



PSYCHODERMATOLOGY

RECOGNIZING AND MANAGING "SELF HARM"

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Psychocutaneous disease is frequently encountered in dermatology, with an estimated 30% prevalence of psychiatric comorbidity in the outpatient dermatology setting. Prompt recognition of self-harm in the patient is crucial in management. Self-injury is related to delusional, factitious, obsessive-compulsive, depressive, and dissociative disorders as well as anxiety and emotional triggers. Evaluation of self-harm includes recognition of signs of self-injury and obtaining a thorough history including psychiatric comorbidities. A review of history should rule out etiologies such as ritual/religious/cultural, sports-related, and occupational/vocational etiologies as well as body ornamentation. Key elements of counseling in cases having a psychiatric etiology include: breaking the news, avoiding confrontation, showing empathy, and requesting a psychiatric consultation. Treatment can be challenging; a multidisciplinary team may be required to address the multifaceted aspects of self-harm.

