

Psychiatry for dermatologists: an update

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This presentation highlights the need for a close link between the psychiatrists and the dermatologists. There is undoubtedly a high prevalence of psychiatric conditions amongst both the dermatology outpatients and the inpatients. The psychiatric symptoms can be either a manifestation of distress secondary to the primary dermatological pathology or a primary psychiatric condition presenting as dermatological pathology. In both the cases, the risk has to be recognised as the distress can lead to a suicide attempt and therefore, it can be challenging to both the treating dermatologist and the psychiatrist as the patient can actively refuse treatment because of the stigma associated with the label of having a psychiatric ailment. This presentation mentions various psychiatric conditions with regard to dermatology and specific issues about the psychotropic and dermatological medications.

Mental disorders which can present in the dermatology clinics are anxiety, depression, obsessive-compulsive disorder, body dysmorphic disorder, delusional parasitosis or delusional infestation and dermatitis artefacta. It can be quite helpful for the dermatologist to be aware of the symptoms of these disorders whether primarily psychiatric or secondary to the dermatological pathology. The issues regarding medication are specifically with regard to Isotretinoin and combination treatments. An association had been reported between oral isotretinoin and mood changes, particularly depression and suicide but a recent systematic review did not find any conclusive evidence for such an association. Combination of cytotoxic agents with clozapine can exacerbate the risk of reduction in white blood cell counts. There is an increased risk of ventricular arrhythmias with the combination of erythromycin and antipsychotics. An increased risk of convulsions with a combination of erythromycin and clozapine has been mentioned. There are particular concerns about the over the counter use of St. John's wort, used in mild and moderate depressions with regard to interaction with various dermatological agents.

In summary, a close liaison between dermatologists and psychiatrists is essential to provide holistic care for patients presenting with dermatological pathology.