

Dealing with flares in skin conditions: how can we meet patient need?

Linked Article: Dainty *et al.* *Br J Dermatol* 2024; <https://doi.org/10.1093/bjd/ljae037>

For people with skin conditions, the term ‘flare’ will mean different things, depending on both the type of disease and interpretation of the meaning of the change associated with the flare. In this issue of the *BJD*, Dainty *et al.* investigate the definition of flare in atopic dermatitis (AD).¹ It is crucial that we understand all aspects of the lived experience of skin conditions; for many, that means gaining a holistic understanding of the phenomenology of flare.

Clinicians must consider the impact that flares can have on a person’s quality of life and wider psychological wellbeing. It is not only a case of dealing with distressing symptoms that may accompany a change in disease status, but also learning to live with uncertainty and a complex range of emotions. Feeling out of control or being unable to determine what has caused a flare is stressful,¹ and guilt may arise from ‘figuring out the trigger’.¹ Guilt is an emotion focused on the relationship with others and can be triggered by thoughts of letting the treating team down as a result of perceived noncompliance. Further thoughts of self-blame and possibly being ‘bad’ in some way can also trigger feelings of shame. Feelings of anxiety can be triggered by fear of the implications of the change in condition, including fears about other people’s reactions. Lastly, feelings of low mood can be activated by self-critical thoughts and/or actual stigmatization that can accompany flares. Negative emotions associated with flares will likely increase the burden on patients and may lead to a sense of being unable to cope. As stress is often a trigger for worsening symptoms in AD, controlling these emotions could be protective against flares.¹

If a multidisciplinary approach to dermatological care can be achieved with the integration of psychological therapy,² there may be a chance to help people manage stress early-on within the course of a skin condition. Indeed, this could go some way to equip patients to build the necessary psychological resilience to cope with flares. The focus group study of Dainty *et al.* further demonstrates the nuanced nature of flare-related burden, heightening awareness of problems such as itch and scratch management.¹ Importantly, the findings suggest that flares might present an opportunity for open conversations surrounding the mental health issues discussed above and then of initiating psychological support, if needed.¹

By considering what flare means to a person and how a skin condition may impact on mental health, treatment can be optimized.² For example, the experience of guilt, anxiety and low mood and their impact on disease management could be addressed to reduce feelings of hopelessness.¹ Patients with skin diseases must be provided with reassurance via normalizing flares, and there is a need to sensitively explore the relationship with engagement and compliance to treatment. Several psychological interventions have been delivered both to people with skin conditions and their carers/parents, including cognitive behavioural therapy, mindfulness-based therapies and self-compassion.^{3–6} However, service provision remains – like flares – somewhat unpredictable and yet a well-established problem that requires a solution.

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Ethics statement: not applicable.

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