

Psychodermatology: The Significant Interaction Between the Mind and Skin

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The connection between the mind and body has been studied for many decades, and without a doubt, there is a strong link between these two entities. The largest and most visible organ of the body, which is immediately accessible to the public eye, is the skin. In a culture that emphasizes the importance of beauty, any insult to one's physical appearance can lead to substantial psychological disturbances, or even exacerbate them. Notably, the relationship between the mind and body is reciprocal. As such, any disturbance in the mind can also be manifested in different body organ systems, including the skin. This suggests that any dermatological manifestations or psychological disorders have the potential to initiate an aberrant cycle where both conditions are worsened by the occurrence of the other. To put an end to this cycle, it is important that both psychological and dermatological conditions are identified and treated accordingly.

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It is highly recommended that health care providers conduct a psychological assessment of their patients in every patient encounter. This evaluation is particularly important in the fields of psychiatry and dermatology, as there are multiple conditions in one specialty that can produce manifestations in the other, and vice versa. In order to ensure the holistic health improvement of the patient, a collaborative approach between psychology and dermatology should be implemented.

One current study suggests that approximately 33% of patients seeking dermatological care have some coexisting psychiatric disorder [1]. This rate is higher compared to the general patient population, where 20.6% of individuals are believed to suffer from a mental health disorder [2]. Some psychiatric disorders that can manifest themselves via the skin include depression, anxiety, personality disorders, body dysmorphic disorder, substance/medication-induced disorders and cutaneous body image dissatisfaction [3,4]. For instance, psycho-

cutaneous illness can be seen in patients suffering from obsessive-compulsive or anxiety disorders [5]. One of the unhealthy coping mechanisms exhibited by these patients is the constant picking of their skin or hair, which can manifest as excoriation and trichotillomania, respectively [5].

Additionally, there are several skin disorders that can be triggered or exacerbated by psychological disorders such as psoriasis, atopic dermatitis, alopecia areata, seborrheic dermatitis, acne and pruritus [3,4]. Studies report that patients experiencing dermatological illnesses such as psoriasis were found to have a lower quality of life due to their comorbid anxiety and depression [3,4,6]. In addition, stress brought on by their psychological disorder can exacerbate their cutaneous findings, thus initiating the aforementioned aberrant cycle [4]. This is one of the primary reasons why psychological disorders are commonly evaluated and diagnosed in dermatology patients. Tools such as self-administrative surveys can be given to patients prior to their visit to aid in the detection of psychological findings; however, referral to psychiatrists or psychologists is a very sensitive topic that should be addressed in person with the patient [3].

Because of the sensitive nature of this topic, it is vital to have a non-judgmental, positive and empathic attitude when counseling patients who are suffering from psycho-cutaneous disorders [6]. A multidisciplinary approach and collaboration between health care providers including primary care, psychiatry, psychology and dermatology disciplines can provide and create solutions to treat different aspects of a patient's disease [7]. However, this might be a cumbersome undertaking in the short period of time allotted to a single patient encounter. For this reason, the new emergence of psychodermatology, which involves a dermatologist with psychotherapy training, has started to gain more traction and popularity. Psychodermatology focuses on taking the necessary steps to obtain or maintain skin integrity while addressing and managing

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a patient's overall mental health.

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