The effectiveness of a Psychology and Dermatology multi-disciplinary approach in KK hospital, Singapore

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Who am I?! + =

Who am I?!
Singapore
830-bed hospital providing obstetric and gynaecology, neonatology and paediatric services

In 1966, the hospital entered the Guinness Book of Records for delivering the highest number of newborns within a single maternity

KKH is 158 year old!
• **Vision**: to be the healthcare leader for Women and Children

• **Mission**: To lead in excellent, holistic and compassionate care for Women and Children

• **Our Core Values:**
  - **Compassion**
    - Treat everyone with kindness, respect and dignity.
    - To be sensitive to patients’ and their families’ needs and their right to privacy.
  - **Integrity**
    - To adhere to the highest standard of professional conduct and ethical behaviour
  - **Collaboration**
    - Deal with diversity with an open-mind and value the contributions of all working together to achieve our common goals.
Dermatology Service

- Increase in referrals for severe skin condition over the last few years: children from 0 to 18/ women
- Multi-disciplinary approach: dermatologists, nurses, allergists, 1 Medical Social worker, 1 Psychologist.
- Tools: “trouble with skin questionnaire”/ “the family Dermatology Life Quality Index”/”Dermatology Life Quality Index”
- Medical conditions: eczema, psoriasis, atypical dermatitis, Netherton syndrome, globular eczema, severe skin reaction to medication, alopecia, trichollomania
What is PsychoDermatology?

Video: https://www.youtube.com/watch?v=pxMcqBgmTD8

What it is: severe skin conditions are now considered from a biological and psycho-social perspective relating to the link mind-body. This dual approach addresses both dermatologic and psychological aspects: Skin reacts to emotional and environmental stressors, because psychological states influence physical states and vice versa.

What it isn’t: Psychological therapies can’t cure the underlying causes of severe eczema or skin disorders but they can offer improvement in the management of severe eczema by listening to, understanding and reducing psychological stressors.

Aim: is to reduce the impact of social and psychological difficulties as stress can exacerbate severe skin conditions. We want to provide holistic care and improve psychosocial and psychological issues faced by patients and their families.

On a positive note: Sensitive skins to psychological stressors are the easiest kind of skin to treat in Psycho-dermatology because patients are more emotionally reactive (close mind body link) and will be insightful.
- Relatively new discipline in psychosomatic medicine

- There is a complex interplay between skin, neuroendocrine systems and stress: research shows that in 70% of patients with atopic dermatitis, stressful events preceding disease onset occurred (low self-esteem, interpersonal and family stress, problems in psychological adjustment,). Also dysfunctional family dynamics can happen secondary to flare-ups.

- The organism has the ability to adapt to acute conditions but chronicity can lead to exhaustion and distress, flare-up and psychological difficulties.

- Role of multi-disciplinary team is to establish a good physician-patient relationship, evaluate the patient’s level of functioning and psychosocial stressors and evaluate the affective components that may influence the level of functioning, weigh the presence of second gain.

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**Commonly used classification in Psycho-dermatology**

**Psychophysiologic disorders:**
- skin diseases are precipitated or exacerbated by psychological stress (atopic dermatitis, acne, psoriasis, alopecia, purpura, rosacea, urticaria)

**Primary Psychiatric disorders with dermatological symptoms:**
- there is no skin condition but stereotypes of psychodermatological diseases (delusions of parasitosis, trichollomania, body dysmorphic disorder, neurotic excoriations, self harm “picking”)

**Dermatological disorders with secondary psychiatric symptoms:**
- emotional problems are more eminent as a result of having skin disease
  - (= psychological consequences)
  - Bullying/low self esteem
Examples of Psychological interventions in psycho-dermatology (list is not exhaustive!)

- **Importance of Initial assessments**
  (detailed medical and psychological history, family history, impact on quality of relationship with friends and peers etc.)

- **Psycho-education**: learning and understanding how the skin respond to emotional and environmental stressors and helping patients to moderate these responses.
  - cycle stress ➔ anxiety ➔ tiredness ➔ muscle tension/body tension ➔ Eczema

- **Habit reversal Therapy** (to stop the itch-scratch cycle) ex: stress ball
  - Awareness of sensation before itchy feeling
  - Replacing “scratching” by a more comfortable and less harmful movement

- **Relaxation techniques** (muscle relaxation, deep breathing, safe place, Mindfulness)

- **Individual therapy / sometimes Systemic therapy**

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**Hippocrates:** “who has the disease is as important as the disease they have”
- **Communication and Assertiveness skills**
  Ex: role play: passive, aggressive, assertive, help with bullying

- **Therapeutical stories**: personalized stories to externalize eczema as a "common enemy". Used to improve engagement, treatment adherence, reduce stigma and facilitate effective adult-child communication.

  Evil Eric Eczema and the Boy who Beat Him
  The Princess and the Itch

- **Concepts of the SPACE programme, Lebowitz and Omer, YALE, USA**
  Supportive Parenting for Anxious Childhood Emotions
  Concept of Accommodation: assisting a child means that he/she will rely on parents and avoid difficult situation when they feel threatened. (Caring for your child vs. being over supportive e.g., “putting creams on for child”, “scratching for the child”). Concept of parental support (finding the right balance between being too supportive vs. being too demanding “come on, you can do it yourself”/”cope on, don’t be weak”)
Who are the Multi-dermatology clinic’s patients seen by the Psychologist so far?

- Boys: 17
- Girls: 18
- N: 35

- 5+ sessions: 4 patients
- 3-4 sessions: 8 patients
- 2 sessions: 10 patients
- 1 session: 13 patients
Patients’ age

- < 6 year old
- 7-10 year old
- 11-13 year old
- 14-15 year old
- 16 +

- boys
- girls
Psychological difficulties

Psychosocial difficulties
learning difficulties
Adolescence
overprotective parenting
Separation anxiety
bullying
Disciplinary/Harsh parenting
ASD
Anxiety
low self-esteem
School refusal
poor attachment
Anger
ADHD
Absent Parent
gopecia/tricholomania
Examples of psychological difficulties for children with dermatological conditions

1. Examples
   - Interpersonal stress in link with adolescence issues
   - Separation anxiety
   - Disciplinary/harsh parenting
   - Psychosocial difficulties
   - Parents who passed away or unknown
   - Learning difficulties
   - Parents anxiety/overprotective
   - Poor attachment
   - Anger management
   - Anxiety
   - Dysfunctional family dynamics

2. ASD
   - ADHD
   - Alopecia/trichollomania
   - Depression
   - Social phobias

3. Bullying
   - decreased self esteem
   - School refusal
Cases vignettes

1. **Psychophysiological disorders: skin diseases are precipitated or exacerbated by psychological stress**

   **Case 1:** Siti is a Singaporean Malay, 17 y old, 2nd of 4 siblings. No improvements despite strong medical treatments and psychological sessions: picking on lesions, wants to stay in hospital when hospitalised, severe nodular eczema. Presence of verbal, physical (belt, water guns!) and emotional abuse at home by father (“dirty”, “no one will ever want to marry you”). Feeling powerless. Keeps feelings inside, externalisation through eczema, “sabotaging treatment” (identified patient of the family). Recently meeting with parents, social workers, dermatologists: father discussed his own childhood and explained that he never realised the impact of his verbal abuse on his child.

2. **Primary Psychiatric disorders with dermatological symptoms: there is no skin condition but stereotypes of psychodermatological diseases**

   **Case 2:** Chinese Singaporean, 12 y old with delusions of parasitosis. Previous dx of ASD and ADHD. Presented with marks all over his two arms, “picking” because he feels that “bugs are crawling all over his arms”. H firmly believes that his body is infested. He can’t tolerate medical creams because of sensory difficulties “like a slimy octopus inside me”. Self inflicted wounds. Use of habit reversal therapy, stress ball and intervention based on ASD: rational explication for this feeling (sensory sensitivity etc.)/ school bullying (mainstream). One to one therapy now.

3. **Dermatological disorders with secondary psychiatric symptoms: emotional problems are more eminent as a result of having skin disease (= psychological consequences)**

   **Case 3:** Malay Singaporean, 12 y old. Severe chronic eczema with allergies (milk, eggs, nuts etc.). Because of eczema, bullying in school (wears jackets in school: 30C!) and at home (two sisters and mother). Impact on mood, low self-esteem, depressive symptoms, finds “hospitalization great”. Low mood and school refusal. Improved as soon as patient moved with grand-mother + one to one therapy. (重整 self esteem, relaxation technics etc.)
Results

- Great improvements in patients’ life and skin condition: improved quality of life
- Multi-Disciplinary team: easier for parents to attend rather than many appointments and a more holistic approach
- More effective and reduction of re hospitalization and flares-up

What could be improved:

- The Psychologist and her magic wand!!
- Cases of alopecia (auto immune?)
- Complex cases with psychiatric, psychological and dermatological issues
Thank you for your attention!!

Do you have any questions?

OR

If you are too "shy" to ask me today, you can email me!!

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