

**OP6****STIGMATIZATION IN DERMATOLOGY - AN OVERVIEW**Jacek Szepietowski<sup>1</sup>, *Dimitre Dimitrov*<sup>2</sup><sup>1</sup>Department of Dermatology, Venereology and Allergology, University of Medicine, Wrocław, Poland, and <sup>2</sup>PMW Al Mafraq and Sheikh Khalifa Medical City, Abu Dhabi, UAE

Numerous medical conditions are recognized as stigmatizing their sufferers and certain skin diseases are among them. The visible lesions might become reason for stigmatization with consequent psychological stress and social withdrawal. We aimed to analyze dermatological conditions where stigmatization process has been studied. We performed search on PubMed until November 2016 and found a huge number of articles ( $n=548$ ). After selection 58 articles remains, describing 20 dermatological conditions. Our research found that psoriasis is the most common skin disease, where the stigmatization experience was studied. Out of 58 articles, 18 dealt with stigmatization in psoriatic patients. Vitiligo, acne, leprosy, atopic dermatitis was among others skin conditions where stigmatization was studied. We found that stigmatization is a common and important problem. Visibility of skin lesions as well as cultural factors are the main ones contributing to the feeling of stigmatization. Different instruments were used to evaluate stigmatization by different research groups which limit the possibility to make a direct comparison between the studies. There is a need for more research in the field of stigmatization in dermatological conditions and an urgent need for creation special anti-stigmatization program/programs for patients suffering from dermatoses.

**OP7****APPEARANCE COMPARISONS AS MEDIATOR AND RISK FACTOR FOR ACNE-RELATED STIGMA**Kate Adkins<sup>1</sup>, Andrew Thompson<sup>1</sup>, Paul Overton<sup>1</sup>, Julia Moses<sup>2</sup><sup>1</sup>Department of Psychology, and <sup>2</sup>Department of History, University of Sheffield, Sheffield, UK

The present study was conducted to examine the relationship between Facebook use and internalised acne-stigmatisation, and to test whether appearance comparisons mediated this relationship. UK adults ( $n=650$ ) with acne symptoms completed online measures of Facebook use, Facebook photo-related activity, self-compassion, upwards/downwards skin-appearance comparisons (UPACS/DACS), and an adapted version of the Feelings of Stigmatisation Questionnaire. Multiple regression and bootstrapped moderated-mediation analyses were conducted to test the relationships between Facebook use and stigmatisation. Within Facebook users (91.1%), levels of photo-related activity positively correlated with upwards appearance comparisons  $r(592)=0.17$ ,  $p<0.001$ , and stigmatisation  $r(592)=0.14$ ,  $p=0.001$ . Photo-related activity no longer predicted stigmatisation when UPACS was added into the regression. Severity, UPACS score, DACS score and self-compassion accounted for 42% of the variance in stigmatisation. UPACS score and self-compassion accounted for the greatest change in  $R^2$  – 24% and 5.4%, respectively. Mediation analysis indicated that there was a significant indirect effect of Facebook photo use on stigmatisation via upwards appearance comparison. The results suggest that upwards appearance comparisons mediated the relationship between Facebook photo-activity and acne-stigmatisation. Social media use should be considered when working with individuals with acne-related distress, with particular attention to the role of appearance comparisons. Self-compassion provides an additional avenue for reducing stigmatisation.

**OP8****MEASURING THE IMPACT OF DERMATOLOGICAL CONDITIONS ON FAMILY AND CAREGIVERS: A REVIEW OF DERMATOLOGY-SPECIFIC INSTRUMENTS**Francesca Sampogna<sup>1</sup>, Andrew Finlay<sup>2</sup>, Sam Salek<sup>3</sup>, Pavel Chernyshov<sup>4</sup>, Florence Dalgard<sup>5</sup>, Andrea Evers<sup>6</sup>, Dennis Linder<sup>7</sup>, Liana Manolache<sup>8</sup>, Servando Marron<sup>9</sup>, Françoise Poot<sup>10</sup>, Saskia Spillekom-van Koulik<sup>11</sup>, Åke Svensson<sup>5</sup>, Jacek Szepietowski<sup>12</sup>, Lucia Tomas-Aragones<sup>13</sup>, Damiano Abeni<sup>1</sup>

<sup>1</sup>Clinical Epidemiology Unit, Istituto Dermopatico Dell'immacolata (IDI) IRCCS FLMM, Rome, Italy, <sup>2</sup>Division of Infection and Immunity, Department of Dermatology and Wound Healing, Cardiff University, Cardiff, UK, <sup>3</sup>Department of Pharmacy, Pharmacology and Postgraduate Medicine, School of Life & Medical Sciences, University of Hertfordshire, Hatfield, UK, <sup>4</sup>Department of Dermatology and Venereology, National Medical University, Kiev, Ukraine, <sup>5</sup>Department of Dermatology and Venereology, Skåne University Hospital, Lund University, Malmö, Sweden, <sup>6</sup>Health, Medical, and Neuropsychology unit, Leiden University, Leiden, The Netherlands, <sup>7</sup>Oslo Centre for Biostatistics and Epidemiology, University of Oslo, Oslo, Norway, <sup>8</sup>Dali Medical, Dermatology, Bucharest, Romania, <sup>9</sup>Department of Dermatology, Alcañiz Hospital, Aragon Health Sciences Institute, Zaragoza, Spain, <sup>10</sup>Department of Dermatology, ULB Erasme Hospital, Brussels, Belgium, <sup>11</sup>Department of Medical Psychology, Radboud University Medical Center, Nijmegen, the Netherlands, <sup>12</sup>Department of Dermatology, Wrocław Medical University, Wrocław, Poland, and <sup>13</sup>Department of Psychology, Aragon Health Sciences Institute, University of Zaragoza, Zaragoza, Spain

The patient is the centre of a web of relationships and the impact of his/her disease on family members and caregivers must be taken into account. The aim of this study was to identify the specific instruments that measure the impact of a dermatological disease on the quality of life (QoL) of family members, by performing a systematic search of the literature. Fifteen papers were identified, describing the creation and validation of nine instruments. Four of them concerned atopic dermatitis (Dermatitis Family Index, DFI; Parents' Index QoL Atopic Dermatitis, PiQoL-AD; QoL in Primary Caregivers of children with Atopic Dermatitis, QPCAD; Childhood Atopic Dermatitis Impact Scale, CADIS), two measured the impact of psoriasis in family members (Psoriasis Family Index, PFI; FamilyPso), one the impact of epidermolysis bullosa (Epidermolysis Bullosa Burden of Disease, EB-BoD), one of ichthyosis (Family Burden Ichthyosis, FBI), and one was generic for dermatological conditions (Family Dermatology Life Quality Index, FDLQI). The EADV quality of life taskforce recommends that the impact of a skin disease on family and caregivers should be measured as part of any thorough evaluation of the burden of a disease.

**OP9****IS COPING OF ATOPIC DERMATITIS PATIENTS ORIGINATED FROM THEIR OWN CHARACTER OR SECONDARILY REMODELED BY DISEASE SUFFERING? OBVIOUS IMPROVEMENT OF COPING AND PSYCHIATRIC SYMPTOMS AFTER "TIGHT ECZEMA CONTROL"**Yoko Kataoka<sup>1</sup>, Sonomi Nakajima<sup>2</sup><sup>1</sup>Osaka Habikino Medical Center, Osaka, and <sup>2</sup>Kobe Pharma. University, Kobe, Japan

**Objectives:** Atopic dermatitis (AD) is well known to require stress management including coping strategies. However different