Contents

Foreword I — xxiii
Foreword II — xxvii
Preface — xxix
Author index — xxxvii
Abbreviations — xli

Part I: INTERFACE OF DERMATOLOGY AND PSYCHIATRY — 1

Arthur N. Feinberg, Tor A. Shwayder, Ruqiya Shama Tareen, and Therdpong Tempark

1 Perspectives on management of pediatric dermatologic disorders — 3
1.1 Introduction — 3
1.2 Skin infections and infestations — 3
1.2.1 Bacterial infections — 3
1.2.2 Viral infections — 15
1.3 HIV/AIDS — 19
1.3.1 Non-infectious skin lesions — 19
1.3.2 Bacterial infections in HIV — 19
1.3.3 Viral infections in HIV — 20
1.3.4 Fungal infections in HIV — 20
1.3.5 Fungal infections — 21
1.3.6 Topical antifungals — 25
1.3.7 Infestations — 26
1.4 Dermatitis — 29
1.4.1 Irritant dermatitis — 29
1.4.2 Dry-skin dermatitis — 29
1.4.3 Seborrheic dermatitis — 29
1.4.4 Allergic dermatitides — 30
1.4.5 Idiopathic dermatitides — 33
1.5 Hypersensitivity — 33
1.5.1 Urticaria — 33
1.5.2 Drug eruptions — 35
1.6 Miscellaneous skin conditions — 37
1.6.1 Acne vulgaris — 37
1.6.2 Nevi — 41
1.6.3 Papulosquamous disorders — 44
1.6.4 Lichens — 46
1.6.5 Psoriasis — 49
1.7 Dermatologic manifestations of systematic disorders — 52
1.7.1 Pruritus without rash — 52
2.2.4 Immune response and skin disease——77
2.2.5 Immune response and psychiatric disease——79
2.3 Conclusion——80

Donald E. Greydanus

3 A clinician’s approach to psychocutaneous diseases in adolescents:
Untying the Gordian knot——83
3.1 Introduction——83
3.1.1 History taking skills in adolescent patients——83
3.2 Interviewing the adolescent patient——85
3.2.1 Confidentiality——87
3.2.2 Parental confidentiality——87
3.2.3 Health questionnaires——87
3.2.4 Interview techniques——88
3.2.5 Active listening skills——89
3.3 Concepts of the physical examination——90
3.4 Successful management of the adolescent patient——90
3.4.1 Informed consent——90
3.4.2 Shared decision making——91
3.4.3 Improving compliance——92
3.5 Conclusion——92

Mohammad Khurshid Azam Basra

4 Quality of life issues in children and adolescents with dermatological
conditions and their wider impact on the family and society——95
4.1 Introduction——95
4.2 Pediatric quality of life and its assessment——96
4.3 Skin disease and quality of life——97
4.3.1 Impact of skin diseases on children’s quality of life——97
4.3.2 Quality of life assessment in children with dermatological conditions——99
4.3.3 Children’s Dermatology Life Quality Index (CDLQI)——100
4.3.4 Infant’s Dermatitis Quality of Life Index (IDQoL)——100
4.3.5 Impact of skin disease on the quality of life of adolescents——101
4.4 Assessment of adolescents’ quality of life in dermatology——102
4.4.1 Teenager’s QoL questionnaire (T-QoL)——102
4.4.2 Skindex-Teen——103
4.4.3 Impact of skin disease on family quality of life: The “greater
patient” concept——104
4.5 Assessment of family quality in dermatology——106
4.5.1 Family Dermatology Life Quality Index (FDLQI)——106
4.5.2 Dermatitis Family Impact questionnaire (DFI)——107
4.5.3 Parents’ Index of Quality of Life in Atopic Dermatitis (PIQoL-AD) — 108
4.5.4 Childhood Atopic Dermatitis Impact Scale (CADIS) — 108
4.5.5 Psoriasis Family Index (PFI) — 109
4.6 Societal impact of childhood dermatological conditions — 109
4.7 Conclusions — 110

Part II: PSYCHOPHYSIOLOGIC DISORDERS — 117

Ruqiya Shama Tareen

5 Atopic dermatitis: a psychocutaneous review — 119
5.1 Introduction — 119
5.1.1 Epidemiology — 119
5.2 Pathophysiologic factors in atopic dermatitis — 120
5.2.1 Genetic predisposition — 120
5.2.2 Socio-economic status — 120
5.2.3 Family size — 120
5.2.4 Food allergens — 120
5.3 Psychoneuroimmunologic factors — 121
5.3.1 Breast feeding — 121
5.3.2 Environmental allergens — 121
5.4 Psychophysiologic aspects of atopic dermatitis — 122
5.4.1 Impact of stress on the immunological system — 122
5.4.2 Psychoanalytic hypothesis — 123
5.4.3 Biopsychosocial model — 124
5.4.4 Psychological dysregulation due to atopic dermatitis — 124
5.5 Clinical features — 125
5.6 Diagnosis — 125
5.6.1 Allergy Testing — 127
5.6.2 Differential Diagnosis — 128
5.7 Management — 128
5.7.1 Prevention of relapse — 128
5.7.2 Food allergens — 129
5.7.3 Aeroallergens — 129
5.7.4 Optimizing the epidermal barrier (EB) — 129
5.7.5 Hydration therapy — 130
5.7.6 Management of pruritus — 130
5.7.7 Topical corticosteroids — 131
5.7.8 Topical immunomodulators — 134
5.8 Systematic treatment of atopic dermatitis — 134
5.8.1 Antihistamines — 134
5.8.2 Phototherapy — 135
5.8.3 Antibiotics — 135
5.8.4 Systemic corticosteroids — 136
5.8.5 Immunomodulators — 136
5.8.6 Cyclosporine — 137
5.8.7 Azathioprine — 137
5.8.8 Infliximab — 137
5.8.9 Interferon-γ — 138
5.8.10 Leukotriene inhibitors — 138
5.9 Psychiatric comorbidities — 138
5.9.1 Family dynamics — 139
5.9.2 Internalizing and externalizing behaviors — 139
5.9.3 Anxiety and depression — 140
5.9.4 Personality traits — 140
5.10 Management of psychiatric comorbidities — 141
5.10.1 Multidisciplinary approach — 141
5.10.2 Psychoeducation — 141
5.10.3 Psychosocial assessment — 141
5.10.4 Psychiatric symptoms review — 142
5.10.5 Quality of life assessment — 142
5.10.6 Psychodynamic therapy — 142
5.10.7 Cognitive behavioral therapy — 143
5.10.8 Behavioral modifications — 143
5.10.9 Psychotropic medications — 143
5.11 Conclusion — 144

Sandra Ros and Eulalia Baselga

6 Psoriasis and children: A psychological approach — 147
6.1 Introduction — 147
6.1.1 Epidemiology — 148
6.2 Dermatological clinical features — 148
6.2.1 Plaque psoriasis — 149
6.2.2 Guttate psoriasis — 149
6.2.3 Erythrodermic psoriasis — 149
6.2.4 Pustular psoriasis — 150
6.2.5 Psoriatic arthritis — 151
6.2.6 Inverse psoriasis — 151
6.3 Psychological clinical features — 152
6.3.1 Differential diagnosis — 154
6.3.2 Psychotherapeutic intervention — 155
6.3.3 Psychotherapy — 156
6.4 Conclusions — 159
9.3.3 Assessment — 206
9.3.4 Patient education — 208
9.3.5 Treatment — 208
9.4 Other treatment techniques — 210
9.4.1 Anxiety management training (AMT) — 210
9.4.2 Eye movement desensitization and reprocessing (EMDR) — 211
9.4.3 Family therapy — 211
9.4.4 Group therapy — 211
9.4.5 Metaphors — 211
9.4.6 Mindfulness — 212
9.4.7 Intervention — 212
9.4.8 Nonpsychiatric medical treatment — 212
9.4.9 Final management considerations — 213
9.5 Conclusions — 213

Peter Lepping and Roland W. Freudenmann

10 Delusional infestation in childhood, adolescence, and adulthood — 217
10.1 Introduction — 217
10.2 How to diagnose a delusion — 218
10.3 Primary and secondary delusional infestation — 219
10.4 The context of children and adolescence — 220
10.5 Clinical pictures — 221
10.5.1 Case one — 221
10.5.2 Case two — 222
10.5.3 Case Three — 223
10.5.4 Commentary on these three cases — 224
10.6 Delusional elaboration (“Wahnarbeit”) — 224
10.7 Prevalence of delusional infestation — 226
10.7.1 Treatment — 227
10.7.2 Which antipsychotic in DI? — 228
10.8 Antipsychotics — 230
10.9 Conclusion — 232

Helen D. Pratt

11 Dermatitis artefacta, skin picking, and other self-injurious behaviors: A psychological perspective — 237
11.1 Introduction — 237
11.2 Epidemiology — 239
11.3 Etiology — 241
11.4 Clinical features — 243
11.4.1 Dermatitis Artefacta — 245
11.4.2 Skin picking — 246
Contents

Dilip R. Patel

15 Disorders of skin pigmentation—295
15.1 Introduction—295
15.2 Disorders of hypopigmentation—296
15.2.1 Vitiligo—296
15.2.2 Albinism—298
15.2.3 Postinflammatory hypopigmentation—298
15.2.4 Pityriasis alba—299
15.2.5 Tinea versicolor—299
15.3 Disorders of hyperpigmentation—300
15.3.1 Postinflammatory hyperpigmentation—300
15.3.2 Melasma—300
15.3.3 Hyperpigmentation associated with medical disorders—300
15.3.4 Café-au-lait spots—301
15.3.5 Lentigines—301
15.4 Psychological aspects of disorders of pigmentation—301
15.4.1 Psychosocial management of disorders of pigmentation—303
15.5 Conclusion—304

Ladan Mostaghimi

16 Skin adnexal disorders—307
16.1 Hidradenitis suppurativa (HS)—307
16.1.1 Introduction—307
16.1.2 Diagnosis—307
16.1.3 Etiology—308
16.1.4 Clinical features—309
16.1.5 Differential Diagnosis—310
16.2 Hyperhidrosis—311
16.2.1 Definition—311
16.2.2 Epidemiology—312
16.2.3 Etiology—312
16.2.4 Clinical features—313
16.2.5 Differential diagnosis—313
16.2.6 Management—314
16.3 Anhidrotic ectodermal dysplasia—316
16.3.1 Definition — 316
16.3.2 Epidemiology — 316
16.3.3 Clinical features — 316
16.3.4 Differential diagnosis — 316
16.3.5 Management — 317
16.4 Nevus sebaceous — 317
16.4.1 Definition — 317
16.4.2 Epidemiology — 317
16.4.3 Clinical features — 317
16.4.4 Differential diagnosis — 318
16.4.5 Management — 318
16.5 Conclusion — 318

Part V: SYSTEMATIC DISEASES WITH PSYCHODERMATOLOGIC MANIFESTATIONS — 321

Zeba Hasan Hafeez

17 Neurocutaneous disorders — 323
17.1 Introduction — 323
17.2 Neurofibromatosis — 323
17.2.1 Clinical features — 325
17.2.2 Neuropsychiatric aspects of neurofibromatosis type 1 — 325
17.2.3 Management — 326
17.2.4 NF1 summary — 328
17.3 Tuberous Sclerosis Complex (TSC) — 328
17.3.1 Introduction — 328
17.3.2 Clinical features of TSC — 329
17.3.3 Neurologic lesions — 329
17.3.4 Psychiatric symptoms — 329
17.3.5 Management — 330
17.3.6 Treatment of neuropsychiatric problems — 330
17.4 Conclusion — 332

Manmohan K. Kamboj and Ruqiya Shama Tareen

18 Collagen vascular disorders: Psychiatric and dermatologic manifestations — 335
18.1 Lupus erythematosus (LE) — 335
18.1.1 Epidemiology — 335
18.1.2 Clinical features — 335
18.1.3 Cutaneous manifestations — 336
18.1.4 Neuropsychiatric systemic lupus erythematosus (NPSLE) — 337
18.1.5 Differential diagnosis — 340
18.1.6 Clinical diagnosis — 340
18.1.7 Diagnostic workup — 342
18.1.8 Management — 342
18.1.9 Treatment of cutaneous lupus lesions — 343
18.1.10 Treatment of NPSLE — 343
18.2 Dermatomyositis — 344
18.2.1 Epidemiology — 344
18.2.2 Clinical features — 345
18.2.3 Cutaneous manifestations — 345
18.2.4 Psychiatric manifestations — 346
18.2.5 Management — 347
18.3 Rheumatoid Arthritis — 348
18.3.1 Epidemiology — 348
18.3.2 Etiopathogenesis — 349
18.3.3 Clinical features — 349
18.3.4 Cutaneous manifestations — 349
18.3.5 Psychiatric manifestations — 351
18.3.6 Laboratory findings — 353
18.3.7 Management — 354
18.3.8 Management of psychiatric issues — 356

19 Psychocutaneous manifestations of endocrine disorders — 361
19.1 Introduction — 361
19.2 Diabetes Mellitus — 361
19.2.1 Clinical features — 362
19.2.2 Dermatological manifestations — 363
19.2.3 Psychiatric manifestations — 365
19.2.4 Management of psychiatric conditions — 366
19.3 Disorders of growth hormone — 367
19.3.1 Acromegaly — 367
19.3.2 Dermatological manifestations — 367
19.3.3 Psychiatric manifestations — 368
19.3.4 Diagnostic workup — 369
19.3.5 Clinical management — 369
19.3.6 Management of dermatological manifestations — 370
19.3.7 Management of psychiatric manifestations — 370
19.4 Thyroid hormone disorders — 370
19.4.1 Hypothyroidism — 370
19.4.2 Hyperthyroidism — 371
19.4.3 Clinical features of thyroid disorders — 371
19.4.4 Dermatological manifestations of hypothyroidism — 372
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.4.5</td>
<td>Dermatological manifestations of hyperthyroidism</td>
<td>373</td>
</tr>
<tr>
<td>19.4.6</td>
<td>Psychiatric manifestations</td>
<td>373</td>
</tr>
<tr>
<td>19.4.7</td>
<td>Diagnostic workup</td>
<td>375</td>
</tr>
<tr>
<td>19.4.8</td>
<td>Management of hypothyroidism</td>
<td>375</td>
</tr>
<tr>
<td>19.4.9</td>
<td>Management of hyperthyroidism</td>
<td>375</td>
</tr>
<tr>
<td>19.4.10</td>
<td>Management of psychiatric disorders</td>
<td>377</td>
</tr>
<tr>
<td>19.5</td>
<td>Adrenal gland disorders</td>
<td>378</td>
</tr>
<tr>
<td>19.5.1</td>
<td>Hypoadrenocorticism (adrenal insufficiency [AI] or Addison disease [AD])</td>
<td>378</td>
</tr>
<tr>
<td>19.5.2</td>
<td>Hyperadrenocorticism (Cushing syndrome)</td>
<td>380</td>
</tr>
<tr>
<td>19.6</td>
<td>Disorders of parathyroid glands</td>
<td>384</td>
</tr>
<tr>
<td>19.6.1</td>
<td>Hypoparathyroidism</td>
<td>384</td>
</tr>
<tr>
<td>19.6.2</td>
<td>Hyperparathyroidism</td>
<td>388</td>
</tr>
<tr>
<td>19.7</td>
<td>Disorders of hormones of the reproductive system</td>
<td>390</td>
</tr>
<tr>
<td>19.8</td>
<td>Androgen disorders</td>
<td>390</td>
</tr>
<tr>
<td>19.8.1</td>
<td>Hypogonadism in males</td>
<td>390</td>
</tr>
<tr>
<td>19.8.2</td>
<td>Androgen disorders in females</td>
<td>391</td>
</tr>
<tr>
<td>19.9</td>
<td>Estrogen disorders</td>
<td>394</td>
</tr>
<tr>
<td>19.9.1</td>
<td>Estrogen disorders in males</td>
<td>394</td>
</tr>
<tr>
<td>19.9.2</td>
<td>Estrogen disorders in females</td>
<td>394</td>
</tr>
<tr>
<td>19.9.3</td>
<td>Psychiatric manifestations of disorders of androgen and estrogens</td>
<td>395</td>
</tr>
<tr>
<td>19.10</td>
<td>Conclusion</td>
<td>396</td>
</tr>
</tbody>
</table>

20 Inborn errors of metabolism with psychiatric and dermatologic features — 403

20.1 Introduction — 403
20.2 Phenylketonuria [PKU] — 403
20.2.1 Genetics and pathophysiology — 404
20.2.2 Clinical features — 405
20.2.3 Cutaneous manifestations — 406
20.2.4 Psychiatric manifestations — 406
20.2.5 Laboratory diagnosis — 407
20.2.6 Management — 407
20.3 Hartnup disease — 409
20.3.1 Genetics and pathophysiology — 409
20.3.2 Cutaneous manifestations — 409
20.3.3 Psychiatric manifestations — 409
20.3.4 Laboratory findings — 410
20.3.5 Management — 410
20.4 Homocystinuria — 410
20.4.1 Genetics and pathophysiology — 410
20.4.2 Clinical features — 410
20.4.3 Cutaneous manifestations — 411
20.4.4 Psychiatric Manifestations — 411
20.4.5 Management — 412
20.5 Porphyrias — 412
20.5.1 Genetics and prevalence — 412
20.5.2 Clinical features — 413
20.5.3 Cutaneous manifestations — 413
20.5.4 Psychiatric manifestations — 414
20.5.5 Laboratory diagnosis — 415
20.5.6 Management — 415
20.6 Conclusion — 416

Part VI: SPECIAL ISSUES IN MANAGEMENT OF PSYCHOCUTANEOUS DISORDERS — 421

Joseph L. Calles

21 Psychiatric complications of dermatological treatments — 423
21.1 Introduction — 423
21.2 Epidemiology — 423
21.3 Clinical features by medication category — 424
21.3.1 Antibacterial agents — 424
21.3.2 Antiviral agents — 425
21.3.3 Corticosteroids — 426
21.3.4 Dapsone — 426
21.3.5 Antimalarial agents — 426
21.3.6 Retinoids — 427
21.3.7 Interferons — 428
21.3.8 Other agents — 428
21.4 Differential diagnosis — 428
21.5 Management — 428
21.5.1 Drug–drug interactions — 429
21.5.2 Non-pharmacologic interventions — 429
21.6 Conclusion — 430

Misha M. Heller, Meagan Barrett, Stefani Takahashi, Jenny Murase, and Josephine L. Howard

22 Dermatologic manifestations of psychotropic medications — 433
22.1 Introduction — 433
22.1.1 Epidemiology — 433
22.2 Diagnosis — 434
22.3 Pathogenesis — 435
22.4 Categories — 436
22.5 Common adverse cutaneous reactions — 436
22.5.1 Pruritus — 436
22.5.2 Exanomatous eruptions — 436
22.5.3 Urticaria and angioedema — 450
22.5.4 Fixed drug eruptions — 451
22.5.5 Photosensitivity — 451
22.5.6 Pigmentation — 452
22.5.7 Diaphoresis — 452
22.5.8 Alopecia — 452
22.6 Serious and life-threatening cutaneous reactions — 453
22.6.1 Erythema multiforme — 453
22.6.2 Stevens-Johnson Syndrome and Toxic Epidermolysis Necrolysis — 453
22.6.3 Drug hypersensitivity syndrome — 454
22.6.4 Vasculitis — 455
22.6.5 Exfoliative dermatitis — 455
22.6.6 Anaphylactoid reactions — 456
22.7 General dermatologic conditions — 456
22.7.1 Acneiform eruptions — 456
22.7.2 Psoriasiform eruption — 457
22.7.3 Seborrheic eruption — 457
22.7.4 Lichenoid eruption — 457
22.8 Conclusion — 458

Philip D. Shenefelt
23 Non-pharmacological approaches to treat psychocutaneous disorders — 461
23.1 Introduction — 461
23.2 Non-pharmacological modalities — 462
23.2.1 Acupuncture — 462
23.2.2 Aromatherapy — 462
23.2.3 Biofeedback — 463
23.2.4 Brief dynamic psychotherapy — 464
23.2.5 Cognitive behavioral therapy methods — 464
23.2.6 Emotional freedom techniques (EFT) — 464
23.2.7 Eye Movement Desensitizing and Reprocessing (EMDR) — 465
23.2.8 Hypnosis — 465
23.2.9 Music — 466
23.2.10 Placebo — 467
23.2.11 Suggestion — 467
23.3 Conclusion — 467