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Skin is a window to one's inner world
Editorial

V. Eleftheriadou and A. R. Thomsson

The skin is significantly implicated in many aspects of human relational functioning, including playing a role in communication, bonding, and intimacy. Consequently, disruption to the skin's appearance and functioning can understandably have substantial impact on psychological wellbeing and be a major source of stress and disruption to quality of life. Indeed, the complex relationship between stress and skin conditions has been documented since ancient times. Hippocrates mentioned the relationship between stress and its effects on skin, citing cases of trichotillomania, where people pulled their hair out in response to emotional stress.¹

Over recent decades the emerging understanding of the relationship between the skin, the mind, and immune functioning has begun to shine a light on the need for skin conditions to be treated holistically.² Recent advances in scientific understanding indicate that the skin is not only a target of psychological stress signalling modulation, but it also actively participates in the stress response via the hypothalamic-pituitary-adrenal (HPA) axis, peripheral nerve endings, and local skin cells including keratinocytes, mast cells, and immune cells.^{2,3} As such the relationship between the skin and the mind is not only complex but bi-directional. Indeed, over decades, clinical observations and patient perspectives have also linked psychological stress to the onset or aggravation of multiple skin diseases.⁴ Nevertheless, the precise mechanism by which psychological factors such as stress impact on skin conditions is still the subject of active research and is likely to involve a range of physiological, psychological and social variables.⁵

Psychodermatology is an emerging inter-disciplinary area of science with a specific focus on the complex interaction between dermatological, psychological, and social factors, and this has been the topic of a number of recent journal article collections.^{6,7} There are four major overlapping areas of interest within this field of study: 1) a primary psychological or psychiatric condition which present to dermatologists (e.g. dermatitis artefacta and delusional presentations); 2) primary dermatological disorder with secondary psychosocial comorbidities (e.g. minor acne scarring with body dysmorphic disorder); 3) those who require psychosocial support with adjusting to their skin disease or in managing the adverse reactions of others (e.g. vitiligo and low self-esteem); and finally 4) a very small group where the skin condition is secondary to psychiatric treatment (e.g. psoriasis associated with lithium therapy).⁸

In reality, these groups can overlap and by far the commonest presentation is the third grouping. For example, a large cross-sectional multicentre study among dermatology out-patients in 13 European countries found a significantly higher prevalence of symptoms of depression (10.1% vs. 4.3%), anxiety disorder (17.2% vs. 11.1%), and suicidal ideation (12.7% vs. 8.3%) among patients with common skin diseases (such as eczema, psoriasis and leg ulcers) compared to controls.⁹ A more recent study by the same European collective also demonstrated that skin conditions are commonly experienced as stigmatising, reflecting the importance of understanding the social factors associated with skin diseases.¹⁰ Further, a

retrospective observational study, using UK general practice data (2004-2020) with an aim to determine the risk and impact of psychological comorbidity in people with new-onset vitiligo, showed that incidence of recurrent depressive and anxiety disorders was more common in people with vitiligo and the risk was highest in Black and Ethnic minority individuals. Subsequently, people with vitiligo and psychological comorbidity had more primary care encounters, more time off work and higher unemployment.¹¹ This later study also points to the emerging evidence that whilst secondary distress is frequently associated with a number of skin conditions, sociocultural factors are also likely to play a role in both the severity and nature of the actual impact.

The *British Journal of Dermatology (BJD)* has for many years encouraged interdisciplinary research and recently there has been a substantive increase in submitted manuscripts of relevance to the field of psychodermatology. Examples of recent *BJD* publications include common dermatoses, as well as neglected and understudied dermatological conditions, such as alopecia areata¹² and vitiligo.¹³ Further, the *BJD* is publishing studies in this area that use a range of methodologies and which are driven by a diversity of clinical need. For example, the journal has published studies on novel outcome measures (or tools) to capture psychosocial impacts beyond those assessed in existing health-related quality of life measures, a recent example being the development of the Scale of Alopecia Areata Distress (SAAD).¹²

The *BJD* is also keen to publish high quality qualitative research that brings nuanced patient needs to the fore and which can help in understanding the detailed associations between psychological factors and skin conditions. For example, one recent study investigated parent and child experiences of psychological support received for skin conditions to guide service improvement.¹⁴ The *BJD* has also increasingly welcomed research letters describing novel findings from cross-sectional or small descriptive qualitative studies that highlight psychological burden, with recent correspondence items focussing on topics such as unmet need associated with post-acne hyperpigmentation.¹⁵

Last year, skin and mental health was the subject of a debate within the UK Parliament, where the alarming lack of psychological support available to people living with a skin condition was highlighted as requiring urgent attention. Encouragingly, research in the field is increasing and this is beginning to have an impact on service delivery, although ongoing monitoring is needed.

It is clear that research into psychodermatology, mental health and skin diseases is gaining momentum, and the *BJD* will be in the vanguard of efforts to drive this important area forward. Traditionally, research into psychodermatology and mental health issues associated with skin diseases has been published in a wide variety of dermatological and psychological health journals amongst others. To shine a light on this field with a more integrated approach we are delighted to announce that the *BJD* is launching a dedicated sub-section on '*Psychodermatology and mental health*'. You may find the relevant section of Author's guidelines helpful (**INSERT LINK HERE PLEASE**). We are looking forward to receiving your manuscripts on this highly important and evolving topic.

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