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A REVIEW ON PSYCHO-DERMATOLOGY

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30-40% of dermatology patients suffer from psychiatric and psychosocial comorbidity. The skin is both a source and a target of immune-modulatory mediators of psychological stress response. Effective management of the psychiatric comorbidities involves management of the dermatologic condition and vice versa. Psycho-cutaneous disorders are generally classified into two major categories: Dermatological symptoms of psychiatric disorders (such as skin-picking, hair-pulling disorder and delusions of parasitosis) and psychiatric symptoms of dermatological disorders. This category has been further subdivided into three groups: Disorders that have a primary dermato-pathological presentation (like psoriasis; atopic dermatitis; urticaria and angioedema; alopecia areata; acne, lichen planus, vitiligo, viral warts and rosacea) but can be influenced by psychological factors; disorders that represent an accentuated physiological response (e.g. hyperhidrosis, blushing); disorders that result in an emotional reaction primarily as a result of the social stigma associated with the disease. What is important is that most patients require a comprehensive biopsychosocial approach that typically includes both psychopharmacological treatments and psychotherapeutic interventions (e.g. expressive writing, cognitive-behavioral therapy, including habit reversal therapy and dialectical behavior therapy). The anti-inflammatory effect of SSRIs put them in a specific situation in management of psycho-dermatologic disorders specially ones that their basic elements are anxiety or depression. Antipsychotics and benzodiazepines are the other choices among psychotropics. Biofeedback and hypnosis are the other effective methods for management of psychiatric comorbidities. In some dermatological patients with psychiatric comorbidities, certain biologics may also have a direct antidepressant effect; such as antidepressant effect of infliximab. It is important to consider the possibility of psychiatric disorder in dermatologic patients. The more we know about psycho-cutaneous medicine, we can select the better managements.

BIOGRAPHY

Arvin Hedayati has completed her MD from Shiraz University, Iran. She studied psychiatry in this University. She continued her studying in the field of Psychosomatic in Tehran University, Iran. She is the Mental Health Advisor of Deputy of Health of Shiraz University. She has over 50 publications and her publication H-index is 6 and has been serving as an Editorial Board Member of *Shiraz E-medical Journal*.

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