





POSITION STATEMENT

White paper on psychodermatology in Europe: A position paper from the EADV Psychodermatology Task Force and the European Society for Dermatology and Psychiatry (ESDaP)

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Abstract

Psychodermatology is a subspecialty of dermatology that is of increasing interest to dermatologists and patients. The case for the provision of at least regional psychodermatology services across Europe is robust. Psychodermatology services have been shown to have better, quicker and more cost-efficient clinical outcomes for patients with psychodermatological conditions. Despite this, psychodermatology services are not uniformly available across Europe. In fact many countries have yet to establish dedicated psychodermatology services. In other countries psychodermatology

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services are in development. Even in countries where psychodermatology units have been established, the services are not available across the whole country. This is especially true for the provision of paediatric psychodermatology services. Also whilst most states across Europe are keen to develop psychodermatology services, the rate at which this development is being implemented is very slow. Our paper maps the current provision of psychodermatology services across Europe and indicates that there is still very much more work to be done in order to develop the comprehensive psychodermatology services across Europe, which are so crucial for our patients.

INTRODUCTION

A white paper is a report that informs readers concisely about a complex issue, presents the issuing body's philosophy on the matter and aims to help readers understand this issue, solve a problem or make a decision. Hence, the European Dermatology Forum regularly provides a report on the challenge of skin diseases in Europe, the last edition being recently published.^{1,2} Some white papers focused on some diseases, like psoriasis.³ A white paper on psychodermatology in France was published in 2008.⁴ A large survey was performed in UK⁵ and a report on mental health and skin was provided to the UK Parliament (www.appgs.co.uk/mental-health-and-skin-disease-report-2020/).

In association with the ESDaP, the EADV Psychodermatology Task Force appointed a steering committee (AB, FB, SB, LM, AR and CS) in order to make a point on psychodermatology and the impact of psychodermatological disorders, then to make a survey on psychodermatology in Europe. Then results and the present paper were discussed with other members of the task force and the ESDaP executive committee and recommendations were provided.

WHAT IS PSYCHODERMATOLOGY?

Psychodermatology, sometimes also regarded as psychocutaneous medicine, is a field at the interface of dermatology and psychiatry,⁶ also involving psychologists psychiatrists, social workers and paediatricians.⁷ It has been demonstrated that common skin diseases, often chronic and visible to other people, have a significant association with impaired mental health across Europe.^{7,8} Those working in the field of psychodermatology recognize that many skin conditions have a psychological component and base their work—both clinical and research—on the biopsychosocial model of disease and health.⁹ This model considers the interactions of social and psychological factors in addition to biological factors to partly explain disease symptoms. In the other direction, skin diseases can have important psychological consequences.⁸ Psychodermatology thus advocates a multidisciplinary approach in the treatment of skin patients in whom psychological factors seem to play a role.^{7,10,11}

Skin diseases for which correlations between the occurrence of the disease and/or the severity of skin symptoms and psychological factors such as anxiety or depression have

been shown include—but are not limited to—atopic dermatitis, psoriasis, chronic urticaria and prurigo.^{12–17} Also, there is a relationship between psychological stress and the occurrence and exacerbation of symptoms of various skin diseases.^{18–21} It is supposed that under stress patients with skin disorders develop dysfunctional coping such as catastrophizing thoughts, which may contribute, on one hand, to a worsening of the disease, and on the other hand, to higher suicidality rates.^{22,23} Finally, there are also some specific psychodermatological disorders where the role of psychological/psychiatric disorders is huge in the pathophysiology of skin lesions (such as dermatitis artefacta/factitious disorder or skin picking syndrome)^{24–26} or sensory skin disorders (such as burning mouth syndrome) and persistent delusional disease (such as delusional infestation).^{11,27–29} The psychodermatological approach aims to identify such associations between psychological factors and signs of skin conditions in patients with skin diseases in order to offer certain psychological or psychopharmacological therapies or interventions to these patients. Interventions comprise pharmacological interventions and/or psychological interventions, for example cognitive behavioural therapies, psychodynamic therapies, mindfulness-based interventions, stress management and relaxation trainings as well as family systemic therapies^{30–33} in addition to appropriate and contemporaneous management of any cutaneous disease.

Impact of Psychodermatological disorders

Hence, psychodermatology may be reductively categorized as two sides of the same coin; either primary psychiatric disease presenting to dermatology health care professionals (HCPs); or primary dermatological disease in which there are psychosocial co-morbidities, for example patients with psoriasis or atopic eczema who also live with anxiety and/or depression,⁷ which can also exacerbate or even induce dermatological conditions.³⁴ Furthermore, comorbid depression/anxiety may be responsible for non-adherence to therapeutic recommendations further contributing to poor outcome of the dermatological treatment.³⁵

The majority of common skin diseases have a psychological component in up to 98% of patients.^{8,36} In 2010, skin diseases were the fourth largest cause of nonfatal disease burden.³⁷ And, alarmingly, the 2019 update shows that the percentage change in YLD (years lived with disability) between 2010 and

2019 has decreased only for some skin infections, while most skin diseases show either no change or a higher rate.³⁸

An important systematic review has shown that depression, anxiety, suicidal ideation, reduced health-related quality of life (HRQoL), stress, stigmatization and body dysmorphic issues are much more common in patients with a wide range of dermatological diagnoses compared to patients who do not have skin disease.^{39,40} The dermatologists have to face the special negative stigma which is associated with psychiatric disease in general. The significance of the problem is of great importance not only for patients, but also for their families.⁴¹ As a result of the study of the problem special term psychoneurocutaneous medicine was introduced to international scientific community. Further development of this field will help in proper diagnosis and treatment of psychodermatologic disorders, enhancing the functionality and quality of life of patients.⁴²

Chronic skin disease may also influence major life changing decisions (MLCD) such as having children, marriage and divorce, job and career choice, social life, education, early retirement, physical activity and leisure.^{43,44}

Psychodermatological consultations

Studies on psychodermatological conditions show that patients have difficulties in access to care, and clinicians lack appropriate knowledge and resources for proper diagnosis and treatment. The implementation of multidisciplinary team clinics (MDT) provides both a clinical benefit and a cost-reduction in the management of dermatologic disease and psychosocial comorbidity.⁴⁵ By limiting inaccurate diagnoses, ineffective treatments and unnecessary referrals time resources and costs are reduced.⁴⁵

Many now advocate therefore that there should be psychodermatology MDT clinics at least regionally across all nations. Involvement of multiple specialists, including psychiatrists, psychologists and psychodermatologists in consultations and management-related discussions is recommended and is cost-effective for patients, care-givers and the society.⁴⁵⁻⁴⁷

It is clear, then, that dermatological disease is commonly associated with psycho-social co-morbidities, and that some patients with primary psychiatric disease will predominantly be referred to, or seek the advice of, dermatology HCPs. So the necessity of dedicated psychodermatology MDT provision is also clear, as is the necessity for the training of dermatology HCPs in the skills necessary to deliver psychodermatological services. However, the access to the proper education on psychodermatology as well as availability of dedicated clinics are very limited in several European countries, as outlined below based on the pan-European survey.

European psychodermatological groups

The EADV has created task forces on specific topics, including a psychodermatology task force. A task force is a small

group of experts that brings together a specific set of skills and ideas to accomplish distinct projects of scientific, clinical or educational relevance in the speciality of dermatovenereology. The psychodermatology task force has close links with two other task forces: pruritus and quality of life (<https://eadv.org/about-eadv/task-forces/>).

The ESDaP is a sister society of the EADV, which leads and champions clinical and academic developments in psychodermatology across Europe. Founded in 1993 the Society organizes an international congress every 2 years (Table S1). The official journal of the society was 'Dermatology & Psychosomatics' from 1999 to 2004, before ceasing publication. Since 2009, *Acta Dermato-Venereologica* has been the preferred journal for the ESDaP. The ESDaP organizes a postgraduate educational programs, including a Psychodermatology Diploma. There is a newsletter and a website www.psychodermatology.net. Since 1995, the Herman Musaph Foundation for Psychodermatology commemorates Herman Musaph as one of the founding fathers of psychodermatology. Biannually, the Foundation presents the Herman Musaph Award to a scientist who has made an outstanding contribution to the advancement of psychodermatology. ESDaP was established as its founders considered that psychodermatological needs of patients were not being sufficiently met in European dermatology centres. In addition ESDaP's founders recognized the necessity for an organization which could spearhead and galvanize psychodermatological clinical and academic development and excellence. Despite this, the progress of psychodermatological provision both clinically and academically has been relatively slow. Our paper aims to map the current provision of psychodermatology services across Europe, provide evidence that the development of psychodermatology services across Europe still has a long way to go and develop recommendations which facilitate important comprehensive psychodermatological care for our patients and advances in psychodermatological research.

NATIONAL PSYCHODERMATOLOGICAL CENTRES AND GROUPS IN EUROPE

Methods

The members of the steering committee performed a survey in all EADV countries from March 2021 to December 2022 by contacting some key opinion leaders in all countries. They used the following questionnaire:

1. Is there one or more specific professional groups in psychodermatology? What are their specific activities?
2. Is there one or more departments with a significant psychodermatology activity? Or are some doctors or psychologists very involved? What are their activities?
3. Are there any patient associations specific to psychodermatology? What are their activities?

TABLE 1 Results from the survey on psychodermatology structures in Europe.

Country	National group of psychodermatology	Main centres for psychodermatology	Patient advocacy	Other data
Albania				
Armenia				
Austria	Working group on psychodermatology from the Austrian Society of Dermatology (ÖGDV)			30 dermatologists have a specialization in psychosocial and psychosomatic medicine
Belarus				
Belgium	Belgian Psychodermatology Group	ULB Erasme Hospital (Brussels) IFTS Charleroi UZ VUB (Brussels) CH Mouscron - Dr Ferreira	GIPO Psoriasis Contact	
Bosnia and Herzegovina				
Bulgaria				
Croatia		Prof. Mirna Situm (Zagreb)		
Cyprus				
Czech Republic	Psychodermatological section under The Czech Dermatological Society			
Denmark		Roskilde (Pr Gregor Jemec team) Tartu: Dr Ene Pärna		
Estonia				
Finland				
France		<ul style="list-style-type: none"> • Psychodermatology Group from the French Society of Dermatology (SFD) • Frenchspeaking Society of Psychosomatic Dermatology (SFDPS) 	Peaussible (Facebook group on dermatillomania)	
Georgia				
Germany	Working group of psychodermatology within the German Society of Dermatology (DDG)	e.g. in Giessen: specific department of psychodermatology (Uwe Gieleter)		<p>From the working group:</p> <ul style="list-style-type: none"> • AkPsychDerm: annual scientific and clinical training meeting • annual letter • website: https://www.akpsyderm.de • Research team ESDaP, Jörg Kupfer, Christina Schut, Eva Peters, J-L University, Giessen
Greece	In development	Dr Margo Gkini (Athens)		
Hungary		University in Pecs (Dr. Szlavicz Eszter)		
Ireland		Limerick University Hospital		

TABLE 1 (Continued)

Country	National group of psychodermatology	Main centres for psychodermatology	Patient advocacy	Other data
Italy	<ul style="list-style-type: none"> • SIDEIP (Società Italiana Psicodermatologia) • Specific groups from national societies (Sidemast and ADO1) and ADECA (dermatologists of Campania region) 	Drs Julius and Gabija Ferzigas (Vilnius) Dr Alina Vilkaite (Kaunas)		Active group that performs research in psychodermatology at the dermatological research hospital IDI-IRCCS (Rome) SIDEIP organizes national congress every year
Lithuania				
Malta		Dr Boffa and Scerri (Mater Dei Hospital, Valetta)		
Moldova				
Montenegro				
Netherlands	Nederlandse Vereniging voor Psychodermatologie (NVPD) / Dutch Society for Psychodermatology	Amsterdam UMC (Amsterdam) and Erasmus MC (Rotterdam) Dr Vulink, Drs Kemperman (Amsterdam) and Dr. Waalboer, Dr. Dieleman (Rotterdam)		Prof Eversteam (Leiden): research on Psychodermatology
North Macedonia		Prof. Katerina Damevska (Skopje)		
Norway	Norwegian Society for Psychodermatology	<ul style="list-style-type: none"> • Oslo: Dr Shirin Eskeland (Sondre Oslo District Psychiatric Centre) • Stavanger: Dr Flora Balieva 	Patient organization involved in research	Research team in Oslo (Pr Jon Anders Halvorsen)
Poland	Section of Psychodermatology within the Polish Dermatological Society Section of Neuroimmunodermatology within the Polish Dermatological Society	Single Unit of Psychodermatology in Łódź (Head: Prof. Anna Zalewska-Janowska) Dermatology clinics with high interest in psychodermatology: <ul style="list-style-type: none"> • Pr Szebietowski (Wrocław) • Pr Reich (Rzeszów) 		
Portugal				
Romania				
Russia	Special psychodermatology group	Moscow: teams from Pr Andrey Lvov, Dmitry Romanov and Anatoly Smulevich	Psychology support group for melanoma patients within oncology	
Serbia				
Slovakia				
Slovenia				

(Continues)

TABLE 1 (Continued)

Country	National group of psychodermatology	Main centres for psychodermatology	Patient advocacy	Other data
Spain	Aragon Psychodermatology Research Group (GAI + PD). Partnered by the Health Research Institute of Aragon (IIS) The Spanish Group of Research in Dermatology and Psychiatry (GEDEPSI) task force of the Spanish Dermatology Academy (AEDV)	University Hospital Miguel Servet (HUMS). Zaragoza. Prof. Lucia Tomas-Aragones and Prof. Servando E. Marron <ul style="list-style-type: none"> Barcelona (Sant Pau Hospital) (Prof. Luis Puig and team) Barcelona (Mar Hospital) (Dra. Maria J. Tribo) - Zaragoza (HUMS) (Prof. Lucia Tomas-Aragones and Prof. Servando E. Marron) 		Training courses in psychodermatology
Sweden	Special interest group on psychodermatology from the Swedish dermatological organization (SSDV)	Psychodermatology Unit, Skåne University Hospital Malmö: Florence Dalgard, Karin Sjöström Psychodermatology Unit, Karolinska University Hospital, Stockholm: Louise Lönn Dahl, Jessica Norberg		Yearly course for Swedish dermatologists
Switzerland				Many departments of psychosomatics, psycho-oncology and liaison psychiatry consultations Network for psychosomatics for outpatients
Turkey	Working Group of Psychodermatology of the Turkish Dermatology and Venereology Association	University of Health Sciences, Şişli Hamidiye Etilal Research and Training Hospital (Istanbul)		
Ukraine		Department of Skin and Venereal Diseases of the Uzhorod National University (Dr. Roman Yaremkevych) Pr Pavel Chernysov (Kiev)		
United Kingdom	Psychodermatology UK Group	<ol style="list-style-type: none"> 1. Barts Health NHS Trust. Bewley/Ahmed/Mohandas (Adult and Paediatrics) 2. Royal Free NHS Trust London. Dr Mc Bride 3. Guys and St Thomas NHS Trust, London. Dr Baron (Paediatrics) 4. United Bristol Hospitals NHS Trust. Dr Angus 5. Solihull, Birmingham, UK. Dr Goulding 6. Dundee. Dr Affleck 7. Brighton 8. Edinburgh 9. Northern Ireland. Dr Allardyce. 10. Manchester. Dr Klevyn 11. Oxford. Dr Mc Pherson (Paediatric service) 	<p>Changing Faces Visible Difference & Disfigurement Charity www.skinhealthinfo.org.uk</p> <p>Training courses in psychodermatology have been in place for >15 years. Also British Dermatology Nursing Group have Psychodermatology courses. www.psychodermatology.co.uk</p>	

Note: The list is probably not exhaustive. In some countries, we did not get any information and we did not include them in this table: Andorra, Iceland, Kosovo, Latvia, Liechtenstein, Luxembourg, Monaco and San Marino. In some other countries, in formations were provided but no specific activity had been reported, justifying why table boxes are empty.

4. In your opinion, what are the strengths, weaknesses, opportunities and threats of psychodermatology in your country? Do you have suggestions?

Results

The results are summarized in Table 1. There is a huge heterogeneity in terms of psychodermatological provision. But also there are many countries where there are no tangible specialist psychodermatology centres. In very few countries, no information was available at all. In some countries, no dedicated psychodermatology services were established or are in development; in these countries, it is presumed that patients with psychodermatological disease are managed in general dermatology clinics, or that patients' psychodermatological disease is not being met at all. In many cases, there was an interest for psychodermatology in national groups, among dermatologists or in patient groups but no specific structure has been established. There are several European states where there is some psychodermatological expertise and the development of a national organization or further specialist centres is in progress. Finally there are some European states where psychodermatological services are a little more developed: Austria, Belgium, Czech Republic, France, Germany, Italy, the Netherlands, Poland, Russia, Spain, Sweden, Turkey and United Kingdom. France, Italy and the UK organize a congress on psychodermatology every year, the Netherlands once in 2 years. Within these countries some centres are specifically dedicated to psychodermatology: Giessen (Germany), Lodz (Poland) and two centres in London (UK). However even in countries where psychodermatological centres appear to be more established, there is a great variation in the availability of those services nationally and no country at all has developed anything like regional comprehensive psychodermatological services. Patient advocacy groups are frequently interested in psychodermatology but there are very few patient groups dedicated to psychodermatological disorders. The absence of patient advocacy groups across Europe is striking, as is the absence of specialist psychodermatology nursing services and specialist psychodermatological training (which appears to be available through ESDaP and in the UK only).

Recommendations

- All European states/countries should have comprehensive psychodermatology services which manage patients with primary psychodermatological disease as well as those with primarily skin disease and who have severe or ongoing psychological distress.
- If possible, all European countries should have comprehensive Multidisciplinary Team (MDT) Psychodermatology services at least regionally across their country.
- Psychodermatology Multidisciplinary services must be resourced appropriately with dedicated input from Psychiatrists, Psychologists, Dermatologists, Dermatology Nurses and if appropriate, Paediatric Psychodermatology staff.
- Training must be available for health care professionals in the diagnosis and management of psychodermatological disease as part of all EADV/European individual states' training curricula.
- Dedicated paediatric psychodermatological services should be available in all European states/countries.
- Audit, research and clinical expertise in psychodermatology should be actively encouraged in all European states/countries.
- Patient involvement and liaison in the development of psychodermatology services should be encouraged in all European states/countries.
- Dermatology Health Care Professionals, where possible and invited, should be encouraged to facilitate the development of psychodermatology patient advocacy and education (e.g. establishing websites, patient information literature, patient advocacy groups).

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CONFLICT OF INTEREST STATEMENT

None.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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