

19th Congress of the European Society for Dermatology and Psychiatry (ESDaP) and 2nd Brain Skin Colloquium Conference (BSC), June 11–13, 2021, London

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The Congress of the European Society for Dermatology and Psychiatry (ESDaP), held in conjunction with the 2nd Brain Skin Colloquium (BSC) Conference, hosted over 60 speakers delivering 47 oral presentations, 41 poster presentations and 5 keynote talks via 2 simultaneous livestream platforms. The 2-day conference, held biennially, was due to be hosted in London, but was converted to a virtual format due to the Covid-19 pandemic. This report presents a synopsis of the conference.

Key words: psychodermatology; psycho-cutaneous medicine; quality of life; psycho-social co-morbidities.

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The Congress of the European Society for Dermatology and Psychiatry (ESDaP), held in conjunction with the 2nd Brain Skin Colloquium (BSC) Conference, hosted over 60 speakers delivering 47 oral presentations, 41 poster presentations and 5 keynote talks via 2 simultaneous livestream platforms. The 2-day conference, held biennially, was due to be hosted in London, but was converted to a virtual format due to the Covid-19 pandemic. The conference was chaired by Professor Anthony Bewley and Dr Elise Kleyn. Professor Françoise Poot presented the outcomes of ESDaP's newly developed psychodermatology diploma (1).

ESDaP is relatively young; it was established in 1993 in Vienna, but has now become a global psychodermatology conference. Psychodermatology clinics are becoming increasingly established globally (2), as well as clinics in resource-limited settings supported by virtual multidisciplinary teams (MDTs) (3). The BSC is even younger; the first International BSC was held in Manchester, UK, in 2017. The BSC champions clinico-academic excellence in the links between the brain and the skin.

Given that nearly 100 topics were covered during the 2-day congress, it is not possible to review all the papers and abstracts. This report presents a synopsis of the conference.

SIGNIFICANCE

Psychodermatology is an emerging and growing subspecialty of dermatology. There are few conferences in psychodermatology. The European Society for Dermatology and Psychiatry is a global organization that champions clinico-academic cutting-edge research in psychodermatology. European Society for Dermatology and Psychiatry's conferences are biennial and are an important forum for the dissemination of psychodermatological research.

The complex relationship between stress and psoriasis indicates that biologics mediate improvements in mood, possibly via reducing brain inflammation (4), suggesting that there may be a role for anti-inflammatory interventions as a novel treatment strategy in depression (5). Like depression, there is now evidence demonstrating independent improvement in psoriasis with cognitive behavioural therapy (CBT) and mindfulness (6, 7).

The burden of chronic recalcitrant pruritus, an all too familiar clinical challenge for dermatologists, was explored by Professor Gil Yosipovitch. A notable mention went to combination formulations of topical ketamine 5–10%, lidocaine 5% and amitriptyline 5%, efficacious in all causes of chronic pruritus with a duration of up to 7 h per application. Combined therapy with sertraline and mirtazapine in patients with somatoform pruritus was also highlighted (8). As more of the pathology of this condition is unravelled, more treatments become available; interleukin-31 (IL-31) monoclonal antibodies and drugs targeting NK1 receptors (relevant to substance P).

Adding to our understanding of immunological roles in pathogenesis, new evidence points to the amygdala in amplifying the intensity of pruritus, implementing a role for muscle relaxation and CBT (9). Pruritus is now viewed as comparable to chronic pain and, thus, it becomes more logical to categorize patients based on individual's specific immunological fingerprint. This suggests promising future new targets for highly specific tailored treatments (10).

Further understanding of the skin as a social organ is now understood to be due to C-tactile afferent fibres, which go some way to explaining the relationship between itch, pain and mind. Indeed, the role of touch through nurture, thought to be via these fibres, has lifelong effects on how one interprets and experiences

stress (11), and could even be a possible risk factor for inflammatory skin disease (12). In addition, itch is altered through learning processes, which opens the door to further novel treatment methods to alter nocebo-induced itch responses (13).

Despite the considerable progress made in pathogenesis and therapeutics, there are insufficient services to support the mental health of patients with skin disorders. Several surveys expose this gap, including the UK All-Party Parliamentary Group for Skin (APPGS), lending more weight to encouraging policy change through commissioning services (14).

We are also beginning to recognize the importance of supporting the families of patients with skin disorders as well as the patient themselves (15). The Family Dermatology Life Quality Index (DLQI) has been developed to assess this aspect in order for the best support to be delivered through multidisciplinary (MDT) clinics (16). Social science has progressed considerably in the past decade, and there is evidence to show that the DLQI may need amending to reflect the subtle differences in those individuals who complete it (17), as the psychosocial burden of dermatological disorders can vary between the sexes, as well as between conditions (18). Indeed, it may be time for an updated patient-reported outcome measure (PROM) to be used in daily practice, which more accurately captures the impact on living with skin disease (19).

Whilst we are able to utilize these various tools to identify those people who will benefit from psychological interventions and support, in the UK demand still outstrips supply across the NHS. The delay in access to services often compounds the problem. Novel behaviour change training programmes, such as PsoWell™, which can be delivered by clinicians in dermatology settings, show promising potential (20).

Covid-19 has added burdens to many patients with and without skin disorders, enforcing separation, loneliness and isolation. This drives a further chasm between individuals who may already be reluctant to interact with others who have visible skin disease (21). Worryingly, many of these patients seek unregulated advice online and practice unsafe treatment regimens (22), often pursuing unrealistic, false portrayals of ideal skin showcased on social media platforms (23). Shielding, in particular, had a dramatic effect on the wellbeing of dermatology patients (24).

The post-pandemic landscape remains unclear for patients and clinicians. Certainly, we are yet to see the full effects of the past year. Encouragingly, however, the SECURE-AD registry, which has recruited nearly 300 patients with atopic dermatitis (AD) on systemics and or dupilumab has not shown any difference in the effects, frequency or duration of long-Covid compared with non-atopics at present (25). Covid-19 has brought the subject of wellbeing amongst staff to the forefront

in many departments across the NHS. Many trusts are conducting wellbeing audits to address this, and we were delighted to hear this area is becoming more of a priority (26).

Other notable presentations included the ESDaP II study, which indicated the staggeringly high prevalence of body dysmorphic disorder (BDD) symptoms in all dermatology patients compared with healthy skin controls (10.5% vs 2.1%) emphasizing the importance of screening and treating BDD in general dermatology clinics (27). BDD symptoms have also been recognized in other non-conventional disorders, including skin-lightening behaviour (28). The role of abrocitinib in facilitating a rapid and sustained improvement in pruritus, sleep and skin pain in patients with moderate-to-severe AD from as early as 2 weeks from the start of treatment was presented (29).

Other presentations included the effect of Covid-19 on patients with psychodermatological disorders (30) and the role of caregivers in identifying and solving the holistic requirements for patients with ichthyosis (31). Barlow et al. (32) reviewed suicide-related behaviours in children and adolescents with chronic skin disorders. The prevalence of suicidal attempts in children and young people was alarmingly high; ranging from 0.08% to 21.9%, inclusive of 748 children and adolescents spanning 6–17 years old. Notably, this risk does not correlate with objective severity of the skin disorder (33). Certainly, there is a role for dermatologists to be trained in this area as a means of suicide prevention (34).

A case series of 5 patients successfully treated for cutaneous immune-related adverse events with dupilumab who had previously received anti-PD1 immunotherapy was presented (35).

The experience of people with psoriasis in the context of their response to various social circumstances (36) was discussed, as were the improvements in the psychological burden of patients with eczema and neurofibromatosis 1 when treated remotely with eye movement desensitization and reprocessing (37).

We look forward to the 20th Congress of ESDaP, which will be held in Rotterdam, Netherlands in June 2023 and the 3rd BSC Conference in Manchester in Autumn 2024, which we hope will be face-to-face.

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