



PSYCHODERMATOLOGY

## OUR EXPERIENCE IN A PSYCHODERMATOLOGY LIAISON CLINIC

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**Introduction:** Psychodermatology remains just an emerging concept in developing nations like India.

**Objectives:** To report the working pattern of our psychodermatology liaison clinic and to study the extent of psychiatric or psychologic comorbidity amongst patients attending the same.

**Materials and methods:** Patients presenting to the general Dermatology outpatient department between August 2010 and July 2018 with a clinical suspicion of psycho cutaneous disorders were recruited and referred to the liaison clinic run once weekly between 14:30 and 17:00 hrs. Cases were evaluated independently in unlabelled, separate private rooms by a psychiatrist, psychologist and dermatologist. After the three consultations, standard dermatologic treatment with or without psychopharmacologic agents and/or psychological interventions was advised.

**Results:** A total of 1306 cases (873 females; 433 males) aged between 3 to 82 years were examined; maximum being in the fourth and fifth decade. Primary psychiatric disorders were diagnosed in 183 (14%) patients while 1123 (86%) were primary dermatological cases. Psoriasis predominated as the primary dermatosis in 288 (22%) whereas the leading primary psychiatric disease was neurotic excoriations in 38 (2.9%) patients. 30% of patients had stressors at the onset of disease and another 902 (69%) reported aggravation of symptom severity with stress. Professional assessment indicated a need for psychotropic agents in 536 (41%) patients. 810 (62%) patients needed psychologic interventions, most common being counselling and psychoeducation. 31% patients with primary dermatosis were noted to have an associated psychiatric co-morbidity; leading being dysthymia in 416 (31.8%).

**Conclusion:** The first dedicated psycho dermatology liaison clinic in India was established in 2010 in Manipal. A dedicated psychodermatology liaison clinic should function on a regular basis in university teaching hospitals. Although not monetarily lucrative, this offers





integrative patient care. We suggest that dermatologists familiarize with selected psychopharmacological drugs and simple non-pharmacologic interventions.

