

including dermatological. It is generally accepted that stress could trigger or exacerbate certain skin diseases such as psoriasis, atopic dermatitis, alopecia areata. Another widely accepted opinion is that stress, especially chronic one could have a negative effect on the immune system, and can activate an infectious skin disease such as common warts. The question we raise is what consequences can be expected on the various skin condition from acute stress. It is well known fact that common warts can clear spontaneously. One might speculate that the acute stress from the traumatic event was the reason the warts cleared. We believe our case opens a door for discussion on the impact of the acute stress on various dermatological conditions.

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THE SOCIOTYPE QUESTIONNAIRE: ASSESSING THE SOCIAL BURDEN OF SKIN DISEASES

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Skin diseases can cause a significant psychosocial burden. A number of studies have considered issues such as a lower quality of life, increased anxiety, depression, suicidal ideation and other psychological disorders. However, adequate means for evaluating social interaction difficulties, diminished social networks, and the impoverished conversational exchanges that affect the wellbeing and mental health of the individual, have not been sufficiently developed. This study is based on the sociotype approach that has recently been proposed as a new theoretical construct implemented in the form of a questionnaire; it examines the social bonding structures and relational factors associated with dermatological conditions. A pilot study was conducted at the Hospital of Alcañiz (Aragon, Spain), with 159 patients suffering from a variety of dermatological conditions: psoriasis, acne and eczema. Results showed that in both structural terms (subjective estimates concerning family, friends, work, and acquaintances) and quantitative aspects (social contacts, length or duration of conversations, moments of laughter), there were significant differences between segments of the sample regarding diagnostic severity, dermatological diseases and gender. When used in conjunction with other health questionnaires (UCLA, GHQ-12, and EPQ-R), the sociotype was shown to have a high level of reliability (α -Cronbach = 0.83) and the results were closely correlated.

PP33

THE EFFECTIVENESS OF A PSYCHO-DERMATOLOGICAL MULTIDISCIPLINARY APPROACH FOR PATIENTS WITH ROSACEA

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Background & aim: Rosacea is a common, chronic, relapsing inflammatory dermatological condition causing psychosocial morbidity in affected individuals. This study investigated the psychosocial impact of rosacea and the effectiveness of a psychodermatological approach in managing this condition. **Method:** We performed a retrospective evaluation of consecutive patients with rosacea managed within a regional psychodermatology clinic. A telephone-survey was conducted using a standardized questionnaire after the second follow-up appointment, which occurred 3 to 9 months after the initial appointment. Hospital Anxiety and Depression Scale (HADS) scores were used as objective measures of psychological burden before and after treatments, which were compared using a paired *t*-test. **Results:** 12 out of 16 patients par-

icipated. Eight participants were female and 4 male. Median age was 45 years (range 23–77). Rosacea was noted to affect social activities ($n=11$), work ($n=10$), diet ($n=8$), exercise ($n=7$) and hobbies ($n=5$). Ten patients underwent active treatment with oral mood-stabilising medications only ($n=4$), cognitive behavioural therapy only ($n=2$) or both ($n=4$) used. A statistically significant improvement in HADS score (0.0068) was seen in those where pre and post-treatment HADS scores were obtained ($n=5$). **Conclusion:** Our study demonstrates that a psychodermatology approach is effective in reducing psychological burden for patients with rosacea.

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SCREENING FOR BODY DYSMORPHIC DISORDER IN PATIENTS WITH ACNE

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Body Dysmorphic Disorder (BDD), is a mental health disorder that is difficult to diagnose, causes much suffering and is a challenge to treat. The main symptoms are the preoccupation with the perceived defect and the actions taken to reduce accompanying feelings of distress. Prevalence of BDD is between 9% and 12% in dermatology patients. Although the onset of BDD is usually during adolescence, patients are usually diagnosed after many years of suffering, in part because patients are too ashamed to talk about their symptoms. The main objective of this multicenter study carried out in Spain, was to screen patients diagnosed with acne vulgaris for BDD by asking appearance-specific questions. A total of 403 patients were screened. Patients were informed about the study and asked to read and sign consent. The Dermatologist filled in a socio-demographic questionnaire and asked patients appearance-specific questions. Patients who answered positively to the screening questions were offered information about BDD and the possibility of a referral to a Mental Health specialist. Screening for BDD in acne patients is easy and should be implemented in the daily clinic. The use of appearance specific questions asked by the dermatologist can help patients with BDD to seek professional help.

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MULTIPLE NEVI IN SHERESHEVSKY-TURNER SYNDROME: DERMOSCOPIC PECULIARITIES AND PSYCHOSOCIAL SEQUELAE

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Turner syndrome (45X) is often characterized by multiple nevi. Dermoscopic characteristics and psychosocial aspects of multiple nevi in Turner syndrome were not yet addressed. **Aim:** To assess dermoscopic patterns and psychosocial aspects of multiple nevi in Turner syndrome in different age groups. **Materials:** Two patients with confirmed diagnosis of Shereshevsky-Turner syndrome (12 and 37 years old) were examined. Clinical and dermoscopic characteristics of all skin lesions were documented and compared. **Results:** In both cases multiple nevi developed after initiation of estrogen replacement therapy. Total number of nevi – 86 and 276 accordingly. In the child most lesion were flat with few elevated nevi. In the adult patient multiple flat and