frequently used platforms. A significant proportion of participants reported trusting social media for skin-related advice, and a subset described changing routines or products based on online content. Steroid concerns were more commonly reported among frequent social media users, with early trends suggesting higher rates of treatment avoidance in those primarily following influencers compared with those following clinicians. Initial knowledge-score patterns indicate variability in participants' ability to distinguish accurate from misleading content.

Conclusions

Early findings suggest that social media plays a role in shaping dermatology patients' beliefs and disease perceptions, as well as treatment-related anxieties. Differences across conditions and follower types highlight the need for improved digital health literacy and clinician engagement within online spaces to support psycho education and healthier belief formation.





Abstract N°: ID-198

Topic: Psychodermatology and quality of life

Dermatology on Social Media: An Analysis of Influencer Content on Atopic Dermatitis and Topical Steroid Withdrawal

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Introduction

TikTok has emerged as a major platform for health-related content, including discussions on atopic dermatitis and topical steroid withdrawal (TSW). Influencer-led narratives may shape patient perceptions and treatment decisions, yet the accuracy of such content and audience engagement with evidence-based information remain poorly characterised.

Materials and Methods

To analyse TikTok influencer content relating to atopic dermatitis and TSW, assess alignment with current dermatological evidence, and evaluate audience engagement and responses to this content.

A mixed-methods content analysis was conducted of publicly available TikTok posts from non-healthcare professional influencers discussing eczema, topical corticosteroids or TSW. Influencers with $\geq 10,000$ followers were included. Posts were analysed for themes, claims made, tone, and reference to scientific evidence. Claims were compared with current British Association of Dermatologists, NICE and Cochrane guidance. Engagement metrics (likes, comments, views) were recorded. A thematic analysis of a sample of comments was undertaken to assess sentiment and alignment with evidence-based practice.

Results

50 influencers and over 200 TikTok posts were analysed. A significant proportion of posts contained claims that were not supported by current evidence, particularly relating to TSW and adverse effects of topical corticosteroids. Posts presenting negative narratives regarding steroids demonstrated higher engagement than evidence-aligned content. Comment analysis revealed frequent expressions of treatment-related anxiety, distrust of healthcare professionals, and reinforcement of influencer narratives, with limited evidence-based discussion.

Conclusions

TikTok influencer content on atopic dermatitis and TSW frequently diverges from established dermatological evidence and is associated with high audience engagement. These findings highlight the growing influence of social media on patient understanding of eczema treatments and support consideration of a more proactive role for dermatology professionals in online patient education and misinformation mitigation.





Abstract N°: ID-505

Topic: Psychodermatology and quality of life

DEPRESSION IN PATIENTS OF ACNE VULGARIS

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Introduction

Acne vulgaris is a common skin disease that affects patients both physically and mentally. This was a case-control study conducted in 2022 for 3 months at the dermatology department of Tertiary Care Hospital. For this study, 100 consecutive patients in the age group of 12 to 60 years who were diagnosed as having acne vulgaris were enrolled and matched with a control group. Data were collected through a self-administered questionnaire, including sociodemographic data and Hospital Anxiety and Depression Scale scores.

Acne vulgaris is a common chronic inflammatory condition affecting the pilosebaceous unit predominantly in adolescents. It is commonly triggered by *Cutibacterium acnes*. This common skin disorder that can present with both inflammatory and non-inflammatory lesions. This study aims to examine the causes, assessment, psychological effects and treatment of acne vulgaris, emphasizing the importance of the interprofessional collaboration in providing comprehensive care for patients affected by this condition as well as assess depression in patients and its severity specially in third world country like Pakistan. Acne Vulgaris shows high prevalence rates of depression that may lead to consequences that affect quality of life.

Depression is one of the most significant psychological impacts of acne. Depression is listed by the World Health Organization (WHO) as the single most significant factor contributing to global disability. Although depression can be influenced by variety of factors including family history of depression and patients mental status previously, Acne may be correlated with anxiety, depressive symptoms, and body dissatisfaction. Females are more likely to suffer than males from depressive disorders and anxiety related to stress and show different effects of stress compared to male.

Materials and Methods

This retrospective epidemiologic cross sectional study used a population-based stratified random sample of 100 individual using Global Acne Grading System (GAGS) and Patient Health Questionnaire (PLQ-9) Performa. The study was carried out in Outdoor Patient Department (OPD of Tertiary Care Hospital). The diagnosis were made clinically and relevant investigations were carried out. All the findings were recorded on a preformed performa and relevant investigations carried out. Results were compiled and tabulated. All the data was recorded and analyzed by SPSS software to assess the burden of these diseases in our setup and finally comparison was made with different studies.

Results

Among the patients, 20% presented with mild acne, 45% with moderate acne, 25% with severe acne, and 10% with very severe acne. There was predominance of female to male ratio was seen with 68% patient were predominantly female and 32% were male. With regard to age distribution, 65% of the patients were adolescents and young adults aged 12-30 years, while 25% were middle-aged adults between 30 and 45 years. Depression was observed at a moderate level in 55% of patients, minimal in 40%, and very severe in 5%. Depressive symptoms were most commonly noted among individuals with moderate acne.

Conclusions

Moderate acne was the most common presentation, predominantly affecting adolescents and young adults predominantly female. Depressive symptoms were frequently observed, particularly among individuals with moderate acne, indicating a significant association between acne severity and psychological impact. These findings shows the importance of addressing mental health alongside clinical management of acne.

EADV Symposium 2026 - Athens
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Abstract N°: ID-509

Topic: Psychodermatology and quality of life

Janus kinase inhibitors (JAKi) improve sleep in people with atopic dermatitis: a systematic review of randomised clinical trial evidence

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Introduction

Sleep disturbance is common in atopic dermatitis (AD) and greatly impacts quality of life. Despite its importance, evidence on effective interventions is limited. We conducted a broad systematic review of interventions, including both topical and systemic therapies, for sleep outcomes in people with AD. This abstract focuses specifically on the results obtained with Janus kinase inhibitors (JAKi). The full review additionally assesses other dermatological, lifestyle, and psychological interventions.

Materials and Methods

This systematic review was registered with PROSPERO (CRD420251071779) and conducted in accordance with PRISMA guidelines. We included English-language randomised controlled trials in children, adolescents, or adults with AD that evaluated pharmacological or non-pharmacological interventions and reported at least one sleep-related outcome. Five electronic databases were searched (inception-2025), supplemented by backward citation screening. Study selection, data extraction, and risk of bias (assessed using the Cochrane Risk of Bias 2 [RoB 2] tool for randomised trials) were independently performed by two reviewers, with sleep outcomes synthesised narratively.

Results

Our searches identified 5,478 records, of which 134 were included. Thirteen unique parallel-design studies assessed JAKi: 11 evaluated systemic JAKi (baricitinib, n=7; abrocitinib, n=2; and upadacitinib, n=2) and two evaluated topical JAKi (ruxolitinib), encompassing a total of 7,135 randomised participants. Comparator arms received placebo or, in topical studies, vehicle cream. Sleep outcomes were assessed using a variety of patient-reported measures, including the sleep component of SCORing Atopic Dermatitis (SCORAD) and the Patient-Oriented Eczema Measure (POEM); Atopic Dermatitis Sleep Scale (ADSS) items 1-3 (difficulty falling asleep, nighttime awakenings, and difficulty returning to sleep); Patient-Reported Outcomes Measurement Information System (PROMIS) sleep items; and the sleep domain of the Atopic Dermatitis Impact Scale (ADerm-IS). Sleep outcomes were heterogenous, and no objective measures (actigraphy or polysomnography) were reported. Across all studies, sleep outcomes were evaluated exclusively as secondary or exploratory outcomes, and only one outcome (in two studies) was judged to have a low risk of bias.

The findings demonstrate that people with AD treated with JAKi had improvements in one or more sleep outcomes

compared with controls. This includes ADSS item 2, the only measure with low risk of bias in two trials, which showed significant improvements in both studies at least for the highest dose tested. Additionally, positive effects were seen in both systemic and topical routes of administration. For instance, in one study, people treated with systemic JAKi experienced up to 14.1-point improvement in daytime functioning after 16 weeks, as measured by PROMIS sleep-related impairment, compared with an 8.3-point improvement in people receiving placebo. In a separate study, people treated with a topical JAKi showed improved outcomes in PROMIS sleep disturbance, with up to 22.3% achieving a ≥ 6 -point improvement versus 9.5% in the control arm after 8 weeks. In two other studies, people treated with a systemic JAKi had significantly higher rates of clinically meaningful improvement in sleep disturbance at 16 weeks — defined as a ≥ 12 -point improvement in ADerm-IS sleep score from a baseline of ≥ 12 — ranging from 50.2% to 66.1% of responders, compared with 12.4% to 13.2% in the control arms.

Conclusions

JAKi demonstrated meaningful improvements in sleep outcomes, highlighting benefits that extend beyond skin symptom control. Although these trials were primarily designed to assess dermatological outcomes, with sleep outcomes evaluated as secondary, measured heterogeneously, and largely subjective, their sleep-related findings underscore the need for studies specifically designed to confirm and better quantify JAK inhibitors' effects on sleep.





Abstract N°: ID-527

Topic: Psychodermatology and quality of life

Assessment of quality of life related to cheilitis in acne patients under isotretinoin treatment combined with a repairing lip balm using LipQoL questionnaire

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Introduction

Patients suffering from moderate to severe acne can benefit from oral isotretinoin treatment to achieve lasting improvement in their skin condition. However, the drying effects of this treatment can strongly affect the lips, whose stratum corneum is five times thinner than on the rest of the face. This results in cheilitis, which impacts the patient's quality of life and can lead to non-compliance with medical treatment. In this context, the use of a suitable lip balm is recommended.

The aim of this study is to develop a scale that allows for a more objective assessment of the positive impact of a new repairing/healing lip balm on patient well-being in link with the clinical improvement of cheilitis.

Materials and Methods

A 10-item questionnaire, LipQoL was developed under dermatological consultancy, based on medical practice, patients shared experience and medical literature (Table 1). The questionnaire was elaborated to appraise the impact of physical discomfort of cheilitis on patients' daily life as well as the socio-emotional consequences of this condition. The questions were answered in a 5-item system enabling to measure the impact: not concerned, never (0), a little bit (1), frequently (2), always (3), maximum score =30.

This questionnaire was then tested in a monocentric open clinical study conducted in Brazil, along with dermatological evaluation of clinical signs related to cheilitis (ICGS score, dehydration, dryness, roughness, rigidity), standardized images, functional signs (pain/pulling sensation). For this study, 30 subjects aged 17 to 40 years old, under isotretinoin and presenting with cheilitis at inclusion were followed for 28 days while using a lip balm and had to fill in the cheilitis questionnaire at each time point (D0, D7 and D28). At the end of the study, the subjects and investigators were asked about the relevance of the questionnaire.

1/ Does the condition of your lips constrain you from eating certain foods (e.g., spicy dishes) or drinking certain beverages (e.g., drinks with high acidity)?	3 Always 2 Frequently 1 A little bit 0 Never 0 Not applicable
2/ Does the state of your lips constrain you from laughing/smiling?	3 Always 2 Frequently 1 A little bit 0 Never 0 Not applicable
3/ Does the condition of your lips constrain you from opening your mouth without feeling discomfort?	3 Always 2 Frequently 1 A little bit 0 Never 0 Not applicable
4/ Does the condition of your lips make you need to run your tongue over your lips during the day?	3 Always 2 Frequently 1 A little bit 0 Never 0 Not applicable
5/ Does the condition of your lips influence your speech?	3 Always 2 Frequently 1 A little bit 0 Never 0 Not applicable
6/ Do your lips feel particularly dry and even sore in the morning when you wake up?	3 Always 2 Frequently 1 A little bit 0 Never 0 Not applicable
7/ Does the state of your lips constrain the way you kiss your friends/partner/your children ?	3 Always 2 Frequently 1 A little bit 0 Never 0 Not applicable
8/ Does the condition of your lips worry you on a daily basis?	3 Always 2 Frequently 1 A little bit 0 Never 0 Not applicable
9/ Does the condition of your lips have an impact on your social or professional relationships?	3 Always 2 Frequently 1 A little bit 0 Never 0 Not applicable
10/ Does the condition of your lips affect your self-confidence/self-esteem in public?	3 Always 2 Frequently 1 A little bit 0 Never 0 Not applicable
	Total score=

Table 1: LipQoL questionnaire

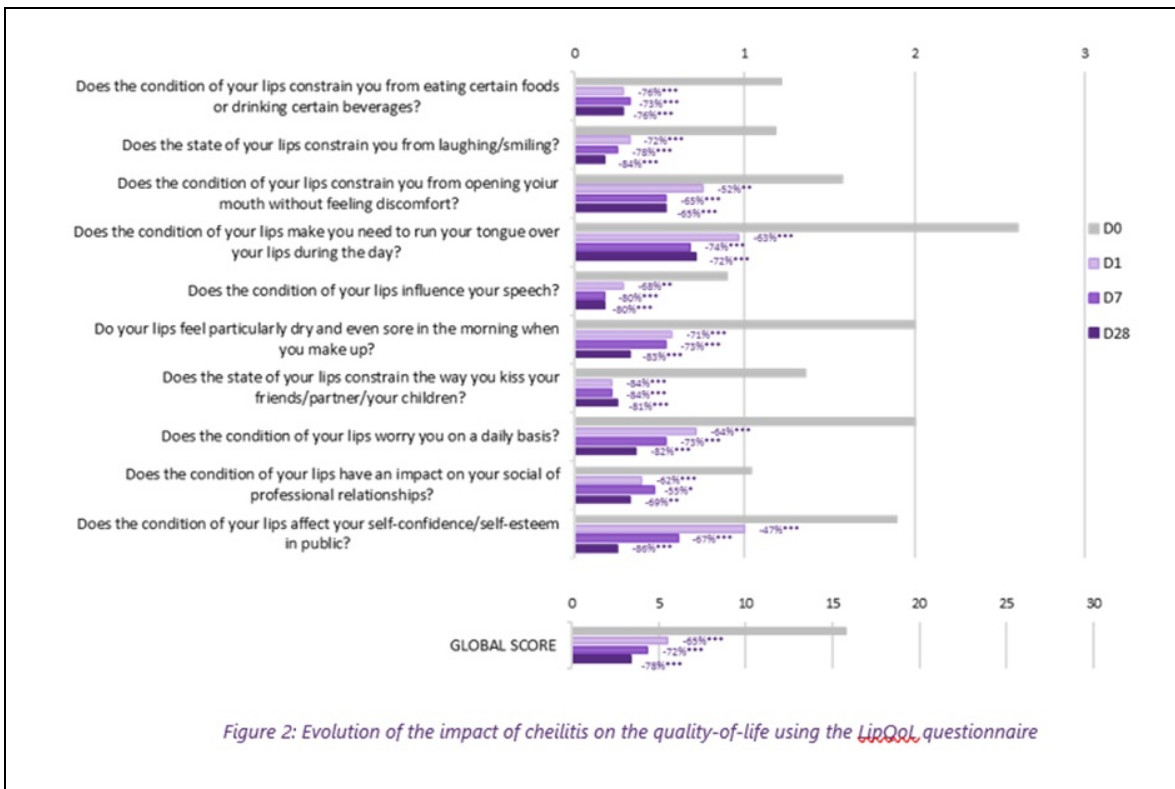
Results

On the clinical point of view, we observed a significant decrease of the total ICGS score (respectively -34% and -68% at D1 and D28, $p < 0.001$, Wilcoxon test) and visual clinical scores reaching significant decrease at D1 and maximal decrease at D28 (dehydration -61.0%, dryness -56%, roughness -57%, rigidity -58%, $p < 0.001$, Wilcoxon test)

Subjects pain sensations decrease significantly as soon as D1 and at D28 (-89%, $p < 0.001$, Wilcoxon test). The pulling sensation and the global discomfort also decrease significantly as soon as D1 and after 28 days of use (-85% for pulling sensation and -85% for global discomfort, $p < 0.001$, Wilcoxon test)

At the same time, interestingly the overall impact of cheilitis on the subjects quality of life, as assessed with the LipQoL questionnaire, also improved. The calculated quality-of-life impact total score decrease by -65% and -78%, after 1 and 28 days of lip balm use respectively ($p < 0.001$, Wilcoxon test). Moreover, each question score decreased statistically as soon as after 1 day of use and after 7 and 28 days (-52% to -86% depending on the question and time point, figure 2).

100% of the investigators and subjects judged the questionnaire relevant to their condition and easy to answer.



Conclusions

This study allowed us to validate the LipQoL questionnaire focusing on the cheilitis induced by isotretinoin, by showing a correlation between the clinical improvement of the cheilitis by the lip balm and the evolution of the score of this questionnaire developed to assess the impact of cheilitis on the patient's life. Thus this questionnaire is therefore a useful tool for objectively assessing the effect of any healing or soothing lip balm on the patient's quality of life, making it easier for dermatologists to choose the right dose of isotretinoin to ensure good compliance.





Abstract N°: ID-544

Topic: Psychodermatology and quality of life

Effects of Systemic Bexarotene on Depression and Anxiety Like Behaviors in Rats Subjected to Chronic Unpredictable Mild Stress

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Introduction

MF and SS, the most frequent subtypes of primary CTCL, are chronic malignancies that impose a substantial psychosocial burden beyond cutaneous disease. Bexarotene the only retinoid approved for both early and advanced stage MF/SS, has raised concerns regarding potential psychiatric effects due to class attributed depressive adverse events; however, robust evidence specifically implicating bexarotene is lacking. In addition, emerging preclinical and clinical data suggesting beneficial effects of bexarotene in neurological and psychiatric disorders, and by the high psychiatric burden among patients with MF/SS, this study aimed to comprehensively evaluate the impact of systemic bexarotene on depression and anxiety like phenotypes in rats subjected to the chronic unpredictable mild stress (CUMS) paradigm. Outcomes were interrogated at complementary behavioral, biochemical, and molecular levels.

Materials and Methods

Fifty 4 month old male Wistar Albino rats were allocated to 6 groups (total n=50): Control (n=10), Stress (CUMS; n=10), Control+Bexarotene (n=10), Stress+Bexarotene (n=10), Control+Vehicle (n=5), Stress+Vehicle (n=5). Bexarotene was administered by oral gavage for 15 days at 25 mg/kg/day suspended in 0.5% carboxymethylcellulose. Behavioral assessments, comprising total locomotor activity, forced swim test (FST), sucrose preference test (SPT), and elevated plus maze (EPM), were performed in all groups at the end of the experimental protocol. Serum sT3, sT4, triglycerides, total cholesterol, and corticosterone (ELISA) were measured. Hippocampal immunohistochemistry targeted BDNF, TrkB, CREB1, ERK1/2, TNF- α , and NF- κ B p65; prefrontal cortex (PFC) qPCR quantified BDNF, IL-1 β , TNF- α , and p38 α /MAPK.

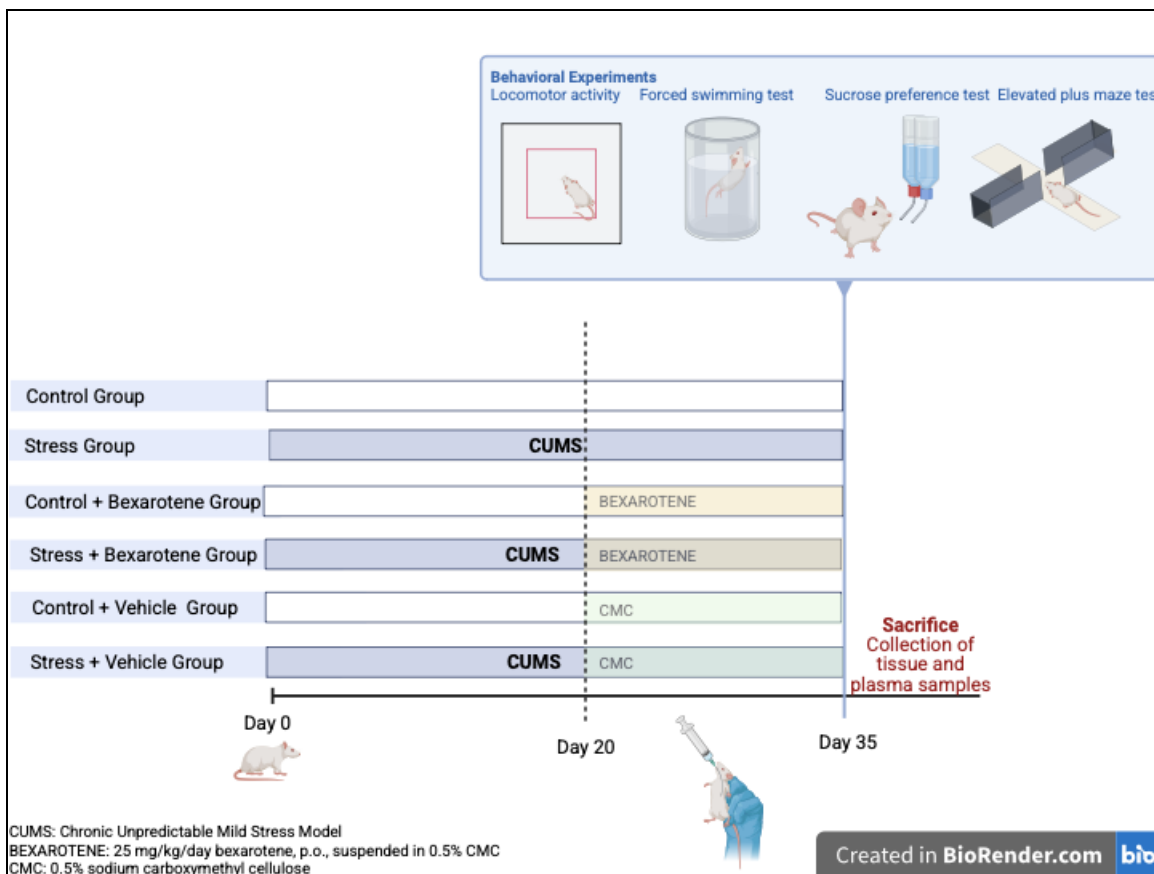


Figure 1: Experimental protocol.

Results

Compared with Control, the Stress group showed a reduced percentage body-weight gain ($p < 0.05$), which were reversed by bexarotene (Stress+Bexarotene vs Stress, $##p < 0.01$). In bexarotene-treated groups sT3 and sT4 decreased and total cholesterol levels increased. Corticosterone was elevated in Stress and Stress+Bexarotene groups compared with control ($p < 0.05$). Locomotor activity did not differ across groups. In the forced swimming test, Stress increased immobility ($p < 0.05$); while Stress+Bexarotene showed a tendency to decrease toward control values. In the sucrose preference test, Stress reduced sucrose preference ($p < 0.01$), whereas Stress+Bexarotene increased it ($#p < 0.05$). In the elevated plus maze test, Stress reduced the percentage of open-arm entries and the time spent in open arms, while increasing first-entry latency and the anxiety index. In the Stress+Bexarotene group, open-arm entry percentage and latency were significantly improved (both $##p < 0.01$), and the anxiety index was reduced ($##p < 0.01$). Hippocampal BDNF/TrkB/CREB1 immunoreactivity decreased with stress and approached to control with bexarotene; ERK1/2 declined with stress and showed limited recovery with bexarotene. TNF- α and NF- κ B p65 increased with stress and decreased in Stress+Bexarotene. In the prefrontal cortex, Stress was associated with lower BDNF (1.2-fold) and higher IL-1 β (2.76-fold), TNF- α (1.5-fold), and p38 α (7.1-fold); in Stress+Bexarotene, BDNF increased (1.5-fold) and IL-1 β /TNF- α /p38 α moved toward control levels.

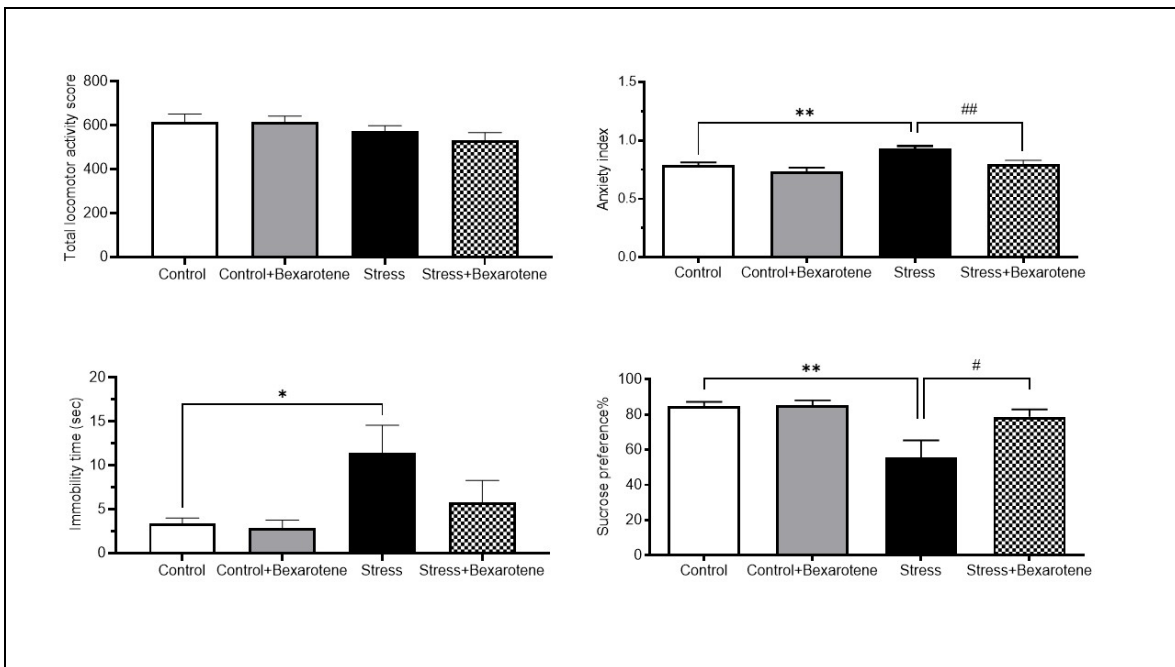


Figure 2: Integrated behavioral findings.

Conclusions

The CUMS paradigm induced depression/anxiety-like behavior with concomitant neurotrophic suppression and inflammatory activation. Bexarotene (25 mg/kg/day) ameliorated anhedonia and anxiety-related parameters, strengthened the hippocampal BDNF/TrkB/CREB1 axis, and attenuated inflammatory signaling (hippocampal TNF- α /NF- κ B p65; PFC IL-1 β , TNF- α , p38 α). These findings indicated that bexarotene may provide potential therapeutic contribution in stress-related affective disorders through anti-inflammatory and neurotrophic mechanisms.

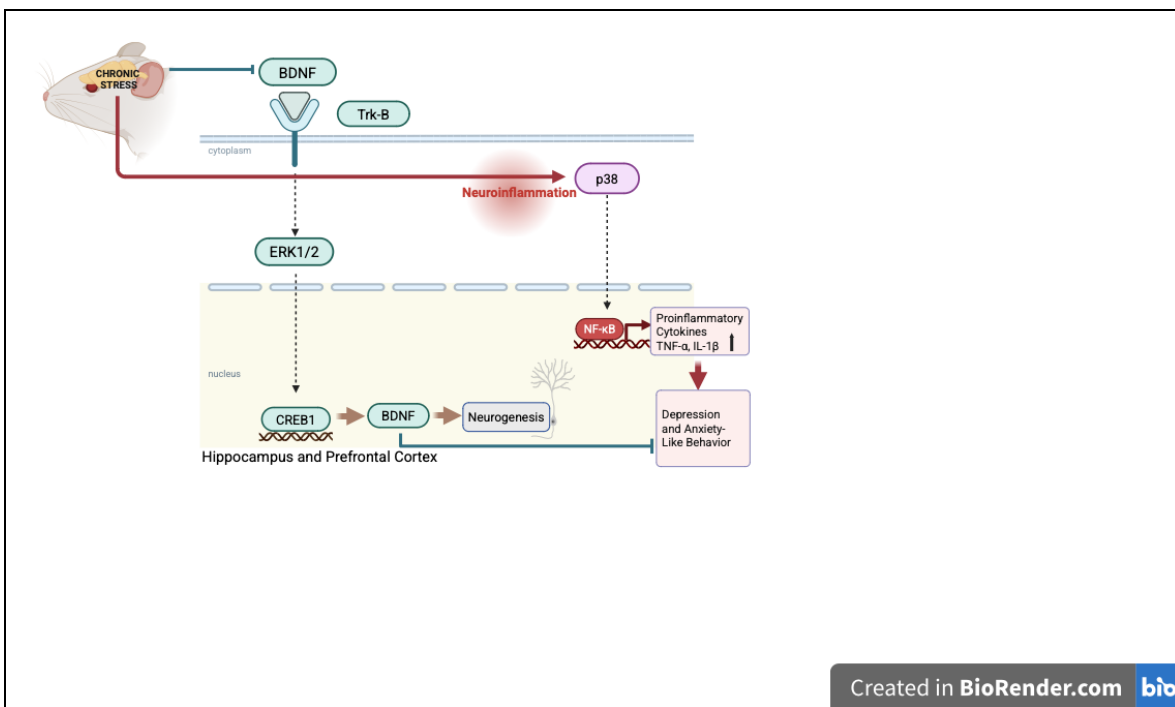


Figure 3: Schematic overview of stress-induced neuroinflammation and impaired BDNF/TrkB-CREB1 signaling in the hippocampus and prefrontal cortex

07 MAY - 09 MAY 2026
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Abstract N°: ID-607

Topic: Psychodermatology and quality of life

Clinical and Psychosocial Correlates of Subjective Symptoms in Rosacea: A Cross-sectional Study of 482 Patients

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Introduction

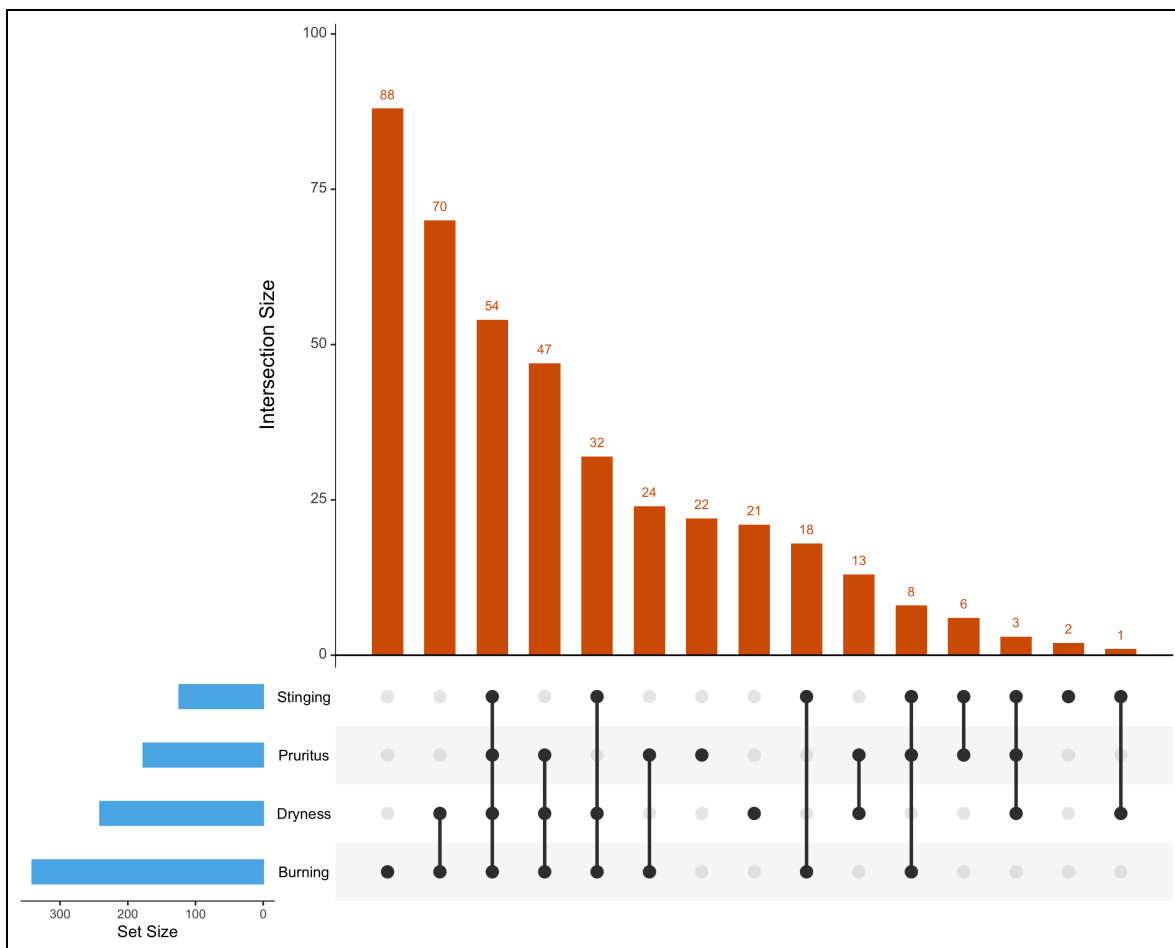
Subjective symptoms such as burning, stinging, dryness and pruritus are common in rosacea and frequently coexist with objective inflammatory signs. However, these symptoms are often under-recognized in routine clinical practice, and their clinical correlates and psychosocial impact have not been systematically characterized. This study aimed to investigate the prevalence, co-occurrence patterns and clinical correlates of major subjective symptoms in rosacea, and to evaluate their associations with quality of life and psychological status.

Materials and Methods

A cross-sectional study was conducted in adult patients diagnosed with rosacea according to standardized diagnostic criteria. Subjective symptoms, including burning, stinging, dryness and pruritus, were assessed using a structured Likert scale. Quality of life was evaluated using the Dermatology Life Quality Index, and psychological status was assessed using the Hospital Anxiety and Depression Scale. Objective clinical features were graded using standardized severity scores. Multivariate logistic regression analyses were performed to identify independent factors associated with each subjective symptom.

Results

A total of 482 patients were included. Burning was the most prevalent subjective symptom (70.7%), followed by dryness (50.0%), pruritus (36.9%) and stinging (35.7%), with substantial symptom co-occurrence. Burning, dryness and stinging were associated with significantly greater impairment of quality of life, whereas pruritus showed no significant association. Stinging demonstrated the strongest association with both anxiety and depression, while burning and pruritus were associated only with depression. In multivariate analyses, edema was independently associated with both burning and stinging. Burning was positively associated with flushing and inversely associated with papulopustular lesions. Dryness was independently associated with papulopustules and burning, and was the strongest independent predictor of pruritus.



Overlap of burning, stinging, dryness and pruritus in patients with rosacea, demonstrating substantial co-occurrence of subjective symptoms.

Conclusions

Subjective symptoms in rosacea are highly prevalent, clustered and closely associated with inflammatory signs, with distinct impacts on quality of life and psychological well-being. These findings highlight the importance of comprehensive assessment of subjective symptoms in rosacea and support integrated management strategies addressing both cutaneous and psychosocial burden.





Abstract N°: ID-637

Topic: Psychodermatology and quality of life

Quality of life and anxiety in mothers of children with atopic dermatitis.

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Introduction

Atopic dermatitis (AD) is a chronic inflammatory skin disease that frequently affects children and requires continuous and demanding care. The daily treatment burden, sleep disturbance, and recurrent flares may significantly affect caregivers, particularly mothers. Caregiver psychological stress may also influence disease management and potentially the child's disease course. Psychodermatology is an emerging field, and while the psychosocial impact of AD on patients is well documented, the emotional and quality-of-life burden on mothers of young children with AD remains insufficiently explored. This study aimed to assess quality of life and anxiety-related burden in mothers of children with AD and to evaluate its relationship with disease severity.

Materials and Methods

A cross-sectional study included **16 mothers** (the mean age of the mothers was 32.0 ± 4.6 years) of children younger than 8 years diagnosed with atopic dermatitis. The mean age of the children was 4.6 ± 3.0 years. The gender of the kids were *6 females and 10 males*. Disease severity in children was assessed using the SCORAD index and categorized as **mild, moderate, severe, or very severe**. Maternal burden was evaluated using a structured 10-item Family Dermatology Quality of Life and Anxiety Scale assessing emotional distress, daily activities, sleep disturbance, social life, work productivity, financial burden, and coping difficulties during the previous 7 days. Each item was scored from 0 to 3, with total scores ranging from 0 to 30 (higher scores indicating greater impairment). The scores were categorized as **small, moderate, large and very large** effects. Correlation analysis was performed to examine the association between AD severity and maternal scores.

b c

General Information			Area							Symptoms							Subjective			Result	
Patient	Age	Gender	Assessment's date	Head and neck	Upper limbs	Trunk	Lower limbs	Occlusals	Total Extant	Erythema	Exkmal Papulation	Oozing/crust	Excorsion	Lichenification	Dryness	Total Intensity	Pruritus	Sleep Loss	Score	Final SCORAD	Severity
4 months	Male	18.01.2020	17	0	0	0	0	11	1	2	2	0	0	0	1	8	1	2	24	24	Mild
2 years	Male	18.01.2020	0	18	0	38	0	56	2	3	1	2	3	2	13	7	1	8	64.3	64.3	Very Severe
2 years	Female	18.01.2020	0	18	38	38	0	90	2	3	1	2	3	3	14	8	1	9	77.8	77.8	Very Severe
6 months	Male	18.01.2020	17	9	38	38	0	80	2	2	2	1	0	1	8	5	1	5	50	50	Severe
7 years	Female	18.01.2020	4.8	18	0	0	0	22.5	1	1	1	1	0	1	9	4	1	5	23	23	Mild
7 years	Male	18.01.2020	0	0	0	0	0	0	0	2	3	3	3	3	11	8	8	16	56.3	56.3	Very Severe
7 years	Male	21.01.2020	4.5	4.5	0	18	0	26.9	1	1	3	3	1	2	11	7	7	14	49	49	Mild
9 years	Female	23.01.2020	0	0	0	0	0	0	0	0	0	1	0	1	2	5	5	10	37	37	Mild
8 months	Male	28.01.2020	9	18	0	0	0	27	1	1	1	1	0	1	6	4	1	5	27.9	27.9	Moderate
2 years	Male	28.01.2020	17	0	0	0	0	13	1	2	2	0	0	1	6	1	1	2	24.4	24.4	Moderate
7 years	Female	28.01.2020	4.5	18	0	0	0	22.5	1	1	1	1	0	1	6	4	1	5	3.5	3.5	Mild
6 months	Female	27.01.2020	8	0	0	0	0	8	1	1	1	1	0	1	6	4	1	5	24.3	24.3	Moderate
3 years	Female	27.01.2020	0	0	0	0	0	8	1	2	2	0	0	1	6	1	1	2	24.8	24.8	Moderate
7 years	Male	28.01.2020	0	18	38	38	0	90	2	3	1	2	3	3	14	8	1	9	77.8	77.8	Very Severe
9 years	Male	28.01.2020	0	0	0	0	0	0	1	2	2	0	0	1	6	1	1	2	24.8	24.8	Moderate
																			0	0	

Results

Children presented with a broad spectrum of atopic dermatitis (AD) severity, ranging from mild to very severe, with a mean SCORAD of 34.7. According to SCORAD classification, scores <20 indicate mild disease, 20–40 moderate, 40–50 severe, and >50 very severe AD.

Maternal quality-of-life and anxiety scores showed considerable variability, with an overall mean DLQI score of approximately 8 (range 3–20), corresponding to a **small to moderate effect** on quality of life. Based on DLQI interpretation, scores of 0–1 indicate no effect, 2–5 small effect, 6–10 moderate effect, 11–20 large effect, and 21–30 very large effect on daily life.

Mothers of children with very severe AD demonstrated the highest levels of psychological burden, with mean scores of 14–16, reflecting a **large effect** on quality of life. In contrast, mothers of children with moderate to severe AD had intermediate burden scores (mean DLQI 9.75, **moderate effect**), while mothers of children with mild AD reported the lowest levels of impairment (mean 5.2, **small effect**).

A clear trend of increasing maternal burden with greater disease severity was observed. Correlation analysis revealed a moderate positive association between SCORAD scores and maternal burden ($r \approx 0.6$), indicating that higher disease severity was associated with greater psychological distress and daily life impairment among mothers.

<i>P-DLQI</i>				Symptoms/Feelings		Daily Activities		Sleep	Work/Study	Social		Finances	Overall	Score	Effect	
General Information				Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q11			
Patient ID	Gender	Age	AD severity	Over the last 7 days, how much has your child's atopic dermatitis caused you worry, anxiety, or emotional distress?	Over the last 7 days, how embarrassed or uncomfortable have you felt because of your child's skin condition (e.g. in public, with relatives)?	Over the last 7 days, how much has your child's atopic dermatitis interfered with your daily household activities (cleaning, cooking, routines)?	Over the last 7 days, how much extra time and effort have you spent on your child's skin care (creams, bathing, dressing)?	Over the last 7 days, how much has your sleep been disturbed because of your child's atopic dermatitis (itching, crying, night care)?	Over the last 7 days, how much has your child's atopic dermatitis affected your work, studies, or productivity?	Over the last 7 days, how much has your child's atopic dermatitis affected your social life (meeting friends, going out)?	Over the last 7 days, how much has your child's atopic dermatitis affected your relationship with your partner or family members?	Over the last 7 days, how much of a financial burden has your child's atopic dermatitis caused (medications, doctor visits)?	Over the last 7 days, how difficult has it been for you to cope with managing your child's atopic dermatitis treatment?			
														0-30		
	Male	8 months	Moderate	3	2	0	1	0	-	0	0	0	3	9	Moderate	
	Male	2 years	Very Severe	2	0	0	3	0	-	0	0	0	2	7	Moderate	
	Female	7 years	Very Severe	2	3	3	3	0	-	0	0	0	3	14	Large	
	Male	6 months	Severe	2	0	1	1	1	-	0	0	0	3	8	Moderate	
	Female	7 years	Mild	3	0	0	0	0	0	0	0	0	0	3	Small	
	Male	7 years	Very Severe	2	3	2	1	2	2	2	1	2	3	20	Large	
	Male	7 years	Mild	3	0	0	1	3	-	-	-	0	2	2	11	Large
Oludnina O	Female	6 years	Mild	1	0	1	1	0	-	0	0	0	0	3	Small	
Javlonov B	Male	8 months	Moderate	3	0	0	0	0	-	0	0	0	0	3	Small	
Rasulova A	Male	2 years	Moderate	2	0	1	1	1	-	0	0	0	3	8	Moderate	
Khashimova B	Female	7 years	Mild	1	0	1	1	0	-	0	0	0	0	3	Small	
Murodova K	Female	6 months	Moderate	1	0	1	1	0	-	0	0	0	0	3	Small	
Shuxratova G	Female	7 years	Moderate	1	3	1	1	0	0	0	0	0	0	6	Moderate	
Akhmedov Z	Male	7 years	Very Severe	3	3	2	0	3	1	2	0	1	0	15	Large	
Shukurov M	Male	6 years	Moderate		3	3	1	0	3	0	2	0	0	11	Large	

Missing data in the work/study column were interpreted as the mother not being engaged in employment or formal education at the time of the survey.

Conclusions

Mothers of young children with atopic dermatitis experience measurable impairment in quality of life and increased anxiety-related burden, particularly when the child's disease is more severe. These findings support the importance of a holistic management approach in pediatric AD that includes attention to caregiver psychological well-being alongside standard dermatological treatment. Screening for caregiver distress may improve both family well-being and disease management outcomes.





Abstract N°: ID-668

Topic: Psychodermatology and quality of life

Psychodermatologic Patient Education for Atopic Dermatitis Management: A Scoping Review and Evidence Map

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Introduction

Atopic dermatitis (AD) is a chronic inflammatory skin condition with significant psychosocial impacts on patients and caregivers. While patient education has become foundational to AD management, programs that explicitly integrate psychodermatologic content, including information on the mind-skin connection, emotional impacts of AD, and behavioral coping strategies, remain understudied. We performed a scoping review to characterize the landscape of psychosocial patient education for AD and to identify avenues for future research and clinical practice.

Materials and Methods

Following PRISMA-ScR guidelines, we searched five databases (Medline, Embase, PsycInfo, CINAHL, Scopus) from 2005-2025 for studies evaluating psychodermatologic educational interventions in AD populations. Eligible studies included randomized and non-randomized designs addressing psychosocial impacts such as stress, sleep disturbances, coping strategies, or mental health. Studies were synthesized descriptively with evidence mapping of randomized controlled trials (RCTs) to visualize intervention effectiveness patterns on AD severity and quality of life (QoL). Risk of bias assessment was performed using Cochrane RoB 2. Effect sizes were calculated using Cohen's *d*.

Results

Forty studies were identified, comprising 24 RCTs, 9 quasi-experimental studies, 6 observational studies, and 1 qualitative study. Pediatric interventions (24 studies) showed strongest evidence, particularly for mindfulness and relaxation techniques, with 4/5 RCTs demonstrating significant AD severity improvements and 3/5 showing QoL improvements. In-person education programs were most common (15 studies) and effective, emphasizing caregiver empowerment and stress management.

Adult-focused research remained limited (5 RCTs) with inconsistent results. Multidisciplinary in-person programs for adults often failed to show benefits over standard care, possibly due to high participant burden limiting adherence, insufficient tailoring, or the requirement for active skill acquisition rather than passive didactic learning. Digital and mHealth interventions showed promise when incorporating interactivity and social connection, suggesting scalability advantages for resource-constrained settings.

Intervention success did not correlate with the number of psychodermatologic topics covered or intervention intensity

alone. Rather, interventions fostering emotional expression and peer support, regardless of delivery modality, demonstrated better engagement and outcomes.

Quality assessment revealed 66.7% of RCTs had low risk of bias. Key limitations included predominance of high-income country studies, small sample sizes, short follow-up periods, and substantial intervention heterogeneity.

Conclusions

This review provides the first comprehensive mapping of psychodermatologic education for AD, revealing significant research gaps in adult populations while identifying promising approaches. Clinicians should consider mindfulness-based interventions for pediatric populations and digital modalities emphasizing peer support and emotional expression.

Brief, skills-based interventions may be favoured over intensive multidisciplinary programs, particularly given time- and resource-related barriers to accessing specialist-delivered programs in publicly funded healthcare systems. Success appears dependent on fostering engagement and social connectivity rather than intervention intensity alone. Future research should prioritize large-scale trials with longer follow-up, culturally sensitive content, and evaluation of scalable digital interventions emphasizing social connectivity and behavioral change principles.

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07 MAY - 09 MAY 2026

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Abstract N°: ID-701

Topic: Psychodermatology and quality of life

Effectiveness of Psychodermatologic Educational Modules on Atopic Dermatitis Patient Outcomes: A Randomized Controlled Trial

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Introduction

Atopic Dermatitis (AD) is a chronic inflammatory skin disorder characterized by significant psychosocial morbidity, including anxiety, depression, and impaired social functioning. Despite these impacts, psychosocial dimensions are often underrepresented in standard dermatologic care. Prior evidence mapping through a scoping review of 40 studies indicated that while pediatric interventions—particularly those involving mindfulness and relaxation—showed strong efficacy, adult-focused research remained limited and inconsistent. Furthermore, the review suggested that intervention success depends more on fostering emotional expression and social connectivity than on intervention intensity alone. To address these gaps and leverage the potential of scalable digital health, we developed and conducted a randomized controlled trial evaluating the feasibility, acceptability, and efficacy of online psychodermatologic educational modules for both pediatric and adult patients with AD.

Materials and Methods

The intervention was informed by our PRISMA-ScR compliant scoping review of five databases which identified 24 randomized controlled trials (RCT) and established the need for interactive, skills-based digital content. We then conducted a parallel-group RCT enrolling 57 pediatric and adult patients from three dermatology clinics. Participants were randomized to either the control group receiving standard clinical care alone (n=29) or the intervention group receiving standard care plus access to five evidence-based digital modules (n=28). These modules addressed the skin-mind connection, itch-scratch cycle, self-efficacy, support networks, and mind-body techniques. Primary outcomes included changes in the Dermatology Life Quality Index (DLQI) and Patient-Oriented Scoring for Atopic Dermatitis (PO-SCORAD) eczema severity scores, alongside qualitative feedback collected via REDCap at baseline, 4 weeks, and 12 weeks.

Results

Recruitment targets were met and intervention delivery was successful. Follow-up completion was 39% at 4 weeks and 25% at 12 weeks. High intervention acceptability was observed among engaged participants. Qualitative feedback highlighted perceived value, improved self-management confidence, and particular appreciation for modules addressing the skin-mind connection and itch-scratch cycle. In pediatric patients, our modules showed promising improvements in quality of life (DLQI: -100% intervention vs -29% control groups) and disease severity (PO-SCORAD: -30% vs -18% respectively) at 12-week follow-up. Adult participants showed mixed patterns (DLQI: -36% intervention vs -63% control groups; PO-SCORAD: -28% vs -44% respectively). Small sample sizes precluded statistical testing.

Conclusions

Our psychodermatologic educational modules demonstrated strong acceptability among engaged participants with AD, who reported improved understanding and self-management confidence. Preliminary patterns suggest that our modules may improve AD severity and quality of life in pediatric populations. Retention challenges highlight barriers to patient engagement in longitudinal digital health interventions warranting further investigation. These findings provide important feasibility insights and effect size estimates to inform the design of future trials.

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07 MAY - 09 MAY 2026

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Abstract N°: ID-808

Topic: Psychodermatology and quality of life

Development and Content Validation of the Mind-Skin Health Index (MSHI): A New Tool for Psychodermatologic Assessment

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Introduction

There is currently no universally accepted screening tool for psychodermatologic conditions, despite their high prevalence and significant impact on patient well-being. This study aimed to develop and validate the initial content of the Mind-Skin Health Index (MSHI), a brief, patient-centered instrument designed to facilitate early detection and specialist referral for patients experiencing comorbid psychiatric symptoms and dermatological disease in various clinical settings.

Materials and Methods

A structured, multi-phase approach informed by a comprehensive literature review and mapping of psychodermatologic constructs was used to establish an initial conceptual framework. Subsequently, an international panel of 18 experts across dermatology, psychiatry, psychology, and primary care participated in a three-round modified Delphi consensus process, refining an initial pool of 28 candidate items. Expert feedback guided item adjustments for clinical relevance, clarity, and practicality, reducing redundancy and ensuring alignment with four core psychodermatologic domains, namely, mood and anxiety symptoms, body-focused repetitive behaviors, somatic phenomena, and skin-related distress. This expert-driven version was then evaluated by 26 patient partners through two additional Delphi rounds, further enhancing item comprehensibility and patient acceptability.

Results

The expert and patient data facilitated refinement of the conceptual framework and resulted in an 18-item preliminary version of the MSHI. The Delphi process successfully reduced redundancy while maintaining high content validity. Analysis of expert scoring showed strong agreement on the necessity of items addressing the psychological burden of skin disease. The finalized 18 items reflect a balance between clinical rigor and patient readability. Currently, psychometric evaluation is underway to assess the tool's dimensionality, reliability, and diagnostic accuracy. Preliminary data suggest the MSHI is a feasible screening tool for identifying patients who may benefit from integrated psychodermatological care.

Conclusions

The MSHI represents a significant step toward standardizing psychodermatologic screening. Through rigorous expert and patient validation, an 18-item tool has been developed that addresses key domains of the mind-skin interface. Once psychometric testing is complete, the MSHI will provide clinicians with a practical, evidence-based instrument to improve patient outcomes through earlier identification and more streamlined referral pathways for specialized care.

Mind-Skin Health Index		MSHI			
Hospital No:	Date:	Score:	/54		
Name:	Diagnosis:				
<p>This questionnaire assesses how your condition has affected you OVER THE PAST MONTH. Please select the option that best describes your experience. Each question is scored from 0 (Not at all) to 3 (Severe/very often). Add the scores from Questions 1–18 to calculate your total score (maximum 54). Ensure all questions are answered. <i>Important:</i> If you selected any option other than “0” on Question 15, please inform your clinician.</p>					
		Not at all	Mild/ occasional	Moderate /often	Severe/ very often
1	How often do you feel distressed about the appearance of your condition ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	How often do concerns about your condition interfere with your sleep ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	How often do concerns about your condition interfere with your ability to engage in everyday physical activities (e.g., walking, running, climbing stairs, exercising)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	How often have you avoided attending social events or gatherings because you were concerned about your appearance related to your condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	How often do you find it difficult to manage your routine daily tasks (e.g., dressing, bathing, shopping, cooking) because of your condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	How often do you feel the need to consult a healthcare provider (e.g., general/nurse practitioner, psychologist, psychiatrist, dermatologist, specialist) about your condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	How often do concerns about your condition interfere with your ability to concentrate or function at work, school, or volunteer activities ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	How often do you feel judged by others because of your condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	How often does your condition affect your intimate relationships ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	How often do you feel like your condition is hopeless and will never improve ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	How often do you feel worried, anxious, or fearful because of your condition or its symptoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	How often do you experience unwanted thoughts, images, or impulses related to your condition that repeatedly enter your mind , despite trying to get rid of them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	How often do you feel down, depressed, or hopeless ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	How often do you have little interest or pleasure in doing things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	In the past month , how often do you experience any thoughts about not wanting to live, harming yourself, or harming others because of the impact of your condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	How often do you pick or scratch at your skin, bite your nails, or tear at the skin around your nails in a way that causes discomfort, soreness, bleeding, scabbing, or visible damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	How often do you pull out your hair, eyebrows, or eyelashes in a way that causes noticeable hair loss or discomfort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	How often do you experience the sensation that something (e.g., insects, parasites, fibers, or other sensations) is under your skin ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><small>Mind-Skin Health Index (MSHI) © 2025 by University of Alberta, Division of Dermatology. All rights reserved. For permissions, including but not limited to commercial or research use, adaptations or translations, please contact research@mdskinhealth.com.</small></p>					





Abstract N°: ID-831

Topic: Psychodermatology and quality of life

Features of Mental Perception in Dermatological Patients and Its Impact on Their Social Situation

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Introduction

Over recent decades, the scientific medical literature has seen a significant increase in studies focusing on the mental state of patients with somatic diseases. At the same time, the impact of chronic dermatological pathology on patients' psychological status remains insufficiently studied. This appears paradoxical, given that chronic dermatoses—especially when skin lesions are localized on exposed areas and accompanied by pruritus—substantially impair patients' psycho-emotional well-being and social adaptation.

In the process of professional training of future physicians, it is essential to develop an understanding that any chronic somatic disease has a significant impact on an individual's mental state. For dermatovenerologists, it is particularly important to recognize both the pathogenic and potentially sanogenic effects of dermatological pathology on patients' mental health, although negative psychosocial consequences predominate in clinical practice.

The **aim of the study** was to determine the characteristics of psychological status and the social situation of development in patients with chronic dermatoses under conditions of war and socio-economic instability.

Materials and Methods

An outpatient study was conducted involving 49 patients aged 22 to 64 years with a long-term course of dermatoses and extensive skin involvement. A standard psychosomatic-oriented questionnaire was used for assessment.

Results

Widespread skin lesions, particularly on exposed areas, negatively affect patients' psychological perception of the disease and significantly limit their social adaptation. This is manifested by reduced self-esteem, narrowing of social contacts, and limitations in professional and family activities. Chronic dermatological pathology, especially when accompanied by pruritus, gradually alters mental functioning, reduces tolerance to psychological and physical stress, and leads to a negative assessment of quality of life.

An important component of the altered social situation is that patients enter new life circumstances with already established premorbid psychological characteristics. Chronically relapsing dermatoses often change patients' perceptions of their future, making it uncertain and psychologically "blurred," particularly in cases of severe clinical course. Social consequences of the disease include a decline in professional and family status, forced changes in occupation or transition to disability, and social isolation. These factors create conditions both for the development of compensatory mechanisms and for the emergence of neurotic and depressive disorders.

Conclusions

For the timely identification and understanding of psychological disturbances in patients with chronic dermatoses, young physicians should consider not only the clinical manifestations of the disease but also changes in the patient's social situation. Medical education should foster a comprehensive understanding of patients' psychological status, encompassing the mental consequences of dermatological pathology, social limitations, and changes in the internal assessment of quality of life

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07 MAY - 09 MAY 2026

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Abstract N°: ID-849

Topic: Psychodermatology and quality of life

Changes in Perceived Mental Health Among Individuals With Skin Disorders During the COVID-19 Pandemic in the United States

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Introduction

Chronic skin disorders are linked to psychiatric comorbidities and distress, increasing disability among these patients. During the COVID-19 pandemic, stressors such as social distancing potentially had an effect on the mental health of patients. The objective of this study was to evaluate changes in the percentage of individuals with skin disorders reporting excellent or fair perceived mental health before and during the COVID-19 pandemic in the United States.

Materials and Methods

We conducted a cross-sectional analysis of the Medical Expenditure Panel Survey (MEPS), a nationally representative U.S. survey, from 2018 to 2023. Individuals receiving care were identified using the SKN (Diseases of the skin and subcutaneous tissue) body system and condition category "Other skin disorders." Perceived mental health was classified as excellent, very good, good, or fair. Pre-pandemic (2018-2019) estimates were compared with pandemic and post-pandemic years (2020-2023). Analyses focused on percentage distributions within condition categories.

Results

In 2018 and 2019, 34.2% and 32.4% of individuals, respectively, reported excellent perceived mental health, while 6.4% and 7.2% reported fair mental health. During the pandemic, the proportion reporting excellent mental health declined to 31.1% in 2020 and further to 25.6% in 2021, whereas the proportion reporting fair mental health increased to 9.2% in 2020 and 9.8% in 2021. Post-pandemic trends so far have not demonstrated recovery. In 2022 and 2023, the percentage reporting excellent mental health remained lower than during pre-pandemic times (25.2% and 25.6%, respectively). Additionally, the percentage of individuals reporting fair mental health also remained elevated (10.2% and 9.6%, respective). Overall, compared with pre-pandemic periods, there was a sustained reduction in excellent perceived mental health and a corresponding increase in fair perceived mental health through 2023.

Conclusions

Overall, the COVID-19 pandemic altered dermatology practice, influencing treatment decisions and modifying the ways in which care was delivered. These changes, together with broader socioeconomic shifts, may have contributed to worsening perceived mental health among individuals with skin disorders in the United States. Furthermore, as no meaningful recovery was observed through 2023, these findings suggest a prolonged mental health burden in this population. Recognition of this sustained mental health burden may inform future dermatology and public health strategies during periods of systemic disruption such as pandemics.





Abstract N°: ID-897

Topic: Psychodermatology and quality of life

Self-Induced Dermatoses in Adolescents

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Introduction

Self-induced dermatoses are self-inflicted, body-focused repetitive behaviors that are most commonly observed in adolescents. Adolescence is a high-risk period due to the ongoing emotional and psychological development nature of this stage of life. These behaviors may be used to achieve an idealized body image, regulate emotional distress, or non-verbally communicate emotional or psychological stress. Many patients are not consciously aware of causing their lesions, complicating diagnosis and early recognition. Because these behaviors can closely mimic primary dermatologic conditions, misdiagnosis or delays in appropriate treatment are common. The objective of this review was to enhance recognition strategies, evaluate behavioral therapies to treat self-induced dermatoses (SID), and determine appropriate, integrated-care management and referral strategies of underlying psychological stressors in adolescents.

Materials and Methods

Relevant articles were identified through searches of PubMed between 2005 and 2025 using combinations of the following search terms: self-induced dermatoses, self-injurious behavior, factitious disorders and dermatology, skin diseases, adolescents, psychodermatology, and psychiatry. Articles were considered for inclusion if they covered the common conditions that fall under self-induced dermatoses, psychological causes of these behaviors in adolescents, and emphasized the need for recognition and education strategies among providers in dermatology. Articles were included if they addressed the relationship between perception and treatment of self-induced dermatoses, discussed education and management strategies from a provider's perspective, and evaluated the prevalence of these disorders among adolescents. Articles were excluded if they did not focus on the theme at hand, included extraneous material, and could not be generalized across adolescent populations.

Results

Nine articles were included in the study. While many cases of dermatitis artefacta, excoriation disorder, trichotillomania, acne excoriée, and factitial panniculitis occur in adolescents, these conditions have also been reported in middle-aged adults. These conditions often present with harsh, geometric, and otherwise mysterious lesions in accessible areas, leading to frequent misdiagnosis as infections or manifestations of obsessive-compulsive disorder (OCD). Importantly, affected patients frequently suffer from underlying psychiatric comorbidities, including anxiety disorders, major depressive disorder, and substance use disorders. Misinformation and confrontational approaches by healthcare providers may contribute to diagnostic pitfalls and subsequent treatment delays.

Conclusions

Patients with self-induced dermatoses often develop these conditions during their adolescence. Early recognition of these behaviors is important to prevent psychiatric comorbidities and further disease progression. Dermatologists play a central role in identifying these conditions and conducting extensive evaluations to prevent unnecessary treatments. Equally important, for adolescents in particular, is the adoption of a nonjudgemental, compassionate, integrated-care approach that validates the patient's experience while prioritizing mental health concerns over the pursuit of an ideal body standard and associated insecurities.

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07 MAY - 09 MAY 2026
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Abstract N°: ID-972

Topic: Psychodermatology and quality of life

Trichotillomania associated with early-onset psoriasis: a psychodermatological case report

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Introduction

Psoriasis is a chronic immune-mediated inflammatory skin disease that often begins in childhood or adolescence. Beyond its cutaneous manifestations, psoriasis—particularly early-onset and visible forms—has a significant psychological impact and is associated with an increased prevalence of psychiatric comorbidities. Impulse control disorders such as trichotillomania remain rarely reported in patients with psoriasis.

Materials and Methods

A single-patient observational case was analyzed. Clinical data were collected through dermatological examination, assessment of disease severity and quality of life, and psychiatric evaluation based on diagnostic criteria for impulse control and mood disorders.

Results

A 32-year-old woman with a history of early-onset psoriasis presented with an acute flare of guttate psoriasis. Dermatological examination revealed multiple erythematous papules and plaques ranging from 0.5 to 1.5 cm in diameter, covered with fine, easily detachable scales and distributed over the trunk and limbs. The Auspitz sign was positive. Scalp involvement was minimal, with no nail abnormalities or joint symptoms. Disease severity was moderate, with a Psoriasis Area and Severity Index score of 6.5, while quality of life impairment was marked, as reflected by a Dermatology Life Quality Index score of 18.

Clinical examination of the scalp revealed irregular frontoparietal alopecic patches with hairs of varying lengths and regrowth. Dermoscopic examination showed characteristic features of trichotillomania, including broken hairs, black dots, coiled hairs, and hairs with a flame-shaped appearance, in the absence of scarring or inflammatory signs.

Psychiatric evaluation identified an impulse control disorder consistent with trichotillomania. The patient reported recurrent compulsive hair-pulling behaviors precipitated by stress and associated with a subjective sense of tension relief. A concomitant depressive syndrome was diagnosed, characterized by persistent low mood, psychomotor slowing, anhedonia, social withdrawal, feelings of worthlessness, and passive suicidal ideation without active intent or planning. No prior psychiatric management had been initiated.

Conclusions

This case highlights the close interplay between psoriasis and psychiatric disorders, particularly in early-onset and stigmatizing forms of the disease. Trichotillomania may represent an underrecognized comorbidity and a maladaptive coping strategy in patients with chronic visible dermatoses. Systematic screening for psychiatric comorbidities and integrated psychodermatological management are essential to improve overall outcomes and quality of life.

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Abstract N°: ID-995

Topic: Psychodermatology and quality of life

Psychological Impact of Visible Dermatoses in Children and Adolescents

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Introduction

Visible dermatoses represent a frequent concern in pediatric dermatology and are often associated with an underestimated psychosocial impact. Due to their exposed localization or the significant alteration of body appearance they cause, these conditions may impair self-esteem, disrupt social interactions, and lead to anxiety or social withdrawal. In children and adolescents, a critical period of emotional and identity development, these repercussions may have long-lasting consequences. The aim of this study was to evaluate the psychological impact of visible dermatoses and to identify clinical or contextual profiles associated with increased burden.

Materials and Methods

A retro-prospective study was conducted over 18 months in the dermatology department. A total of 118 children and adolescents presenting with visible dermatoses were included. Visible dermatoses were defined as conditions affecting exposed areas or causing marked alteration of physical appearance. Psychological impact was assessed using the Children's Dermatology Life Quality Index (CDLQI). Clinical severity was evaluated using disease-specific scoring systems: Global Evaluation Acne (GEA) score for acne, SCORAD for atopic dermatitis, PASI for psoriasis, VES for vitiligo, and SALT for alopecia areata.

Results

A total of 118 children and adolescents were included, comprising 55 boys (46.6%) and 63 girls (53.4%), with a mean age of 11.8 ± 3.9 years. The most frequently observed visible dermatoses were acne (38%), atopic dermatitis (25%), alopecia areata (16%), psoriasis (11%), and vitiligo (10%). A significant psychological impact (CDLQI ≥ 6) was observed in 72% of patients. The most affected domains were self-esteem (58%), social and school participation (46%), anxiety (41%), and mild-to-moderate depressive symptoms (19%). Among patients with acne, 58% presented moderate to severe forms according to the GEA score, and 74% experienced significant psychological impact. In atopic dermatitis, 63% of children had moderate to severe disease according to SCORAD, and 89% showed elevated CDLQI scores, frequently associated with sleep disturbances, anxiety, and social discomfort. In alopecia areata, 41% of children presented multifocal or diffuse disease, and 58% experienced significant psychological burden, mainly related to body image alteration. Among psoriasis patients, 46% presented extensive disease according to PASI, and 62% reported a notable impact on quality of life. Among children with vitiligo, facial involvement was present in 58% of cases, and 33% had extensive disease according to VES. Moderate to severe psychological impact was observed in 75% of these patients, predominantly due to social embarrassment. In our series, higher clinical severity scores (GEA, SCORAD, SALT, PASI, or VES) were associated with higher CDLQI values, indicating an increasing psychological burden with disease severity. Facial involvement also emerged as a major factor associated with marked quality-of-life impairment.

Conclusions

This prospective study highlights the significant psychological burden associated with visible dermatoses in children and adolescents. Quality-of-life impairment is frequent, particularly in cases of facial involvement or stigmatizing dermatoses. These findings emphasize the need to systematically incorporate psychological evaluation into pediatric dermatological management and to provide appropriate support for patients with vulnerability factors. Raising awareness among parents, teachers, and healthcare professionals represents an essential strategy to reduce stigmatization and improve the well-being of affected children and adolescents.

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07 MAY - 09 MAY 2026

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Abstract N°: ID-996

Topic: Psychodermatology and quality of life

Necrobiotic Granulomatous Reaction to Red Tattoo Pigment: A Case Report

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Introduction

The rising prevalence of tattooing and the increasing popularity of decorative tattoos have led to a higher incidence of late-onset complications, which remain under-recognised among the general population. Although any ink colour may provoke a delayed hypersensitivity reaction, red pigments are most frequently implicated, followed by black. Histologically, eczematoid and lichenoid reactions are the most common subtypes associated with red ink. Granulomatous responses, including foreign body and sarcoid granulomas, have also been documented, whereas palisading granulomas on red ink (resembling granuloma annulare or necrobiosis lipoidica) are exceedingly rare. Clinical features and pigment colour do not reliably predict the histological subtype or distinguish between allergic and non-allergic reactions. These unpredictable and undesirable late complications may substantially impair quality of life.

Materials and Methods

We present a patient with a delayed granulomatous reaction to red tattoo pigment, evaluated through clinical, histopathological, and microbiological investigations.

Results

A 44-year-old woman with no significant past medical history, apart from right shoulder pain secondary to tendon calcifications, presented with red, partially crusted nodules at the sites of previously tattooed hearts on her left forearm. Severe pruritus and induration developed four months after tattooing, simultaneously involving all five hearts, while the adjacent black scrollwork remained unaffected. The tattoo was professionally applied, symbolised maternal affection for her children, and was her only tattoo. Initial management with potent topical corticosteroids and oral antihistamines proved ineffective. Histopathological examination revealed collagen necrobiosis with dense mononuclear infiltrates extending into the subcutaneous tissue, accompanied by palisading granuloma formation in the upper dermis. Notable intracellular localisation of the foreign red pigment was observed. Special stains (PAS, Giemsa, Ziehl-Neelsen) excluded specific infectious agents. Native preparations and cultures for *Mycobacterium tuberculosis* and atypical mycobacteria were negative. Given the positive QuantiFERON test, further investigations were undertaken, including a normal chest radiograph and repeatedly negative sputum cultures. Patch testing with textile dyes and ink samples, as well as a modified scratch-patch test using the tattoo ink, yielded negative results. Due to an inadequate response to intralesional corticosteroid injections, surgical excision of all five affected heart-shaped areas (each 7 mm in diameter) was performed, with a favourable cosmetic outcome.

Conclusions

In this case, a necrobiotic granulomatous reaction to red tattoo pigment was observed in association with a positive QuantiFERON test. This raises the possibility that latent tuberculosis may have acted as a predisposing factor for this immunologically mediated cutaneous response, which histologically mimicked tuberculous

granulomas due to intracellular red pigment. In patients who develop nodular lesions within tattoos, biopsy and histopathological examination are essential. In cases characterised by marked inflammation and necrobiosis, therapeutic outcomes of corticosteroids are generally unsatisfactory. For limited, well-defined lesions such as those described here, surgical excision represents an effective treatment option. Ultimately, our patient's tattoo, intended as a lasting tribute to family, resulted in both physical and emotional sequelae.

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07 MAY - 09 MAY 2026

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Abstract N°: ID-1031

Topic: Psychodermatology and quality of life

A Randomized Controlled Trial Assessing the Impact of Expert-Led Virtual Support Groups on the Quality of Life of Patients with Vulvar Lichen Sclerosus

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Introduction

Vulvar Lichen Sclerosus (VLS) is a lifelong anogenital skin disorder that presents with symptoms including pruritus, dyspareunia, and atrophy. Left untreated, it can lead to irreversible architectural changes such as clitoral hood phimosis, resorption and agglutination of the labia minora, in addition to risk for progression to squamous cell carcinoma. Beyond physical symptoms, VLS has a substantial impact on psychosocial well-being. Existing support options, such as informal online communities, may lack evidence-based guidance or the ability to address quality of life (QoL) concerns holistically.

Materials and Methods

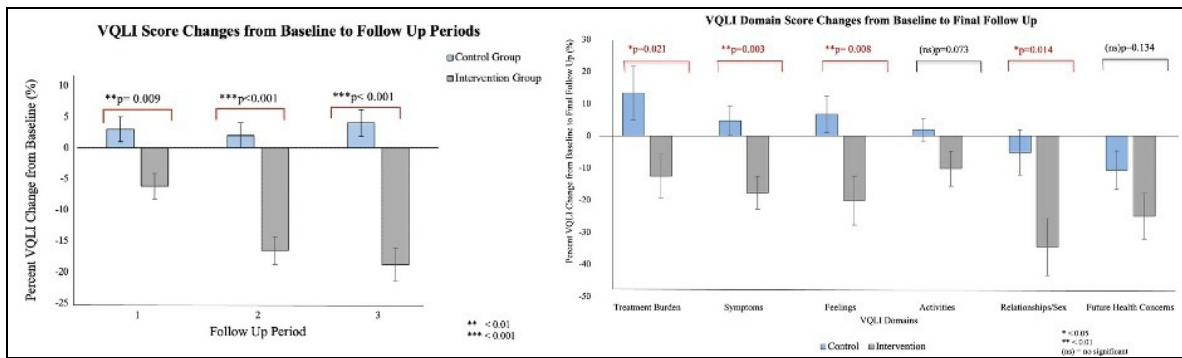
To our knowledge, this is the first randomized controlled trial evaluating a dermatologist- and urogynecologist-led virtual support group for patients with VLS. Both groups received standard clinical care and a written educational resource; the intervention group additionally participated in three monthly 60 minute virtual sessions. Our primary outcome was Vulvar Quality of Life Index (VQLI) score trajectories over three monthly follow-ups, analyzed using mixed-effects linear regression. Secondary outcomes included VQLI domain scores, and themes analyzed using inductive thematic analysis.

<p>Treatment</p> <p>1. Over the past month, how much of a problem has the treatment of your vulval symptoms been (for instance messy creams, time consuming, expensive, inconvenient)?</p>
<p>Symptoms</p> <p>2. Over the past month how itchy, painful, stinging and/or burning has your vulval skin felt?</p> <p>3. Over the past month, how often have you felt any of the following <u>symptoms</u>: pain when urinating, painful intercourse, heat intolerance, discharge or wetness?</p>
<p>Feelings</p> <p>4. Over the last month how embarrassed or self-conscious have you been because of your vulval symptoms?</p> <p>5. Over the last month how much has your vulval skin impacted your body image or sense of self? (for instance, your femininity, feeling isolated, feeling different)?</p> <p>6. Overall, how distressed or anxious have you felt because of your vulval skin over the last month?</p>
<p>Activities</p> <p>7. Over the last month how much has your vulval skin influenced your choice of clothing (underwear, jeans)?</p> <p>8. Over the last month how much has your vulval skin disturbed your sleep?</p> <p>9. Over the last month how much has your vulval skin made it difficult for you to go shopping, look after yourself or your family, home and garden?</p> <p>10. Over the last month how much has your vulval skin made it difficult for you to attend social or leisure engagements? (For instance, going out for dinner, or bars, dating, exercise class, gym)</p> <p>11. Over the last month how much has your vulval skin interfered with your ability to concentrate on work or study?</p>
<p>Relationships/Sex</p> <p>12. Over the last month how much has your vulval skin created problems with a partner or precluded your from pursuing a romantic relationship? (For instance, maintaining a relationship or finding a partner)</p> <p>13. Over the last month how much has your vulval skin interfered with your sex life? (Including: decreased libido, decreased frequency of sex and/or enjoyment of sex)</p> <p>14. Over the last month how often have you felt distressed or worried about sex because of your vulval skin?</p>
<p>Future Health Concerns</p> <p>15. How often in the last month have you been worried about long-term health implications of your vulval skin condition? (For instance, concern about developing cancer or difficulties with fertility)</p>

Vulvar Quality of Life Index (VQLI) Questionnaire. Scoring: 0 representing no symptom or complaint (“Not at all” or “Not applicable”), 1 “A little,” 2 “A lot,” and 3 “Very much,” resulting in a maximum score of 45/45 and a minimum score of 0/45. The BDNG (British Dermatological Nursing Group) are the authors of the original document.

Results

68 participants (35 intervention, 33 control) were included. Compared to the control group, the intervention experienced a 22.8% reduction in VQLI scores (improvement in QoL) from baseline to final follow-up (95% CI -33.3 to -12.4; $p < 0.001$). The intervention group additionally demonstrated significantly greater baseline to final follow-up improvements across four VQLI subdomains: Symptoms, Treatment (eg: treatment burden), Feelings (including embarrassment/poor body image), Relationships/Sex ($p = 0.003, 0.021, 0.008, 0.014$, respectively). Qualitative data revealed themes of empowerment through community and fulfilled knowledge-sharing needs via peer storytelling and expert facilitation. Patients reported increased self-management behaviors including treatment adherence. The control group endorsed persistent themes of having knowledge gaps and insufficient provider support.



a) Change in percent VQLI scores from baseline to follow ups 1, 2 and 3; b) Change in percent VQLI domain scores from baseline to final follow up.

Conclusions

Expert-led virtual support groups offer a scalable, low-cost, high-impact adjunct to standard care and written education, addressing an unmet need in VLS. Our intervention demonstrated benefits across several key domains, including symptom and treatment burden, underscoring its clinical relevance to patient quality of life in VLS.





Abstract N°: ID-1355

Topic: Psychodermatology and quality of life

Pathomimia without skin lesions: Painful facial erythema and Flushes as a factitious presentation

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Introduction

Factitious cutaneous disorder is a psychodermatological condition defined by the intentional self-induction of symptoms in order to fulfill a psychological need or obtain secondary gain. Its clinical presentation may vary widely depending on the mechanism and localization of the lesions, making diagnosis particularly challenging for clinicians. We report a case of painful facial erythema associated with hot flushes in a patient diagnosed with a factitious disorder. The aim of this report is to raise clinicians' awareness of pathomimia, a frequently overlooked diagnosis, and to emphasize the importance of comprehensive management, including psychiatric care.

Results

A 27-year-old woman with no significant past medical history presented to our department with recurrent hot flushes associated with painful facial erythema. The symptoms had begun approximately one year earlier, coinciding with the start of her employment in a textile factory, where she was responsible for ironing garments using a hot iron. During the interview, the patient reported a progressive onset of burning sensations on the face accompanied by erythema, prompting her to carry a fan constantly in order to alleviate the intense sensation of heat. These symptoms were associated with sleep disturbances, mainly insomnia. Clinical examination revealed a mild facial erythema without any other objective cutaneous lesions, but accompanied by persistent facial pain described as a burning sensation. A comprehensive laboratory workup, including immunological tests, was entirely normal. The absence of objective dermatological findings, normal biological investigations, and the subjective nature of the complaints suggested a diagnosis of factitious disorder of the pathomimic type. Psychiatric evaluation revealed a fragile personality with a tendency toward somatization. The patient was treated with fluoxetine (20 mg/day), an anxiolytic, and initiated cognitive-behavioral psychotherapy. Although no cutaneous lesions were observed, the patient consistently attributed her symptoms to prolonged occupational exposure to intense heat.

Conclusions

Pathomimia, classified as a factitious disorder in the DSM-5, is characterized by the deliberate production of symptoms—most commonly cutaneous—without any apparent external incentive, reflecting underlying psychological distress. In its classical form, it presents with self-induced lesions affecting the skin, mucous membranes, or appendages, which are typically denied by the patient, making diagnosis particularly difficult. In the present case, the originality lies in the absence of visible skin lesions, with predominance of severe subjective symptoms such as hot flushes and persistent facial burning. After thorough exclusion of organic causes, the clinical context, symptom evolution, and psychiatric assessment supported a psychogenic origin. This case illustrates a non-lesional form of pathomimia dominated by sensory complaints without objective clinical correlates. The paucity of dermatological signs, combined with intense expressed distress, further complicates the diagnostic process. Normal biological and immunological findings also contributed to the diagnosis of a factitious disorder.

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Abstract N°: ID-1571

Topic: Psychodermatology and quality of life

Post-traumatic stress following drug-induced cutaneous reactions: An underestimated and frequent complication

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Introduction

Severe drug-induced cutaneous reactions are associated with high morbidity, yet their psychological impact, particularly post-traumatic stress, remains underrecognized despite affecting quality of life. This study aimed to evaluate the prevalence of post-traumatic stress among patients who experienced drug-induced cutaneous reactions and to identify associated clinical factors.

Materials and Methods

A retrospective, descriptive, and analytical study was conducted including patients hospitalized for drug-induced cutaneous reactions over a two-year period. Post-traumatic stress was assessed remotely using the Impact of Event Scale-Revised (IES-R). Descriptive and analytical analyses were performed to identify factors associated with post-traumatic stress.

Results

Thirty-nine patients were included (26 women, 66.7%; 13 men, 33.3%), with a mean age of 50.1 ± 15 years. The reactions included benign maculopapular exanthems (14 patients, 35.9%), DRESS syndrome (9 patients, 23.1%), Stevens-Johnson/Lyell syndromes (9 patients, 23.1%), acute generalized exanthematous pustulosis (6 patients, 15.4%), and SDRIFE (1 patient, 2.5%). Mucosal involvement was present in 10 patients (25.6%), and 7 patients (17.9%) required intensive care. Mean hospitalization duration was 10.2 ± 4.3 days.

An IES-R score consistent with probable post-traumatic stress was found in 15 patients (38.5%). Higher IES-R scores were significantly associated with severe reactions (DRESS, SJS/Lyell, AGEP) ($p=0.01$), mucosal involvement ($p=0.02$), particularly ocular and oral, and ICU admission ($p=0.01$). Longer hospitalization was also associated with higher IES-R scores (12.1 ± 4.0 days vs 9.0 ± 3.8 days, $p=0.03$). Female sex was linked to higher IES-R scores ($p=0.04$), while no significant association was observed with age.

Conclusions

Post-traumatic stress is a frequent complication of drug-induced cutaneous reactions, especially in severe forms. Systematic screening could improve comprehensive management and long-term follow-up of these patients.





Abstract N°: ID-1599

Topic: Psychodermatology and quality of life

Social Media as a source of dermatological information in the general population: Benefits and risks

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Introduction

Social media has become a major source of information in dermatology, widely disseminating content related to skincare and dermatological treatments, often without scientific validation. While it can help raise awareness and improve access to information, it also represents a significant risk of misinformation that may negatively influence patient behaviors, skincare habits, and treatment adherence. In this context, this study aims to assess the impact of social media on dermatological routines, skincare behaviors, and perceptions of dermatological treatments in an adult population.

Materials and Methods

This was a descriptive cross-sectional study conducted using an anonymous online questionnaire distributed via social media platforms.

The study population included adults aged 18 years and older, both men and women, regardless of the presence of a known dermatological condition.

No identifiable personal data were collected. Participation was voluntary and anonymous, in accordance with ethical principles.

The questionnaire included the following sections:

- Sociodemographic data (age, sex, level of education)
- Use of social media (platforms, frequency)
- Influence of social media on daily dermatological routines
- Types of content consulted (routines, products, treatments, influencer opinions)
- Perceived benefits
- Risks and risky behaviors
- Impact on the physician–patient relationship and treatment adherence

Data were analyzed descriptively.

Results

A total of 250 adults completed the questionnaire. The study population consisted of 62% women and 38% men. The

mean age was 29 years, with a predominance of the 18–35 age group (68%). A university or postgraduate level of education was reported by 70% of participants.

Social media use was reported by 95% of respondents. The most frequently consulted platforms for dermatological content were Instagram (78%), TikTok (60%), YouTube (48%) and Facebook (35%). More than half of the participants (64%) reported consulting dermatological content at least once a week.

Regarding the influence on dermatological routines, 72% of participants reported having modified their skincare routine following information obtained from social media. The most frequent changes included the introduction of new cosmetic products (65%), adoption of complex multi-step routines (58%), and use of active ingredients such as acids, retinoids or vitamin C (42%).

Perceived benefits included better understanding of skin type (60%), subjective improvement in skin appearance (48%), increased awareness of photoprotection (46%) and greater motivation to care for their skin (55%).

However, notable risks were identified. Fifty percent of participants reported having experienced skin irritation, dermatitis or worsening of their skin condition after following advice from social media. Forty percent reported using products without medical advice despite having a known dermatological condition. Additionally, 34% had delayed or avoided a dermatological consultation, believing that online advice was sufficient.

Regarding medical treatments, 28% of participants reported discontinuing or modifying a prescribed dermatological treatment after exposure to social media content. Loss of confidence in certain treatments, particularly topical corticosteroids and systemic therapies, was reported by 36% of respondents.

Despite these findings, 88% of participants stated a preference for dermatological content validated by healthcare professionals and expressed a need for reliable medical information on social media.

Conclusions

Social media strongly influences dermatological routines and skincare behaviors in the adult population. Although it offers benefits in terms of access to information and awareness, it also carries significant risks related to misinformation and inappropriate practices.

The development of reliable medical communication strategies on social media is essential to improve dermatological education, strengthen treatment adherence and prevent adverse effects related to unvalidated advice.





Abstract N°: ID-1605

Topic: Psychodermatology and quality of life

Quality of life in patients with chronic facial dermatoses (Acne, Rosacea, Seborrheic dermatitis)

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Introduction

Chronic facial dermatoses, including acne, rosacea, and seborrheic dermatitis, are common skin conditions that can significantly affect patients' psychosocial well-being. Because these conditions primarily involve visible areas of the skin, patients often experience concerns about appearance, social interactions, and self-esteem. In addition to physical manifestations such as erythema, papules, pustules, or scaling, the psychological impact can be considerable, affecting daily life, work, school performance, and interpersonal relationships.

Assessing quality of life (QoL) in patients with chronic facial dermatoses is essential to understand the full burden of these conditions and to tailor treatment strategies accordingly. The Dermatology Life Quality Index (DLQI) is a validated tool that quantifies the impact of dermatological diseases on physical, emotional, and social domains.

This study aimed to evaluate the QoL in adult patients attending a dermatology consultation for chronic facial dermatoses and to explore factors associated with greater psychosocial impact.

Materials and Methods

We conducted a cross-sectional observational study including 109 adult patients with chronic facial dermatoses (acne, rosacea, or seborrheic dermatitis) attending the dermatology outpatient clinic. Patients under 18, those with acute infections, facial scars, or psychiatric disorders affecting consent were excluded. Data on demographics, disease type and duration, treatments, and severity were collected from medical records and clinical examination. Quality of life was assessed using the Dermatology Life Quality Index (DLQI), and patients reported the impact of their condition on social, professional, and emotional aspects. Descriptive statistics were used, and comparisons of DLQI scores by disease type, sex, and duration were performed, with correlations evaluated between disease characteristics and quality of life.

Results

The study included 109 patients, of whom 63 were women and 46 were men, with a mean age of 26.8 years, ranging from 18 to 45. Among the patients, acne was the most prevalent condition, affecting 55 individuals, followed by rosacea in 33 patients and seborrheic dermatitis in 21 patients. The mean duration of the disease was 4.2 years, and disease severity was distributed as 40% mild, 45% moderate, and 15% severe.

Overall, the mean DLQI score for the cohort was 9.3, indicating a moderate impact on quality of life. When analyzed by disease type, patients with rosacea exhibited the highest mean DLQI scores at 11.0, reflecting a greater psychosocial burden, particularly related to persistent facial erythema and perceived stigma. Patients with acne had a mean DLQI of 9.0, while those with seborrheic dermatitis scored 7.8. Social and emotional aspects were most affected, with nearly two-thirds of patients avoiding social interactions, over half reporting embarrassment or low self-esteem, and one-third acknowledging an impact on work or academic performance. Female patients experienced slightly higher quality-of-life impairment than male patients, and those with a disease duration exceeding five years showed significantly higher DLQI

scores compared to patients with shorter disease duration, suggesting that prolonged exposure to facial dermatoses amplifies the psychosocial burden.

Conclusions

Chronic facial dermatoses, including acne, rosacea, and seborrheic dermatitis, have a substantial impact on QoL, especially regarding **social interactions and emotional health**. Evaluating QoL should be an integral part of dermatology practice to guide comprehensive care and improve outcomes for patients.

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