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<b>Psychiatric Evaluation of the Dermatology Patient</b>	<b>591</b>
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Over one third of dermatologic disorders have significant psychiatric comorbidity. The impact of the skin disorder on quality of life, the role of psychosocial stressors, and use of substances should be assessed. Major depressive disorder is the most frequently encountered psychiatric disorder in dermatology and is often associated with suicide risk. Other psychiatric syndromes comorbid with dermatologic disorders include obsessive-compulsive disorder, social phobia, posttraumatic stress disorder associated with dissociation and conversion symptoms, body image pathologies, delusional disorder, and a wide range of personality disorders. This article reviews psychiatric guidelines that may be used to assess psychopathology in the dermatology patient.

<b>Psychosomatic Factors in Dermatology</b>	<b>601</b>
Mauro Urpe, Stefano Pallanti, and Torello Lotti	

Psychosomatics describes any aspect of dermatology with psychologic or psychiatric elements. Dermatologists know that a significant proportion of their practice involves patients for whom psychologic elements either partially or sometimes entirely dominate their presenting chief complaints. This article explores the role of psychosomatic factors in dermatologic disorders. The authors discuss the clinical interface between psychiatry, psychology and dermatology and the interpretation of possible relationships between cutaneous diseases, the role of the mind, and psychotherapeutic interventions.

<b>Stress and Psychoneuroimmunologic Factors in Dermatology</b>	<b>609</b>
Mauro Urpe, Gionata Buggiani, and Torello Lotti	

There is clinical and experimental evidence that the brain can start, influence, and stop biologic skin events. Studies suggest that the skin, as a relevant part of the "diffuse brain," can modify the quality of perceptions and feelings. The immune and the endocrine systems seem to represent the protagonists of the modulation of those events and, in this context, psychosocial stressors and interventions can lead to global health changes of great interest for dermatologists.

**The Emotional Impact of Chronic and Disabling Skin Disease:  
A Psychoanalytic Perspective** 619  
Caroline S. Koblenzer

This article discusses some major early factors that influence the evolving psychologic development, which in turn helps determine the emotional impact that chronic or disabling skin disease may have on patients' lives. If the emotional environment, encompassed by the infant-caretaker relationship, is less than optimal, the stability of the body image may be compromised, self-esteem diminished, and affect less well handled and the somatic expression of emotional content may ensue. Each of these is important in dermatology, as is the nature of the disease and the capacity of families and of society to adapt. Psoriasis, atopic dermatitis, and acne are used as examples.

**Psychosomatic Factors in Dermatology: Special Perspectives for Application in  
Clinical Practice** 629  
Emiliano Panconesi

The identification of psychosomatic factors in dermatology has always been one of the principal themes in the history of this field and in the personal experience and research of the author. After a brief review of some of the milestones in the area of psychosomatic factors in dermatology, the author presents the criteria dictated by clinical experience, in the absence to date of more precise scientific data, for the individuation of such psychosomatic factors in clinical practice.

**Stigma Experience in Skin Disorders: An Indian Perspective** 635  
Santosh K. Chaturvedi, Gurcharan Singh, and Nitin Gupta

Dermatologic disorders generally have a major impact on patients' daily activities, psychologic and emotional state, and social relationships. The intensity of impact of skin disease on an individual person is extremely variable, however, and depends on natural history of the disorder; the patient's demographic characteristics, personality, character, and value; the patient's life situation; and the attitudes of society. Social stigma toward dermatologic disorders in the Indian society is quite widespread, especially toward leprosy. Dermatologists are expected to consider quality of life issues along with social aspects, nature of disorder, efficacy, and tolerability of various therapeutic options to optimize relief and comfort to their patients.

**Psychosocial Aspects Of Aging Skin** 643  
Madhulika A. Gupta and Barbara A. Gilchrest

Many older individuals use products and procedures to conceal or delay the signs of aging. For most, this provides a helpful ego boost, but some individuals seeking such procedures suffer from pathologies such as eating disorders and body dysmorphic disorder. The impact of aging skin may include social anxiety and social isolation. Poor self-image is associated with chronic illness and fewer preventive health behaviors, such as exercise. Aged appearance, especially in women, is also associated with workplace discrimination. Patients should therefore be offered treatments for aging skin while maintaining realistic treatment expectations; and the dermatologist should ensure that society's negative views about aging are not necessarily reinforced.

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