PS26
THE ESDAP DIPLOMA IN PSYCHODERMATOLOGY

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Psychodermatological consultations are a reality in most European countries nowadays. It is therefore important for health providers to be properly trained to deal with dermatological patients who present with specific needs. Throughout Europe, psychotherapy is being regulated and protected by law and the idea is for this diploma in Psychodermatology to be adapted to current regulations. ESDaP will offer these training courses on an international basis. Each teaching module offered will be the same in different European countries, and offered in different languages by a team of experts coordinated by an ESDaP EC member. The training program will consist of 3 levels. The levels and topics covered are as follows: *Level 1:* psychodermatologist, skin–psychologist, skin–psychiatrist. Acquiring competences in: doctor–patient relationship and communication skills, alexithymia, anxiety, depression, self-inflicted skin lesions, body dysmorphic disorders, delusion of parasitosis and other delusions, quality of life, psychopharmacological treatment, and psychological interventions. *Level 2:* Psychotherapeutic level A. Counsellor: first level dermatologist/psychologist/ psychiatrist trained as counsellor in various approaches (Habit reversal, atopy school, etc.) B. Practitioner: the same candidates reaching the requirements for the European Certificate in Psychotherapy Additionally, ESDaP will acknowledge and certify a multidisciplinary consultation dermatologist–psychologist/psychiatrist when one of the consultants reaches Level 2.

PS27
DEVELOPMENT AND EVALUATION OF THE PSOWELL™ APPROACH FOR THE MANAGEMENT OF PEOPLE WITH COMPLEX PSORIASIS

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Psoriasis, a long-term immune-mediated inflammatory skin disease, affects 2–3% of the UK population; around a third of patients develop associated joint disease (psoriatic arthritis). These conditions are associated with increased cardiovascular disease (CVD) risk, greater prevalence of modifiable CVD risk factors that include smoking, excessive alcohol consumption, obesity, physical inactivity and associated distress. Interventions should address the psychological and lifestyle factors that precipitate these associated comorbid conditions and CVD risk, focusing on behaviour change. Psoriasis disease requires effective health behaviour change, yet clinicians feel unprepared to facilitate this. PsoWell™ (Psoriasis and Wellbeing), a novel training programme, that incorporates Motivational Interviewing, improves clinicians' knowledge and skills to manage psoriasis and is acceptable and feasible to incorporate into clinical consultations. We report on a mixed-methods implementation study to: 1) Establish PsoWel™ clinics within dermatology services across the UK. 2) Investigate whether the PsoWell™ training improves clinicians' consultation skills, knowledge of psoriatic diseases, comorbidities and risk factors. 3) Determine whether the PsoWell™ training programme is feasible and acceptable to dermatology specialists and psychologists. 4) Explore whether the PsoWell™ consultation style is acceptable to patients. 5) Develop the evidence base for PsoWell clinics as part of dermatology service provision.

PS28
SURVEYING DERMATOLOGISTS IN THE MIDDLE EAST FOR THE PRACTICE PSYCHODERMATOLOLGY

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Background: Many dermatologic patients suffer from comorbid psychiatric symptoms. Proper treatment of these patients require parallel psychiatric care. The main objective of this study was to assess awareness of Middle East dermatologists to psychocutaneous medicine. *Methods:* we utilized a survey originally developed for dermatologists in the U.S. to assess regional experience with psychodermatologic disorders. *Results:* Fifty-seven dermatologists from 7 countries (United Arab Emirates, Saudi Arabia, Egypt, Kuwait, Iraq, Jordan and Lebanon) completed the survey. Forty-nine (86%) reported clear understanding of the term psychodermatology, 9 (16%) were very comfortable in diagnosing and treating these disorders, and 52 (91%) were unaware of patient/family professional electronic resources on psychodermatology. Acne, alopecia, vitiligo, atopic dermatitis, and psoriasis were common skin diagnoses coupled with psychiatric manifestations. Thirteen (23%) dermatologists expressed interest in attending educational activities on managing psychodermatologic diseases. *Conclusion:* Managing patients with psychocutaneous disorders required more sufficient experience. This survey supports need for incorporating formal training on psychodermatology in postgraduate dermatology programs. There is also a need for establishing dermatology–psychiatry liaisons, especially acquainted with managing these patients.
Reference: Osman OT, et al. Attentiveness of dermatologists in the Middle East to psychocutaneous medicine. Prim Care Companion CNS Disord 2017; 19(2):16.

PS29
THE TREATMENT OF DELUSIONALITY

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Delusionality is a key element in certain psychiatric disorders. Multiple factors are involved in the generation of delusionality. Selective attention is the most investigated possible contributor of delusionality. Cognitive Behavioral Therapy (CBT) for delusionality in patients who have an At Risk Mental State (ARMS) for a first psychosis yields promising results. Based on this research we have conducted a pilot study for treating delusionality (NEMO Group) in patients with Body Dysmorphic Disorder with CBT encompassing a training in recognizing and correcting cognitive biases including selective attention. The training was realized in an academic outpatient clinic. Results ($n = 4$) indicate that delusionality decreased, with respect to cognitive biases, and that quality of life improved. Moreover, we will present case series of 2 patients with delusional infestation (DI), who were treated at our psychodermatology outpatient clinic by a psychiatrist, psychologist and dermatologist with antipsychotics, CBT for delusionality like in our pilot group, regular dermatological evaluation and systemic interventions. Combined treatment resulted in a decrease of hallucinations, alcohol and benzodiazepines use, cleaning, compulsive rituals and self-injury and quality of life improved. In conclusion, we show new CBT interventions to treat delusionality and underline the importance of treating patients with DI in a multidisciplinary team.