



European Society for
Dermatology and Psychiatry

8th International Congress on Dermatology & Psychiatry

Traces in Psychosomatic Dermatology

Paris, June 23-25, 1999

Scientific Committee

Sylvie CONSOLI (France)
Silla CONSOLI (France)
John COTTERILL (United Kingdom)
Nicolas DANTCHEV (France)
Uwe GIELER (Germany)
Francisco GRIMALT (Spain)

Andrée HOUMARD (France)
John de KORTE (The Netherlands)
Leslie MILLARD (United Kingdom)
Michael MUSALEK (Austria)
Emiliano PANCONESI (Italy)
Klaus-Michael TAUBE (Germany)

Congress Secretariat

Convergences-ESDaP
120, avenue Gambetta
75020 Paris (France)

Phone: +33 (0) 1 43 64 7777
Fax: +33 (0) 1 40 310 165
E-mail: convergences@convergences.fr

Scientific Secretariat

Dr. Sylvie G. Consoli
Service de Médecine Interne
(Pr Herson)
Hôpital Pitié-Salpêtrière
47, bd de l'Hôpital
75013 Paris (France)

Phone: +33 (0)1 42 16 10 52
Fax: +33 (0)1 42 16 10 58
E-mail
service.herson@psl.ap-hop-paris.fr
or: silla.consoli@brs.up-hop-paris.fr

KARGER

S. Karger
Medical and Scientific Publishers
Basel · Freiburg · Paris · London · New York
New Delhi · Bangkok · Singapore · Tokyo · Sydney

ESDaP International Headquarters

Univ.Prof. Dr. Michael Musalek
Universitätsklinik für Psychiatrie
Allgemeines Krankenhaus der Stadt Wien
Währinger Gürtel 18–20
A–1090 Wien (Austria)

Société Francophone de Dermatologie Psychosomatique

4, rue Auguste Perret
F-75013 Paris (France)

With Thanks to our Exhibitors and Sponsors

ARDIX MEDICAL

27 rue du Pont
92200 Neuilly-Sur-Seine, France
T 33 (0)1 46 41 60 00
F 33 (0)1 55 72 66 40

LABORATOIRE BIODERMA

75 cours Albert Thomas
69447 Lyon Cedex 03, France
T 33 (0)4 72 11 48 00
F 33 (0)4 78 53 82 54

BIORGA-URIAGE

68 rue Marjolin – BP 80
92303 Levallois-Perret Cedex, France
T 33 (0)1 45 19 11 50
F 33 (0)1 55 46 82 95

DUCRAY & PIERRE FABRE

Pierre Fabre Dermo Cosmétique
12 avenue Hoche
75008 Paris, France
T 33 (0)1 53 53 20 50
F 33 (0)1 53 53 20 64

GALDERMA

20 avenue André Malraux
92309 Levallois-Perret Cedex, France
T 33 (0)1 49 64 45 56
F 33 (0)1 49 64 45 10

GLAXO WELLCOME

100 route de Versailles
78163 Marly-le-Roi, France
T 33 (0)1 39 17 80 00
F 33 (0)1 39 17 17 58

LA ROCHE-POSAY

Avenue René Levayer – B.P. 23
86270 La Roche-Posay, France
T 33 (0)5 49 19 19 00
F 33 (0)5 49 19 19 29

LABORATOIRES LEO

BP 311
78054 Saint-Quentin-en-Yvelines Cedex, France
T 33 (0)1 30 14 40 00
F 33 (0)1 30 14 40 80

L'OREAL

41 rue Martre
92117 Clichy Cedex, France
T 33 (0)1 47 56 70 00
F 33 (0)1 47 56 89 55

SCHERING S.A.

B.P. 69 – ZI de Roubaix Est,
rue de Toufflers
59390 Lys-les-Lannoy, France
T 33 (0)3 20 20 80 80
F 33 (0)3 20 20 89 89

SMITHKLINE BEECHAM

Laboratoires Pharmaceutiques
6 Esplanade Charles de Gaulle
92371 Nanterre Cedex, France
T 33 (0)1 46 98 46 98
F 33 (0)1 46 98 49 00

***Avec le soutien du Ministère de la Culture et de la Communication.
Délégation Générale à la langue française pour l'interprétation simultanée.***

June 23 afternoon

Plenary Session Lectures

– Tracing the Roots	E. Panconesi (I), J. de Korte (NL)	59, 103, 109
– Traces, Marks and Signs	L. Millard (UK), K.M. Taube (G)	93, 96, 101, 104, 105

June 24 morning

Workshops

1. Consultation-Liaison Psychiatry, Delusions, Comprehensive Approaches	R. Guarnieri (I), U. Mossbacher (Au)	43, 46, 68, 70, 76, 78, 86
2. Quality of Life and Psoriasis	F. Mombers (NL), E. Suljagic (Bosn)	6, 28, 52, 54, 62, 63, 92
3. Body Image – Identification Process	J. Charbonneau (Can), A. Smud (Arg)	1, 9, 20, 41, 58, 64, 85, 87
4. Pediatric Dermatology, Sexual Abuse	V. Delvenne (B)	8, 10, 32, 72
5. Tumors	P.J. Buchanan (UK)	14, 18, 66
6. Pain	J. Salisbury (UK)	33, 35, 47, 90, 97

June 24 afternoon

Plenary Session Lectures

– Dermatologic Traces of Mental Disorders	S. Garnis-Jones (Can), U. Gieler (G)	79, 95, 99, 102
– Adjustment to and Management of Chronic Skin Diseases	J. Cotterill (UK), F. Grimalt (Sp)	7, 61, 110

June 25 morning

Workshops

7. Management of Pruritus and Atopic Dermatitis	Y.R. van Rood (NL), G. Niebel (G)	3, 5, 42, 49, 50, 51, 57, 98
8. Psychobiology & Psychoneuro-Immunology	T. Lotti (I), R. Prunnelechner (Au)	4, 13, 26, 27, 29, 37, 69, 77
9. Psychoanalytic Theory & Psychotherapeutic Techniques	S. Bertolus (F), B. Brosig (G)	17, 19, 31, 39, 48, 55, 60, 88

Poster Session

11, 12, 15, 21, 22, 24, 25, 30, 34, 36, 38, 40, 44, 45, 53, 65, 71, 73, 74, 75, 80, 81, 82, 83, 84, 100, 106, 107, 108, 111, 112

June 25 afternoon

Poster Discussion Session

G. Buisson-Touboul (F), M. Musalek (Au)	12, 21, 25, 36, 38, 40, 53, 73, 74, 82
-----------------------------------------	----------------------------------------

Plenary Session

– Research in Psychosomatic Dermatology	T. Lotti (I), N. Dantchev (F)	2, 16, 56, 67, 94
-----------------------------------------	-------------------------------	-------------------

The Semaphore Skin

P. Cuyenet, J.-M. Oughourlian
Université de Psychologie de Besançon, France

Studying the body image of 100 patients in dermatology, we have developed a specific approach to the bearer of skin symptoms. A dermatosis bears a special meaning in the visual and relational dimension of interactions, mainly within the patient's family. We therefore suggest an inter- and transgenerational reading of cutaneous stigma. Skin does not only act as a protection. It also bears and conveys messages addressed to the other. Whether considered as a proteiform mimetism or a cryptographic screen, skin becomes a meeting point with others that dwell within ourselves. In the perspective of family therapy, the existence of a psychic family skin could be considered as a compulsory base to be endorsed by each member of the family in order to build up his own identity.

ESDaP 001

Marks of Time and Traces of Femininity in Sjögren's Syndrome

M. Baudin
University of Paris VII and Department of Consultation-Liaison Psychiatry,
Broussais Hospital, Paris, France

The question about the traces of femininity will be approached from the psychosomatic point of view, regarding the drying up of the corporal liquids which is linked to the aging process in women; the Sicca or Sjögren's syndrome, an autoimmune disease occurring especially in females, allows such an approach; women who carry this disease do not produce tears, saliva and – very often – vaginal secretions any longer. This pathologic drying up, which strikes a blow at the fluid dimension of femininity, starts resonating with the natural drying up that marks the feminine maturity (skin dehydration and menstrual blood drying up at menopause).

A research based on clinical interview and two personality tests (Rorschach and TAT) allowed to compare 36 sick women (14 with a primary, 12 with a secondary Sjögren syndrome) to 20 healthy women. Groups were matched regarding to age and school level and included the same proportion of menopausal women.

We will see that the different times of aging and times involved in the development of such a somatic pathology do mark the women's psychological destiny. Traces that the clinician can follow are e.g. the trauma met during the individual stories and the traces which – as a watermark – constitute the psychic feminine's continuity through the many ups and downs due to aging process and/or illness. It appears, among the affects' destiny, a continued trace of femininity, through normality and pathology, trace as a link between before and after the menopause.

ESDaP 002

The Underlying Psychopathologies of Psychogenic Pruritic Disorders

M. Radmanesh^a, S. Shafiei^b
Departments of ^aDermatology and ^bPsychiatry, Ahwaz University of Medical Sciences, Ahwaz, Iran

Background: Psychogenic pruritus is the most common psychodermatologic disorder and one of the most frequent dermatological disorders found.

Objective: In this study we tried to uncover the underlying psychopathologies of patients suffering from different psychogenic pruritic disorders as well as their age and sex distribution.

Methods: 76 patients with psychogenic pruritus were screened by a dermatologist and introduced to a psychiatrist to identify their mood, personality, and thought disorders. A semistructured interview based on DSM-IV was performed with each patient.

Results: Lichen simplex chronicus was the most common disease (43 cases) followed by neurotic excoriations (24 cases). Nine more patients showed localized or generalized pruritus without any physical sign. The mean ages were 29.1, 27.3 and 33.4 years, respectively, and the female/male sex ratios were 1.8, 5.2, and 3.5:1, respectively. The 76 patients were found to have affective disorders including depression (62) and anxiety (46). Thirteen patients had also personality disorders. No thought disorders were detected.

Conclusion: Patients with psychogenic pruritus have one or more underlying psychopathologies. For helpful and successful management of dermatological problems, underlying psychopathologies should be identified and approached.

ESDaP 004

A Pharmacologic Approach to Cutaneous Self-Injurious Behavior (CSIB)

J. Kalivas, E.D. Gilman, L. Kalivas, C.T. Hayden
Medical Center, Phoenix, Arizona, USA

Dermatologic self-damage, excluding neurodermatitis, generally appears in three forms: neurotic excoriations (NE), dermatitis artefacta (factitial DA), and delusions of parasitosis (DP, delusional disorder – somatic type). Serotonergic antidepressants have found wide usage in the treatment of not only depression but also such conditions as obsessive-compulsive disorder, panic disorder, premenstrual dysphoria, etc.

Since NE often has a compulsive quality to it, we treated, in an open-label manner, 81 patients with NE with doses of sertraline, a serotonin re-uptake inhibitor, ranging from 25 to 400 mg daily (5 of the 81 patients – 2 males and 3 females – had 'acné excoriée des jeunes filles'). 37 of 68 (54%) patients (13 were lost to follow-up) improved. By contrast, only 6 out of 22 patients (27%) with DP on whom we have follow-up respond-

ed to sertraline. Similarly, only 1 of 7 (14%) sertraline-treated patients with DA responded.

Thus, sertraline appears to be a moderately effective treatment – with few major side effects in patients with NE but, as monotherapy, not in patients with DP and DA.

ESDaP 005

A Comprehensive Behavioral Model of Scratching

Y.R. van Rood

Leiden University Medical Centre, Department of Psychiatry, Postbus 9600, 2300 RC Leiden, the Netherlands

Scratching leads to damage of the skin and plays an important role in the onset and maintenance of skin disorders such as lichen simplex chronicus, prurigo nodularis, acné excoriée, dermatitis artefacta, generalized pruritus, pruritus ani, scrota, vulvae, as well as atopic eczema. Treatment of these patients is often difficult. A comprehensive behavioral model of scratching is presented. In this model scratching is considered both from a classical and from an operant conditioning perspective. Applying the principles of classical conditioning increases our understanding of the way in which the urge to scratch may be triggered and why relapse often occurs. From the operant conditioning perspective we gain insight in the complex behaviors associated with scratching and in the consequences of scratching which maintain the behavior. Interventions aimed at changing the classical conditioned associations can complement the interventions aimed at reducing consequences which maintain the behavior. Both types of intervention will be discussed.

ESDaP 006

Themes in the Illness Narratives of Psoriasis Patients

C. Kennedy

Department of Dermatology, Leiden University Medical Center, Leiden, the Netherlands

Background: This study was conducted at Burnaby Hospital in Vancouver, Canada, and was part of a qualitative research seminar supervised by the Department of Nursing at the University of British Columbia, Vancouver, Canada. The objective of this study was to improve our understanding of the lived experiences of psoriasis patients and in particular the meaning patients themselves give to their illness experiences. This study was conducted from the perspective that each patient will provide a unique illness narrative and will provide information that may not necessarily be generalizable to the greater population at large. The method used for this study were semistructured, in-depth interviews which were audiotaped and transcribed verbatim for further textual content analyses. Analyses of at least 7 hours of transcribed textual data (from 3 patients) revealed several different themes in the stories these patients presented.

Patients explained what psoriasis meant to them as a person, how it affected their lives and their relationships with other people and in particular how the relationships with their physicians were often very strained. Embarrassment, shame, social stigma, social isolation, fear of rejection, hopelessness,

psychological pain and anger were recurring themes reported by all the interviewed patients. Fears about being contagious, fears about passing it on to their children, shame, fear of intimacy and sexual relationships, and fear of rejection by loved ones were commonly reported themes. Of particular interest were the textual data that dealt with the doctor-patient relationship. All patients mentioned a lack of empathy on the part of the physician: They felt that their feelings, their experiences, and their autonomy as a person were often not taken into account when treatment decisions were being considered. This perceived lack of human involvement on the part of the physician, the short timespan allotted during the consultation, misunderstanding about the use of the different drugs, and mistrust often led to avoidance of care and elicited a general feeling of insecurity in these patients. Semistructured, in-depth interviews may provide health care workers with important information that may assist in improving the lived experiences of our patients by improving their quality of life and quality of care.

ESDaP 007

Coping with Chronic Skin Disease: Issues and Strategies

I. Ginsburg

Columbia Presbyterian Medical Center, New York City, USA

The psychological impact of chronic skin disease is an inescapable fact of life for many of our patients. It is important that dermatologists have clearly in mind strategies which they can encourage their patients to use to increase their self-esteem and to lessen the shame and stigma, the anxiety, and the actual disruption of their lives which are so often experienced. Psychiatrists who see people with chronic skin disease in consultation and who, as well as other mental health professionals, treat them are in a position to help these patients work through the deeper and more complex psychological issues that are involved.

Psychosocial strategies include: decisions about controlling the disease itself; mastering social situations, being actively engaged in the world; stress management. Coping techniques which might be part of a psychotherapeutic inquiry, as well as to some degree of dermatologic practice, would involve: encouraging patients to face their feelings; ascertaining which problems in daily living relate to the skin disease and which stem from personality traits or interpersonal problems actually independent of the skin disorder; being secretive or open in dealing with the disease; exploring issues of identity so that it is not intertwined with the disorder; investigating narcissistic vulnerability and striving for perfection. Clinical vignettes illustrating these points will be presented.

ESDaP 008

Dermatological Symptoms and Sexual Abuse. Acute Care, Long-Term Consequences and Imitations

W. Harth, R. Linse

Clinic for Skin Diseases, Erfurt, Germany

Dermatological symptoms in cases of sexual abuse can be very diverse. The determination of causal connections be-

tween skin diseases and sexual abuse is particularly problematic.

In dermatology, three main groups can be identified:

1. Acute consequences: Direct post-traumatic injuries are found in the genital area, more frequently on the body, and changes in psychological behaviour can be determined. After a corresponding incubation period, sexually transmitted diseases (STD) may be detected and identified.
2. Long-term consequences: In later observations, a second group of patients showed indirect long-term consequences, in particular biopsychosocial disturbances. These include a wide spectrum of psychosomatic forms of skin diseases and, particularly in difficult case developments, the group of factitious disorders.
3. Imitations: The third problem group contains imitations of sexual abuse in the form of skin diseases mistaken for sexual abuse. An initial suspicion of sexual abuse and the specific medical diagnostic arising therefrom can lead to a disturbance in doctor-patient interaction.

ESDaP 009

The Skin as an Indicator of the Quality of Life

A. Smud

Asociación de Psiquiatras Argentinos. Department of Psychiatric Anthropology, Buenos Aires, Argentina

Introduction: The worsening of the distribution of income that has been confirmed in the latest official information of the Argentine Republic is only the tip of the iceberg concerning social inequality. It has been proven that the inequality of income is the starting point for other unequal situations that have become more marked over the last years and affect the poorest families. Skin is the infallible indicator through which psychodermatological irritations evidence these inequalities.

Material and Method: We used two parameters, time as the adaptive rule and space where the history of each clinical case is developed. Over a 5-year period, a patient suffering from Parkinson's disease was controlled within his own framework of temporal space where his psychopathological presentation was one of formal hysteria. At the same time, another patient suffering from skin cancer was treated interdisciplinarily. For these two studies we used from psychiatry the research of unoccupied time and advanced depression.

Results: The patient with Parkinson's disease was treated by psychotherapy using a method of identification with mythological characters. A marked improvement was achieved upon being able to elaborate the inverted Oedipus. The patient with skin cancer was also treated by psychotherapy as if she were a profound schizoid, achieving an improvement in her introversion and developing a self-critical concept of her illness.

Conclusions: The individual integrated as psyche/soma reflects the psychosocial context of his environment in his skin. In this manner, within the Argentine Republic, of every five workers that are employed or working, four must look for a second job so as to make ends meet at the end of the month. It is through these two cases that we have presented that we wish to prove, once again, that the skin shows the pathologies of the oppressed.

Signs of Savage Globalization on the Skin

R.D. Cohen

Hospital Ramos Mejia – Dermatological Service – Sector of Pediatric Dermatology, Buenos Aires, Argentina

Introduction: In a world where the economy has become predominant over planetary life and where social inequality (52.5% of the world's GNP is in the hands of 252 multinational groups) has converted man into a simple number, the skin, which is the cover that separates the internal from the external, reflects the events of this injustice. As a consequence, we see the proliferation of new and old skin diseases.

Material and Method: Children and adolescents between 2 and 18 years were interviewed over a five-year period. They were suffering from: alopecia areata, psoriasis, atopic eczema, skin rashes, pediculosis, herpes simplex, herpes zoster, dyshidrosis, neurotic excoriations, trichotillomania, onychophagia, acne, lupus.

Results: Through interdisciplinary treatment, the psychological interview conducted during the treatment plays a very important role in the research of the psychic sphere of the patient. We have detected severe emotional disturbances that appeared as somatizations of diverse characteristics, due to a bad adaptation and/or relationship of the patient with his/her family and social context.

Conclusions: The skin reflects social inequality. The Ego-skin is an intermediary structure that links the psychic apparatus with the external world. Therefore, the skin is like an organ which shows the events of the different economic and psychosocial processes in a world of constant development and contradiction. Postmodernism and neoliberalism have generated an 'anthropology of the skin'. The skin reflects the history of man, his anthropos. The skin sometimes shows us a tale map of man's misery and suffering.

ESDaP 011

The Body, Corporal Image and Its Disorders

M. Larralde, R.D. Cohen, A. Santos Muñoz, F. Lamas, A.C. Gonzalez, A. Gomez, S. Morales

Hospital Ramos Mejia – Department of Dermatology – Sector of Pediatric Dermatology, Buenos Aires, Argentina

Introduction: Subjectivity is constituted by means of a body as a way of representation. It is in this manner that a space is determined which gives place to an identity. Corporal Image and subjectivity are the result of the comprehension of our personal history.

Material and Method: Children and adolescents between 2 and 18 years were interviewed over a five-year period. They were suffering from alopecia areata, psoriasis, and atopic eczema. Diverse personality disorders as well as disorders connected to the distortion of reality were detected during the interdisciplinary interviews that were carried out by the psychodermatological team in pediatrics. From a psychopathological point of view, we have applied various psychotherapeutic methods (Freudian psychoanalysis, the multi-dimensional method of Sami Ali, focalized therapies).

Results: Through the treatment of the interdisciplinary team, the disorders of the Corporal Image started to be structured towards a reality that was compatible with the normal values of our society.

Conclusions: Emotions and thoughts constitute a dynamic process on the border between what is psychic and what is somatic. The Corporal Image is structured on the basis of a symptomatic resolution, just as the creative process of thoughts creates a new Corporal Image in which the patient feels more identified.

ESDaP 012

Support Groups for Patients with Atopic Dermatitis: A Nine-Year Experience

R. Takaoka, V. Aoki, T.C.C.R. Campos, M.L.C. Martins
Department of Dermatology, Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo, Brazil

Atopic dermatitis (AD) is a chronic eczematous disease with multifactorial influences. Genetic, allergic, infectious, environmental, and psychological factors can greatly influence the course of AD. Despite the advancements made in the field of immunodermatology and use of new drugs and treatment, the management of this disease can be very frustrating for both patient and doctor. Feelings of isolation and frustration are common among patients with AD and can lead to the withdrawal of treatment.

In 1990, we started a program of support groups for patients with AD. These support groups are composed of patients with moderate to severe AD, parents and other relatives, by psychologists and dermatologists.

The aim of these groups is to provide a medical and psychological support for patients with AD and also improve their knowledge of the disease.

Through a psychological questionnaire given to the patients and relatives we were able to evaluate among other things how AD can affect the patients' life, their perception of the relationship between stress and AD, and what patients expect from doctors and treatments.

The experience of the authors with support groups for patients with AD showed that these groups provide a beneficial environment for discussion of the various factors that can influence the course of the disease. The groups also led to a better understanding of this complex disease and reinforced the partnership between patient and doctor, which is ideal for the treatment of AD.

ESDaP 013

Dermatitis artefacta – Treatment with Olanzapine

S. Garnis-Jones, S. Collins, B. Jones, D. Rosenthal
McMaster University, Hamilton, Ontario, Canada

Pathologic skin picking has been referred to as dermatitis artefacta in the dermatology literature. The term encompasses a broad spectrum of factitious diseases and can be classified into 4 groups:

- 1) skin lesions result from conscious and repetitive traits such as scratching or pulling which can be seen in individuals with obsessive-compulsive disorder,

- 2) lesions are produced knowingly but also deceitfully with an intent of secondary gain (i.e. borderline personality disorder),
- 3) lesions are produced with or without full conscious knowledge yet there is no evidence of psychosis (i.e. depression or anxiety),
- 4) lesions are produced without full conscious knowledge in a delusional state.

Patients are referred to our psychodermatology clinic for primary dermatologic problems which are exaggerated by an underlying psychologic disorder or for primary psychological problems which have resulted in dermatologic manifestations. Self-inflicted skin mutilation is the most difficult to treat. We have had significant success in the treatment of these individuals with olanzapine. However, we have also found that some of these individuals do have underlying dermatologic problems which have not been addressed by the referring physician and the response to treatment has dramatically increased with the dermatologic and psychologic disorder being treated simultaneously. Twelve cases of self-mutilation will be discussed. The psychodermatopathology in these cases varied yet their response to the novel antipsychotic olanzapine was excellent.

The superior efficacy of olanzapine may be explained in a number of ways. First, the anti-impulsive effect of olanzapine stems from its antidopamine effect. However contributing to its efficacy would be its impact on histaminic and adrenergic receptors causing mild sedation and/or anxiolytic action. Its serotonin blocking action may assist as well in mood regulation.

ESDaP 014

Are Specific Pathological Personality Features Associated with Giant Basal Cell Carcinoma of the Head and Neck?

K. Kendell, J.A.A. Langtry, I.C. Martin
Denethorpe, Psychology Department, Ryope, Sunderland Royal Hospital, UK

Basal cell carcinoma (BCC) is a slow-growing locally invasive skin cancer which rarely metastasises. Giant BCC has been defined as a lesion greater than 5 cm in diameter.

Previous research suggests that maladaptive cognitive appraisal and denial are associated with delayed presentation in cancer patients. The aim of the current study was to investigate specific psychological characteristics associated with giant BCC.

Five patients diagnosed with giant BCC of the head and neck agreed to participate. Each subject underwent individual assessment involving qualitative questions and 3 self-report measures: the Millon Clinical Multiaxial Inventory (MCMI), the Brief Symptom Inventory (BSI) and a multidimensional coping inventory (COPE). All 5 subjects revealed clinically interesting personality profiles on the MCMI. In particular, they all obtained raised scores on the 'compulsivity' subscale; 2 subjects reached criteria for current psychiatric caseness on the basis of their BSI scores; 4 subjects were identified as using acceptance as a predominant coping strategy. Specific personality traits may be associated with giant BCC of the head and neck. Further research could increase our understanding of delayed presentation.

Traces for a Female Skin: Approach and Reflections

V. Serrano-Noguera

Facultad de Medicina, Universidad de Malaga, Spain

We will try to understand the female skin, using psychoanalytic and psychosomatic approaches. On the basis of several case reports of outpatients examined, nine years ago in a dermatologic clinic (76% women and 24% men), we will discuss the differences between males and females in the ways the dermatologic illnesses are expressed.

Psychoneuroimmunological Aspects of Atopic Eczema – a Meta-Analytic Overview

V.L. Niemeier^a, J. Kupfer^b, B. Kohnleir^b, B. Brosig^b, U. Gieler^b

^aDepartment of Dermatology and Andrology, and

^bDepartment of Psychosomatic Medicine, Psychosomatic Dermatology, Justus Liebig University, Giessen, Germany

Atopic eczema is an inflammatory skin disease characterized by a dysregulative humoral immune system. While research has mainly focused on the pathophysiological role of the immune system, the impact of endocrine factors in the pathology has received little attention. However, since the endocrine system may play a regulatory role in immune functioning, it would be of interest to investigate endocrine reactivity in atopic eczema with stress response. Present studies of psychophysiological, psychoendocrinological and psychoneuroimmunological research are discussed. The results involving stress and itching induction and the relationship of personality and skin parameters are not consistent. The results will be presented by a meta-analytic study. Best established is the relationship between skin reactivity on one hand and cognitive appraisal of stress stimuli and experimental situation on the other. Psychoendocrinological and to a larger extent psychoneuroimmunological indicators of stress reaction were correlated with skin response. Elevated physiological stress reaction in patients with atopic eczema was observed in less than 50% of the studies. Methodical problems are discussed.

Short-Term Psychoanalytic Psychotherapy in a Ward Setting: A Case Study

B. Brosig^a, J. Kupfer^b, V. Niemeier^c, U. Gieler^a

^aCenter for Psychosomatic Medicine (Clinic for Psychosomatics and Psychotherapy), ^bDepartment of Medical Psychology, and ^cCenter of Dermatology and Andrology, Justus-Liebig Universität, Gießen, Germany

Objective: A case of pseudobromhidrosis is presented, which we treated in a hospital setting and which may illustrate psychoanalytic casework in a specific psycho-dermatological framework.

Patient: The patient, a 32-year-old African, suffered from the compulsive idea that other people may notice how bad his transpiration smelled. He withdrew from social contact, stopped studying, and became increasingly depressed. Attempts have been made by psychiatrists as well as dermatologists to ameliorate his condition and alleviate his hypochon-

driac fears, but neither state-of-the-art pharmacotherapy nor careful counseling succeeded. On the contrary, he developed the conviction to be affected by a life-threatening illness, which had not been diagnosed yet.

Strategy of Therapeutic Action: Transferred to our psycho-dermatological unit, he entered a time-limited psychotherapy program, which focused on his projective defense, covering up severe aggressive affects resulting from a difficulty to overcome his divorce. A follow-up over two years confirmed a gradual change in psychic functioning as well as a better adjustment to everyday life.

Conclusion: Short-term psychodynamic casework, focusing on one specific defense mechanism rather than on specific topics, may be successful in the treatment of severe psycho-dermatological disorders.

Psychosocial Support and Malignant Melanoma

P.J. Buchanan

Department of Dermatology, Salisbury District Hospital, Salisbury, UK

The provision of psychosocial support for patients with malignant melanoma is not commonplace. The M.A.R.C.'S. Line project was established in 1993 to provide information on skin cancer prevention and support patients with skin cancer. The main objectives of the study were to establish a resource centre and telephone advice line as well as provide psychosocial support for patients and their family. Data were collected from requests for information over a five-year period. Detailed analysis of enquiries demonstrates that there is a need for psychosocial support for patients with melanoma. Data presented include frequency of enquiries, type of support requirement, caller status, topic of enquiry and psychosocial phase for patients with melanoma. Results clearly demonstrate a need for support and information. 46% (n = 2,776) of all enquiries related specifically to melanoma. Psychosocial phasing was identified following diagnosis of melanoma. 41% (n = 1,139) of patients with melanoma contacted M.A.R.C.'S. Line during an adaptation and mitigation phase of their life; 10% contacted M.A.R.C.'S. Line during or immediately following diagnosis and 27% of patients made contact following relapse. 22% of enquiries were made during terminal decline or following the death of a relative.

Demand for such support from patients and health professionals led to the development of a 'melanoma nurse network' throughout the UK during 1997. This professional nurse network is discussed as a model for provision of care. Recommendations are made for the future provision of psychosocial support for patients with malignant melanoma.

A Psychodynamic Investigation of Alopecia Patients

V. Serrano-Noguera, M. Martín Rafecas

Facultad de Medicina, Universidad de Malaga, Spain

In this communication, we intend to present a specific psychodynamic theory which explains some of the psychodynamics associated with alopecia areata and alopecia universalis, and perhaps with some other skin lesions.

This theory provides a framework for understanding and treating such lesions using psychodynamic methods i.e. psychoanalysis or analytic psychotherapy. These ideas were first presented in 1968 by Esther Bick. Her theory on the role of the primal object for the baby as a provider of a necessary psychological containment, representing a kind of psychological skin, has proven to be of great value for psychoanalysts and psychotherapists treating adults and children with skin problems.

ESDaP 020

Psychotherapy and Guided Affective Imagery in a Patient with Cutaneous Sarcoidosis of the Face

C.-M. Höring
Stuttgart, Germany

During the last decades there was a great progress in understanding psychodynamic aspects of dermatological diseases and in the development of psychological programs for coping with chronic dermatosis and for better quality of life. Nevertheless we can find new 'traces' when we are allowed to take part in the unconscious fantasies of patients concerning their illness: the Guided Affective Imagery Symbol Drama, as a special method during analytically oriented psychotherapy, gives us a possibility of working with new motifs like 'Trip under or on the skin' ('Reise unter die Haut') or 'Protecting cover' ('Schutzhülle') to follow patients' understanding of skin-related conflicts and problems, but their possibilities of positive influence on cutaneous disease too. A case is presented of a 30-year-old woman with cutaneous sarcoidosis of the cheek. During the 30-hours lasting psychotherapy, the Guided Affective Imagery combined with group psychotherapy, she improved impressively in coping with her disease and found for herself an individual imagination to influence the lesion. This special experience is compared with other patients' imageries concerning the same motif.

It is part of an integrative concept for regulation of a damaged self working with scenes of symbolic character. The new motifs are combined with classical ones known as 'house', 'brook' and those concerning the idea of one's own self.

ESDaP 021

Cutaneous Scar and Psychical Trace in Distattooing

N. Weibel, H. Van Landuyt, R. Laurent
CHU. St.-Jacques, Department of Dermatology 2, Besançon, France

We made a comparative study with two groups of patients submitted to laser distattooing. Ten patients were treated using CO₂ laser that left scars after distattooing, and ten other patients were treated with the YAG laser that did not leave any scar.

Our purpose was to understand the meaning of the scar in the individual psychological economy. Using a semistructured interview, we conducted an analysis of the patient's talk content. We focused on motivations for doing the tattoo and on the reasons for removing it. We wanted to approach the fantastic experience of the surgical act, the scar and the lack of scar.

We noticed that the meaning of the scar trace depends on the motivations for tattooing or distattooing. Beyond the removal of the skin design, we found that it is necessary to erase the meaning of the tattoo in the subject's self. The scar is sometimes felt as a redemption, symbolizing an existential injury, or even beared as a narcissistic emblem. In this case, its importance demonstrates that it is considered as a surety of physical and psychological integrity.

We believe that the absence of a scar trace leaves an empty space in the patient's cutaneous and psychic skin. The memory of the tattoo and its meaning are then the object of a massive repression mechanism.

ESDaP 022

How to Treat the Track of Some Traces ...

A. Santoni
Montpellier, France

In 1993, a 40-year-old woman was followed-up for an acne which started many years before and cured by isotretinoin. Between 1994 and 1998, she asked advice either for herself or her daughters. In September 1998, she came with her 17-year-old eldest daughter. Both of them had acne, but the mother showed an eruption of the face looking more like a prurigo. Both of them received a treatment and came back two months later after a vacation. When asked 'what is the reason for the worsening observed in your daughter?', the mother sent her in the waiting room and told the following story: After the death of her second daughter at the age of nine months (15 years ago) due to a medical error, according to her, the child's ashes were kept in the grandparents' house. After the death of the grandparents, the mother and her husband recently decided to scatter the ashes in the village where the family lived. This decision was hard to take. The patient explained in detail the motifs of their decision, the reaction of the other daughters, and her feeling that she had to 'free' her dead daughter. This patient was on psychotherapy and obtained to meet the physician who was responsible for the death of her child. How did she want to unburden herself of this mourning? Did she want to erase the memory of this bad stage of her life with the burning and the scattering of the ashes? What is the role of the dermatologist? He must pay attention to the patient's interpretation without necessarily agreeing to her version of the story.

ESDaP 023

ABSTRACT WITHDRAWN

ESDaP 024

Role of Psychosomatic Factors in Development and Course of Prurigo simplex subacuta

U. Bernd^a, K. Seikowsk^b

^aDepartment of Dermatology, University of Jena, and ^bDepartment of Dermatology, University of Leipzig, Germany

A number of various somatic disorders have been discussed as trigger mechanisms in the pathogenesis of prurigo simplex

subacuta. Since the cause of this dermatosis still remains unclear, the aim of the present study was to investigate the role of psychosomatic factors in development and course of this chronic skin disease.

Therefore, 70 patients suffering from prurigo simplex subacuta underwent a standardized psychological examination. Using well-established psychodiagnostic questionnaires, the status of psychosomatic complaints as well as possible psychosocial risk factors for the development of a psychosomatic skin disease were evaluated. Performing a cluster analysis as a multivariate statistical method we were able to show that a noticeable 'prurigo personality' does not exist in general.

However, we found that one third of our patients showed a high status of psychosomatic complaints whereas another third reported severe psychosocial disease-promoting risk factors, mostly in form of critical life events. On the other hand, one third of the examined patients did not show any psychological complaints or disorders.

In conclusion, a more precise distinction of patients with prurigo simplex subacuta is needed. Additionally, our results suggest the benefit of a simultaneous somato-psychological treatment for the majority of these patients.

ESDaP 025

Stressful Life Events and Psoriasis during the War in Bosnia

E. Suljagic^a, O. Sinavoić^b, L. Morof, E. Tupkovic^{a,b}

^aDepartment of Dermatology and ^bPsychiatry, University Clinical Center, Faculty of Medicine, University of Tuzla, Bosnia and Herzegovina, ^cDepartment of Psychiatry, Clinical Center, Faculty of Medicine, University of Rijeka, Croatia

A prospective study was carried out with a sample of 180 patients with psoriasis including an equal number of civilians and soldiers. Diagnosis was based on the clinical aspect, patient history, and auxiliary diagnostic methods. The basic research goal was to determine the relationship between stressful life events and the onset and course of the disease. The analysis was made at the University Clinical Center of Tuzla, as a result of cooperation between the Clinics of Dermatovenereology and Psychiatry. Numerous measurement devices were used: general data list, stressful life event analysis, standardized measurement instruments such as the Five-Stage Rating Scale and the Social Readjustment Rating Scale. The severity of the clinical picture was estimated according to the PASI score. Statistical analyses were made by chi-square test and variance analysis. Results were compared using the Test of Multifactors Regression Analyses (soldiers, civilians, and control group).

The stressful life event analysis showed a positive correlation between the number and intensity of stressful life events and the severity of clinical pictures of psoriasis. We conclude that stressful events precipitate the onset of the disease without any significant difference between the experimental groups. However, unlike the soldiers, civilians appeared to survive low range as well as more catastrophic stressors.

Psychiatric Aspects of Systemic Lupus erythematosus

R. Prunnlechner^a, E. Kowald^b, N. Sepp^b

^aDepartment of Psychiatry, University of Innsbruck, ^bDepartment of Dermatology and Venereology, University of Innsbruck, Austria

Symptoms of psychiatric illness in patients with systemic lupus erythematosus (SLE) are considered to be the direct consequences of enhanced auto-immune activity of the central nervous system on the one hand and a psychopathologic answer to psychosocial stressors on the other hand. In addition, metabolic derangements as well as corticosteroid therapy can lead to psychopathological phenomena in SLE patients.

Out of 70 SLE patients who were investigated at the Department of Dermatology and Venereology at the University of Innsbruck, 25 patients (35.7%) demonstrated noticeable psychopathological symptoms. Seventeen of these patients underwent psychiatric investigation and classified according to the diagnostic criteria of ICD-10.

Four patients showed prolonged depressive adaptation disturbance, 2 short depressive reaction, 5 dysthymic, 2 recurrent depressive disturbance, 1 chronic depressive disturbance, 2 organic depressive disturbance, and 1 organic delusional disturbance, with a differential diagnosis of steroid psychosis. Psychiatric comorbidity was investigated and also aspects of family case history and life events. All of these patients required psychopharmacological therapy and were additionally given psychotherapeutic support.

ESDaP 027

Degradation of Tryptophan in Patients with Systemic Lupus erythematosus: Is There an Impact on Psychiatric Disorders?

B. Widner^a, E. Kowald^b, U. Ortner^b, P. Fritsch^b, N. Sepp^b, D. Fuchs^a

^aInstitute of Medical Chemistry and Biochemistry, ^bDepartment of Dermatology, University of Innsbruck, Austria

In diseases with chronic immune activation, patients often suffer from severe depressive symptoms, and also mental performance is impaired particularly in long-lasting immunologic disorders, e.g. in HIV-associated dementia. Likewise in patients with systemic lupus erythematosus (SLE), depressive manifestations are frequently observed, and an association with immune activation should be considered.

Serotonin depletion is discussed to be crucially involved in the pathogenesis of depression, and serotonin is closely associated to tryptophan metabolism, being the precursor for biochemical serotonin production. Enhanced tryptophan degradation was observed in several diseases concomitant with prolonged immune activation. Interferon-gamma, a central mediator of the Th1-type immune system, induces the enzyme indolamine 2,3-dioxygenase (IDO) to convert tryptophan to kynurenine.

Due to this biochemical background, we were interested whether there is an association between psychiatric symptoms in SLE patients and immune activation and tryptophan catabolism, respectively. We measured serum concentrations of neopterin, tryptophan, and kynurenine to evaluate a possible impact of tryptophan degradation on depressive symptoms and to correlate the extent of tryptophan degradation with

the degree of immune activation. Neopterin, being a sensitive parameter for cellular immune activation, reflects the activity of SLE. The kynurenine per tryptophan ratio provides a better estimate for IDO activity than kynurenine or tryptophan because tryptophan concentrations in serum are influenced by dietary uptake. The analytical data were compared with disease activity according to the SLEDAI index (correlations were calculated by nonparametrical Spearman rank statistics, group comparisons were done by Mann Whitney test).

SLE patients had significantly increased neopterin concentrations (11.6 ± 1.4 nmol/l, $n = 55$) compared to healthy controls. A significant correlation between neopterin and the SLEDAI scores ($p = 0.004$) was found. Serum tryptophan concentrations were significantly decreased vs. healthy controls (58.3 μ mol/l, $n = 55$). The kynurenine concentrations (2.86 ± 0.2 pmol/l) as well as the kynurenine per tryptophan ratios (52.4 ± 4.0 pmol/l) were increased. There existed a significant correlation between neopterin and the kynurenine per tryptophan ratios ($p < 0.0001$) as well as between the SLEDAI grading with the kynurenine per tryptophan ratios ($p = 0.04$). The present data could provide a basis for the understanding of the increased manifestations of psychiatric disorders in SLE patients. Low tryptophan concentrations in serum could become rate-limiting for the production of serotonin, and hence tryptophan catabolism due to long-lasting immune activation could play a role in the neuropathogenesis concomitant with SLE. Further studies are necessary to elucidate the contribution of serotonin as a link between depression and long-lasting immune activation.

ESDaP 028

The Psychological Structure of Psoriatic Patients during the War in Bosnia

E. Suljagic^a, O. Sinanovic^b, L. Morof, E. Tupkovic^{a,b}

^aDepartment of Dermatology and ^bPsychiatry, University Clinical Center, Faculty of Medicine University of Tuzla, Bosnia and Herzegovina, ^cDepartment of Psychiatry, Clinical Center of Rijeka, Faculty of Medicine University of Rijeka, Croatia

A prospective study was carried out with a sample of 180 patients with psoriasis including an equal number of civilians and soldiers. Diagnosis was based on the clinical aspect, patient history, and auxiliary diagnostic methods. The basic research goal was to analyse the patients' psychological structure and look for a possible correlation with severity of the disease. Numerous measurement devices were used: general data list and carefully selected psychological tests such as EPQ test and MMPI-201 test. The severity of the clinical picture was estimated according to the PASI score. With regard to the main personality features, no differences were observed between soldiers and civilians, i.e. no statistically significant differences were found on the basis of MMPI test. The MMPI test revealed, however, a significant difference between the examined patients: civilians suffering from hypochondria, depression, psychasthenia or schizoid disorders. Civilians showed paranoid disorders and anxiety. Both groups had a decreased ego strength level, statistically higher in the group of soldiers. Patients with psoriasis showed decreased ego strength and regressive defensive mechanisms. They are neu-

rotic about exhibiting themselves with a more desirable social look. The comparison of all scales of MMPI test and severity of clinical features revealed a significant correlation between psychopathic tendencies and severity of psoriasis. The soldiers and civilians with psoriasis were significantly more anxious and impulsive than the control group. We also observed a clear positive correlation between the intensity of itching and schizoid scale and a highly negative correlation with manifest anxiety. The psychological structure and personality of civilians and soldiers with psoriasis are significantly different compared to the control group.

ESDaP 029

An Association between Atopy and Attention Deficit and Hyperactivity Disorder (ADHD)?

S.E. Baron, D.J. Gould, G. Redding, K. Wilson
Dermatology Unit, Treliske Hospital, Cornwall, UK

Fifty-two children (64% boys) with moderate to severe atopic eczema were assessed for hyperactivity using the Connors parents rating scale and Berkeley semi-structured interview technique. Ratings of hyperactivity revealed a significantly higher frequency of ADHD symptoms in this atopic group compared with age- and sex-matched controls. 70% of children scored higher than normal (50) ($p < 0.01$) and 24% had scores equivalent to those seen with ADHD (>70) ($p < 0.001$) as compared with 70% of control children scoring normally (<50). 50 children (76% boys) with ADHD were interviewed. 22% suffered from atopic eczema, 58% had a personal history of atopy (in themselves or first-degree relatives) and 80% had a family history of atopy (first-degree relatives and grandparents). These figures were equally high in the controls. The role of essential fatty acids (EFAs) as a factor common to atopic eczema and ADHD was studied. The two main dietary EFAs, linoleic acid (LA) of the omega-6 group and alpha-linoleic acid (ALA) of the omega-3 group, appear to be metabolised by the same enzyme. Atopic individuals have an increase in LA and a decrease in its metabolites suggesting a defect in function of the delta-6-desaturase enzyme. Children with ADHD have lower levels of the metabolites of both omega-3 and omega-6 series, and subjects with low total omega-3 levels show more behavioural problems than those with higher levels. Boys are more commonly affected, both in atopic eczema and ADHD, and are known to have much higher requirements for EFAs than girls.

Our study shows a higher incidence of hyperactivity symptoms in children with atopic eczema than in the general population. Children with ADHD are not significantly more atopic, but the level of atopy in the control population was unexpectedly high. Deficiency or abnormal metabolism of EFAs could be the link between ADHD and atopic eczema.

ESDaP 030

Scratches as Meaningful Traces: A Case Report

C. Blanchard
Montpellier, France

Hélène S., a 26-year-old woman, had a long history of eczema involving the neck and the upper part of her chest. The exam-

ination of the skin revealed several marks of itching. The patient is on psychotherapy for about one year now, that she started after a depression following a banal road accident. During her therapy, she tried to bring back her different childhood memories. One of them was a sexual abuse involving her 5-years-old brother.

For H el ene, the eczema is the mark of the incest that she wants to scratch off her skin. The patient provides the dermatologist with the interpretation of her symptom, and is thus willing to be understood within this frame. What should be the position of the dermatologist with regard to this interpretation? How should he or she manage the therapeutic relationship?

ESDaP 031

Allergy: Traces of a Vicious Circle in Relation

S. Bertolus
Paris, France

The case of a child with atopic dermatitis allows us to approach the psychosomatic theory of impasse in allergy. This observation studies the family environment in which the disease appeared. A global approach relies mainly on the relation with the child through his drawings.

The discussion focuses on the theoretical model developed by Sami Ali, which describes a specific relation pattern in the allergic personality. The early identification with the mother, excluding here a third term, represents the fundamental trouble and impedes, through an active process, the emergence of difference. The allergic crisis occurs when this active process of reduction to the identical fails in a particularly difficult situation of conflict, corresponding to the concept of impasse.

ESDaP 032

Evaluation of Possible Sexual Abuse in Anogenital Warts in Children

V. Delvenne^a, S. Thiriar^b, D. Parent^b
Departments of ^aPsychiatry and of ^bDermatology, Erasme Hospital, Universit e Libre de Bruxelles, Brussels, Belgium

Until 1986, anogenital warts in children were rarely reported and always associated with sexual abuse. For the last 10 years, such cases have been frequently described with different hypotheses on viral transmission. We have performed a multi-disciplinary examination (including psychiatric evaluation for possible sexual abuse) in children with anogenital warts.

We report 6 cases: A 3-week-old baby had probably been infected during delivery. The second patient, 18 months old, had nongenital HPV, probably transmitted via maternal care. The third patient, 5 years old, had genital HPV. The psychosocial evaluation revealed a chaotic family with a mother who had 3 children from 3 different fathers. After examination of the child we suspected neglect. So, we informed the appropriate authorities because of the refusal of the mother to pursue the

evaluation. The fourth patient was a boy, 11 years old, with a genital HPV. The physical examination of the father revealed anal warts. However, the psychiatric evaluation of the family does not seem to be in favor of a sexual abuse. An indirect transmission was retained. The fifth patient, a girl, 10 years old, presented lesions with HPV persisting for three years, but the psychiatric examination was not in favor of a sexual abuse. We took in consideration a maternal transmission. The sixth patient, a girl, 7 years old, remained a matter of debate: she had nongenital HPV lesions, but she spoke about sexual contacts with another child and a young adolescent of the neighborhood.

Although the type of HPV presented may give some indication on the likely mode of transmission, this can be interpreted only in conjunction with all available clinical and psychosocial informations.

ESDaP 033

Vulvodynia: What Does a Woman Want?

C. Jamar^a, H. Binet^b, S. Thiriar^b, D. Parent^b
^aDepartment of Psychiatry, Psychoanalytic Psychotherapy Unit, ^bDepartment of Dermatology, Erasme Academic Hospital, Universit e Libre de Bruxelles, Brussels, Belgium

A team of three dermatologists from the 'Genito-Urinary Unit' is confronted with an increasing number of women of all ages suffering from vulvodynia. Often, these women have followed a disappointing itinerary in different medical fields during several years, without any durable improvement of their symptoms. Moreover, this caused a strong damage to their feminine narcissism. Various imaginary personal fictions escort this enigmatic physical event, mirroring the particular conscious and unconscious story of each woman. There never was a space available for actual audience where it could be possible to shift from a 'given to see' to a 'given to listen'. Therefore, during the organic check-up, 3 appointments for sessions with a psychoanalyst are proposed. In that space, without any etiologic purpose, the opportunity is given to the woman to move from an exclusive objective organism to a subjective body of words.

This way, with more or less reticence or independence, with more or less emotion or lack of  elan, every woman can catch this opportunity to question her feminine being concerning her relation to the body, the sex, the wish and enjoyment, the other. 'What does a woman want?' asked Freud. 'Of which singular or collective question is this symptom the interpreter?' are we asking following Freud and Lacan.

A clinical illustration will show how the metaphorisation work of the symptom enabled by the psychoanalytic relationship allows the rise of a single question.

From listening to 35 women emerges a collective address from the feminine to the medicine.

Beyond the question of hysteria 'Am I a man, am I a woman?' it is, through the symbolic castration, the question of the body that is asked, at the junction of a personal story and a social discourse.

ESDaP 034

Ekbom Syndrome: Changing Nosographic Concepts

A. Serhan, A. Lemoine, J.B. Garré

Department of Psychiatry and Medical Psychology, Angers, France

Delusional parasitosis is characterized by an unshakable belief held to by the patients that they have been struck by a parasitic disease. The authors consider the delusional parasitosis sometimes as an actual nosographic entity, sometimes as a semiotic factor, certainly original but not autonomous. In 1938, Ekbom described a syndrome to which his name was given. It is characterized by the delusional, single-minded, unshakable, and irrefutable conviction of being infected by insects. In spite of its semiotic standardization, the nosographic classification of this syndrome is very much contested due to multiple concepts confronting each other. The purpose of our work is to call to mind the evolution in nosographic concepts at the very beginning of clinical work with patients.

ESDaP 035

Vulval Pain Syndromes

J. Salisbury, K. Gibbon, H. Annan

Whipps Cross Hospital, London, UK

In the first three years of our Joint Vulval Clinic set up between the Departments of Gynaecology and Dermatology, 4% of our patients had symptoms of vulval pain and burning with a normal vulva on examination. Other researchers have quoted rates as high as 9%.

These patients with a normal vulva were diagnosed as having 'dysaesthetic' vulvodynia. The diagnosis was made after careful investigation including MRI scan, if thought appropriate, to exclude spinal cysts in the sacrum, a rare cause of referred pain in the vulva. The patients were managed with explanation and assurance. Antidepressants were used with benefit, but in only two patients.

A further small cohort of patients (less than 2%) were diagnosed as having 'vestibulitis'. These patients had pain on intercourse, point tenderness and erythema of the vestibule (Friedrich's triad 1987). However, erythema of the vestibule is a normal finding, and it is now considered that vestibulitis is a vestibular neuralgia rather than an inflammatory condition of the vulvar vestibule. Two of these patients have been treated with carbamazepine (Tegretol).

We suggest that vestibulitis should be renamed 'vestibular pain syndrome'

ESDaP 036

Clinical Study about Tattoos among a Population of Hospitalized Alcoholic Patients

A. Sarda

Centre Gilbert Raby, Meulan, France

In a center specialized in the treatment of alcoholic patients, we used a systematic questionnaire to compare patients with or without tattoos with regards to personality types, social aspects, drug abuse, incidence of psychiatric co-morbidity, and mood disorders. We investigated the role of tattoos and their

interaction with pathological alcoholic behaviour in the individual affirmation process and the ritual initiations of adolescents and young adults.

ESDaP 037

Psychogenic Factors and Pemphigus vulgaris: Another Cause of Induction of a Multifactorial Disease

A. Srebrnik, S. Brenner

Department of Dermatology, Tel Aviv-Sourasky Medical Center, Sackler School of Medicine, Tel Aviv University, Tel Aviv, Israel

Pemphigus vulgaris (PV), an autoimmune bullous disease, is triggered and exacerbated by several factors, including emotional ones. We diagnosed PV induced by emotional factors in the last decade in 8 people representing a large range of ages, ethnic origins, professions and backgrounds. On admission to the Department of Dermatology of the Tel Aviv-Sourasky Medical Center, each patient reported psychogenic factors that preceded the appearance of the disease. Each patient described a state of severe anxiety associated with the onset of the disease. Demographic data and the clinical course of the disease in the 8 cases are described, and the role of psychogenic factors in inducing the disease are discussed.

ESDaP 038

Dermatology and Homeopathic Psychiatry

I. Gauthier

France

Between the soma and the psyche, the skin is the mirror of the soul. The homeopathic physician, whether general practitioner or specialist, organizes and sorts out the symptoms of his patient with regard to the wholeness of the person. The somatizations make sense. Based on a few clinical examples, we will see the possible relationships between the homeopathic drug and the patient. How can we help him to elaborate the possible representations of the physical translation of a psychological process? How can the homeopathic drug be used to 'hold' a so delicate patient? Homeopathy is a very social, cultural, and medical phenomenon. The homeopathic drug involves biological, metaphorical and symbolic elements. The homeopathic psychiatrist includes it in the therapeutic relation in order to help the psychosomatic patient to build up his recovery.

ESDaP 039

Psoriasis as a Mean of Affective Expression

J. C. Ulnik, J.G. Ubogui

Psoriahue Interdisciplinary Medicine, and Argentine Center for Psychosomatic Research, Buenos Aires, Argentina

The object of this study was to evaluate the psychodynamic mechanisms by which psoriasis patients use the illness as a mean to express their emotions and as a nonverbal communication resource.

Included were 20 patients with psoriasis for more than 15 years and no response to standard measures who were treated with psychodynamic psychotherapy during at least two years using an interdisciplinary approach. The clinical findings obtained from sessions were thoroughly analyzed, emphasizing the affective expression and family bonds.

It can be concluded that patients unable to translate their emotions into words may use the skin as an expression mean and that psoriasis may modify the social relationships and family communication. These factors may influence the response to medical treatment.

'Doctor, I Stink'

D. Sarto^a, B. Richer^a, S. Halkin^b, G. Hougardy^b, M. de la Brassinne^a
Services de ^aDermatologie et de ^bPsychologie Médicale, CHU de Liège, Belgium

This 23-year-old patient presented to the dermatology unit for a socially embarrassing hyperhidrosis which has never been visualized within any dermatology consultation. Complete exploration remained negative. The patient was therefore referred to the psychodermatology unit. By times, installation of a confidence relationship with the practitioner permitted the patient to acknowledge that it was primarily his own smell which was troubling him, pushing him to wash up to ten times a day, revealing a compulsive behaviour. Consultations have shown, besides this ritual cleaning secondary to guiltiness feelings, a persecution delusion related to ideas of reference. Collaboration between psychiatrists and dermatologists allowed the diagnosis of a very unique type of paranoia (délire de relation des sensitifs ou délire paranoïaque des sensitifs). How to help such a patient, without denying or recognizing his symptom?

ESDaP 040

The Chameleon Personality and Its Skin

J. Charbonneau
Centre Hospitalier Universitaire de Montréal, Canada

Topic: Observations from the psychotherapy of persons with severe dermatological conditions during their childhood, contributing to identity problems in adulthood.

The goal of this presentation is to discuss the effects on the psychic development of 2 female patients with severe dermatological conditions present in early childhood. In both cases the maternal care had been distorted both by the medical situations and by the fantasmic difficulties they raised in the mothers. One is a case of bullous dermatolysis and the second is a case of severe eczema and alopecia. Both patients presented themselves with dissociative and depersonalisation symptoms which could be labeled 'as if' or 'chameleon personality disorder'. These are dramatic and bizarre symptoms, but we can understand the development of these by reconstructing the early difficulties encountered by the babies and their mothers. In both cases there is the additional problem of

twins being confused with each other. The presentation will deal with the relation between identity problems and the maternal care given to the baby's skin, the relation of a very special type of identification (adhesive identification) with the lack of maternal holding, the problem of ambiguity and symbiosis in interpersonal relationships in adulthood and their origins in the maternal-child early relation. References will be made to the contributions of Didier Anzieu, José Bléger, Léon Grinberg, Donald Meltzer.

ESDaP 042

Integrated Dermatologic and Behavioral-Therapeutic In-Patient Treatment for Patients with Atopic Dermatitis: Efficacy and Outcome Predictors on Skin Condition and Patient's Skills in Management of Triggering Factors and Topical Treatment

L. Hoegl, A. Hillert, J. Dijkstra, M. Fichter
Medizinisch-Psychosomatische Klinik Roseneck, Prien am Chiemsee, Germany

Objective: The aim of our investigation was to assess the effectiveness of an integrated dermatologic and behavioral-therapeutic in-patient treatment for patients with severe atopic dermatitis. This 6-week-program consisted of a dermatological and psychological training group beyond those of standard treatments of clinical behavioral medicine.

Design: A total of 51 consecutive patients with atopic dermatitis were examined by a dermatological questionnaire concerning skin condition and patient's skills in management of triggering factors and topical treatment. Evaluation of treatment outcome was performed after 6 and 12 months.

Results: In the pretreatment measurement, patients suffered from a moderate to severe atopic dermatitis with a mean Rajka index of 6.55 ± 2.64 and a SCORAD index of 23.41 ± 8.02 . In 82% of them, the skin disease lasted for more than 5 years, and 84% showed a chronic continuous course. 34% avoided special food without allergological evidence. 57% performed a daily adjuvant basic therapy, and 35% of these patients required more than 1 hour per day for basic therapy; 47% used topic corticosteroids. After the clinical treatment and in the follow-up period, a significant improvement of the severity of the atopic dermatitis could be observed, as well as an increased frequency of patients performing a daily adjuvant basic therapy beside other illness-related parameters.

Conclusion: Pre-assessment and 12-month follow-up assessment showed that the combined dermatological-behavioral clinical treatment program led to an improvement of the severity of atopic dermatitis and related distress by triggering factors and adjuvant basic therapy.

ESDaP 043

The Liaison Outpatient Clinic for Dermatology, Parasitology and Psychiatry – The Viennese Model

U. Mossbacher^a, A. Zoghlami^b, B. Hohl^b, K. Wolff^a, M. Musalek^b
^aDepartment of Dermatology, Division of General Dermatology and ^bDepartment of Psychiatry, University of Vienna Medical School, Vienna, Austria

In 1986 a special psychiatric outpatient clinic for delusional parasitosis patients was established at the University of Vien-

na Medical School. It was located at the Department of Dermatology because most patients suffering from delusional parasitosis first consult dermatologists, parasitologists or pest control companies and are reluctant to psychiatric care. Over the following years the importance of emotional factors in dermatological disorders has been recognized and more accepted by medical staff and patients as well. That is why some changes in staff and structures have taken place since 1988. The dermatologist and the psychiatrist have been working together for 2 hours per week, sharing one desk and consulting a patient at the same time cooperatively. That is why the unit was renamed 'Liaison Outpatient Clinic for Dermatology, Parasitology and Psychiatry'. Since that time not only delusional parasitosis patients have come to see us but also other kinds of psychodermatological disorders have been referred to the DPP unit: (1) Patients with psychiatric disorders presenting a dermatologic complaint (delusions, tactile hallucinations, body image problems, glosso-, vulvo-, urodynia, psychogenic pruritus ...); (2) patients with self-inflicted dermatoses (factitious disorders, neurotic excoriations, acné excoriée, trichotillomania etc.); (3) patients with dermatological disorders presenting with psychosomatic factors (atopic dermatitis, urticaria, angioedema, alopecia areata etc.). – Over the last 2 years a prospective clinical psychopathological and treatment study has been carried out. Detailed data will be presented.

ESDaP 044

A Typical Case of the Liaison Outpatient Clinic for Psychodermatology

U. Mossbacher^a, A. Zoghlam^b, K. Wolff^b, M. Musalek^b

^aDepartment of Dermatology, Division of General Dermatology and ^bDepartment of Psychiatry, University of Vienna Medical School, Vienna, Austria

History: A 78-year-old female patient was sent by her general practitioner for a general dermatological check to the Department of Dermatology in February 1998. In January 1998, a painful and burning sensation in her buccal mucosae, in the tongue, and a discomfort and dysesthesia in both palms had appeared. A dentures adverse effect and allergy was suspected. No morphological changes could be detected, neither in the oral mucosae, the tongue nor in the palms. But a 5 mm small retroauricular ulcer was detected by the dermatologist, and a biopsy was taken because of suspicion of basal cell carcinoma. All allergological tests produced negative results; so did histology. In November 1998 the patient was presented at the Liaison Outpatient Clinic for Psychodermatological disorders as this time a self-infliction of a lesion was suspected for the first time.

Cutaneous Manifestations: There was a single deep ulcer on the left side of the forehead reaching to the eyelid. It was bizarre with sharp geometric borders and painless ulceration with linear streaks and crusted erosions. The surrounding skin appeared normal. The responsibility for the lesion was denied by the patient.

Alternative Treatment: In the psychodermatological liaison outpatient clinic the contact with the patient was established

via somatic therapy. Frequent short visits for supervision of occlusive dressings could create a satisfying therapeutic relationship, avoiding direct discussion of the self-inflicted nature of the lesion. With empathic recognition her symptom was interpreted as an 'appeal for help'. Help out of her social stress situation that she could no longer handle. A combination of antidepressant drug treatment and short-time psychotherapy focusing on her partnership problems led to marked improvement of the lesion after a period of 4 weeks.

ESDaP 045

Lucky Lips Are Always Kissing ... !

U. Mossbacher^a, K. Wolff^b, M. Musalek^b

^aDepartment of Dermatology, Division of General Dermatology and ^bDepartment of Psychiatry, University of Vienna Medical School, Vienna, Austria

History: A 31-year-old female patient presented at the Liaison Outpatient Clinic for Psychodermatological Disorders in January 1998 because an artificial cause was suspected. Her skin disease as well as a serious diarrhea first appeared in January 1997, in the 7th month of her pregnancy.

Cutaneous Manifestations: Initially there was only erythema and painful fissuring at the corners of her mouth, which soon spread across the entire labial areas. Also, the patient complained about re-occurring appearance of blisters and pustules as well as erosive areas in the labial and the mucosal areas, beside an episodic urticarial-like swelling and extensive perioral dermatitis.

Laboratory Findings: The persistence of these symptoms over a period of 9 months justified the admittance to hospital for a general health check. Gastroscopy and colonoscopy and the taking of several biopsies excluded gastrointestinal inflammatory diseases. The zinc level and all other routinely performed examinations showed normal results. The allergological tests produced a positive reaction to thiomersal in the epicutan standard test.

Course: In spite of different therapies and keeping away from the allergen the condition did not improve for over 1 year.

Alternative Treatment: In the Psychodermatological Liaison Outpatient Clinic the first contact with the patient was established via the somatic therapy. The patient was motivated to stop manipulating by sympathetic personal caretaking. Investigative inquiries on how the patient was creating these changes were avoided. Neither was she confronted with possible self-infliction. In only 5 sessions of psychotherapeutic short-term intervention (January 1998 until March 1998) a complete disappearance of physical symptoms could be achieved. The main subject being discussed referred to the patient's quote, my husband no longer dares to kiss me!

Course: The last check took place in September 1998. Up to then the patient's status had proved stable and the dermatological symptoms had not reappeared.

Summary: This case stresses the necessity and the effectiveness of a psychotherapeutic intervention. For a successful treatment of psychosomatic and psychodermatological problems a multidimensional perspective proves to be extremely useful.

Glossodynia and Burning Mouth Syndrome at the Liaison Outpatient Clinic for Psychodermatological Disorders

A. Zoghlam^a, B. Hob^b, U. Mossbacher^b, K. Wolff^b, M. Musalek^a

^aDepartment of Psychiatry and ^bDepartment of Dermatology, Division of General Dermatology, University of Vienna Medical School, Vienna, Austria

Introduction: 'Glossodynia' (G) and 'Burning Mouth Syndrome' (BMS) are characterized by painful or burning sensations in the tongue and/or oral mucosa without any morphological changes or underlying systemic diseases.

Methods: In the Liaison Outpatient Clinic for Psychodermatological Disorders at the Department of Dermatology, University of Vienna Medical School, 27 patients were evaluated and treated for G/BMS over a period of 2 years (January 1997 until December 1998) after exclusion of other organic causes.

Results: Most patients had a history of multiple unsuccessful dermatological and dental treatments. The oral symptoms had been lasting from months to years. The patients were aged between 26 and 79 years, with an average age of 57 years. The sex ratio was f:m = 2:1. 74% of the group was in retirement. 59% had a history of other dermatological or gastroenterological disorders. Frequently a correlation was found between the occurrence of G and BMS artificial dentures and a history of herpes labialis. The psychopathological analyses demonstrated a significant correlation between the oral symptoms and episodes of depressive disorders and social isolation. 70% had a major depression. Detailed data will be presented.

Discussion: According to the results of the study, G and BMS should be considered as a manifestation of somatoform disorder which in some cases is triggered by local irritation and persists after improvement of dermatologic or dental disorder. The results of our treatment study indicate that the combination of antidepressants and psychotherapy provides a most useful option in the treatment of G and BMS.

Urodynia, Vulvodynia and Anodynia at the Liaison Outpatient Clinic for Psychodermatological Disorders

U. Mossbacher^a, A. Zoghlam^b, B. Hob^b, K. Wolff^b, M. Musalek^b

^aDepartment of Dermatology, Division of General Dermatology, and ^bDepartment of Psychiatry, University of Vienna Medical School, Vienna, Austria

Introduction: 'Urodynia' (U), 'Vulvodynia' (V) and 'Anodynia' (A) are characterized by discomfort and dysesthesias, painful or burning sensations in the cutaneous and/or mucosal areas of the urogenital regions without any morphological changes, objective signs or underlying systemic diseases.

Methods: In the Liaison Outpatient Clinic for Psychodermatological Disorders at the Department of Dermatology, 14 consecutively randomized patients were evaluated and treated for U, V or A over a period of 2 years (January 1997 until December 1998) after exclusion of other organic causes.

Results: The patients were aged between 18 and 67 years, with an average of 46.35 years. The sex ratio was 1:1; 64.3% had a job. Most patients had a history of multiple unsuccessful dermatological, uro- and gynecological treatments, and symptoms had

lasted from months to years. Almost all patients with V/U had a history of sexually transmitted diseases with remissio ad integrum. Allergological tests of all the patients were negative. The psychopathological analyses demonstrated a significant correlation between 'urogenital'-dynia and affective disorders on the one hand and partner problems on the other hand. 2 patients had U and glossodynia. 8 patients (57%) were treated in the long-term successfully with a combination of antidepressants and psychotherapy. 6 patients (43%) dropped out because of non-compliance. Detailed data will be presented.

Discussion: The results of our study indicate that the combination of antidepressants and long-term psychotherapy provides an effective treatment strategy, but only after a satisfactory therapeutic relationship could be established.

Alopecia areata as Psychosomatic Event. Necessity to Join Different Therapeutic Approaches

E. Corrin

Dermatologist, Paris, France

In psychosomatic events, mainly operant in alopecia areata, the early lack of symbolic and language schemes of representation for separation and loss experiences, that could not structure the personality, induces an operative and devoid-of-affect speaking. This induces the repetition of the inability of the perception of the link between the sorrow affective history and the body pain. Our scientific advances tend to generalize a circumscribed pathology as such. Therefore, how can we include the patient's subjectivity escaping from the causal representation when these two elements now appear as a weakness regarding science considerations? In everyday practice, how can we make the patient perceive the link between his affective history and the exhibited body pain? Putting this suffering into words may help the patient to structure his self and relieve the symptom.

The Combined Approach to Chronic Atopic Eczema: A Prospective Comparison of Behaviour Modification with Standard Dermatological Treatment against Standard Treatment Alone

S.L. Simpson-Dent, R.C.D. Staughton, C.K. Bridgett, A. Farrell
Chelsea & Westminster Hospital, London, UK

The potential for habit reversal – a behaviour therapy technique – to eliminate habitual rubbing and scratching in chronic atopic skin disease is well recognised. We have incorporated habit reversal into a treatment programme called The 'Combined Approach', including further behavioural strategies that optimise conventional emollient and topical steroid therapy. Our clinical experience using this programme has been reported at previous congresses (Florence, 1991; Halle, 1997).

We now report our preliminary findings of a prospective study comparing standard dermatology treatment with The Combined Approach, using SCORAD assessments at each clinic visit together with questionnaires that define disease activity and interference with lifestyle, over both short and long term. We predict that The Combined Approach not only provides short-term improvement compared with standard treatment, but that there is also sustained improvement at follow-up, with congruent improvement in quality of life.

ESDaP 050

Efficacy and Outcome Predictors of Patients with Atopic Eczema, Psoriasis, and Chronic Urticaria Treated in an Integrated Behavioral-Therapeutic and Dermatologic Inpatient Setting

A. Hillert, J. Dijkstra, L. Hoegl, M. Fichter

Medizinisch-Psychosomatische Klinik Roseneck, Prien am Chiemsee, Germany

Introduction: Several integrative psychotherapeutic and dermatologic program have been developed for the treatment of atopic eczema (AE), psoriasis (PS), and chronic urticaria (UR). As yet, especially in inpatient settings, only very little systematic evaluation has been performed. Which patient, in regard to diagnostic and social epidemiological aspects, will benefit from integrative strategies?

Methods: Patients suffering from AE, PS, and UR were treated within a 6-week program consisting of dermatologic treatment and informational sessions focusing on the individual symptomatology, body sensitivity programs and a behavioral-therapeutic group (i.e. vicious cycle of itch and scratching, coping strategies for stress, social isolation and stigmatization). At admission, discharge, and 6- and 12-month follow-up the 'Marburger Hautfragebogen' (MHF) and questionnaires focusing on illness-related thoughts, itching, scratching and quality of life were used.

Results: 144 consecutively admitted patients (AE = 79; PS = 31; UR = 32) were included. In all diagnostic groups, an impressive and steady amelioration of dermatologic as well as of psychological parameters was observed. Comparing admission and 12-month follow-up, the ratings for avoidance of social contacts (MHIF questionnaire) were reduced in AE patients from 81 to 27%, in PS patients from 71 to 30%, and in UR patients from 74 to 40%. The ability to cope with the disease increased in AR patients from 34 to 71%, in PS patients from 16 to 71%, and in UR patients from 28 to 69%. By comparison of the three groups, benefit in the AR group was the most pronounced.

Conclusions: The program was effective in all diagnostic groups, in regard to the dermatologic as well as the psychological parameters. Variables such as the patient's age, the duration of illness and the number of previous treatments were without influence on the therapeutic outcome; however, there was a remarkable positive correlation between educational and job status, social contacts, therapeutic motivation, and individual concepts of illness on the one hand and the outcome of therapy on the other.

Parental Education in the Treatment of Atopic Dermatitis in Childhood: Group versus Video-Based Home Training: A Pilot Study

G. Niebel^a, C. Kallweit^a, R. Fölster-Hols^b, I. Lange^a

^aInstitut für Psychologie and ^bKlinik für Dermatologie, Christian-Albrechts-Universität, Kiel, Germany

Behavioral group training has been shown to be an effective adjunct to dermatological treatment in juvenile and adult patients with atopic dermatitis (AD). In childhood AD, special approaches have to be considered: AD children need the help of parents to teach them early coping skills and self-help strategies, and parents themselves need basic information and coping skills to deal more effectively with their AD children and to manage the resulting stress as well. In a pilot study we tested the hypothesis that parental education in groups is more effective than video/bibliotherapy home training in improving AD and related psychological problems in children and their mothers. 46 outpatients (mean age 4.5 years) attending the University Clinic for Dermatology and their mothers participated in the study. 18 mothers underwent the group training (10 sessions), and 14 mothers worked with the video at home only. Dermatological treatment only (n = 14) served as the control. Prior to and after a 3-month evaluation period, skin status, scratching behavior, and psychological problems in parents and children were assessed. The results show significant improvement of skin symptoms as rated by dermatologists as well as of symptomatic behavior and psychological problems as rated by parents by means of questionnaires. Contrary to the hypothesis, effects of video-mediated training were not different from those of direct group training. It is suggested that video home training is a cost-effective and less time-consuming method for supporting parents of children with chronic skin disease and improving the effects of medical treatment.

ESDaP 052

Pathological Worrying and Illness Beliefs in Patients with Psoriasis

D.G. Fortune^{a,b}, H.L. Richards^a, C.J. Mair^a, C.E.M. Griffiths^b

^aDepartment of Behavioural Medicine and ^bUniversity Section of Dermatology, Hope Hospital, Salford, and University of Manchester, UK

Background and Objective: Anecdotal accounts of patients' difficulties suggest that excessive worrying may be a significant event for patients with psoriasis. We were interested to investigate whether certain beliefs about psoriasis were more likely to be associated with pathological worrying than others. **Method and Patients:** 140 patients with psoriasis underwent a medical examination where their psoriasis was assessed by means of the PASI system. Standardised measures of pathological worrying (PSWQ) and beliefs about the condition in terms of (a) consequences, (b) how long the condition will last, (c) degree of perceived control, (d) perceived symptoms, and (e) perceived causes of psoriasis were also completed.

Results: 38% of the sample scored within one standard deviation of the worry score for patients in previous studies diagnosed with Generalised Anxiety Disorder. Clinical severity of psoriasis was not associated with beliefs about the condition

or with pathological worrying. A logistic regression analysis indicated that pathological worrying was associated with stronger beliefs in psoriasis having serious consequences, and stronger beliefs in causation being due to emotional factors. *Conclusion:* A considerable number of patients with psoriasis experience high levels of worrying thoughts that are linked more to personal and social evaluative concerns than to the pathophysiology or course of their disease.

ESDaP 053

The Desynchrony between Disease Severity and Disability in Psoriasis

H.L. Richards^a, D.G. Fortune^{a,b}, C.J. Mair^a, C.E.M. Griffiths^b

^aDepartment of Behavioural Medicine and ^bUniversity Section of Dermatology, Hope Hospital, Salford, and University of Manchester, UK

Background and Objectives: Previous research has indicated that the impact of skin disease on a person is extremely variable. Some patients are significantly distressed by their condition whereas others with a similar level of psoriasis severity are not. We attempted to assess the relative importance of demographic, clinical and psychological factors in predicting psoriasis-related disability.

Method: 115 patients attending a psoriasis speciality clinic completed a number of psoriasis-specific and generic questionnaires. Psoriasis severity was assessed by a Consultant Dermatologist at the clinic.

Results: There were no significant relationships identified between the clinical severity of psoriasis or the anatomical area of involvement and psychological variables. Over 60% of patients had scores indicative of a possibility of suffering from a mood disorder. Multiple regression of psychological variables accounted for 45% of explained variance in psoriasis-related disability [F (4, 106) = 21.81, $p < 0.001$]. Clinical severity of psoriasis failed to meet the entry criteria for the analysis.

Conclusion: Psoriasis-specific variables accounted for more of the variance in psoriasis-related disability than any other psychological or health-related variable.

ESDaP 054

Cognitive-Behavioural Intervention for Psoriasis

H.L. Richards^a, D.G. Fortune^{a,b}, S. Bowcock^b, C.J. Mair^a, C.E.M. Griffiths^b

^aDepartment of Behavioural Medicine and ^bUniversity Section of Dermatology, Hope Hospital, Salford, and University of Manchester, UK

Background and Objective: It is well recognised that the presence of psoriasis may be associated with significant levels of psychological distress. Previous research has also suggested that psychological stress may influence the clinical course of psoriasis. This study set out to investigate the efficacy of an adjunctive cognitive-behavioural stress management approach in the clinical management of psoriasis.

Method and Patients: 40 patients with psoriasis entered a 6-week cognitive-behavioural group programme and were assessed on psychological, clinical and immunological variables at induction, at discharge from the programme (after 6 weeks) and at 6-month follow-up. Age- and sex-matched controls were assessed on the same parameters at the same time points. Analysis was conducted on an intention-to-treat basis.

Results: There were significant differences between patients' scores at induction to the programme, at discharge and at 6-month follow-up on: pathological worrying ($p < 0.05$), beliefs that psoriasis will have serious consequences ($p < 0.05$), anxiety ($p < 0.01$), depression ($p < 0.05$) and on overall clinical severity of psoriasis ($p < 0.01$). Results will also be presented for immunological measures and control group comparisons.

Conclusion: These preliminary results suggest that adjunctive cognitive-behavioural approaches may reduce psychological distress and improve the clinical severity of psoriasis. Further research is required to evaluate the active components of the cognitive-behavioural approaches.

ESDaP 055

Hypnosis in Two Patients with Alopecia universalis

R. Willemsen, A. De Coninck, M. Bauwens, D. Roseeuw

Department of Dermatology, Academic Clinic, Free University, Brussels, Belgium

Two patients with alopecia universalis were treated with hypnosis, after failure of diphencyprone (DPCP) treatment.

Case 1: A 66-year-old woman presented with alopecia universalis 1.5 years after an emotional shock. During 9 months she was treated with DPCP, leading only to a slight regrowth of vellus hairs. Hypnotherapy was started in June 1997. Terminal hairs appeared on the scalp after 4 sessions, leading to a total regrowth of scalp and face hairs. After 1 year no recurrence was noticed.

Case 2: A 33-year-old woman showed an alopecia universalis. This affection had begun in April 1996 as an alopecia areata, subsequent to a traumatic pregnancy. She had followed a psychotherapy for many years for other psychiatric symptoms. Treatment with DPCP was unsuccessful. Hypnotherapy was added from November 1997. It took 12 sessions before a scattered hairgrowth appeared on the scalp (July 1998). An almost total regrowth was noticed 1 year after the start of the hypnosis. In January 1999, some new alopecia patches appeared on the scalp. The patient still receives further hypnotherapy.

Discussion: In recent years, medical hypnosis has become increasingly popular. Its use in a variety of dermatological disorders such as atopic dermatitis, psoriasis, urticaria and warts is well described. However, little is known about the use of hypnosis in severe forms of alopecia. We believe that these preliminary results suggest that hypnosis can be an alternative approach in patients with alopecia areata/totalis/universalis who do not respond to the more classical treatments.

ESDaP 056

Metastasis-Free Long-Term Survival of High-Risk Melanoma Is Associated with Better Coping Style

E. Drunkenmölle^b, P. Helmbold^b, J. Kupfer^b, D. Lübke^a, K.-M. Taube^a, W.C. Marsch^a

^aDepartment of Dermatology, Martin-Luther University, Halle-Wittenberg, and

^bDepartment of Medical Psychology, Justus Liebig University, Giessen, Germany

Objective: In the recent literature a relationship between the survival of patients with malignant tumours and their person-

ality was stated by different authors. To elucidate this association for melanoma we used a retrospective analysis of patients who survived high-risk melanoma without metastasis.

Methods: Out of 2,173 patients with malignant melanoma of the skin, 286 have shown a primary tumour thickness (Breslow index) of 3 mm. Twenty-six of these patients have been surviving without metastasis for more than 10 years. Out of these patients a group of 15 (average Breslow tumor index 3.95 ± 0.97 mm, mean Clark tumour index 3.87 ± 0.64 , ratio female/male 0.67, average follow-up 15.6 ± 3.00 years, mean age at first diagnosis 41.67 ± 12.42 years, mean age during our investigation 57.27 ± 12.95 years) was investigated with the following instruments: Antonovsky's Sense of Coherence (SOC), the Neo 5-Factor Inventory (NEC-FFI), the Freiburg Questionnaire of Coping with Illness (FQCI) and the KKG (Locus of control in disease and health questionnaire).

Results: We found (in comparison to a normal population) significant ($p < 0.05$) results for the following scales: SOC: greater meaningfulness, greater manageability, greater total SOC; NEO-FFI: lower neuroticism; FQCI: lower depressive coping style, lower regressive tendencies, lower mistrust and pessimism, higher self-encouraging.

Conclusion: Effective coping styles seem to be associated with long-term survival of high-risk malignant melanoma. However, the exact nature of this relationship warrants further prospective investigation.

ESDaP 057

Pruritus and Bodypsychotherapy

R. Hochmair, A. Steiner, A. Trost, H. Partsch, W. Davis, M. Musalek
Department of Dermatology, Wilhelminenspital, Vienna, and Department of Psychiatry, University of Vienna, Austria

Bodypsychotherapy uses the reciprocity between body and psyche for its various therapeutic models. Many of them root in the investigations and concepts of 'life-energy', founded by W. Reich in his Vegetotherapy. The start for our pilot project was the hypothesis that pruritus can be positively influenced by a particular form of psychotherapy, the 'Reichian Points and Positions bodypsychotherapy'. This study has been carried out at the Psychodermatological Department of the Department of Dermatology, Wilhelminenspital, Vienna. 20 patients suffering from chronic pruritus (pruritus in dermatological disorders, pruritus sine materia) were investigated by a general medical doctor qualified in psychosomatic medicine and bodypsychotherapy. Each patient received 5 sessions of Points and Positions bodypsychotherapy, developed by W. Davis. The following instruments were used for evaluation of the treatment outcome: Marburger Itching Questionnaire, Marburger Skin Questionnaire, Visual Analogue Scale, Hamilton Depression Scale HAMD, Hamilton Anxiety Scale HAMA, Von Zersen Self-appraisal Questionnaire, BfS, BfS1. The preliminary results of the still ongoing study indicate that this kind of therapy is effective not only in patients suffering from pruritus sine materia but also in patients with pruritus in the frame of dermatological disorders.

A Case of Atopic Eczema

D. Pomey-Rey
Department of Dermatology, Saint-Louis Hospital, Paris, France

I would like to demonstrate how the gradual control of very archaic anxiety attacks discovered while analysing the dreams of Christelle, a 27-year-old woman who had suffered from an atopic eczema since she was 3 months old (persisting despite all the classical dermatological treatments), enabled the total disappearance of the pruritus and serious cutaneous lesions within 1 year. The method used was a weekly 45-min interview, face to face, over a period of 40 weeks. The patient associated freely in an atmosphere of support and trust, with the maternal transfer to the therapist playing an important role. The results obtained can be summarised in these dreams:

First Dream: 'There's a sword, like an arrow, right through my neck, a little to the left side, near the artery, I think. Somebody wants to turn it and pull it out. I knew that it would fall out when I found the person I was looking for.' Christelle felt intuitively that this was the task which she had to accomplish with me: that is to say, extirpate, with my help, a very archaic deadly pain, revealed by her pruritus, and that it would hurt a great deal.

Last Dream: 'I have a baby in a basket: either the basket is too big or the baby is too small because he is floating in the basket. Next, I go up some stairs but there is something in my way. I take the basket in my arms. It overturns. The baby falls into space. I rush to the foot of the stairs to look for him. Then the janitor shows me something white which looks like a fish and asks me if the baby is mine. I reply: No! No!'

In conclusion, Christelle's atopic dermatitis disappeared after an extremely spectacular bout of tonsillitis. The ENT specialist I sent her to found her tonsils so infected that he decided to remove them by laser and prescribed the appropriate antibiotics. I then remembered that Christelle had mentioned in our first interviews a sensitive throat and repeated bouts of tonsillitis. Was that why in the first dream the arrow symbolizing her anxiety was located in this region? In Christelle's case, it took 1 year to the therapist, invested with all the skills of a dermatologist and a psychoanalyst, to take the place of this depressed mother who seemed to lack any consistency and make good an identification which was equally lacking in consistency.

ESDaP 059

On the Etymology of the Word 'Trace'

A. Houmard
Société Francophone de Dermatologie Psychosomatique (SFDP), Paris, France

'Trace' has the same meaning in English and French. It comes from the Middle English (13th to 16th century), derived from the Old French (12th century). The French noun trace is linked to the verb tracer (to trace), at first tracier, which comes from the Vulgar Latin tractiare, itself derived from the Classic Latin tractus (a drawing along, a track), past participle of trahere (to draw, to drag). Original attested French meanings must have been 'to follow the trail or footprints of, to

Quality of Life Assessment and the Management of Chronic Skin Diseases: State of the Art

J. de Korte, F.M.C. Mombers

Academic Medical Center, University of Amsterdam, the Netherlands

Health-related quality of life reflects the impact of a disease on the physical, psychological and social functioning of the patient. In the management of chronic skin diseases, assessment of quality of life is getting more important. An elaborate search in six scientific databases was carried out. The search is part of a disease management project, focusing on the interrelationship between quality of life and quality of care in psoriasis. More than 200 publications were selected. Quality of life measures, quality of life impact studies, and quality of life intervention studies were analyzed. An overview of the results of this analysis will be given. Implications for further research and for the management of chronic skin diseases will be discussed.

Quality of Life in Psoriasis Patients: An Overview

F.M.C. Mombers, J. de Korte

Academic Medical Center, University of Amsterdam, the Netherlands

Psoriasis has a great impact upon the patient's quality of life. Assessment of this impact is of importance in the management of psoriasis. An elaborate search was carried out in six scientific databases: MEDLINE, EMBASE, Current Contents, CINAHL and PsycLIT. On the basis of 139 studies, an analysis was made of quality of life measures, and of the results of quality of life studies. Eight generic, seven dermatology-specific, and four psoriasis-specific measures were found. Only five measures could be included for further analysis. The results of this analysis will be presented. Eighty-eight studies in psoriasis were found. Eleven studies could be included for further analysis. The results of this analysis will also be presented. Both analyses confirm the importance of further research in quality of life. Guidelines for future research projects will be given.

Disease Progression, Behavioural Habits and the Quality of Life of Psoriatic Patients

M.M. Polengh^a, E. Molinar^b, A.F. Finzi^a

^aDermatology Institute, University of Milan, and ^bUniversità Cattolica del Sacro Cuore, Milan, Italy

Clinical and biomedical research studies concerning the relationships between disease progression, behavioural habits and the quality of life of psoriatic patients have increasingly concentrated on psychosomatic factors.

The present cross-generational study was designed to explore the degree of life satisfaction of 30 male patients (10 aged less than 33 years, 10 aged 45–54 years and 10 aged 63–72 years), with the aim of investigating whether the impact of psoriasis

track', and 'to make a trace'. The first meaning still exists in the hunters' jargon. The transition to the modern French use took place during the 16th century: 'to trace' means 'to draw a line, a mark'. The substantive trace meant at first (by 1155) a series of footprints left by the passage of a person or an animal, and later of a thing, as well as each of these marks taken separately. The word very soon took figurative or analogical senses: 'to follow someone's traces', 'to tread in someone's footsteps'. Since the 13th century, it refers to the impression which remains of something, to what remains from the past, especially in the memory. The word trace produced an action derivative, tracer, designating a person or a thing making a trace: it originally meant 'a hunter', then the person whose work is tracing drawings. It now has more technical and scientific acceptations. The main synonyms of trace are: mark, print, trail or track, stain, scar, stigma, sign, vestige, engram. At the dawn of mankind, when prehistoric men left negative hand prints on the walls of their caves, they could not imagine that thousands years later Freud would have discovered that events and words can make deep traces in man's mind.

Psychosomatic Traces and Dermatological Practice: Reflections about an Atopic Dermatitis Case

A. Houmard

Société Francophone de Dermatologie Psychosomatique, Paris, France

A 2.5-year-old boy came to me with his mother for a profuse atopic dermatitis which had suddenly worsened when the family moved the year before. Since the first consultations, this eczema seemed remarkable for the intensity of the pruritus and its apparent resistance to local corticotherapy. It became rapidly obvious that something was going wrong in the family, especially between the child and his mother. In addition to the major pruritus sometimes leading to a real laceration of the skin, Alexander also suffered from sleeping disturbances with frequent nightmares. The skin symptoms increased when the child had to separate from his mother. After a few months of follow-up, I suggested that Alexander should go to see a child psychologist. His mother was very reluctant to this idea and she still is. The psychotherapy, involving the child and his mother, went on for a few months only. She was convinced that her son's eczema was mainly due to a food allergy. In fact, Alexander's dermatitis clearly improved during the psychotherapy and after a special diet was started. It seems as if his mother needed to regain complete control of the medical care. Even if it would be necessary for the dermatologist to know the patient's story in order to help him, he is not trained as psychotherapist. The parallel psychotherapy that could sometimes be required, however, cannot be carried out against the patient's will. The dermatologist can just try to attenuate to a certain extent the trace (physical and/or psychological) which can be left by a disease. Moreover, traces of words spoken in consultation will remain in the patient's mind and may thus contribute to change the course of a disease.

on the quality of life changes over time. The instruments used were the Minnesota Multiphasic Personality Inventory (MMPI2), Zung's Anxiety and Depression Test, the QTA Hostility Test of Buss and Durkee, the Bem Sex Role Inventory (BSR) and the Life Satisfaction Scale (LSS). The mean MMPI scores indicated normal personality traits, although more detailed analysis by age group suggested that the incidence of some pathological traits increases with age. Zung's test revealed that 58% of the subjects were highly anxious, and the QTA test indicated the presence of irritability and frustration. The mean BSR scores were significantly different from those of the normative group, particularly in terms of sensorial perception, body perception, self-perception and mood instability. The LSS health scores were significantly lower than the norm, with the total scores being similar for all three age groups. The observed difficulties in some personality traits, body perception and social relationships seem to increase with age, and correlate with the extent, severity and site of psoriatic lesions. Furthermore, the results of our previous studies have revealed a direct relationship between disease duration and negative behaviours such as alcohol consumption.

ESDaP 064

The Body Perception of Psoriatic Patients

M.M. Polenghi^a, E. Molinari^b, A.F. Finzi^a

^aDermatology Institute, University of Milan, and ^bIstituto Auxologico Italiano, Milan, Italy

It is not unusual to find that dermatological patients often have difficulty in coming to terms with their bodies as a result of both objective (the presence of the disease) and subjective factors (self-judgment, self-esteem, their perception of the judgment of others, etc.). In the case of patients with psoriasis, the biological stigma can trigger various disturbances in terms of body perception. In order to verify the entity and incidence of such disturbances in a group of patients visiting the Psychosomatic Dermatological Laboratory of Milan University's Institute of Dermatology, in addition to a routine dermatological examination and clinical discussion, we also administered the Experiential Area Test (EWI) and our own Milan Skin Perception Test (MSPT). The preliminary EWI results indicate that the mean scores of our psoriatic patients were significantly different from those of the normative group, particularly in terms of sensorial perception, body perception, self-perception and mood instability. However, the MSPT scores (which measure the perception of 'psychological differences' using Osgood's semantic differential technique) show that psoriatic patients are worried not only by the parts of their body affected by the disease, but also by their bodies as a whole. The difference between their 'real' and an ideal body was considerable, and increased in relation to the duration and extent of the disease. The results of further studies could help clinicians to consider the effects of subjective body perceptions when treating patients with psoriasis.

ESDaP 065

Delusional Parasitosis: A 'Contagious' Delusion

L. Defromont^a, O. Cottencin^a, B. Neyrinck^{a,b}, M. Goudemand^a

^aCHRU de Lille, University of Lille II, and ^bEPS Lommelet, Lille, France

Induced delusional disorder (DSM IV) is well known since a long time. Laségue and Falret made the first study in 1877. Presently some specificities are known. Delusional parasitosis (delusion of infestation), originally described by Ekbom, represents 8–25% of all the induced delusional disorders. It is the most 'contagious' form of such disorders, probably because of its properties. Its treatment is complex because patients cannot support the idea that the separation of the individuals who might be unsafe is the only treatment. The authors will present proposals for treatment of collective delusions.

ESDaP 066

Liaison Psychiatry and Malignant Melanoma

K. Jezequel^a, O. Cottencin^a, M. Goudemand^a, F. Piette^b

^aClinique Michel Fontan and ^bDepartment of Dermatology, CHRU de Lille, University of Lille II, Lille, France

Consultations of medical specialities are often required by medical staff. But liaison psychiatry is different. It is not limited to a simple diagnosis and therapeutic consultation. It relates to two significant fields of medicine: medical psychology and medico-psychiatric intricacy. For several months, in the Department of Dermatology we have dealt with patients suffering from malignant melanoma. We wish to show from a systemic point of view (Palo-Alto School) that the assistance given to the exhausted teams (in a burn-out syndrome) allowed a notable change in the care of the patients.

ESDaP 067

The Neuro-Immuno-Cutaneous System as Biological Foundation of the Relationship between Skin and Mind

L. Misery

INSERM U346, E. Herriot Hospital, Lyon, and GIMAP, Faculty of Medicine, Saint-Etienne, France

It is nowadays absolutely admitted that the course of dermatoses could be modulated by psychic events. Our field of interest is to explain how the psyche could influence cutaneous diseases, that is to say which was the pathophysiological basis of the modulation of dermatoses by psyche.

Using confocal microscopy, we have shown that Langerhans cells, the epidermal immune cells, had narrow anatomical connections with nerve fibers. We demonstrated that neurotransmitters (e.g. somatostatin) were present in human skin. Using different methods (immunostainings, binding studies with biotinylated and radioactive neuromediators) we demonstrated that keratinocytes, fibroblasts and Langerhans cells express receptors for substance P, gastrin-releasing peptide (GRP) or somatostatin. These receptors were functional. Hence, we have demonstrated that substance P inhibited antigen presentation by Langerhans cells to T lymphocytes or that somatostatin inhibited fibroblastic proliferation. In the course of dermatoses such as psoriasis, atopic dermatitis, cutaneous lym-

phomas or Langerhans cell histiocytosis, we have noticed strong modifications of the expression of receptors for neuro-mediators on different skin cells.

Skin, immunity and nervous system appear to be intimately linked, both anatomically and physiologically. We suggest to integrate these 3 systems into one unified system: the neuro-immuno-cutaneous system. Relationships between skin, immune system and the nervous system are strongly disrupted in the course of dermatoses because the expression of cutaneous neuromodulators and their receptors is widely changed. These modifications give evidence of the intervention of the nervous system in the pathophysiology of dermatoses and represent the biological bases of the intervention of the central and peripheral nervous systems. Through these phenomena we can explain the somatization of psychological disorders.

ESDaP 068

From Cutaneous Marks to One's Own Trace

S. Rolhion, L. Misery, F. Cambazard

Department of Dermatology, North Hospital, Saint Etienne, France

The concept of trace is very important in the psychoanalytic field. Frequently used by Sigmund Freud in terms of memory, it means the manner in which the events impress themselves in the psychic reality of the subject. As far back as the origins of psychoanalysis, the Freudian concept of mnesic trace distinguishes oneself from the neuropsychologic engraving, named as mark in bioelectric reality of the brain. Exploring the different complexes of infantile amnesia (inefficiency of the child to record his own impressions), Freud places mnesic traces in systems (unconscious, preconscious, conscious) in relation with other traces subsequent to the lived of the person. Hence, each subject preserves a trace, a remembrance of his own history remaining often inaccessible to the consciousness but capable of being updated, in the manner of certain life events (traumas) in an associating context. Comparing his theory to the principle of magic scribbling-block (1925), Freud imagines representation of the Ego as a double leaf: on the one hand a surface of projection and on the other hand a surface of inscription, a pattern of the mental work that will lead Didier Anzieu to propose his analogic conceptualization of the ego-skin.

Among the traumas which a subject can suffer those related to its biological being or to his psychological being are probably the most outstanding, exactly because these traumas confront the subject to his psychic and historic structure, opposed to the mortified prospect of the disease. Not exceptional but rare are the experiments which concern either the biological or the psychological being, that means which evoke the updating of an original and traumatic mnesic trace in the front of a real and particular scene: skin through the traces of a dermatosis. Psychosomatic dermatology is one of these and confronts the subject with observable corporal involvement. Hence, psychosomatic dermatology helps to reintroduce the possibility of a double investigation of the psychic life of the patient: through objective medical approach and introspective psychological approach.

To the chronic repetition of some dermatoses, we have explored with a new point of view the position of diseases in the

psychic referential around which temporality and factual history are connected. The aim of our work is not to propose a complete contribution to clinical dermatology, but is to show that skin diseases offer opportunities to use intertheoric patterns of psychopathology and dermatology. We propose clinical cases to demonstrate this interest of a 'dermatopsy' consultation for the understanding of psychic and corporal odds of the chronicization of some dermatologic disorders.

ESDaP 069

Psychiatric Manifestations of Systemic Lupus erythematosus and Sjögren's Syndrome

J.-F. Ampelas^a, N. Dantchev^a, M.J. Wattiaux^b

^aHôpital La Pitié-Salpêtrière, Service de Psychiatrie adultes, and ^bHôpital Bichat, Service de Médecine Interne, Paris, France

We present a case of Sjögren's syndrome (SS) that appeared following a systemic lupus erythematosus (SLE) with predominant psychiatric manifestations (PM) (hallucinations, depression, personality disorders) successfully treated with cyclophosphamide. Based on this case, we arrange a literature review about the psychiatric aspects of these two systemic diseases, and present the etiopathogenic hypothesis and treatment of the PMs. During the course of the primary SS, the occurrence of PMs widely varies from 20 to 70%. The most frequent PMs are: affective disorders, personality disorders, anxiety and cognitive deficiencies. However, some of them can be successfully treated with the symptomatic drugs used in SS such as corticosteroids. The occurrence of PMs in SLE also widely varies, from 5 to 83% depending on the criteria used. PMs in SLE include psychosis, affective disorders and subtle cognitive disorders. Some of them can be managed with symptomatic medications of SLE such as immunosuppressive agents.

ESDaP 070

Ekbohm Syndrome or Parasitosis Delirium: A Clinical Case

E. Ferullo^a, P. Trombett^b, V. Rotoli^a, M. Andreass^a, S. Masci^a

^aClinica Dermatologica, University 'C. D'Annunzio', Chieti, and ^bNeuropsychiatrist, Pescara, Italy

The Ekbohm syndrome or parasitosis delusion is characterized by the delusional conviction of the patient, against all proof, that he is infested by cutaneous parasites. We describe a 72-year-old male patient who complained of an intense pruritus, involving all the skin, caused by what he believed to be a 'small animal'. He said that he could see them moving on his skin and tried to eliminate them with his hands. He consulted a psychiatrist who reported to us that the patient's thoughts were centered on delusional topics of somatic origin in absence of clinical signs of cognitive defects of personality. During the therapy with the psychiatrist, the patient revealed his ritual habits of decontamination (frequent baths in hot water, frequent changing of underclothes, gathering of cutaneous specimens to prove the presence of parasites). There are cases where parasitosis delusion totally takes over the patient and other cases where the patient continues to perform normal daily activities. Psychiatrists call this condition monosympto-

matic hypochondriacal psychosis, and the DSM-IV defines it as a psychotic problem not due to a medical condition. The treatment of these patients is difficult. The dermatologist must try to gain their trust and eliminate their feeling of solitude. These patients often refuse psychiatric help, thus leaving the problem to the dermatologist. In these cases, neuroleptic treatments helped us to obtain good results and improve the clinical aspects of this disease. In our job, does everybody listen to the real message sent by the patients?

ESDaP 071

Interdisciplinarity between Dermatology and Psychiatry: A Clinical Case

E. Ferullo^a, P. Trombetti^b, V. Rotoli^a, M. Andreassi^a, S. Masci^a

^aClinica Dermatologica, University 'C. D'Annunzio', Chieti, and ^bNeuropsychiatrist, Pescara, Italy

We describe a 24-year-old patient who presented lesions on the right lower eyelid: linear, ulcerated, with a clear-cut margin, exsudated and covered with bloody crusts, surrounded by a red-violet effusion, without subjective symptoms. The patient told us that these lesions had appeared during his military service and had relapsed in the last 6 years. Routine clinical tests were normal except for positivity of antiherpes virus antibodies. Because the patient was under treatment with neuroleptics, he was referred to a psychiatrist who revealed the psychosomatic origin of the lesions, with clinical signs of cognition-affective defects and a possible relationship between his skin symptoms and his psychiatric condition. The patient was followed in our clinic. An adequate psychotherapy permitted to achieve a complete healing of the skin. This work shows the necessity of sometimes combining dermatological treatment and psychiatric therapy in order to improve the prognosis of psychosomatic skin diseases.

ESDaP 072

Communication of Psychosocial Distress through the 'Language' of Dermopathy

E. Andreoli, P. Foglio Bonda, A. Mozzetta, M. Paradisi, F. Decaminada
Istituto Dermatologico dell'Immacolata, Roma, Italia

We will present the cases of 6 children, admitted as in-patients at the VII Paediatric Dermatology Ward of the IDI Institute in Rome, who had different skin diseases. They were seen by the same psychologist who submitted them to a psychodiagnostic protocol which includes an interview with the children, who were given the House, Tree and Person graphic test (HTP test), and two interviews with the parents (at the beginning and at the end of the psychodiagnostic evaluation). All 6 children were diagnosed as 'free from structured psychopathological disorder'. The choice of these cases was determined by the fact that, in spite of the absence of a specific psychopathology, all of them clearly showed a considerable psychosocial distress.

Consequently, we believe the role of the dermatologist is fundamental, mostly at a prognostic level, in the early detection of possible emotional and interpersonal distress in children suffering from a skin disease who may benefit, besides from the specific dermatological treatment, also from psychological counseling.

As a matter of fact, the earlier it is possible to understand whether the child is trying to convey, through the dermatological disease, also a 'call for help' regarding his/her psychosocial environment, the earlier and the better it is possible to intervene. Almost always psychological intervention is limited to programming a behaviour change in the child's significant persons in order to allow the young dermatological patient to go through his/her overall development, overcoming his/her emotional and interpersonal difficulties, avoiding to feel 'to be a problem', and then being able to 'respond' more completely and effectively to the dermatological treatment.

ESDaP 073

Psychological Counselling for Paediatric Dermatological Patients: Which 'Indicators' Are to Be Observed?

E. Andreoli, P. Foglio Bonda, A. Mozzetta, M. Paradisi, F. Decaminada
Istituto Dermatologico dell'Immacolata, Roma, Italia

Several studies have shown how interdependent physical and psychological health are, in every moment of life, but especially during childhood and adolescence. A psychological component in dermatological diseases is present when: (1) a condition of psychological distress contributes to the manifestation of a dermatological disease (psychosomatic disorder); and (2) the dermatological disease influences negatively the psychological condition (somatopsychological disorder). In any case, the unease experienced by children and adolescents with dermatological diseases is very distinctive, as far as the perception of their own reality is concerned, and it causes them a dysphoric experience that, even though not necessarily severe, can be highly significant. For this reason it is essential in these cases to look for those indicators that may point out to the existence of a psychological component that may have influenced the onset and/or the persistence of the disease. The psychological examination is not a specific task of the dermatologist who may seek the psychologist's advice when he considers it necessary. In order to decide if this collaboration may be helpful, the dermatologist will look for signs of one or more conflictual attitudes and/or dynamics in the child, in his/her parents and in their relationship, which may suggest the existence of a specific psychological distress and consequently the need for psychological counselling.

We will present a list of such attitudes and/or behaviour and 4 cases of young patients who showed, together with the skin disease, some of these indicators which oriented the dermatologist to refer them for psychological counselling.

ESDaP 074

The Gardner-Diamond Syndrome (or Psychogenic Purpura) in Young Adults

A. Mozzetta, D. Camaioni, E. Andreoli, P. Foglio Bonda, L.M. Chinni, F. Decaminada
Istituto Dermatologico dell'Immacolata, Roma, Italia

The Gardner-Diamond syndrome affects almost exclusively young women and is characterized by the spontaneous onset of painful, deep and infiltrated ecchymotic lesions, without

any haematological coagulation abnormalities. The lesions are located mainly on the limbs but they may occur also on the chest, the abdomen and, rarely, on the face. We describe the case of a 23-year-old man who has had painful ecchymotic lesions on limbs and chest for the last 4 years, with chronically relapsing exacerbations and spontaneous remissions. The patient was admitted as an in-patient in order to define diagnosis and treatment. The dermatological and psychological staff treated the case following the 'liaison consultation' approach. The diagnosis was established on the basis of the absence of any haematological abnormalities and of the induction of the typical lesion through intradermal injection of autologous red blood cells. In order to better understand the patient's personality and environment, a psychodiagnostic protocol was added to the clinical analysis and treatment. The patient accepted it after a brief explanation of the integrated treatment. The protocol included: three psychodiagnostic and anamnestic interviews; the psychodiagnostic H. Rorschach Test; the projective graphic House, Tree and Person graphic test (HTP test); the IPAT anxiety and depression scale; the PS-Experience Blanck Psychosomatic Inventory. During the 'liaison consultation', the analysis and the evaluation of the results of the psychological interviews and tests were put together with the conclusions drawn by the medical staff in order to: (1) draw up a report describing the patient's personality and records relevant and/or stressful conditions that might have influenced the onset and mainly the course of the illness; (2) point out the presence of psychological co-factors underlying the onset and persistence of the illness; (3) confirm the hypothesis of an illness not justified exclusively by the presence of biophysiological factors; (4) study and prescribe jointly an integrated medical and psychological treatment.

ESDaP 075

Systemic Sclerosis: Clinical and Psychosocial Aspects

A. Mozzetta, C.R. Girardelli, E. Andreoli, P. Foglio Bonda, F. Decaminada, P. Puddu

Istituto Dermatologico dell'Immacolata, Roma, Italia

Systemic sclerosis, or scleroderma, is characterized by fibrosis of the connective tissues with consequent cutaneous stiffening and thickening and possible involvement of several visceral organs. The pathological process causes several symptoms, both subjective and objective, characterized by articular, respiratory, cardiac, gastrointestinal and renal disorders, followed by more or less severe inconveniences within the psychosocial environment. Typically, the progressive hardening of the skin may compress the body like an armour. At present, in spite of several investigations, the causes of the disease are still unknown. Recent pathogenetic findings allowed a better therapeutic control of scleroderma as well as an increase of survival time and quality of life.

We noticed that these patients seem to share several characteristics (behavioural, cognitive, affective, interpersonal and operating). In our institute, the 5th Dermatology Ward and

the Laboratory of Clinical Psychology and Psychosomatic Psychotherapy, we have started a study with the aim to detect and point out possible behavioural and personality patterns in scleroderma patients. The study will enroll 40 adults with scleroderma. The psychodiagnostic protocol includes: a semi-structured interview, a H. Rorschach test, a self-administered questionnaire, the IPAT anxiety and depression scale and the PS-Experience Blanck Psychosomatic Inventory. At present 15 subjects have completed the protocol. The initial observations seem to confirm the hypothesis of similar behavioural characteristics in these subjects. If these preliminary observations are confirmed, it will be possible to design further projects in order to evaluate the effectiveness of an integrated pharmacological, psychological and/or psychotherapeutic treatment of people with scleroderma.

ESDaP 076

'Dalla Bruttina Stagionata Al Mito di Orione': A Case of Self-Aggression

R. Guarnieri, A. Burroni, M. Fassino, R. Bassi, and others
Training Group on Psychosomatic Dermatology, Venezia, Italy

The authors describe the difficult experience of taking care by the dermatologist of a patient with severe auto-aggressive behaviour (provoking wounds on his skin and trying to repair them). It was particularly interesting to see the patient's attempts to communicate his mental state to the dermatologist using some books, the titles of which were significant in the context of their relationship.

In this communication, the psychopathological structure of the patient is analysed as well as his different ways of communicating through his skin. The authors consider this case as a good example of how the dermatologist can experience working in a training group as a support to the medical intervention and psychological comprehension.

ESDaP 077

Dermatological Psycho-Neuro-Endocrine Immunology

T. Lotti, J. Ghersetich, B. Bianchi
Department of Dermatology, University of Florence, Italy

The complex interdependence of the neural, endocrine and immune systems has been shown during the recent years; biopsychological events, as stress, seem to be mainly mediated by neuropeptides that interact with endocrine organs and immune cells. In the skin the presence of neuropeptides and their influence on the cutaneous immune system has been documented, such as their involvement in different skin diseases. Similarly, neuropeptides released by the skin in different conditions have been shown to affect the central nervous system, recognition and perception and, finally, the behaviour.

Treatment of Psychosomatic Dermatological Pathologies: An Experience of Integrated Intervention in the Medical Corps of the Italian Army

R. Cacciuttolo^a, O. Granati^b, S. Bacc^c, S. Salvator^d

^aDepartment of Dermatology and ^bPsychological Service, Military Hospital of Florence; ^cMedical Psychologist; ^dPsychiatrist

The liaison between departments having different competence is a necessary condition for a correct approach to psychosomatic pathology. During the past years, at the Military Hospital of the Italian Army in Florence a strict cooperation between the Department of Dermatology and the Department of Psychology has been developed. This cooperation brought about the definition of procedures for evaluation and treatment of some dermatological pathologies with ensured psychosomatic components. The authors have been able to verify the effectiveness of a psychotherapeutic approach based on bodily techniques (in particular, conducted relaxation and biofeedback) on patients who from the very beginning were inclined to completely refuse the psychological meaning of dermatologic symptoms. The bodily approach allowing to pay attention to the somatic aspect gives the opportunity to meet the psychotherapist; otherwise, the somatic aspect would be full of difficulties for having no psychological symptoms subjectively experienced. The remission of dermatological symptoms, usually very quick, forms an important positive support that motivates much more the patient to carry on the treatment. The authors will present sending procedures, treatment approaches and evaluation modalities. Furthermore, some clinical cases will be quickly described considering their exemplary character.

Delusions in Dermatology

M. Musalek

Department of Psychiatry, University of Vienna, Austria

Although every delusion principally may be observed in dermatology, in clinical practice dermatologists are confronted usually with only few particular delusional syndromes. The most common delusional syndromes in dermatology are delusional parasitosis, delusions of infestation, dysmorphic delusions, delusions of smell, venereal delusions, cancer delusions and other kinds of hypochondriacal delusions. During the last decade an increasing number of empirical studies have been carried out in order to enlighten the pathogenesis, nosological position and treatment of these disorders. The studies on the pathogenesis of delusions indicate that the choice of the particular delusional theme is caused by a complex interaction of the factors age, gender, social situation and so-called key experiences, whereas cognitive and emotional disorders are responsible for the occurrence of the characteristic sign of a delusion, the incorrigible conviction. As it could be shown in other psychopathological studies that delusions may occur in all kinds of psychiatric disorders, they have to be considered today as nosological non-specific syndromes with a multifactorial pathogenesis. Therefore, a modern differential therapy has to be based on a multidimensional differential diagnosis

including all the predisposing, triggering, and disorder-maintaining factors. Modern diagnostic and treatment strategies following such a multidimensional approach will be discussed in detail.

Delusions of Parasitosis and Age

M. Musalek^a, E. Denk^a, A. Zoghlami^b, U. Mossbacher^b

^aDepartment of Psychiatry and ^bDepartment of Dermatology, University of Vienna, Austria

Delusional parasitosis (DP) usually occurs in elderly patients. There are, however, also younger patients suffering from the same kind of delusion. Some authors emphasized that DP in elderly patients differs significantly from DP in young patients. In an age-comparative study carried out on 85 consecutively selected DP patients (40 patients with age equal or lower than 60, and 45 patients with age higher than 60 years) all the physical, psychic, and social factors that might be of pathogenetic value and the nosological position of the delusional syndromes were investigated. Significant differences between the two groups could be evaluated concerning the nosological position of the delusions and the general psychopathological symptomatology beside the delusional symptoms. The patients of the younger group showed significantly more often depressive symptoms, whereas in elderly patients significant more often cognitive deficits were found. No significant differences could be found with respect to gender, social isolation, delusional content, structure and constituting elements of the delusions. It could be shown in former studies that prognosis and treatment outcome of DP is much more dependent on general psychopathological background symptomatology and nosological attribution than on the delusional symptomatology itself. Therefore, the results of the study are also of therapeutic and prognostic importance.

Dermatological Specialist Likely to See Obsessive-Compulsive Patients

J.R. Domenech Biser^a, S. Ros Montalban^b, F.J. Arranz Esteve^c, R. Rodriguez Castro^b

^aHospital de la Creu Roja, Servei de Psiquiatria, ^bHospital del Mar, Servei de Psiquiatria, Universitat Autònoma Barcelona, ^cInstitut de Psiquiatria Biologica Barcelona, Grupo Quiron, Barcelona, Spain

Obsessive compulsive disorder (OCD) is more common than was previously thought. Because 1–2% of the general population present OCD, its prevalence in the primary care and the nonpsychiatric clinical specialities must be high. Most persons with OCD do not seek a treatment because they do not know they have a mental disorder or, more likely, because they fear that disclosure will lead to humiliation and worsening. Dermatologists are most often consulted in relation with OCD. Our aims are to recognize the main OCD symptoms presented by patients consulting a dermatologist, to define the best markers leading to the OCD diagnosis, and to establish a plan for an evaluation of the clinical condition and care of the patient.

Buspiron Augmentation of Paroxetine in Refractory Psychodermatosis and Impulse Control Disorder

S. Ros Montalban, R. Rodriguez Castro, J.R. Domenech Bisen,
F.J. Arranz Esteve
Hospital de la Creu Roja, Barcelona, Spain

Objective: The aim of this open study, based on a flexible therapeutic dosage, was to investigate during 6 months the effectiveness of bupirone augmentation of paroxetine in the treatment of refractory psychodermatosis and impulse control disorder.

Method: We selected 18 outpatients who met dermatologic diagnosis for trichotillomania, neurotic excoriations or onychophagia. They all met psychiatric diagnostic criteria for obsessive-compulsive disorder, non-specified personality disorder and intermittent explosive disorder. All the patients were previously treated with SRS at therapeutic dosage for 6 months without any therapeutic response. In this trial, bupirone (30–60 mg/day) was combined with paroxetine (20–60 mg/day).

Results: With the average dose of 46 mg/day for paroxetine and 35 mg/day for bupirone, 12 of the 18 patients significantly improved (decrease in total scores of psychological tests between 38 and 44%).

Conclusion: On the basis of the data obtained from this trial, it can be seen that the augmentation of paroxetine by bupirone has a good efficacy in the treatment of refractory psychodermatosis and impulse control disorder.

Acne and Aesthetics: A Psychological Point of View

S. Estaun
Department of Psicologia de l'Educacio, Universitat Autonoma de Barcelona,
Bellaterra, Spain

The review of different studies about the process of building one's self-image has shown that adolescence is a privileged moment in this process. At the same time, this self-image is compared with the image which the adolescent believes that others, friends, teachers, parents, have of him. Besides, in the study of non-verbal communication, one of the four mainly studied factors is the recognition of the facial expression of emotions and the attribution of personal qualities (Eckman, 1972). Gender differences in education, based on the different functionality attributed to the body (growing up, strength, power for men; protection care and beauty for women) as well as certain studies in health education programs, show that adolescents regard acne as one of the main health problems (Walter et al., 1982; Brook and Katzir, 1993). The results obtained in a questionnaire show that adolescents between 15 and 16 years of age, point out acne as their major concern and anxiety source because of aesthetic reasons. These symptoms do not disappear under clinic-pharmacological treatment. The interaction between these factors raises the following considerations: first, the convenience of taking into account the psychological process involved at this age in the clinical treatment; and second, in order to fulfil their educational goals, a

need for integrating in health educational programs other disciplines than the strictly medical ones, such as psychology and sociology.

Dermatitis artefacta Caused by Calcium Chloride

J. Lauraitis^a, L. Lauraitiene^b

^aRepublic Skin and Venereal Diseases Hospital, ^bVilnius Mental Health Centre, Vilnius, Lithuania

In January 1998, a 47-year-old woman was admitted to the Republic Skin and Venereal Diseases Hospital with primary diagnosis of pyoderma gangrenosum. This woman had been previously treated a number of times in different Vilnius surgical departments. External examination proved the presence of 11 giant ulcers on the upper extremity and right breast. The largest one measured 12 × 10 cm. First, she was prescribed a treatment of pyoderma gangrenosum including prednisolone, ciclosporin and topical treatment. The patient's ordinary condition improved and was estimated as satisfactory.

Suddenly, in several days, her condition highly worsened with acute fever (39 °C) and new affects. The patient felt terrible and screamed with pain. She was suspected of injuring herself. One day, 20 empty bottles of 10% calcium chloride solution and some used syringes were found in the patient's bag by a ward nurse. A lot of new pricking signs and ulcers were detected. The patient was referred to a psychiatrist under the suspicion of depression. An antidepressive drug (Prozac) was prescribed. Prednisolone and ciclosporin were ceased. The patient's condition improved.

She was carefully observed by the medical staff. Some attempts to purchase calcium chloride and syringes were noticed. The psychiatrist's advice was repeatedly requested, resulting in suspicion of schizotypal disorder. The patient was moved to a psychiatric hospital. Ulcers were cured by a topical treatment. The patient has been staying in the psychiatric hospital up to now.

The Adolescent's Ereuthophobia as a Transversal Symptom

Y. Gèrin

Psychologist, Centre Hospitalier Spécialisé, Prémontre, France

Our aim is to discuss adolescent's ereuthophobia. We will try to show the complexity of this symptom and the need for a transversal (biological, psychological, social and clinical) approach. This symptom is at the border of a somatic approach and calls for a psychosocial one. The limit of the body area can be perceived as a place where a social sight objectifies a psychic trouble. The affect calls for a representation of anxiety where a social recognition validates the adolescent's anxiety. Psychic life is printed on the skin as a limit between the interiority and exteriority of the body and self. For the adolescent, this process is immediately validated and consciously experienced as a suffering. Conflicts are obvious. Biological and psychic changes along with transformation of the skin colour are the direct expression of a dangerous state of loss of individual unity.

Levels of Counseling Techniques for the Dermatologist

C. Bertana, M. Fraticelli
Rome, Italy

We will present the best counseling techniques to be followed by dermatologists with different levels of experience, including 'beginners', taking into consideration both the approach and patient compliance. The presentation will cover the very applicable methods and the liaison consultation with psychologists and/or psychiatrists. The conclusions are based on three years of work in this specific field.

Identity, and Relationship to the Other: A Psychosomatic Approach of Allergy

S. Dahan
Clinique St Jean Languedoc, Toulouse, France

Psychosomatic studies the links between soma and psyche, including the biologic level. Willing to better understand such links, we will propose a model about identity. Michel de M'Uzan speaks of a spectrum of identities, as 'transitional zone between the Ego and the non-Ego, an internal pole containing the subject's representation and an external one which coincides with the representation of the other'. Sami Ali suggests an approach about the issue of identity, 'which turns up all the time through affects like anguish and depression, as regards an object likely to be lost or already lost and which finally represents the self and the other, as a face'. We propose a model about the conception of identity, which can be thought in terms of face, proper noun, sex, language, but also, as Sami Ali points it out, in terms of rhythm, time, space. Actually, according to Emmanuel Levinas, identity refers to the relationship to 'the Other', 'the Absolute Unfamiliar'. We will describe the allergic object relationship, first proposed by Pierre Marty in 1957, and the concept of impasse with regard to the identity introduced by Sami Ali. If the identity can be defined as a relation to others, it introduces the notion of distance. We will observe how such a distance can be reduced until fusion in the allergic subject.

The Psychosomatic Unity and the Allergic Functioning

D. Sibony
Service de l'Abbaye, Nice, France

We will present a theoretical contribution on the psychosomatic unity based on several researches and works carried out in the Pr Sami Ali's Psychiatric centre. On the one hand, this reflection focuses on the psychosomatic unity where the simultaneous destiny of the body in relation and the psyche in relation are interacting. On the other hand, it concentrates on a model where the allergic functioning is centred on the relation to the imaginary, itself defined by the dream taken as synonymous with projection. Against any analogical idea, we will try to demonstrate the existence of a relational system whose problematic of the self and non-self is involved on the immunological level as well as on the face identity level.

ABSTRACT WITHDRAWN**The Relationship between Anxiety, Depression and Symptoms of Glossodynia: A Time-Series Approach**

D. Roche, N. Dantchev, H. Guilyardi, J.P. Ouhayoun, J.F. Allilaire, F. Guilbert, S.M. Consoli
Groupe Hospitalier Pitié-Salpêtrière, Paris, France

The 'real' glossodynia, without local causes or organic lesions, is often undiagnosed but nevertheless quite frequently observed. As this pathology is very often either not or lately diagnosed, it puts the patient in a handicapping situation. Furthermore, the number of these patients seen in stomatologic and odontologic clinics is steadily increasing. Previous studies confirmed the existence of specific psychological components in this pathology. In addition, the strong presence of emotional factors such as depression and anxiety was shown in various cases of chronic pain. The question is to determine which factor appears first. In order to answer this question, a reproducible methodology for evaluating the temporal sequences was recently introduced.

This study has two aims: first, the description of our 'glossodynic' patients, and second, the monitoring of the medical symptomatology fluctuations in comparison with the fluctuations of depression and anxiety. The initial clinical study determined the psychological profile of these patients using the following instruments: a structured diagnostic interview (MINI), a depression scale and interview (MADRS and the Beck Depression Inventory), an anxiety scale (COVI), an assessment of alexithymia (Toronto Alexithymia Rating Scale-20), an assessment of the disposition to amplify somatic sensations (SSAS from Barsky), and finally a pain assessment (MPQ/QDSA). After this first part of the study, an agenda allowed a longitudinal evaluation covering 15 days, morning and evening. This agenda included visual analogic scales regarding pain, depression and anxiety, in order to evaluate the fluctuations of these factors. Our hypothesis was the existence of a temporal link between the two variables, pain and anxiety-depression, except for alexithymia. We will report the preliminary results of our first 20 cases.

ABSTRACT WITHDRAWN**Perceived Parental Behavior in Patients with Atopic Dermatitis and Psoriasis**

G. Nabarro, J. H. Kamphuis, L.F.J.M. Wouters, F.J. van Sandwijk, W.J. Koers, W.A. van Vloten
University Hospital Utrecht, the Netherlands

Atopic dermatitis (AD) and psoriasis (PS) are both chronic skin disorders, with AD starting mostly during early childhood and PS during adulthood. It has been proposed that early-onset skin disorder (i.e. AD) may negatively affect the

interaction between mother and child. Objective of the present study is to compare perceptions of parenting styles of adult patients with AD or PS. 85 patients with early-onset (less than 5 years old) AD were compared to 62 PS, using the Parental Bonding Index (PBI). Logistic regression analyses were conducted to examine PBI scale differences between the two groups, for the parents combined and for each parent separately. Somewhat surprisingly, AD children reported higher care from their mothers than did PS subjects. No differences were found for perceptions of maternal overprotection. Fathers of AD children displayed less overprotection than fathers of PS children. No differences were found when the paternal and maternal attitudes were combined. When assigned to the parenting quadrants according to the Parker system, it was found that AD mothers were more likely to be found in the HCLP (optimal parenting) quadrant and PS mothers were overrepresented in the LCLP quadrant (neglectful parenting). No significant differences were obtained between the AD and PS fathers, although AD fathers showed a trend toward more optimal parenting. Finally, significantly more AD than PS patients were found to have 2 'optimal parents', and PS patients were more likely to have zero optimal parents in their family. In sum, these results do not support that early-onset chronic skin disorder is associated with negative memories of parenting. Implications of the findings are discussed.

ESDaP 093

The Mark of Generations in Systemic Family Approach in Dermatology

F. Poot

Université Catholique de Louvain and University Clinic St. Luc – Department of Dermatology, Brussels, Belgium

The systemic family approach in psychosomatic problems has the specificity to search on the three upper generations of the patient if there is any secret event or early loss by death, disappearance or traumatic situation, or hidden dysfunction in the relationships. The meaning is that such situations have the particularity to stick the family in a homeostatic stage. In those families, the individual needs cannot be expressed because they are felt dangerous for the family cohesion and are stimulating splitting fantasies. They can only be expressed bodily, by a somatic symptom. Depending on the patient's genetic predisposition, this can be a dermatological disease. The therapy will be to restore the capacity to verbalize those traumas but will need to use a body language first. Psychosomatic problems in a patient can thus be really the mark, the trace, let in the family by the past generations. This will be explained by different clinical examples.

ESDaP 094

Recent Research in Psychosomatic Dermatology

U. Gieler

Department of Psychosomatic Dermatology, Justus Liebig University Giessen, Germany

In the past two years psychodermatological research showed new methods and new theoretical data in the field of psycho-

somatic dermatology. Many experimental and controlled studies and new hypotheses were published [3]. The main field of research have been controlled studies with psychological tests and questionnaires which reflected the importance of psychosocial factors on the different dermatoses (e.g. [4]), especially factitious disorders, atopic eczema, psoriasis, alopecia areata, acne, lichen ruber as well as somatoform disorders in dermatology. Dermatological diagnoses with clear correlation to psychoimmunological pathways have been published [5]. Also, new dermatological diagnoses with stress influence have been described [6]. On the other hand, some very interesting methodological investigations (e.g. questionnaires), psychoimmunological and psychophysiological studies came through and show the clear interaction between the skin immune system and psychological reactions. Moreover, there are some approaches on special dermatosis to standardize psychological aspects of coping with the disease. Bonda et al. [1] have got one of the poster prizes at the EADV congress in Nice [1]. On the other hand, now we know how much time the dermatologist is able to spend for the patient, and further economical developments will surely lead to this point [2]. Some of the most interesting papers will be presented in summary. But the highlight of the year 1999 is the presentation of a new journal: *Dermatology + Psychosomatics* which hopefully will have a splendid future with the help of all participants of the 8th International Congress on Dermatology and Psychiatry.

- 1 Bonda PF, Andreoli A, Mozzetta A, Decaminada: Personal, psychosexual and psychological self-image and self-evaluation, and the inter-personal behaviour of patients with acne. Poster P 15, Abstract Book of the EADV-Congress, Nice 1998.
- 2 Feldman SR, Fleischer AB, Young AC, Williford PM: Time-efficiency of nondermatologists compared with dermatologists in the care of skin disease. *J Am Acad Dermatol* 1998;40:194–199.
- 3 Kellett SC, Gawkrödger DJ: The psychological and emotional impact of acne and the effect of treatment with isotretinoin. *Br J Dermatol* 1999;140:273–282.
- 4 Linnet J, Jemec GBE: An assessment of anxiety and dermatology: Life quality in patients with atopic dermatitis. *Brit J Dermatol* 1999;140:168–172.
- 5 Misery L, Hermier M, Staniek V, Kanitakis J, Gaudillere A, Lachaux A, Schmitt D, Claudy A: Congenital insensitivity to pain with anhidrosis: absence of substance P receptors in the skin. *Brit J Dermatol* 1999;140:190–191.
- 6 Orion E, Brenner S: Stress-induced SAPHO syndrome. *J Eur Acad Dermatol Venereol* 1999;12:43–46.

ESDaP 095

Dermatitis artefacta in Childhood

L. Millard

Queen's Medical Center, Department of Dermatology and Dermatological Surgery, Nottingham, UK

Dermatitis artefacta (DA) is the conscious production and perpetuation of cutaneous lesions, and the subsequent denial to others of the overt nature of these to obtain possible psychological or material gain. Whilst DA is uncommon in children, it represents a diversity of skin changes which need to be recognised for what they are, because these reflect a spectrum of beliefs and behaviour reactions in children in response to life and family situations. It is important to recognise the physical forms of the disease, which can occur as early as four years of age.

Most forms of disease in children are based on 'models to copy', but may be surprisingly sophisticated to mimic disease states or personal representations of disease states, particularly in older children. In this latter group, more destructive

damage is commonly produced and, more sinisterly, blisters and cuts are the type more commonly seen in those adolescents who confess to mutilating behaviour. Parent/child artefact has been recorded, as has artefact in siblings. The needs to be differentiated from Munchhausen by proxy.

The psychological disturbance is usually relatively acute, reactive, and a response to internally conceived or externally applied repression. Persistent destructive acts indicate more profound psychiatric disorder, with underlying depression and para-suicide. For most children, a simple supportive non-confrontational, passive but directional approach is effective, including family counselling. For the few with continuing self-destructive action, a positive early referral to a psychiatrist should not be delayed.

ESDaP 096

Body Image and Tattoos: Traces of Our Civilization

K.-M. Taube

Department of Dermatology, Martin Luther University, Halle-Wittenberg, Germany

Body image is an abstract conception depending on memory, intellect, perception, early life experiences and expectations of society. In the important body image areas (face, scalp, hair, breasts in females, and genital areas) skin diseases may produce major distress and a lowering of self-esteem. Cosmetics, clothing, and hairstyle are used for a better feeling of body image. Body painting and tattoos belong to the field of decorative cosmetics and exist in different civilizations. In the past, tattoos often showed messages, today the motifs are mainly ornaments of the skin.

We examined 25 patients (20 men, 5 women) who wanted to have removed their tattoos by laser therapy. In 96% of cases the tattoos were located on visible areas. Different reasons had led to the decision to get tattoos; now, different reasons led to the wish to remove them. Some patients had developed a better self-esteem or had distanced themselves from their former view of life. Other patients were pressurized by their social and professional surroundings. In all cases we detected anxieties, major distress and depression.

ESDaP 097

Photodermatoses in Older Male Patients Are Often Associated with Psychosocial Problems

F. van Sandwijk, R. Erwtaman, H. van Weelden, W. van Vloten

Department of Dermatology, University Hospital, Utrecht, the Netherlands

The Department of Dermatology of the University Hospital of Utrecht is a national referral centre for photodermatoses. Most patients with photodermatoses are treated in the out-patient department. The female to male ratio is 2:1. 25% of all patients studied ($n = 110$) were hospitalized, with preponderance of male patients. In general, photodermatoses start at a younger age for female than for male patients. From the age of forty, male patients gradually enter into their risk period, and above the age of sixty they are even in the majority! Especially the hospitalized male patients with chronic photodermatosis show many very serious psychosocial problems like

divorces (sometimes several times per patient), other life events like death, problems with children, non-assertive behaviour, emotional disorders. On the other hand, these experiences seemed to influence their coping mechanisms in relation with their skin disease. The facts mentioned evoke the next questions: (1) Is there any relation between the severity of illness and the serious psychosocial problems of male patients? (2) What does it mean for their coping behaviour? (3) What to say about the differences between male and female patients?

ESDaP 098

Nursing Care for Patients with Pruritus

P.C.M. Eland-de Kock, H. van Os-Medendorp, F. van Sandwijk, W. van Vloten
Department of Dermatology, University Hospital, Utrecht, the Netherlands

In the Department of Dermatology, a nursing protocol 'coping with itching' has been developed. The protocol is based on a literature study and on patient interviews. Besides somatic aspects of pruritus, the protocol focuses primarily on its psychosocial aspects. Itching as a symptom of dermatological diseases remains a big problem. Patients suffering from itching often have psychosocial problems, for example sleeping problems, concentration disorders, fatigue, irritability and the itching-scratching-itching cycle. Nursing care focuses on the consequences of the medical treatment and is based on nursing diagnoses. Nursing interventions are: (1) information and instruction about skin care and factors that exacerbate pruritus; (2) support of patients with psychosocial problems; (3) stress reduction (relaxation training); (4) scratch reduction (habit reversal training, scratch awareness training).

Especially, interventions focusing on stress and scratch reduction are new to most nurses and require specific skills. In most cases though, nurses can initiate interventions and in complex cases may refer to other disciplines. The above mentioned interventions have been included in the protocol 'coping with itching'. January 1999, ward nurses followed a training to become familiar with the interventions. In February, the protocol was implemented on the ward- and the out-patients' departments. The implementation will be followed by a process and effect study. First results and conclusions will be presented.

ESDaP 099

Obsessive Behaviour and the Dermatologist

J. A. Cotterill

BUPA Hospital, Leeds, England

Pathological obsessional behaviour may present to the dermatologist in many different ways, with persistent hand eczema due to overzealous washing, mole and wart phobia, and 'acné excoriée'. Trichotillomania can be regarded as an obsessive compulsive disorder. Compulsive cleaning rituals may be seen in individuals with delusions about smell and in patients with delusions of parasitosis. Patients with dermatological non-disease often have strong, obsessive overtones, manifest by constant mirror-checking behaviour. Whilst psychiatrists may complain that patients suffering from obses-

sional compulsive disorders may not consult them, dermatologists may see these patients with dermatological symptomatology without necessarily recognising the important psychiatric background. Selective serotonin re-uptake inhibitors and treatment with clomipramine may be useful in this difficult group of patients.

ESDaP 100

Delusional Ectoparasitosis

P. Gayra^P, F. R. Cousin^b, C. Gury^{a,b}

^aLaboratoire de Parasitologie, Faculté de Pharmacie, Chatenay-Malabry,

^bService Psychiatrique and ^{a,b}Pharmacie, Centre Hospitalier Sainte-Anne, Paris, France

According to the first publication of K.A. Ekbom in 1938, delusional parasitosis is a presenile delusion of cutaneous and/or somatic infestation by parasitic insects. Skin diseases are often the results of teasing, scratching, washing or deterging manoeuvres. Tactile and kinesthetic hallucinations are explained by the patient as the migration of the parasitic insects. In the case studied, the construction of the delusive disease addressed the question of a specific cyclic reproduction and led to diagnostic procedures for the identification of the parasite.

At the Faculty of Pharmacy of Chatenay-Malabry, we received a letter from Mr M. with two small bags containing whitish or slightly colored materials. The patient's writing was special with drawings of 'his parasites'. His ectoparasitosis was located on the head, face and ears. He described the parasite as penetrating into his skin, eggs, larvae and adults not being similar to any that he knew from his own documentation (acarids including ticks and mites, lice, fleas and domestic flies). He complained of intense itching and pain, both being resistant to insecticidal or other treatments. The sample he sent contained only scraping debris and dried blood. We did not find any fragment of arthropod or insect (article, leg, antenna, wing, head etc.). The diagnosis of delusional infestation, Ekbom's syndrome, was evoked based on the style of the patient's letter, the details he gave about his parasites and the inefficiency of the insecticidal treatment.

ESDaP 101

The Trace of Sun on Skin: What Does It Mean? And Why Do We Continue to Seek It?

C. Koblenzer

Department of Dermatology and Psychiatry and Human Behavior, Thomas Jefferson University, Philadelphia, PA

Convincing evidence that excessive sun-exposure and tanning leave traces, in the form of skin-cancer and accelerated aging, has done little to bring about behavioral change. Neither knowledge of the risk, nor a personal or family history of skin-cancer are necessarily a deterrent to tanning behavior. This presentation will review recent studies concerning sun-protection. It will also explore the historical, sociologic and medicinal meanings of the skin-traces of sun-exposure, as well as the conscious and unconscious psychological implications of those traces, in an attempt to understand why people continue to put themselves at risk.

Tracing the Roots of Trichotillomania

P. Koblenzer

Department of Dermatology and Psychiatry and Human Behavior, Thomas Jefferson University, Philadelphia, PA

A theory of the psychological roots of trichotillomania is presented. The habit of hair-pulling is believed to derive from the innate tendency of infants to fondle the mother's breast, or breast-equivalent, while nursing. When the breast, or breast-equivalent, is no longer accessible, the tactile experience may be transferred to the infant's own hair. Under circumstances that will be discussed, the tactile experience may evolve into compulsive auto-epilation.

ESDaP 103

A Philosophical Approach to the Concept of 'Trace'

J.-F. Mattei

University of Nice Sophia Antipolis, France

The concept of 'trace' is as old as philosophy whose writing bears the trace of the spoken word. In Homer, the Greek word which means writing, graphè, refers to the scratch made by a spear on a bone (Iliad, XVII, v. 599), as if violence left a trace and an inscription on the human body.

I will study three conceptions of the trace in Plato who creates philosophy from this obscure notion. Indeed philosophy is first of all the trace of the spoken word in writing which is evidence of oblivion or betrayal. To write is to lose the liveliness of the initial word while retaining a trace of death. Secondly, the function of words is to inscribe material traces on the soul in the form of memories, then to reactivate them, an idea which Freud rediscovers when he speaks of the 'mnestic traces' left on the subconscious. Thirdly, those mnestic traces which by themselves make sense, are inscribed in the memory because, in the world itself, matter (or chora) bears the traces of intelligible forms. The sensible universe as well as the human body are made of all the material traces reproducing the meaning of the immaterial forms inscribed in them. For Plato to think is to follow the 'traces' of the initial forms which are formed in us, thus bringing out their meaning.

ESDaP 104

Traces, Superficial and Profound: From Archaeology to Internet

E. Panconesi

Florence, Italy

Disease, an essential phenomenon in the life of man and more or less evident with interpretable manifestations, leaves more and less visible traces on/in the body that can be investigated also in the mind. Representations of disease have been traced from prehistoric times, for future memory, and are found in drawings, paintings, writing (sometimes artistic, or considered such), documentaries and scientific studies: Today we can trace everything from archeological findings to bibliographic and clinical research to scientific data via Internet.

Chronic Idiopathic Urticaria: Psychological Evaluation

N. Maric, M. Milojevic, M. Jasovic-Gasic

Dermatoloska Klinika, Klinicki Centar Srbije, Belgrade, Yugoslavia

Twenty-eight dermatology inpatients with chronic idiopathic urticaria were investigated using Minnesota Multiphasic Personality Inventory (MMPI-201), Eysenck Personality Questionnaire (EPQ-R), and Hospital Anxiety and Depression Scale (Zung). These patients were compared with an age- and sex-matched but otherwise unselected general population and patients with mixed anxiety-depressive disorder, to determine psychometric similarities and differences. Using a discriminative analysis, we found that 19 dermatological patients showed a specific psychological profile, 5 were similar to the general population, and 4 were similar to patients with mixed anxiety-depressive disorder. It is suggested that the approach and treatment of idiopathic urticaria patients should be focused on psychological issues.

Factitious Dermatitis of Facial Skin

M.J. Tribö Boixareu, E. Serra-Baldrich, M. Nicolas, M. Gimenez Vallespi, J.G. Camarasa

Department of Dermatology, Hospital del Mar, Barcelona, Spain

Background: Dermatitis artefacta is defined as a self-inflicted condition in which the responsibility for the lesion is denied by the patient whether the lesion is created consciously or unconsciously. This entity is rare and difficult to treat.

Case Reports: Case 1: A 50-year-old man was seen for evaluation of multiple ulcerative lesions on the left side of the face involving the maxillae (8 cm) and the temporal area (4 cm). These lesions were progressive and invasive. A differential diagnosis was made between actinomycosis and factitious dermatitis. The skin culture was not specific. The biopsy specimen showed an inflammatory infiltrate with necrosis in the dermis. Treatment with occluded antiseptics, oral antibiotics and oral antidepressive drugs resulted in good healing of the lesions.

Case 2: A 74-year-old man was referred to our department for an evaluation of a cutaneous chancroid lesion in the auricular region. The skin examination discovered a perforating hole in the auricular lobe. The psychiatric diagnosis was Alzheimer's syndrome and factitious dermatitis. Supportive treatment and psychotherapeutic care were favorable.

Conclusion: We report two cases of factitious dermatitis in which the cutaneous target is symptomatic, both psychotherapy and antidepressive treatment being necessary.

From Soma to Psychosomatic Process: Bridging or Spacing?

F. Cardinaud, N. Fetou-Danou

Paris, France

A bridge towards thought cannot always be created while the patient is under somatic stress. Once this stress is reduced, the question is: 'Are the physician and the patient willing to work

Certain diseases, even those known for their superficial (cutaneous) expression, in particular those with high clinical incidence of causal or con-causal emotional factors, appear useful as *experimenta naturae* for investigations on psychosomatic mechanisms, especially for the traces they leave, for example in sub-clinical phases. For instance, atopic dermatitis, that very variable disease, can heal/be cured in just a few months' time (sometimes leaving significant traces) or it may last for the subject's lifetime.

Do Psychiatrists and Dermatologists Share the Same Patients? The Dermatologist's Point of View

F. Grimalt

Barcelona, Spain

The main difference between patients who consult the dermatologist and those who consult the psychiatrist is the patients' own awareness of needing to visit a psychiatrist. The majority of patients with psychiatric symptoms studied by dermatologists and the patients who visit the psychiatrist are not the same. Sometimes, patients suffering from a psychiatric disorder may consult a dermatologist or a psychiatrist at different times of their illness. Thus, the management of patients presenting delusional thoughts, obsessive-compulsive disorders or phobias may be initiated by the dermatologist who should carefully wait for the appropriate moment to refer the patients to a psychiatrist. Dermatologists perceptive to the psychological quality of life of their patients do need to know something of psychiatry but without taking the place of psychiatrists for it. Each speciality has its own patients.

Scabies-Like Monosymptomatic Hypochondriacal Psychosis: Psychogenesis – A Case Report and DiscussionM. Milojevic^a, N. Maric^b^aDermatoloska Klinika, Klinicki Centar Srbije, ^bBelgrade, Yugoslavia

We report the case of a medical nurse in the fifties who consulted a dermatologist for a 'scabies infestation', insomnia, anxiety, depression and social isolation. She was already known to be highly concerned about parasitic infestation for more than twenty years, but no scabies were ever found until now. From a dermatological point of view, she was healthy. A life-story analysis revealed three separations which seemed significant in her illness psychogenesis: her parents' divorce in early childhood, her own divorce during her daughter's childhood, and her separation from her daughter when she got married. The first separation might have impaired her body-image formation and might have caused a predisposition for such illness (Koblenzer C.). The second led to a psychiatric treatment but the patient denied it, being aware of job consequences. After the third separation, she used the dermatologic way to express her inner suffering. The psychogenesis and successful outcome of the psycho-dermatological treatment used for this patient will be discussed.

on the meaning of the illness narratively (mnestic and cutaneous scars)?'

The aim of the physician is to make the patient aware of the interest of a learning process. This process comes under close scrutiny and becomes the support of the dermatologist-patient relationship which must be improvised all along the course of the technical assessments. Such patients lead to a psychosomatic work which is often overlooked in the physician's daily practice. However, whatever his skills and competences, a dermatologist does not have a psychoanalytic training. The work he may start in the psychosomatic field must be taken as the first step towards psychotherapy.

ESDaP 110

Pharmacology and Psychotherapy in Psychiatric Management of Skin Diseases

Nicolas Dantchev
Paris, France

The management of skin disease often requires a multidisciplinary approach, with a close collaboration between dermatologists, psychotherapists (psychoanalytic therapy and/or cognitive behavioral therapy) and psychiatrists. In such a perspective, the different practitioners have to: (1) persuade a patient, whose symptoms are primarily dermatological, to accept a psychotherapeutic or psychiatric treatment when necessary; (2) prescribe hospitalizations and psychotropic drugs if required; antidepressants are often used, as an underlying depression favors symptomatic aggravation, this treatment seems recommended not only for major depressions (primary or secondary to the skin disease) but more generally for any underlying depressive dimension (i.e. dysthymia or depressive personality features); (3) help maintaining the stability of the psychotherapeutic framework.

Such three-party collaborations should lead to better results in the psychotherapeutic process and enable the patient to achieve a better understanding of the role played by the symptoms in his/her psychic organization.

These aims suppose: (1) to maintain a high standard of communication between the different professionals involved, in order to avoid the possibility of splitting, the patient playing off one against the others; (2) to set up a long-term program, since a certain amount of time is necessary to achieve a mental change. For this reason, the management has to be planned for the long term, rather than aiming at short-term therapeutic advantages.

ESDaP 111

Influence of the Nonsedating Antihistamine Loratadine on Pruritus and Psychosomatic Disturbances in Atopic Dermatitis

K.-M. Taube
Department of Dermatology, Martin Luther University, Halle-Wittenberg, Germany

The pathogenesis of atopic dermatitis (AD) is unknown and certainly multifactorial. Enhanced release of histamine from

basophils of atopic patients has been found in *in vitro* studies. Although histamine does not seem to be an important mediator of the inflammation of the skin in AD, it may be a contribution factor.

The aim of this study was to investigate the effect of loratadine on pruritus, sleeping time, anxiety, and quality of life in patients with AD. The clinical effect was measured by a simple three- and four-point score. Four women and two men with a severe-degree AD were included in the study. Loratadine was administered orally (10 mg once a day for 21 days) in an open design. The study detected good effects of loratadine on pruritus, sleeping time, and quality of life, however, no effect on anxiety. It is concluded that loratadine may be used as an effective adjuvant therapy in the management of severe AD in patients complaining of pruritus, somniphobia and disturbances caused by dermatological problems.

ESDaP 112

The Growing Importance of Self-Help Organizations for Hair Patients and Dermatologists

C.-J. Latz
Alopecia Areata Deutschland e.V., Krefeld, Germany

Most hair problems cannot be considered as serious hair diseases and not as life-threatening, however they are still worth being discussed. Is hair loss therefore just a cosmetical problem? Hair serves for social positioning. We cannot feel anything mediated by our hair, it does not protect us from enemies, against weather. But still it becomes a problem when we start losing it. Hair loss is a heavy burden for most of the hair patients, threatens them psychologically, and can cause limitations in social life. Losing control over their body and the feeling of being left alone by medicine frightens the hair patient. Therefore most of them are seeking for psychological help.

Here the work of self-help organizations, such as 'Alopecia Areata Deutschland', initiated in 1991, begins. The patients learn that they are not alone. The effect can be that they stop consulting too many doctors and prefer to collect information and learn how to cope their hair loss. Hair patients must find a better understanding for their fears and needs. They are all suffering the same consequences due to the fact that they are different. We have to strengthen the cooperation between doctors and self-help organizations. A clear diagnosis and profound information are necessary to save these patients from people who make false promises for a high price.

'Alopecia Areata Deutschland' offers advice and psychological support. The newsletter gives information and the chance to contact other people with the same problem. Youngsters can join the pen club. Local groups throughout Germany, Austria, and Switzerland take on the personal care for the patients and their families. The yearly congresses and offensive press work inform both – patients and public – for a better understanding of our problems. Alopecia Self-Help Organizations should act like a partner towards interested doctors and support their work with the accompanying psychological care. This will be the new strategy for 2000 to proceed in hair science through cooperation of both parties.

Author Index

OpCer: Opening Ceremony; **ClCer:** Closing Ceremony; **PS:** Plenary Session; **WS:** Workshop; **Pt:** Poster Session; **PD:** Poster Discussion Session; **W:** Wednesday, June 23, 1999; **T:** Thursday, June 24, 1999; **F:** Friday, June 25, 1999; **m:** morning; **a:** afternoon; **Numbers** refer to abstract numbers as printed in this issue.

- Allilaire J.F. (F)** 90 (WS6-Tm).
Ampelas J.-F. (F) 69 (WS8-Fm).
Andreassi M. (I) 70 (WS1-Tm); 71 (Pt-Fm).
Andreoli E. (I) 72 (WS4-Tm); 73 (Pt-Fm + PD-Fa); 74 (Pt-Fm + PD-Fa); 75 (Pt-Fm).
Annan H. (UK) 35 (WS6-Tm).
Aoki V. (Bras) 12 (Pt-Fm + PD-Fa).
Arranz Esteve F.J. (Sp) 81 (Pt-Fm); 82 (Pt-Fm + PD-Fa).
Bacci S. (I) 78 (WS1-Tm).
Baron S.E. (UK) 29 (WS8-Fm).
Bassi R. (I) 76 (WS1-Tm).
Baudin M. (F) 2 (PS-Fa).
Bauwens M. (B) 55 (WS9-Fm).
Berndt U. (G) 24 (Pt-Fm).
Bertana C. (I) 86 (WS1-Tm).
Bertolus S. (F) 31 (WS9-Fm).
Bianchi B. (I) 77 (WS8-Fm).
Binet H. (B) 33 (WS6-Tm).
Blanchard C. (F) 30 (Pt-Fm).
Bowcock S. (UK) 54 (WS2-Tm).
Brassinne (de la) M. (B) 40 (Pt-Fm + PD-Fa).
Brenner S. (Isr) 37 (WS8-Fm).
Bridgett C.K. (UK) 49 (WS7-Fm).
Brosig B. (G) 16 (PS-Fa); 17 (WS9-Fm).
Buchanan P.J. (UK) 18 (WS5-Tm).
Burroni A. (I) 76 (WS1-Tm).
Cacciuttolo R. (I) 78 (WS1-Tm).
Camaioni D. (I) 74 (Pt-Fm + PD-Fa).
Camarasa J.G. (Sp) 108 (Pt-Fm).
Cambazard F. (F) 68 (WS1-Tm).
Campos T.C.C.R. (Bras) 12 (Pt-Fm + PD-Fa).
Cardinaud F. (F) 109 (PS-Wa).
Chabert C. (F) OpCer (PS-Wa).
Charbonneau J. (Can) 41 (WS3-Tm).
Chinni L.M. (I) 74 (Pt-Fm + PD-Fa).
Cohen R.D. (Arg) 10 (WS4-Tm); 11 (Pt-Fm).
Collins S. (Can) 13 (WS8-Fm).
Coninck (de) A. (B) 55 (WS9-Fm).
Consoli S.G. (F) OpCer (PS-Wa); ClCer (PS-Fa).
Consoli S.M. (F) OpCer (PS-Wa); ClCer (PS-Fa); 90 (WS6-Tm).
Corrin E. (F) 48 (WS9-Fm).
Cottencin O. (F) 65 (Pt-Fm); 66 (WS5-Tm).
Cotterill J.A. (UK) 99 (PS-Ta).
Cousin F.R. (F) 100 (Pt-Fm).
Cuynet P. (F) 1 (WS3-Tm).
Dahan S. (F) 87 (WS3-Tm).
Dantchev N. (F) 69 (WS8-Fm); 90 (WS6-Tm); 110 (PS-Ta).
Davis W. (Au) 57 (WS7-Fm).
Decaminada F. (I) 72 (WS4-Tm); 73 (Pt-Fm + PD-Fa); 74 (Pt-Fm + PD-Fa); 75 (Pt-Fm).
Defromont L. (F) 65 (Pt-Fm).
Delvenne V. (B) 32 (WS4-Tm).
Denk E. (Au) 80 (Pt-Fm).
Dijkstra J. (G) 42 (WS7-Fm); 50 (WS7-Fm).
Domenech-Bisen J.R. (Sp) 81 (Pt-Fm); 82 (Pt-Fm + PD-Fa).
Drunkenmölle E. (G) 56 (PS-Fa).
Eland-de Kok P.C.M. (NL) 98 (WS7-Fm).
Erwteman R. (NL) 97 (WS6-Tm).
Estaun S. (Sp) 83 (Pt-Fm).
Farrell A. (UK) 49 (WS7-Fm).
Fassino M. (I) 76 (WS1-Tm).
Ferullo E. (I) 70 (WS1-Tm); 71 (Pt-Fm).
Feton-Danou N. (F) 109 (PS-Wa).
Fichter M. (G) 42 (WS7-Fm); 50 (WS7-Fm).
Finzi A.F. (I) 63 (WS2-Tm); 64 (WS3-Tm).
Foglio Bonda P. (I) 72 (WS4-Tm); 73 (Pt-Fm + PD-Fa); 74 (Pt-Fm + PD-Fa); 75 (Pt-Fm).
Fölster-Holst R. (G) 51 (WS7-Fm).
Fortune D.G. (UK) 52 (WS2-Tm); 53 (Pt-Fm + PD-Fa); 54 (WS2-Tm).
Fraticeilli M. (I) 86 (WS1-Tm).
Fritsch P. (Au) 27 (WS8-Fm).
Fuchs D. (Au) 27 (WS8-Fm).
Garnis-Jones S. (Can) 13 (WS8-Fm).
Garré J.B. (F) 34 (Pt-Fm).
Gauthier I. (F) 38 (Pt-Fm + PD-Fa).
Gayral P. (F) 100 (Pt-Fm).
Gérin Y. (F) 85 (WS3-Tm).
Ghersetich J. (I) 77 (WS8-Fm).
Gibbon K. (UK) 35 (WS6-Tm).
Gieler U. (G) 16 (PS-Fa); 94 (PS-Fa).
Gilman E.D. (USA) 4 (WS8-Fm).
Gimenez Vallespi M. (Sp) 108 (Pt-Fm).
Ginsburg I. (USA) 7 (PS-Ta).
Girardelli C.R. (I) 75 (Pt-Fm).
Gomez A. (Arg) 11 (Pt-Fm).
Gonzalez A.C. (Arg) 11 (Pt-Fm).
Goudemand M. (F) 65 (Pt-Fm); 66 (WS5-Tm).
Gould D.J. (UK) 29 (WS8-Fm).
Granati O. (I) 78 (WS1-Tm).
Griffiths C.E.M. (UK) 52 (WS2-Tm); 53 (Pt-Fm + PD-Fa); 54 (WS2-Tm).
Grimalt F. (Sp) ClCer (PS-Fa); 105 (PS-Wa).
Guarnieri R. (I) 76 (WS1-Tm).
Guilbert F. (F) 90 (WS6-Tm).
Guilyardi H. (F) 90 (WS6-Tm).
Gury C. (F) 100 (Pt-Fm).
Halkin S. (B) 40 (Pt-Fm + PD-Fa).
Harth W. (G) 8 (WS4-Tm).
Hayden C.T. (USA) 4 (WS8-Fm).
Helmbold P. (G) 56 (PS-Fa).
Hillert A. (G) 42 (WS7-Fm); 50 (WS7-Fm).
Hobl B. (Au) 43 (WS1-Tm); 46 (WS1-Tm); 47 (WS6-Tm).
Hochmair R. (Au) 57 (WS7-Fm).
Hoegl L. (G) 42 (WS7-Fm); 50 (WS7-Fm).
Höring C.M. (G) 20 (WS3-Tm).
Hougarly G. (B) 40 (Pt-Fm + PD-Fa).
Houmard A. (F) 59 (PS-Wa); 60 (WS9-Fm).
Jamart C. (B) 33 (WS6-Tm).
Jasovic-Gasic M. (Yu) 107 (Pt-Fm).
Jezequel K. (F) 66 (WS5-Tm).
Jones B. (Can) 13 (WS8-Fm).

- Kalivas J. (USA)** 4 (WS8-Fm).
Kalivas L. (USA) 4 (WS8-Fm).
Kallweit C. (G) 51 (WS7-Fm).
Kamphuis J.H. (NL) 92 (WS2-Tm).
Kendell K. (UK) 14 (WS5-Tm).
Kennedy C. (NL) 6 (WS2-Tm).
Koblenzer C. (USA) 101 (PS-Wa).
Koblenzer P. (USA) 102 (PS-Ta).
Koers W.J. (NL) 92 (WS2-Tm).
Kohnlein B. (G) 16 (PS-Fa).
Korte (de) J. (NL) 61 (PS-Ta); 62 (WS2-Tm).
Kowald E. (Au) 26 (WS8-Fm); 27 (WS8-Fm).
Kupfer J. (G) 16 (PS-Fa); 56 (PS-Fa).
- Lamas F. (Arg)** 11 (Pt-Fm).
Lange I. (G) 51 (WS7-Fm).
Langtry J.A.A. (UK) 14 (WS5-Tm).
Larralde M. (Arg) 11 (Pt-Fm).
Latz C.-J. (G) 112 (Pt-Fm).
Lauraitiene L. (Lit) 84 (Pt-Fm).
Lauraitis J. (Lit) 84 (Pt-Fm).
Laurent R. (F) 21 (Pt-Fm + PD-Fa).
Lemoine A. (F) 34 (Pt-Fm).
Linse R. (G) 8 (WS4-Tm).
Lorette G. (F) OpCer (PS-Wa).
Lotti T. (I) 77 (WS8-Fm).
Lübbe D. (G) 56 (PS-Fa).
- Main C.J. (UK)** 52 (WS2-Tm); 53 (Pt-Fm + PD-Fa); 54 (WS2-Tm).
Maric N. (Yu) 106 (Pt-Fm); 107 (Pt-Fm).
Marsch W.C. (G) 56 (PS-Fa).
Martin I.C. (UK) 14 (WS5-Tm).
Martin-Rafecas M. (Sp) 19 (WS9-Fm).
Martins M.L.C. (Bras) 12 (Pt-Fm + PD-Fa).
Masci S. (I) 70 (WS1-Tm); 71 (Pt-Fm).
Mattei J.-F. (F) 103 (PS-Wa).
Ménard J. (F) OpCer (PS-Wa).
Millard L. (UK) 95 (PS-Ta).
Milojevic M. (Yu) 106 (Pt-Fm); 107 (Pt-Fm).
Misery L. (F) 67 (PS-Fa); 68 (WS1-Tm).
Molinari E. (I) 63 (WS2-Tm); 64 (WS3-Tm).
Mombers F.M.C. (NL) 61 (PS-Ta); 62 (WS2-Tm).
Morales S. (Arg) 11 (Pt-Fm).
Moro L. (Croat) 25 (Pt-Fm + PD-Fa); 28 (WS2-Tm).
Mossbacher U. (Au) 43 (WS1-Tm); 44 (Pt-Fm); 45 (Pt-Fm); 46 (WS1-Tm); 47 (WS6-Tm); 80 (Pt-Fm).
Mozzetta A. (I) 72 (WS4-Tm); 73 (Pt-Fm + PD-Fa); 74 (Pt-Fm + PD-Fa); 75 (Pt-Fm).
Musalek M. (Au) 43 (WS1-Tm); 44 (Pt-Fm); 45 (Pt-Fm); 46 (WS1-Tm); 47 (WS6-Tm); 57 (WS7-Fm); 79 (PS-Ta); 80 (Pt-Fm).
- Nabarro G. (NL)** 92 (WS2-Tm).
Neyrinck B. (F) 65 (Pt-Fm).
Nicolas M. (Sp) 108 (Pt-Fm).
Niebel G. (G) 51 (WS7-Fm).
Niemeier V.L. (G) 16 (PS-Fa).
- Ortner U. (Au)** 27 (WS8-Fm).
Oughourlian J.-M. (F) 1 (WS3-Tm).
Ouhayoun J.P. (F) 90 (WS6-Tm).
- Panconesi E. (I)** OpCer (PS-Wa); 104 (PS-Wa).
Paradisi M. (I) 72 (WS4-Tm); 73 (Pt-Fm); + (PD-Fa).
Parent D. (B) 32 (WS4-Tm); 33 (WS6-Tm).
Partsch H. (Au) 57 (WS7-Fm).
Piette F. (F) 66 (WS5-Tm).
Polenghi M.M. (I) 63 (WS2-Tm); 64 (WS3-Tm).
Pomey-Rey D. (F) 58 (WS3-Tm).
- Poot F. (B)** 93 (PS-Wa).
Prumlechner R. (Au) 26 (WS8-Fm).
Puddu P. (I) 75 (Pt-Fm).
- Radmanesh M. (Iran)** 3 (WS7-Fm).
Redding G. (UK) 29 (WS8-Fm).
Richards H.L. (UK) 52 (WS2-Tm); 53 (Pt-Fm + PD-Fa); 54 (WS2-Tm).
Richert B. (B) 40 (Pt-Fm + PD-Fa).
Roche D. (F) 90 (WS6-Tm).
Rodriguez Castro R. (Sp) 81 (Pt-Fm); 82 (Pt-Fm + PD-Fa).
Rollion S. (F) 68 (WS1-Tm).
Ros-Montalban S. (Sp) 81 (Pt-Fm); 82 (Pt-Fm + PD-Fa).
Roseeuw D. (B) 55 (WS9-Fm).
Rosenthal D. (Can) 13 (WS8-Fm).
Rotoli V. (I) 70 (WS1-Tm); 71 (Pt-Fm).
- Salisbury J. (UK)** 35 (WS6-Tm).
Salvatori S. (I) 78 (WS1-Tm).
Santoni A. (F) 22 (Pt-Fm).
Santos Mufioz A. (Arg) 11 (Pt-Fm).
Sarda A. (F) 36 (Pt-Fm + PD-Fa).
Sarto D. (B) 40 (Pt-Fm + PD-Fa).
Seikowski K. (G) 24 (Pt-Fm).
Sepp N. (Au) 26 (WS8-Fm); 27 (WS8-Fm).
Serhan A. (F) 34 (Pt-Fm).
Serra-Baldrich E. (Sp) 108 (Pt-Fm).
Serrano-Noguera V. (Sp) 15 (Pt-Fm); 19 (WS9-Fm).
Shafiei S. (Iran) 3 (WS7-Fm).
Sibony D. (F) 88 (WS9-Fm).
Simpson-Dent S.L. (UK) 49 (WS9-Fm).
Sinanovic O. (Bosn) 25 (Pt-Fm + PD-Fa); 28 (WS2-Tm).
Smud A. (Arg) 9 (WS3-Tm).
Srebrnik A. (Isr) 37 (WS8-Fm).
Staughton R.C.D. (UK) 49 (WS7-Fm).
Steiner A. (Au) 57 (WS7-Fm).
Suljagic E. (Bosn) 25 (Pt-Fm + PD-Fa); 28 (WS2-Tm).
- Takaoka R. (Bras)** 12 (Pt-Fm + PD-Fa).
Taube K.-M. (G) 56 (PS-Fa); 96 (PS-Wa); 111 (Pt-Fm).
Thiriar S. (B) 32 (WS4-Tm); 33 (WS6-Tm).
Tribó-Boixareu M.J. (Sp) 108 (Pt-Fm).
Trombetti P. (I) 70 (WS1-Tm); 71 (Pt-Fm).
Trost A. (Au) 57 (WS7-Fm).
Tupkovic E. (Bosn) 25 (Pt-Fm + PD-Fa); 28 (WS2-Tm).
- Ubogui J.G. (Arg)** 39 (WS9-Fm).
Ulnik J.C. (Arg) 39 (WS9-Fm).
- Van Landuyt H. (F)** 21 (Pt-Fm + PD-Fa).
Van Os-Medendorp H. (NL) 98 (WS7-Fm).
Van Rood Y.R. (NL) 5 (WS7-Fm).
Van Sandwijk F.J. (NL) 92 (WS2-Tm); 97 (WS6-Tm); 98 (WS7-Fm).
Van Vloten W.A. (NL) 92 (WS2-Tm); 97 (WS6-Tm); 98 (WS7-Fm).
Van Weelden H. (NL) 97 (WS6-Tm).
- Wattiaux M.J. (F)** 69 (WS8-Fm).
Weibel N. (F) 21 (Pt-Fm + PD-Fa).
Widner B. (Au) 27 (WS8-Fm).
Willemsen R. (B) 55 (WS9-Fm).
Wilson K. (UK) 29 (WS8-Fm).
Wolff K. (Au) 43 (WS1-Tm); 44 (Pt-Fm); 45 (Pt-Fm); 46 (WS1-Tm); 47 (WS6-Tm).
Wouters L.E.J.M. (NL) 92 (WS2-Tm).
- Zoghlami A. (Au)** 43 (WS1-Tm); 44 (Pt-Fm); 46 (WS1-Tm); 47 (WS6-Tm); 80 (Pt-Fm).