

Preface  
Psychocutaneous Disease



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*Guest Editor*

The importance of psychosocial factors in skin disorders is being increasingly recognized because they can have a significant impact upon the overall morbidity associated with these disorders and therefore constitute an important component of treatment outcome. Furthermore, psychosocial morbidity, when untreated, may also have an adverse impact upon the overall response of the skin condition to dermatologic therapies as a result of a wide range of factors including the psychoneuroimmunologic and neuroendocrine changes secondary to stress and the problems with adherence to prescribed dermatologic therapies as a result of a coexisting mental disorder.

There is an overall increase in interest in psychosomatic factors in medical disorders, in part because of a greater demand for evidence-based medicine when comparing various therapies. This has resulted in the consideration of quality of life measures and a more holistic approach to the patient. Practical considerations aside, the increasing availability of psychotropic medications with fewer unacceptable side effects, and recent advances in functional neuroimaging, have further fueled interest in examining the impact of psychosomatic factors in medical conditions. Unlike other organ systems, the integumentary system plays a very special role in psychosomatic medicine because the skin plays an integral role as an organ of communication right from birth

and is the primary organ of attachment. The newborn infant's initial physical experience is largely tactile, and the child requires secure holding and hugging to develop physically, neurologically, and psychosocially. Adequate tactile nurturance in early life is necessary for the development of a healthy body image and the capacity for regulation of internal emotional states such as anxiety, anger, and depression. Physical therapies that focus upon touch, such as massage therapy, can have a very beneficial effect upon the course of certain skin conditions in addition to helping the patient's overall emotional well-being. When there is a disruption in this early nurturance due to maternal neglect or abuse, such as sexual abuse of the patient, the impact of the trauma is often focused on the integumentary system, in the form of a wide range of self-injurious behaviors that are observed, for example, in posttraumatic stress disorder, dissociative states, depressive disease, and obsessive-compulsive disorder.

Because the skin remains a vital organ of communication throughout the life cycle, a cosmetically disfiguring skin disorder can have a significant psychosocial impact, especially when it develops during a developmentally critical stage such as adolescence, when the patient is also dealing with emerging body image issues. Therefore, in certain skin disorders, such as acne, the psychosocial impact of the condition can be out of proportion to the

clinical severity of the disorder. A cosmetically disfiguring disorder such as psoriasis in a young adult can have a significant impact upon the patient's social and vocational functioning in later life. In the later stages of life, the cutaneous changes associated with photo damage and chronologic aging have important psychosocial implications, especially for women, both socially and in the workplace.

The skin plays an important role as an organ of communication in all cultures because of its primary role in attachment during infancy; however, other sociocultural, climatic, and economic factors possibly determine the specific factors associated with stigma experienced by patients in different cultures who have skin disorders or aging skin. This issue of the

*Dermatologic Clinics* features articles that address some of these issues and provide some practical clinical guidelines for the psychosocial assessment and management of the dermatologic patient.

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