

Psycho Dermatological Disorders of a Patient/Child and his Idiosyncrasies

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Abstract

The skin retains the ability to respond to endogenous and exogenous stimuli. It also plays a vital role in maintaining both physical and mental health. As a result, children are likely to externalize any negative skin reaction. Moreover, children with chronic illnesses and skin symptoms present mental disorders in their interpersonal relationships. Understanding all these aspects and then, the treatment of the symptoms and skin disorders, could be particularly beneficial for children.

Keywords: Dermatological diseases; Psychosocial effects; Social stigma; Children; Idiosyncrasies

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Introduction

The skin is a means of expressing emotions such as anger, fear, shame, disappointment and plays an important role in the socialization of the individual, which starts from childhood and continues into adulthood. As the major cover of the human body, the skin retains the ability to retain to endogenous and exogenous impulses. The skin feels and integrates environmental signals and simultaneously "emits" internal facts to the outside world [1].

Regarding children with chronic illnesses and skin symptoms, there are a number of treatments, both psychological and social ones. They are related to factors that act as providers for the degree of stress people feel. As a result, it causes them to develop various skills to find their sense of balance [2].

At this stage, the dermatologist who is aware of and informed about psychological issues, should respond directly to several key diagnostic questions such as: If the child/patient experiences a depressing sentiment, or if psychotic symptoms are evident before proceeding to the overall assessment, through a well-structured advisory examination [2,3].

The purpose of this short study is to highlight the effects of dermatological diseases in children and in their interpersonal relationships.

Literature review related to the topic was carried out. Recent national and international articles, both English and Greek, were studied using the following key words: dermatological diseases, psychosocial effects, social stigma and children.

Psychodermatology

Psychodermatology is defined as a subspecialty of Dermatology and Psychiatry. It deals with and treats all dermatological diseases affected by psychological factors, the problems arising from the patient's attempt to respond to the psychological consequences of dermatological diseases or problems during the treatment. It deals with patients' training programs about their disease and with all required psychotherapies that are expected to bring positive result in their dermatological problem [1,4].

Psycho-Neuro-Dermatology deals with the interaction of the mind, nervous system and skin. Psychiatry focuses more on "internal" and subjective pathology while Dermatology focuses on "external" objective pathology and Neurology in anatomical and pathology of nervous tissue [1,5].

Actually, the relationship amongst the skin, brain and nerve tissue is constructively a similar entity of the cell, where the core (mind) communicates with the cellular membrane (skin) via cells in a manner so that their operations to come in full harmony and communication [6,7]. The core (mind) has clearance each time about what is happening in the region of its limits, the cell membrane (skin) and bidirectional [7,8].

Skin

The skin is an organ of the human body. It entirely surrounds the body surface by a solid stuck membrane. It falls back against

the physical orifices (eyes, nose, mouth, genitals, and anus) in respective mucous membranes. The texture of these mucous varies, depending on the function being done. For instance, the mouth carries out a function when the eye carries out other one, etc. [3].

The skin divided into three layers from the outside to the inside: the epidermis, the Dermis and fat. In the epidermis (develops from the ectoderm of the embryo, from which the central nervous system-brain and spinal cord grows) are: a) The nerve fibrils of pain, b) Merkel–Ranvier cells related to touch, c) Dendritic cells associated with the body defense immunity [6,9,10].

Moreover, in the Dermis are: a) The particles of Wagner-Meissner, organs of touch, b) The particles of Dogiel (variant of the above), c) Krause's End-Bulbs associated with feeling of coldness, d) The Ruffini's corpuscles that are organs of heat, e) Pacinian corpuscles associated with touch and pressure. We perceive pain, heat and pressure via these particles [6,11].

When we see the skin from afar, it looks smooth and sleek. However, we observe the hairs, the dermal papillae (small cones projections), as well as the folds formed (armpits) with the naked eye and with a magnifying glass [6,10].

The weight of the skin is 30-32% of the entire body weight. Its thickness varies from person to person and on the same person. Skin is thinner on the eyelids, ears, and the foreskin and thicker on the neck, palms, soles, buttocks and pubic area. Children and women also have thinner skin. It is remarkable because it is easily injured [3,10]. The functions of the skin are many and varied [10,11]:

- It protects the body from mechanical injuries (scratches, friction), chemical injuries (acids) and thermal effects (cold or hot).
- It protects from electrical injuries.
- It protects from solar radiation or other kinds of radiation.
- It protects from microbial, viral, fungal and parasitic attacks.
- It protects from the appearance of infectious and contagious diseases.
- Skin is an immuno-regulatory organ, namely, it actively takes part in body defense. The skin is the window of people's pathology. So, a lot of diseases may be diagnosed.

It is essential nerves of the skin be mentioned, because in this way, we realize the outside world better, in relation to the internal environment of the human organism. It retains the ability to correspond to endogenous and exogenous impulses. It feels and integrates environmental signals and simultaneously "emits" internal facts in the outside world [6].

Thus, skin offers something more than being the "face" of someone in the world. It plays a vital role in maintaining physical and mental health.

Children

Nowadays, children live in a society in which much emphasis is given on appearance and, as mentioned above, the reactions of others to those with a noticeable deformity can be negative. The rest of the kids can behave in a way that is detrimental to the children with the deformity; and they propel them towards the fear of cancellation and social exclusion [2,12]. The mass media are constantly bombarding the world with messages like being handsome is good. Indeed, somebody can easily see how the distorted or different character of the story is usually bad in some way in children's fairy tales [2,13].

Children are likely to internalize the stereotypes that pop up from the environment and any negative reaction they received from others, particularly the significant others. Such messages are likely to play a key role in shaping the underlying cognitive structures associated with the self-image and personality [14].

Young children do not usually raise absolute consciousness/awareness for their appearance. Nevertheless, this tends to change as the child grows and enters puberty. Then, young people become intensely aware of how they look. As a child is growing up, he has to abandon the safe limits of his family's home. He must manage the transition to the nursery or play area, then, to elementary school and secondary school. These changes can be extremely difficult for a child with an obvious pathology of the skin [14,15]. The kid has to deal with the other people's reaction for his skin, including embarrassing comments and social curiosity. Most youngsters or adults who have grown up with a skin disease can easily remember the extremely unpleasant and traumatic incidents against them with various comments or exclusion that felt many times because of their skin condition [15,16].

The management of emotions caused by such reactions regarding a child with a skin deformity or disease is not easy and it often ends up in the child's hypersensitivity for his condition. Obviously, this would have an impact on the child's self-esteem. Moreover, it can generate negative thoughts which result in more and more sensitivity of the child to the comments of others and in the worst case withdrawal and avoidance of social situations because of his condition [17].

It is important for teachers and parents to help children overcome some of these fears they may have about the condition of the skin of the child. A common misconception is that the situation can be contagious or very painful especially, if the skin appears red and is inflamed [10,18]. It is important a parent meet the child's teacher before the child starts school in order the parent to explain the situation to the teacher and exchange information about the problem, especially if it is a rare case. Accordingly, the teacher can devote some time to the rest of the class, helping students to understand the specificity of their classmate in question and promote friendships [17,19].

All schools are advisable to take measures to deal with bullying that may emerge among students and be able to face them if they eventually appear. Nevertheless, the child can be put in a

difficult position to cope with teasing and being forced to develop strategies to manage these incidents. They can also help children develop strategies for self-protection, creating a dynamic field of protection from negative comments around them [20,21].

Another issue concerns the meaning and impact of stigma on kids. One of the primary reasons of anxiety is the chance for social exclusion based on the following [2,14]:

1. The man is possessed by a fundamental incentive to avoid the exclusion from social groups.
2. Intense social behavior signals the desire to improve the conditions of grouping and inclusion.
3. Negative impacts begin when the man is unable to achieve the level of accession that wants or needs.

It seems that the stigma is of great importance for people and especially children, because the discharge or the threat of discharge is a fundamental stress factor on humans. A person without functional social relations is even more vulnerable to diseases [2,22].

Treatment

The therapeutic intervention should aim to complete two objectives: healing of the symptom and improvement of qualitative characteristics of the patient's/child's behavior [2,23].

The objective examination of the lesion, the accompanying subjective symptomatology and clinical diagnosis provide the key elements for developing a psychosomatic case compared with the dermatological disorder [1]. Then, the moment of taking the patient's history, when it is possible to connect the emotional events with skin manifestations, is the defining point for the expert to decide whether the patient/child should be addressed to a dermatologist or whether the patient should be referred to a psychiatrist or psychologist for large-scale psychotherapy [14,24].

In the second case, the dermatologist should proceed in a way that promotes better patient contact with the psychiatrist or psychologist so as the patient not to feel as "ball" or even worse as a "psychiatric patient". The quality of the relationship between

the doctor and the patient is a determining factor in the case of referral of the patient to a psychotherapist, as it is important what the dermatologist waits of the patient's interdisciplinary approach and how much he thinks this will benefit the patient [14,25].

Particular attention should be paid to the patient's "way" when recounting the events, given that it can bring the first evidence about the events connected with the dermatological disorder to the surface [1].

Psychiatric or psychological terminology may create difficulties in understanding of a dermatologist. These difficulties give rise to distrust from the dermatologist side towards psychiatry and psychology as a science [14]. The development of interdisciplinary relationship among Dermatology, Psychiatry and Psychology requires these technical problems to be solved. The referral of the patient to a psychiatrist or a psychologist is not a "dangerous only solution" [3,25]. The trend is the interdisciplinary cooperation and consultation due to the fact that there are not many doctors that are simultaneously dermatologists and psychotherapists [3,26,27].

The flow of information contributes to a better diagnosis and evaluation of the treatment chosen.

Conclusion

Skin is a vital covering organ. The unique nature of the skin disease has the ability to make it very simple but very complex regarding its treatment.

Usually, skin disorders are immediately visible to other people. They can affect the children's confidence, the image they have for their body (body image), their social interactions, as well as the management of their daily lives because of cosmetic deformity.

Skin diseases could still be associated with diverse psychopathological problems, which may affect both the patient/child and his family.

Understanding of all these issues, and the cooperation of doctors and psychiatrists in order symptoms and skin disorders to be treated, could be particularly beneficial for children.

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