morbidity. Depressive disorders associated with this pathology

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can be caused by the imbalance of the same pro-inflammatory cytokines responsible for the blistering disease. • To establish the benefits of the articulated multidisciplinary work on patients with autoimmune blistering diseases • To raise awareness of the need for new prospective studies to deepen the understanding of the underlying inflammatory mechanism shared by depression, anxiety and ABD.

P18

LIAISON PSYCHIATRY AND DERMATOLOGY: DIFFERENTIAL DIAGNOSIS IN A CASE OF LIVEDOID VASCULOPATHY WITH SELF-INFLICTED LESIONS

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We present a case of livedoid vasculopathy in a 73-year-old woman with poor evolution of the lesions and multiple treatments. Dermatologist suspect self-inflicted lesions and make an interconsultation to liaison psychiatry during hospitalization episode in internal medicine for poor pain control. The patient presents necrotic ulcer lesions on the legs and on the forefinger of the right hand. From the psychopathological point of view, she presents chronic anxious-depressive symptomatology secondary to dermatological disease. She recognizes authorship of the lesions and presents compulsive scratching and continued manipulation of the lesions. There is no intention of assuming the role of the sick person. Therefore factitious disorder is ruled out and we make a diagnosis of excoriation disorder (DSM -5). We prescribe a psychopharmacological treatment (mirtazapine, venlafaxine and pregabaline) and after the hospitalization she starts living in a nursing home. Then the lesions significantly improve in follow-up dermatology consultation. Through this work we want to highlight the importance of consultant liaison psychiatrist in psychodermatology hospital care and review the differential diagnosis of self-induced dermatoses.

P19

THE PSYCHOLOGICAL BURDEN OF SKIN DISEASES IN SPAIN

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¹Dermatology Department, University Hospital Miguel Servet, ²Psychology Department, University of Zaragoza, Zaragoza, Spain Introduction: The contribution of psychological disorders to the burden of skin disease has been poorly explored. We present the results obtained in Spain as part of a large-scale study performed in Europe and published in 2015. Method: A sample of 249 consecutive adult out-patients completed the Hospital Anxiety and Depression Scale (HADS) to screen for possible cases of depression and/or anxiety. They also completed a questionnaire with socio-demographic data, negative life events and suicidal ideation. A clinical examination was performed by a dermatologist who completed a questionnaire with diagnosis and comorbidities. A control group was recruited among hospital employees. Results: There were 249 patients and 116 controls, with a participation rate of 89.5%. Of the patients, 5.6% screened positive for depression (controls 3.4%, OR 1.40 (0.42-4.59)), and 10.4% screened positive for anxiety (controls 9.5%) OR 1.24 (0.56-2.74)). Suicidal ideation was reported by 10.0% (controls 9.5%, OR 2.44 (0.89-6.73)). Conclusions: No significant association was found between any

specific diagnosis and anxiety, depression or suicidal ideation. Patients with non-melanoma skin cancer and skin infections scored higher in depression, and patients with psoriasis and acne scored higher in anxiety. Suicidal ideation was higher in patients with psoriasis and eczema.

P20

PATIENT REPORTED OUTCOMES (PROS) IN **PSORIASIS PATIENTS**

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Introduction: Psoriasis is a chronic skin disease with negative physical, mental and social manifestations. Method: We carried out a longitudinal and prospective study under routine clinical practice conditions. The objective of the study was to measure quality of life with the Short Form-36 Survey (SF-36) and correlate the results with clinical variables using the PASI and BSA in a group of 17 patients with moderate to severe psoriasis treated with Ustekinumab. Results: In the baseline evaluation we observed the following results: 35.3% reported physical malfunction, 64.7% debilitating pain, 82.3% poor health in general, 76.4% bad vitality, 88.2% social malfunction, 100% emotional malfunction and 82.3% poor mental health. At week 78 we observed the following results: 41.15% reported very good physical functioning, 76.1% no pain, 58.8% good general health, 58.8% very good vitality, 70%, 5% good social functioning, 70.5% good emotional functioning and 52.9% good mental health. Conclusion: We observed that the perception of patients with moderate-severe psoriasis regarding their health at the beginning of treatment with Ustekinumab was poor and that they experienced a significant improvement throughout the successive weeks of treatment.

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ATTACHMENT STYLES IN RELATION TO PATIENT DIAGNOSIS IN PSYCHO-DERMATOLOGY

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Despite the availability of research in the area of attachment and psychodermatology, topics regarding the effects of attachment style and its relation to patient diagnosis remain to be explored. The main objective of this study was to investigate the possible relationships between patient attachment styles and diagnosis. Patient diagnosis and demographic information were collected from a clinician-maintained database at a psychodermatology clinic. Participants were randomly selected and placed into one of three diagnostic groups based on their diagnosis. Participants were contacted by telephone and asked to complete the Revised Adult Attachment Scale. Control group responses were obtained by administering an online survey to the social media platforms of Facebook and Twitter. A total of 120 participants took part in the study. Statistically significant differences between diagnostic groups and patient attachment style were noted in this study. The study concludes with a discussion of the findings of the study, and particularly the associations found between attachment style and diagnosis. Recommendations are given on the direction of future