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Review Article

Addressing the Need to Use Psychological Tests in the Field of Dermatology

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Abstract

Dermatological patients' psychological difficulties are one of the many challenges that dermatologists face in their everyday practice. The use of psychological assessment can benefit dermatologists to detect vulnerable patients who lack the opportunity to be referred to mental health professionals. For this reason, if dermatologists collaborate more frequently with clinical health psychologists, dermatological patients would be properly assessed. This would lead to the creation of psychodermatology units in which patients' emotional difficulties can be treated holistically.

Keywords

Psychological Assessment; Psychodermatology; Body Image; Social Support; Self-Esteem

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Introduction

Based on the literature, few dermatological tools are available for the evaluation of patients' body image under the influence of dermatological conditions. Several studies find that a patient's body image improves after dermatological services [1-5], although there exists many limitations in these studies. Firstly, in most studies, no psychological assessment tools were used with the dermatological tools to assess the existence of psychopathological symptoms or symptoms that fulfil the criteria of disorders such as Body Dysmorphic Disorder (BDD), at baseline and repeated post-treatment. Secondly, the self-esteem and social support of the patients were not evaluated in depth. This raises questions about whether the phenomenon of disordered body image is holistically investigated and whether therapeutic interventions for patients with various skin conditions should only be provided on a dermatological level.

Tests Used in Dermatological Clinical Practice

Even if there is a limited number of reliable psychometric tools in the field of psychodermatology for the magnitude of the effect of skin conditions on patients' body image, some tools have shown clinical utility in a variety of studies. For example, the Skindex is an instrument used to evaluate the quality of life of patients with skin conditions [6-8]. Other measures available include the Psoriasis Area and Severity Index (PASI), the Dermatology Life Quality Index (DLQI), the Children's Dermatology Life Quality Index (CDLQI), the Acne Quality of Life scale (AQOL), the Global Acne Grading System (GAGS), the Acne Disability Index (ADI) and the Cardiff Acne Disability Index (CADI) [9-15].

However, these specific tools are not adequate to analyze the correlation between the severity of the dermatological disorder and its effect on patients' psychosocial well-being, body image, and self-esteem. According to the literature, even minor manifestations of a dermatological condition such as rosacea or mild acne can lead to negative body images, psychological problems, and a significant reduction in the quality of life of patients [16-20]. Finally, tools used to assess the psychosocial effects of skin conditions are in the early stages of their development and warrant further exploration and validation [21].

Psychological Assessment of Patients with Various Skin Conditions

The combination of dermatological tools with psychological assessments for the purpose of examining the overall body image and general physical dissatisfaction is preferred. The Multidimensional Body-Self Relations Questionnaire (MBSRQ), which examines the degree of dissatisfaction with individual areas of the body, used in conjunction with the Body

Dysmorphic Disorder Questionnaire (BDDQ) [22-24] may yield a more complete picture of a patient's overall distress. This helps patients determine whether they may exhibit symptoms of Body Dysmorphic Disorder that have not been observed in clinical practice or studies with dermatological patients. As a result, this would result in a referrals to a mental health expert who could collaborate with the treating dermatologist to improve the patient's overall well-being.

Moreover, tools that investigate general psychopathology in patients with skin conditions are often absent from the dermatological literature, while most studies focus solely on investigating patients' anxiety or depressive symptomatology. In dermatological studies where the use of the Symptom Checklist-90-Revised (SCL-90-R) is recommended, the measure is usually modified so that only some of its psychopathology sub-scales are used. This clinical tool used in its entirety is easily administered and time-efficient while assessing distinct symptoms of psychiatric disorders such as somatization, obsessive-compulsive disorder, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism [25]. The altered use of tools like the Symptom Checklist-90-Revised may result in incomplete assessment of the general discomfort of dermatological patients caused by specific psychopathological symptoms. For this reason, we believe that the proper use of this clinical tool in dermatological practice or in studies with different groups of dermatological patients is critical.

The severity of a dermatological disorder as a physical condition cannot might not be the sole assessment while determining the overall planning of the treatment plans of the patients. The emotional and social consequences of a dermatological disorder need broader quantitative and qualitative psychological evaluations. Since the dermatological disorder affects the patient's external appearance, psychometric tools that assess patients' self-esteem and social support are considered necessary. Special considerations may be necessary for patients of younger ages, given the stage of their social and emotional development and how it is impacted by their self-perception and interactions with others. For this reason, the widely used Rosenberg Self-Assessment Scale (RSES) [26], could provide crucial information on how each dermatological condition affects the general self-perception of the patients.

Lastly, patients with visible dermatological conditions often report that they experience social stigma due to their skin appearance. The experience of stigma and shame can result in negative emotions such as anger and anxiety, which in turn lead to behaviors of withdrawal and social isolation [27-30]. Therefore, the investigation of the perceived social support of the patients could provide information on how the dermatological disorder is experienced between different groups of patients with visible skin conditions and non-visible skin conditions in relation to the patient's social context. The Interpersonal Support Evaluation List (ISEL) has been widely used in patients with a variety of chronic diseases [31]. Although the role of social support has recently begun to be explored in dermatological patients, the use of the Interpersonal Support

Evaluation List questionnaire has not been observed in dermatological practice or in studies with different groups of dermatological conditions that compare the perceptions of the social support of the patients. For this reason, the use of the questionnaire in the field of psychodermatology is considered vital.

Conclusion

In conclusion, the combination of various dermatological and psychological tools that measure disordered body image, psychopathological symptoms, self-esteem, and social support in patients with dermatological conditions will help dermatologists in their daily practice. More specifically, methodologically rigorous studies evaluating this approach of assessment will provide useful findings that will be the cornerstone on which the physical and mental health management of the patients will be built. This will be the first important step that will lead to the creation of psychodermatology research centers, in which dermatologists and clinical health psychologists will interact collaboratively in assessing and treating patients with various skin conditions.

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