Thus, the International Psychocutaneous Society should identify interested Dermatologists to start an India chapter. A newsletter called “Psychological Truths” is being circulated to the dermatologists in India. An online survey among Indian Dermatologists is planned to assess the numbers practicing the bio-psycho-social model while taking the history and subsequently counseling and prescribing psychotropic drugs.

**PP45**

**LAUGHTER AS A DIAGNOSTIC MEASURE OF PSORIASIS SEVERITY**

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Laughter has been studied for its beneficial effects on health and as a therapeutic method to prevent and treat medical conditions. We explore the predictive potential of laughter as a psoriasis severity diagnostic tool. In this study, the dermatologist first examines the patient and registers the PASI and BSA scores. Then patients complete the DLQI and EQ-5D-3L (quality of life), as well as the HADS (anxiety and depression) and the NEO PI-R (personality traits). Finally, the laughs of 30 patients with plaque psoriasis (15 mild cases and 15 moderate to severe cases), and 30 healthy controls will be registered. To do this, patients and accompanying health controls (in pairs), watch a 15-minute video with humorous sketches. Each has a microphone, which records the laughter. The processing of the laughter will be done in Matlab, with calculation of 8 variables per laugh plosive. General and discriminant analysis will be done to distinguish between patients, controls, sex and the association between laughter and the other quality of live and psychological measures used. Our hypothesis is that people with psoriasis will laugh less than the healthy controls, and that the more severe the psoriasis, the less they will laugh.

**PP46**

**THE PSYCHOSOCIAL BURDEN OF HIDRADENITIS SUPPURATIVA: THE PATIENTS’ PERSPECTIVES**

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We designed a qualitative study to interview 12 patients with Hidradenitis Suppurativa. This was done by means of a semi-structured interview. Questions on quality of life, the impact of their skin disease on family, friends, work, intimate relationships, treatments, etc. were asked. Patients consented to be interviewed and to be video taped to facilitate the transcription of the interviews. The interviews lasted between 30 and 60 minutes and were carried out by a psychologist and a social worker. The dermatologist had previously seen the patients and filled in a form with the Hurley Stage, years of evolution and treatment. The interviews were transcribed and analyzed. A total of 96 codes were identified, grouped into 9 categories. Finally, 6 main areas, which affect patients with HS, were identified: economic, work, personal/ intimate, psychosocial, medical, and social interaction. These patients often feel isolated and stigmatized, they suffer in silence and their suffering is usually invisible to others. The analysis of these interviews will be presented more fully.

**PP47**

**PSYCHOSOMATIC ASPECTS IN PATIENTS WITH ROSACEA-ASSOCIATED DERMATOSES**

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Mental disorders (nosogenic reactions) in patients with chronic facial dermatoses – rosacea and perioral dermatitis – were studied. It was found that depressive reactions prevailed in both groups (56.8% – rosacea and 43.2% – perioral dermatitis), represented by depressions of mild and moderate severity. The severity of depression symptoms correlated with the activity of the inflammatory process and affected area of the skin. It was shown that significant differences between patients with rosacea were sensitive reactions, the severity of which corresponded to the severity of dermatosis. For anxiety and depression, to the foreground were concerns about the outcome of the disease, coupled with a sense of hopelessness, the fear of lifelong ugliness. Such conditions develop in young women with early onset of persistent dermatosis, with a large area of damage (over 50%). Among the manifestations of hypochondriac depression, fixation on bodily sensations dominates even with minimal skin symptoms. In the fading activity of the skin process is the reduction of depressive symptoms. In patients with seborrhoeic dermatitis, socio-phobic reactions in the form of hypochondriac depression, fixation on bodily sensations dominates even with minimal skin symptoms. In the fading activity of the skin process is the reduction of depressive symptoms. In patients with chronic inflammatory skin disease which may have a strong impact on patients’ quality of life (QoL). The aim of this study was to compare the QoL in patients with HS to that of patients with other chronic conditions, using the SF-36, a generic indicator of health status for use in population surveys and evaluative studies of health policy. It has 36 items and 8 scales. The results obtained for HS were compared with normative scores for patients with hypertension, congestive heart failure (CHF), type II diabetes, recent acute myocardial infarction, and with a population of patients with psoriasis. We collected data on 56 patients with HS. SF-36 scores were the lowest (indicating a worse QoL) in patients with HS for the Body Pain, Social Functioning, Role-Emotional, and Mental Health scale (36.3, 50.9, 43.1 and 51.0, respectively). They were slightly higher than the worst condition (i.e., CHF) in the General Health and Vitality scales (50.8 and 45.5), and similar to (but always lower than) all the other conditions in the Physical Functioning scale. HS poses a significant burden on patients’ life, often higher than other chronic conditions.