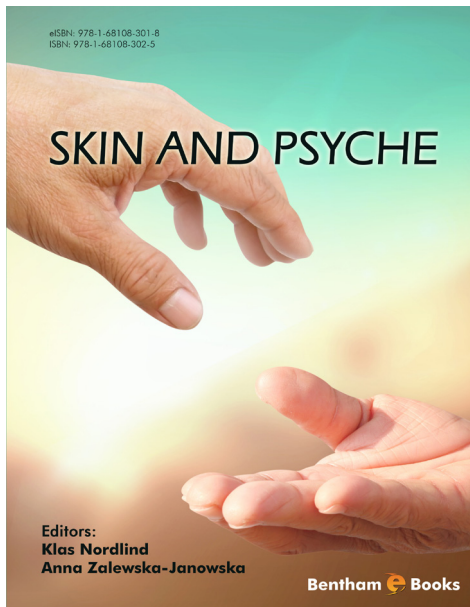


Book review

Skin and Psyche by Klas Nordlind, Department of Dermatology Karolinska University Hospital, Solna, Stockholm, Sweden and Anna Zalewska-Janowska, Psychodermatology Department, Medical University of Łódź, Poland: Bentham Science Publishers, Sharjah, U.A.E, 2016, 239 pages, ISBN: 978-1-68108-302-5, eISBN 978-1-68108-301-8



The interactions between the skin and the psyche are well known, but they are also complex and are therefore still neglected in clinical practice. It has been estimated that about one-third of dermatology patients have signs or symptoms of psychological or psychiatric problems. This book, written by 20 experts in dermatology, psychiatry, and psychology, addresses psychodermatology, which is a relatively new field studying the interaction between the mind and skin.

The first chapter is dedicated to biological aspects of the skin and psyche. They share several things, starting with the embryonic ectodermal origin of the skin and brain. The skin is densely innervated, and communication via neurotransmitters—about thirty are described in human skin—and their receptors may influence many skin functions. Moreover, interaction with immune cells creates the neuro-immuno-cutaneous system. Its alterations are observed in various skin diseases.

Two chapters of the book address psoriasis as one of the most common skin diseases. Stress is a well-accepted trigger factor of psoriasis exacerbation. In addition, living with psoriasis can also cause considerable stress. The nervous system pathway of the stress-psoriasis association is described. The quality of patients' lives is significantly impaired because psoriasis is stigmatizing and can affect every aspect of their life—relationships, social life, lifestyle, and work—and can be associated with depression and anxiety. Effective treatment of psoriasis as a representative of a brain-skin axis disease showed improvement in patients' well-being, and there is evidence that treating distress can have a positive impact on the severity of psoriasis. Several strategies of possible psychological intervention are described, aiming to improve standard of care for psoriasis patients.

A chapter dedicated to acne vulgaris points out that the condi-

tion can cause severe psychological and social disturbances such as depression, poor self-esteem, and social phobia, which are often underestimated by healthcare professionals. Stress could also aggravate acne through increased levels of glucocorticoids and androgens. Effective acne treatment can reduce symptoms of anxiety and depression, and several strategies of psychological intervention are described that could be supportive for patients.

Body dysmorphic disorder is a psychiatric condition more common among girls and women. It is related to depression, substance abuse, and higher risk of suicide. Recognizing the diagnosis is challenging because patients do not seek help from psychiatrists but from dermatologists, plastic surgeons, and general physicians. Symptoms and quality of life could be improved through medication as well as psychological treatment. Skin-picking disorders and dermatitis artefacta are examples of self-inflicted skin damage associated with a person's psychological state. An integrated multidisciplinary team approach to manage these patients is suggested. Delusional infestation is another psychodermatological disorder characterized by the false belief of skin infestation with parasites. Again, these patients are unable to recognize the psychiatric etiology of their disorder and most commonly seek help at a dermatology office. Various anti-psychotic medications are available.

Because the impact of dermatological conditions on a patient's life is often underestimated, one of the chapters is dedicated to various psychological treatments. There are several possible interventions: those focusing primarily on skin-related psychosocial problems, on itch-scratching problems, and on psychiatric problems. Especially in patients with chronic skin disorders, which are accompanied by itching, scaling, and pain, psychological treatments are helpful in addition to regular dermatological treatment. As one of the possibilities for helping dermatology patients, psychoanalysis is considered and discussed in a separate chapter.

Because there is a need for a holistic approach in treating many dermatology patients, the last chapter of the book is dedicated to building a psychodermatology clinic. The interdisciplinary team should consist of a dermatologist, psychiatrist, psychologist, social worker, and experienced nurse.

Dermatologists often underestimate the frequency of psychological and psychiatric disorders in many skin conditions. The book *Skin and Psyche* highlights the various aspects of psychodermatology and the overlapping nature of dermatology and psychiatry, and it will be helpful for dermatologists, psychiatrists, and other medical professionals dealing with patients with psychodermatological disorders. Many of these need to be managed using a multidisciplinary approach.

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