Psychodermatology – Resources for you and your patients

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Dr Andrew Thompson
Psychological Impact of living with a skin condition: Visible difference and the stress-skin link
Context: The pressure to look good

Mass Media

- Narrow beauty ideals are created and reinforced and by the mass media.
- Thin ideal body.
- Lack of appearance diversity.
Context: The pressure to look good

“When you look at popular magazines you quickly realise that today’s aesthetics are focused on superficiality. All that counts is a flawless façade. This is highly regrettable” (Sebagh, 2008, surgeon cited in Taschen)
Context: The pressure to look good

- Huge amount spent each year on beauty products (£12,000,000 on lipstick)

- Toys (what do 90% of 3-10 year old girls have?)
Context: The pressure to look good

- [https://www.youtube.com/watch?v=WWTRwj9t-vU](https://www.youtube.com/watch?v=WWTRwj9t-vU)

Beauty blogger fights troll abuse
Importance of appearance - appearance related distress

Grabe et al. (2008) meta-analysis demonstrates that there is a small to moderate effect of media exposure of idealised images and body dissatisfaction.

Rosenstrom et al. (2013) Body dissatisfaction is related to chronic low mood.
Unfortunately appearance concern is commonplace.

15% of girls said they want to get breast implants when they are older.

50% would consider some form of cosmetic surgery.

50% of adolescent girls had been on a diet in an attempt to change their appearance.

93% of British women have negative thoughts about their appearance every week.

25-61% of adolescents are dissatisfied with their bodies and appearance.

(Al Sabbah, 2009; 24 country study)
Importance of appearance - societal influences

78% of men wish they were more muscular and 40% would trade a year of their life to achieve their ideal appearance.
What are the appearance-related psychosocial impacts for people with a skin condition?
Lived experience: Findings from qualitative studies

“Everyone in PE used to say what is that on you? & people calling you names like ‘jigsaw skin’; it definitely hurt me” - (Young women with vitiligo; Thompson et al., 2002)

“They’d call me names because of it, “scabby fish cake”, what they called me because my skin’s quite scaly” - (Young girl with eczema; Worthington, 2006)

“Once we had this huge argument...when my mum just said, well who’s going to marry you with your skin like that...” (Women with vitiligo; Thompson et al., 2010)

“...other kids have said ‘what’s that on your back?’ Not being unkind, but they have noticed it and noticed it enough to say something and that - obviously she feels that instantly” – (Parent of a child with vitiligo; Ablett & Thompson, 2014)
This more recent study published in BJD provides a nuanced account of patient experience of rosacea:

- **Self-consciousness:** “I don’t want him looking at me because it just, in some ways it’s sort of like worse than being naked. It’s like, I can’t explain it, it’s, just shame. Utter shame. That somebody’s looking at [you], it’s just ugly looking back…”

- **Avoidance, concealment, and hiding emotions:** “I think I live behind a wall if I’m honest, people think I’m this really confident person but behind I’m not, I spend half my life worrying, but I have my wall, I put it up and that’s what people see.”

- **Fear of being blamed for causing the condition:** “sometimes think ‘I bet you think I, I drink a lot’ and I virtually drink nothing, because that’s what people think, they don’t think ‘oh she's got rosacea.””

The Stress-Skin Link
The Stress-Skin Link

“Stress is known to affect various diseases and conditions, for example, asthma, arthritis, migraines, and multiple sclerosis. Specifically in skin, multiple neuroinflammatory conditions can be triggered or aggravated by stress, such as: psoriasis, atopic dermatitis, acne, contact dermatitis, alopecia areata, itch or Pruritus, and erythema.”

Psychological Impact

Psychological comorbidity in 30% of dermatological patients (Gupta & Gupta, 2003)

High levels of distress - particularly social anxiety, depression, & appearance concern e.g. high levels of fear of negative evaluation and appearance concern reported in a UK sample of people with vitiligo (Shah, Hunt, Webb, & Thompson, 2014)

Increased suicide ideation about > twice usual. 10,400 cases of depression and 7,100 cases of anxiety, associated with psoriasis in the UK (Kurd et al., 2010)

The prevalence of anxiety and worry in psoriasis is around a third (Fortune et al., 2000; Richards et al., 2004)

Daily stressors related to increase sense of itch and severity (Verhoeven et al., 2009)

High levels of disability, particularly related to avoidance coping, but also prejudice
Summary: Psychological Impact

• Possibly high levels of distress - particularly related to the self-conscious emotions (social anxiety, shame, self-disgust, embarrassment, humiliation) (Thompson & Kent, 2001; Harcourt & Rumsey, 2004)

  • Having said that…

• Huge individual variation & MANY PEOPLE COPE WELL (see Thompson & Broom, 2009, Egan, Rumsey, Harcourt, & ARC, 2011)

  “I think the realisation comes at some point that you've only got one chance in this life, you have got to make the best of it, and appearance it was really irrelevant and I think that’s about it, you have got to get on with it”
Assessing the Psychological Impact in Dermatology Clinics
Stepped care provision of Psychological services

NICE guidelines for treatment of common mental health problems advocate a stepped care approach. Four steps generally seem to be sufficient in mental health:

- **Step 1:** Directing patients to self-help resources and monitoring

- **Step 2:** Guided self-help and psycho-educational groups

- **Step 3:** Psychotropic medication and psychological therapy such as CBT

- **Step 4:** Inpatient and specialist service
Assessing the Psychological Impact

The majority of dermatology patients with low-level distress (DLQI 5-9, GAD7 <8, PHQ9 <10) can be managed in clinic. “Level 1 skills are the minimum competencies required for all dermatology staff” (BAD recommendations, 2012):

Level 1 Assessment and problem identification and management:

- Be able to identify impact of the skin condition on patients’ wider life.
- Be able to use standardised measures such as the DLQI &/or PHQ9 and GAD7.
- Be able to identify minor mental health problems (e.g. reliance on alcohol).
- Be able to develop a list of the key problems, and a care plan that addresses these issues.
- Be able to signpost (e.g. be able to offer information and advice around self-management, for example around sleep problems).
Acronym for some of the tasks required in stepped care

The PLISSIT model (Annon, 1974)

Permission
Limited Information
Specific Suggestions
Intensive Treatment
PLISSIT: Permission

• Health professionals often worry about whether it is appropriate or not to address issues relating to psychosocial functioning – a direct approach is encouraged.

• Permission also applies to both sides of the interaction with both patient and health professional encouraged to ask questions about psychosocial issues

• This facilitates assessment & provides an opportunity for normalisation & information provision
Some tips on assessment

**Emotion**
The central question here is “How are you feeling?” Ask specific questions around the following areas:
- Nervousness
- Low mood (and suicidal ideation)
- Embarrassment and shame
- Anger

**Behaviour and coping strategies**
The central question here is “How does the condition affect your behaviour and how do you cope?” Ask specific questions around the following areas:
- Avoidance
- Over use of concealment
- Irritability
- Scratching
- Substance use

**Cognitive factors (thinking styles and content)**
The central question here is “What thoughts do you have about your skin condition, and how do these affect your view of yourself and what you think other people will think?” Ask specific questions around the following areas:
- Worries
- Self-esteem
- Self-critical tendencies
- Unhelpful expectations as to what others will think, perceptions of coping

**Social and relational impact**
The central question here is “What effect is your skin condition having on your life and relationships?” Ask specific questions around the following areas:
- Current stresses
- Perception of support
- Incidents of specific discrimination
- Intimacy and sexual functioning

**Perceptions of the condition and of treatment**
The central question here is “How do you feel your treatment is going?” Ask specific questions around the following areas:
- Perception of change
- Perception of severity of the condition
- Perception of side effects
- Feedback on care
The simple Cognitive Behavioural model (CBT: Thoughts aren’t facts)
Collaborative empiricism

• We aim to work with patients to identify and test beliefs, thoughts, and behaviour.

• Behavioural experiments, and diary keeping form a crucial tool to enable us to do this.

<table>
<thead>
<tr>
<th>Situation</th>
<th>Thoughts about vitiligo</th>
<th>Emotions</th>
<th>Bodily Sensations Over monitoring of these (Yes/No)</th>
<th>Over monitoring of other peoples’ reactions (Yes/No)</th>
<th>Desire to leave (Yes/No)</th>
</tr>
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<tbody>
<tr>
<td>e.g. out shopping and was busier than I expected</td>
<td>e.g. people are looking- they are bound to notice it</td>
<td>e.g. I feel nervous</td>
<td>e.g. Yes I feel tense, stomach churning and I am worried others will notice me sweating</td>
<td>e.g. I’m looking at their eyes to see if they have noticed</td>
<td>e.g. Yes I did leave early without getting what I went for – I also kept my hands in my pockets when I was there – I don’t want to go again on that day, it’s too busy</td>
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PLISSIT: Limited Information - Signposting

Box 7.1 Self-help materials and resources for further independent learning

- Free downloads of CBT self-help resources from a well-respected independent site: http://www.getselfhelp.co.uk/freedownloads.htm
- Mood Gym is a free self-help computer programme to teach CBT skills to anyone vulnerable to depression and anxiety: https://moodgym.anu.edu.au/welcome
- The overcoming series of CBT self-help books is used within healthcare book prescription services: http://www.overcoming.co.uk/single.htm?img=4795
- Atopic Skin Disease, the online community for practitioners and patients, contains useful information, particularly on habit reversal: http://www.atopicskinindisease.com/categories/about-us
  
  The evidence suggests that many of these resources work better if an individual is supported and monitored by a healthcare professional.

• Providing guided help towards a specific problem – building strategies for managing commonly reported problems.

• As a minimum this would require an assessment and identification of the goals for change, the implementation of a strategy to achieve this goal, monitoring of outcome.

• This involves some additional specific training in the use of techniques like habit reversal, relaxation, & social skills training

• This involves allocation of time for delivery

• Supervision from clinically qualified staff such as Clinical Psychologists should be available.
PLISSIT: Intensive Treatment

• Intervention relies on specialised training in psychological therapy – suitable for –

  Complex presentations where there are fixed narrow ways of responding both cognitively and behaviourally (individuals may meet diagnostic criteria for depression, OCD, generalised anxiety or social anxiety etc.)

  Primary psychological distress i.e. trichotillomania

  Severe distress where crisis input may be required
PLISSIT: Concluding tips

PRACTICAL TIPS

• Be aware of the nature and importance of the psychosocial impacts associated with living with skin conditions and actively seek to assess these.

• Consider routinely asking patients about their subjective perception of the severity of their skin condition as this is highly associated with psychological distress. Simple 1–7 subjective scales can be easily woven into the consultation.

• Consider routinely using psychometric measures to assess psychosocial distress and quality of life. Measures such as the GAD-7, PHQ-9 and DLQI are particularly useful.

• Understand what self-help is available and build up your awareness of where you might direct patients for resources.

• Practise some of the techniques yourself so as to build confidence in recommending them.

• Understand under what circumstances people should have their care “stepped-up” and be prepared to strongly advocate further assessment where necessary.

Psychodermatology self-help resources available: skinsupport.org.uk

Anxiety, Stress & Depression

Building confidence in social situations: A guide for people living with a skin condition, including scars

Overcoming problematic use of alcohol to cope with skin related distress

Social anxiety in Psoriasis
Psychodermatology self-help resources available: skinsupport.org.uk

Excerpt from ‘Building confidence in social situations: A guide for people living with a skin condition, including scars’ (Pasterfield and Thompson., 2013)
Stage 2: Recognising bodily tension and self-focusing

Recognising the situations where you feel tense and where you have developed a tendency to focus too much on yourself or your skin condition is a crucial step in building your social confidence. Once you are aware of situations where you feel tense and are engaged in self-focusing, then you will be in a position to know when to use the techniques described in stage 3.

Keep a note book or diary (like the one below) of social situations where you notice your thinking flips inwards and you are focusing on yourself and/or the skin condition. Also note the effect this is having on your physical body and emotions. Try and capture some of the specific details.

Everyone is different and the more you understand about your own anxiety the easier it'll be to overcome. Pay particular notice to situations where you use subtle avoidance or safety behaviours (such as pulling down your sleeves to cover a skin condition on your wrists or always turning your head one way so as to present your ‘best’ side). Keep the diary for at least two to three days or until you have several examples of your own.

<table>
<thead>
<tr>
<th>Situation</th>
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Excerpt from ‘Social anxiety associated with skin conditions: a self-help guide’ – (Thompson and Shah)
Psychodermatology self-help resources available: skinsupport.org.uk

Section 4: Tackling avoidance

We mentioned earlier that when people are anxious in social situations they often use patterns of behaviour that will make them feel safer, such as not going out or avoiding conversations with strangers. These strategies can help reduce anxiety in the short term but the downside is that the person never gets used to these situations. They also do not get the chance to discover if they would have coped with the situation better than they imagined. Avoiding a situation once makes it feel more difficult to try again the next time. This keeps the cycle of anxiety going and can hold people back from developing confidence in social situations.

The best way to increase your confidence around other people is to get used to being in such situations, slowly but surely. Although doing this will initially make you feel more anxious, if you stick with it then your anxiety will gradually reduce and you will feel more comfortable. Then, if you are faced with a similar situation, you are more likely to believe that you will be able to cope.

Step 1

Make a list of social situations. These could be situations that you are avoiding at the moment (such as going to the pub, going to busy shopping centres), things that you manage to do but that make you feel very anxious (such as getting the bus to work), or things you are only able to do if you use a coping strategy (such as only going shopping with a friend). Write ideas in this box (don’t worry about filling in the predicted anxiety level column at this stage).

<table>
<thead>
<tr>
<th>Situation</th>
<th>Predicted anxiety level</th>
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<tr>
<td>1.</td>
<td></td>
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<td>2.</td>
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<td>3.</td>
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Find local Psychological Therapies (IAPT) Services

Enter a search term

Narrow your search

Location e.g. postcode or town

Search

Sheffield Health and Social Care NHS Foundation Trust
E-Dermatology Learning Modules

https://www.e-lfh.org.uk/programmes/dermatology/
Self-referral available to many local Psychological services. See for example www.iaptsheffield.shsc.nhs.uk
Living with hair or scalp problems can be challenging, and at times it may be helpful to seek advice and support if you notice it is affecting your mood. The information below provides options of support available both online and in person.

<table>
<thead>
<tr>
<th>British Association of Dermatologists self help guides for people living with skin conditions</th>
<th><a href="http://www.skinsupport.org.uk/">www.skinsupport.org.uk/</a></th>
</tr>
</thead>
</table>
| Find your local IAPT service  
Provide support for people living with anxiety, depression and stress. Local areas may offer online support, telephone support, group work and one to one therapy. Alternately ask their GP about a referral | www.iapt.nhs.uk/services/ |
| Support for people living with alopecia: You can find a range of self-help information, online forums and face to face support groups | www.alopeciaonline.org.uk |
| Support for people living with cancer: You can find a range of self-help information, access to an online forum and information on face to face support groups. | http://www.macmillan.org.uk |
| Support and information for people living with any condition that affects appearance | www.changingfaces.org.uk |
| Self-help leaflets  
Information on anxiety, depression, OCD, panic, social anxiety and shyness | www.ntw.nhs.uk/pic/selfhelp |
| Free downloads of self-help resources including relaxation MP3’s and information sheets on managing anxiety and depression | www.getselfhelp.co.uk |
| Mood gym is a free self-help computer programme for depression and anxiety | https://moodgym.anu.edu.au/welcome |
| Mindfulness information: Headspace is a website and a phone app with useful information on mindfulness  
You can find more information on the book ‘Finding peace in a frantic world’ on this website along with meditations to download | www.headspace.com/  
Download the headspace phone app from the apple or android app store |
| Breath works provide mindfulness courses throughout the UK, visit their website for more information (courses will charge) | http://www.breathworks-mindfulness.org.uk |
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