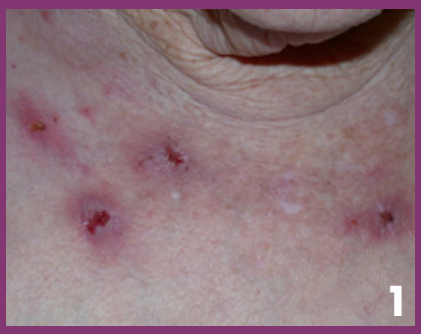
Primary Psychiatric Disorders Seen In Dermatology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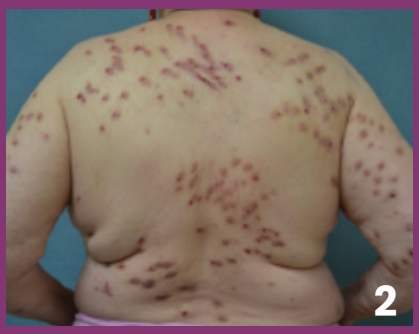
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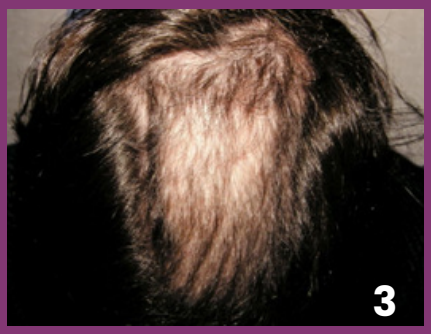
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Disease	Delusional Parasitosis	Skin Picking Disorder	Trichotillomania
Presentation	**Psychodermatological disorder** : a condition that affects both the skin and the mind. **Primary psychiatric disorder**: a psychodermatological disorder where the psychological condition results directly in cutaneous symptoms.		
	Patients report crawling sensations under the skin (formication), prompting scratching and excoriations. Visible marks and ulcers appear from efforts to remove perceived parasites. They may bring samples, often hair or skin, dubbed "matchbox" or "specimen sign."	Patients may have multiple areas of scarring or a few lesions. Visible skin damage from repeated touching or rubbing. Lesions appear as scabs or scars, often with hypo- or hyperpigmentation. Patients describe discomfort and itching, alongside an uncontrollable urge to engage in these behaviours.	The patient shows significant hair loss from repetitive pulling, ranging from mild thinning to bald patches with irregular shapes. These areas often feature short, sparse hair distinct from the rest of the scalp.
Location	Most common complaints of insects or worms in nose, ears, mouth, intestines, or genitalia.	Mostly seen in areas reachable by dominant hand. The upper middle to lateral back is usually free of lesions as it cannot be easily reached ("butterfly sign"). Patterns vary between patients, and may change over time.	Scalp, eyelashes, eyebrows and pubic hair. Children tend to pull on hairs that are easy to reach and are on the same side as their dominant hand.

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Comorbidities	Psychiatric disorder (ex. schizophrenia, OCD, anxiety, depression), substance use disorder.	Psychiatric disorder (depression, anxiety, OCD), trichotillomania.	Skin picking disorder, nail biting (onychophagia).
Onset	Average age of presentation is in the late 50s and early 60s.	Often starts in adolescence.	Peak of onset usually occurs in the pre-school years and also in early adolescence, usually around the time of puberty.
Causes	Primary: self-manifested. Secondary: substance abuse, nutritional deficiencies, other medical condition or psychiatric illness.	Psychiatric disorder, organic disease (ex. anemia, uremia, liver disease).	Genetic tendency, psychiatric disorder (obsessive-compulsive disorder, anxiety), stress.
Treatments	Treatment of these conditions is coordinated between a dermatologist and a psychiatrist.		
	Psychiatric treatment: first generation antipsychotics (pimozide), second generation antipsychotics (risperidone). **General measures**: emollients and soap substitutes to minimize irritant dermatitis, paste bandages or hydrocolloid wound dressings to prevent further excoriations, topical antipruritics (menthol, crotamiton).	**Psychotherapy**: cognitive behavioral therapy, habit reversal therapy **Pharmacotherapy**: selective serotonin reuptake inhibitors (SSRI), N-acetylcysteine or memantine (glutamate modulators).	**Psychotherapy**: cognitive behavioral therapy, habit reversal therapy. **Pharmacotherapy**: selective serotonin reuptake inhibitors (SSRI), tricyclic antidepressant (TCA), antipsychotics.

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Image Citations

1. *Delusions of parasitosis*. DermNet. (n.d.). https://dermnetnz.org/topics/delusions-of-parasitosis
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