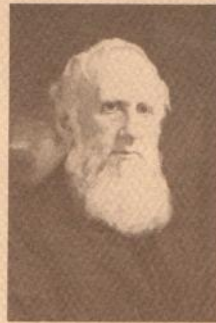




BENJAMIN RUSH, M.D.



LOUIS A. DURHING, M.D.

FOURTH INTERNATIONAL CONGRESS ON DERMATOLOGY AND PSYCHIATRY

"PSYCHOCUTANEOUS MEDICINE COMES OF AGE"

JUNE 19-21, 1992
PENN TOWER HOTEL
PHILADELPHIA, PENNSYLVANIA

Presented by:
The Association for Psychocutaneous Medicine of North America

1 • PSORIASIS AND STRESS

D.Gospodinov, M.Trashlieva-Koicheva, S.Grigorova

The role and significance of stress as one of the triggering factors with psoriasis have been discussed by a great number of scientists. Not only clinical methods but also psychological ones have generally been applied so that diagnostic and personal susceptibility to stress could eventually be straightened out. In the present research work we'll try to familiarise you with 40 cases of psoriasis. The diagnosis has been confirmed histologically. All cases have passed psychological investigation, which proved that every patient was influenced individually by stress situations but in 90 % of the cases those situations have played the role of a triggering mechanism.

BOOK OF ABSTRACTS

EADV

THIRD CONGRESS OF THE
EUROPEAN ACADEMY OF DERMATOLOGY AND VENERELOGY
SEPTEMBER 26 - 30 1993
TIVOLI GARDENS
COPENHAGEN - DENMARK

B072

PSYCHOLOGICAL INVESTIGATIONS IN PATIENTS WITH PSYCHOSOMATIC DERMATOSES - PERSPECTIVE STUDY

D.Gospodinov, M.Tráshlieva-Koltcheva, S.Grigorova, Department
of Dermatology, Medical University, Pleven, Bulgaria

The role and significance of stress, as one of the triggering factors with psychocutaneous diseases have been discussed. Not only clinical methods but also psychological ones have generally been applied so that diagnostic and personal susceptibility to stress could eventually be straightened out.

In the present research work we'll try to familiarise you with about 100 cases (the average age is 35 years) of stress provoked diseases - Psoriasis, Alopecia areata, Lichen planus, etc. The psychological personal changes occurred as a result of the abovementioned diseases were also examined. All cases have past psychological investigations - MMPI, Rosenzweig, Zung tests were applied.

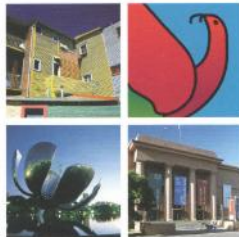
After the clinical inspection and psychological survey it was discovered that the polymorphous psychic symptoms were grouped around asteno-depression and asteno-hypochondric type of development. A new triangle is being formed: illness - personality - stress.

In this study the personalities with insufficient frankness have mostly worrying-mistrustful sides of character and frequent difficulties in interpersonal relations. When taken out of stress situations and set in hospital condition combined with desensitization therapy and autogenic training, the patients became more calm, their astenic complaints are reduced and their temper is stabilized. Some of them change their attitude towards disease and accept calmly distress events.

21st World Congress of Dermatology

September 30 - October 5, 2007
Buenos Aires, Argentina

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21st World Congress of Dermatology September 30 - October 5, 2007 - Buenos Aires, Argentina

5263 STIGMATIZATION AND QUALITY OF LIFE IN BULGARIAN PATIENTS WITH PSORIASIS

V Dimitrova¹, D Gospodinov¹, I Yordanova¹, G Schmid-Ott²

¹ Department of Dermatology, Medical University of Plevan, Bulgaria, ² Department of Psychosomatic Medicine, Hannover Medical School, Hannover, Germany

BACKGROUND AND OBJECTIVE: Psoriasis patients are often influenced by the psychosocial consequences of their skin disease. This study was designed to supply information about the quality of life and the stigmatization experience of Bulgarian patients with psoriasis.

PATIENTS/METHODS: Valid translations of two psychological questionnaires into Bulgarian were made – the original English version of the Dermatology Life Quality Index (DLQI) and the original German version of the "Questionnaire on Experience with Skin Complaints" (QES).

The DLQI is a self-administered questionnaire designed to measure the impact of skin diseases on patients' quality of life. The short form of the QES with 23 items and four scales (dimensions) examines their stigmatization experience, social and psychic burdens. The DLQI is calculated by summing the score of the 10 questions resulting in a maximum of 30 and a minimum of 0. The score of each of the four QES scales, "impairment of self-esteem and withdrawal", "rejection experienced", "concealment", and "composure", has a minimum of 0 and a maximum of 4 and is the mean value of the included questions.

A total of 36 in-patients with psoriasis underwent clinical assessment and completed both questionnaires.

RESULTS: The average age of the patients was 52.03 years (17-73 years), 58.33% male and 41.67% female.

The DLQI scores showed no effect on the quality of life in 2.8% of the patients, small effect in 22.2%, another 22.2% with moderate effect, very large in 38.1% and extremely large in 16.7%.

In the group of patients with disease duration of 11-20 years the quality of life is moderately influenced, whereas in those with shorter or longer duration it is substantially limited.

For the four scales of the QES highest mean scores were observed for the scale I "impairment of self-esteem and withdrawal" – 2.38±1.22, followed by the scale III "concealment" – 1.56±1.23, scale II "rejection experienced" – 1.49±1.05 and scale IV "composure" – 0.03±0.06.

There was no difference in scores by sex.

CONCLUSIONS: Our study presents the first use of one of the most widely and frequently applied dermatology-specific quality of life measurement tools in Bulgaria – DLQI. A first attempt at researching the stigmatization experience as another psychosocial aspect in patients with chronic dermatoses was made by using QES.

This study is still in progress.

This abstract has been presented in:

PO05

Posters "Clinical dermatology: Psoriasis and related disorders"

Room: Core

STIGMATIZATION AND QUALITY OF LIFE IN BULGARIAN PATIENTS WITH PSORIASIS



Valentina Dimitrova¹, Dimitar Gospodinov¹, Ivelina Yordanova¹,
Gerhard Schmid-Ott²

¹Department of Dermatology and Venereology, Medical University of Pleven, Bulgaria
²Department of Psychosomatic Medicine, Hannover Medical School, Hannover, Germany



Psoriasis patients are often influenced by the psychosocial consequences of their skin disease. This study was designed to supply information about the quality of life and the stigmatization experience of Bulgarian patients with psoriasis. There have been made valid translations of two psychometric measures for this purpose.

Methods

Participants

A total of 36 in-patients at the Department of Dermatology, Medical University of Pleven, Bulgaria with a definite diagnosis of psoriasis were included in this pilot study.

Procedure

A valid translation into Bulgarian of two psychometric assessment measures with the permission of the authors has been made: the Dermatology Life Quality Index (DLQI) and the Questionnaire on Experience with Skin Complaints (QES). On obtaining verbal consent patients were asked to complete the Bulgarian versions of both questionnaires. Additional medical assessment of psoriasis severity was undertaken by a dermatologist at the clinic employing the Psoriasis Area and Severity Index.

Psychometric measures

The DLQI is a self-administered questionnaire designed to measure the impact of skin diseases on patients' quality of life. It includes 10 questions representing 6 dimensions "symptoms and feelings", "daily activities", "leisure", "work and school", "personal relationship" and "treatment". The total DLQI score is calculated by summing the score of the 10 questions resulting in a maximum of 30 and a minimum of 0. The higher the score, the more quality of life is impaired.

The short form of the QES with 23 items and four scales (dimensions) examines the stigmatization experience, social and psychic burdens. The score of each of the four QES scales, "impairment of self-esteem and withdrawal" (QES I), "rejection experienced" (QES II), "concealment" (QES III), and "composure" (QES IV), has a minimum of "0" and a maximum of "4" and represents the mean value of the included questions. QES total is calculated according to the following formula: QES total = QES I + QES II + QES III + QES IV.

Statistical analysis

Statistical analysis was conducted using Statgraphics plus for Windows 95 statistical software. Patient characteristics were defined using descriptive statistics. Comparison of group differences was performed by t-test and analysis of variance.

Results

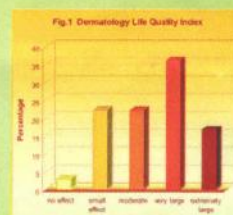
Of the 36 patients 15 (58,3%) were female and 21 (41,7%) were male. They ranged in age from 17 to 73 years, with a mean age of 52,03 years. The median value of PASI was 24,2 (from 4,5 to 57,6). In the group of patients with disease duration of 11-20 years the quality of life is moderately influenced, whereas in those with shorter or longer duration it is substantially limited (Tabl.1).

Tabl. 1. DLQI and QES total scores according to the disease' duration.

Disease duration	Number of patients	Percentage (%)	DLQI (Mean±SE)	QES total (Mean±SE)
< 10 years	9	25%	13,44±2,4	4,65±1,15
11-20 years	14	38,89%	9,57±1,8	6,37±0,64
21-30 years	8	22,22%	12,5±2,41	5,23±1,05
>31 years	5	13,89%	13,2±3,15	4,35±1,89

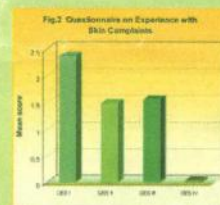
DLQI

The DLQI scores showed no effect on the quality of life in 2.8% of the patients, small effect in 22.2%, another 22.2% with moderate effect, very large in 36.1% and extremely large in 16.7% (Fig.1). There was no difference in scores by sex.



QES

For the four scales of the QES highest mean scores were observed for the scale I "impairment of self-esteem and withdrawal" - 2.38±1.22, followed by the scale III "concealment" - 1.56±1.23, scale II "rejection experienced" - 1.49±1.05 and scale IV "composure" - 0.03±0.06 (Fig. 2). Total QES score were 5,4±3,05.



Conclusions

Our study presents the first use of one of the most widely and frequently applied dermatology-specific quality of life measurement tools in Bulgaria - the DLQI. A first attempt at researching the stigmatization experience as another psychosocial aspect in patients with chronic dermatoses was made by using QES. This study is still in progress.



Onychomycosis in patients with psoriasis – a multicentre study

L. Zisova,¹ V. Valtchev,² E. Sotiriou,³ D. Gospodinov² and G. Mateev⁴

¹Dermatology and Venereology, Medical University Plovdiv, Plovdiv, Bulgaria, ²Dermatology and Venereology, Medical University Pleven, Pleven, Bulgaria,

³First Dermatology Department, Aristotle University Thessaloniki, Thessaloniki, Greece and ⁴Dermatology and Venereology, Medical University Sofia, Sofia, Bulgaria

Summary

1–3% of human population is affected by psoriasis. Nail disorders are reported in 10–80% of patients with psoriasis. Nail deformations vary according to their degree of severity but are mainly represented by pitting, Beau's lines, hyperkeratosis, onycholysis, leuconychia or oil drops. Onychomycosis is a fungal infection of the nails, caused by dermatophytes, yeast and moulds. In this study, 228 patients with psoriasis aged between 18 and 72 were examined (48 – from Plovdiv, Bulgaria; 145 – from Pleven, Bulgaria and 35 – from Thessaloniki, Greece); 145 of them were male and 83 of them were female. The examination of the nail material was performed via direct microscopy with 20% KOH and nail samples plated out on Sabouraud agar methodology. The severity of the nail disorders was determined according to the Nail Psoriasis Severity Index (NAPSI). Positive mycological cultures were obtained from 62% of the patients with psoriasis (52% – Plovdiv, Bulgaria; 70% – Pleven, Bulgaria and 43% – Thessaloniki, Greece). In 67% of the cases, the infection was caused by dermatophytes, in 24% by yeast, in 6% by moulds and in 3% by a combination of causes. All patients with psoriasis were identified with high levels of NAPSI, whereas the ones with isolated *Candida* had even higher levels. Seventeen percentage of the patients have been treated with methotrexate, 6% have been diagnosed with diabetes and 22% have been reported with onychomycosis and tinea pedis within the family. An increased prevalence of onychomycosis among the patients with psoriasis was found. Dystrophic nails in psoriasis patients are more predisposed to fungal infections. The mycological examination of all psoriasis patients with nail deformations is considered obligatory because of the great number of psoriasis patients diagnosed with onychomycosis.

FINAL PROGRAM



Munich International
Summer Academy
of Practical Dermatology

SUMMER ACADEMY 2011

Munich, July 24 – 29, 2011

THURSDAY, 28 JULY 2011

MEET THE EXPERT SESSION

- 15:30 – 17:30 **Melanoma therapy: Mini-symposium on Upcoming Therapies for Metastatic Melanoma**
Forum 12
sponsored by Bristol-Myers Squibb
Chair: Carola Berking, Munich
- 15:30 – 16:00 **New Targeted Therapies in Melanoma Treatment**
Friedegund Meier, Tuebingen
- 16:00 – 16:30 **New Immunological approaches for Melanoma Treatment**
Florian Schenck, Hannover
- 16:30 – 16:45 **Summary & Conclusion**
Carola Berking, Munich

MEETINGS

- 15:00 – 18:00 **Resident's forum – case presentations from around the world**
Forum 10
Chairs: Ronald Wolf, Munich
Evangeline Handog, Manila
- 15:00 – 18:00 **Common session of the European Society of Cutaneous Lupus Erythematosus EUSCLE and the ISA2011**
Forum 8
- 15:00 – 15:05 **Welcome and introduction**
Annegret Kuhn, Muenster
- 15:05 – 15:50 **Scientific program I**
Chairs: Annegret Kuhn, Muenster
Branka Marinovic, Zagreb
- T cell in the pathogenesis of autoimmune diseases – the key for novel therapies**
Hendrik Schulze-Koops, Munich
- 15:50 – 16:15 Coffee Break

Successful Treatment of Severe Generalized Pustular Psoriasis with Cyclosporin

Daniela Grozeva, Pleven, Bulgaria

Dimitar Gospodinov, Pleven, Bulgaria

Pustular psoriasis is a rare form of psoriasis consisting of widespread pustules on an erythematous background. Cutaneous lesions may develop everywhere on skin surface. The cause of the disease is often unclear and it could be idiopathic. In many cases of disease the trigger factors are lithium, indomethacin, iodine, β - blockers, infection, pregnancy etc.

We present a case of 69 years old female admitted to Clinics of Dermatology – Pleven with generalized rash with pustules, scales on trunk and extremities, itch, high temperature several days before and during rash. Lesions localized mostly on face, trunk, neck, extremities. They are sharply marginated, erythematous plaques, clusters of tiny nonfollicular, superficial yellowish to whitish pustules. The patient was treated with keratolytic agents, emollients, antihistamines and Cyclosporin which gave immediate result and patient is in clinical remission now.