

The Effect of Rapport on Psychocutaneous Patients' Referral to Psychiatry Department

ABSTRACT:

Background:The skin described as the mirror of the mind. In primary psychocutaneous diseases patients have no primary skin disease and all of the cutaneous findings are self-induced. Establishing rapport has great effect on patient compliance and considered the initial and the most important step in the successful management of psychocutaneous patients.

Aims:To highlight the role of rapport on the compliance of patients with primary psychocutaneous diseases to visit psychiatry department.

Study design: descriptive study.

Place and Duration of Study: Center of Dermatology/Medical City in Baghdad, between December 2017- June 2018.

Methodology: A total 47 patients with primary psychocutaneous diseases were enrolled in the study. Detailed history was taken from each patient with special attention to establish rapport. Referral to psychiatry department was offered to the patients emphasizing on the relationship between mental health and dermatological diseases.

Results: A total of 47 patients diagnosed with primary psychocutaneous disorders were assessed and enrolled in this study. 37 were females and 10 were males with female to male ratio: 3.7:1. Age of patients ranged from (11 - 63) years with mean and standard deviation of (37.978 ± 15.597) years. The enrolled diseases and their frequency were: neurotic excoriations 34%, dermatitis **artefacta** 21%, lichen simplex chronicus 19%, Prurigo nodularis 10.6%, trichotillomania 10.6 % and delusion of parasitosis 4%. In the present study 72.3% of the enrolled psychocutaneous patients eventually accepted psychiatric referral.

Conclusion: Primary psychocutaneous diseases are found to affect patients with a mean age 38 years and female preponderance, neurotic excoriations was the most common of these diseases. Rapport building is very important in dealing with **psychocutaneous** patients and has a major role in improving referral rate to psychiatry department.

Keywords: [Psychocutaneous, rapport, referral, psychodermatology]

1. INTRODUCTION

The skin and the nervous system develop side by side in the fetus **deleted**(1).

Society often perceives unblemished skin as a sign of beauty and this enhances individuals' self-esteem and identity(2). The stigmatization of imperfect skin is a huge problem within our society, and being visibly different can cause stress and often results in psychological difficulties **deleted**(3). On the other hand Stress can interfere with the immune system(4), it can also disrupt the skin's barrier function(5). A strong biological link between stress and the exacerbation of skin disorders had been indicated in many researches(6),(7).

What is psychodermatology?

The concept of psychodermatology has been recognized since as early as the 17th century ~~deleted~~(4). It is not surprising that the interface between dermatology and psychiatry ('psychocutaneous medicine' or 'psychodermatology') is emerging as a specific subspecialty of dermatology(8).

Despite that the incidence of psychiatric disorders among dermatological patients was found at about 30 to 60%(9), The connection between skin diseases and psyche has been underestimated(10). More than just a cosmetic disfigurement, skin diseases are associated with a variety of psychopathologic problems(10).

Classification of psychodermatologic disorders:

1• psychophysiologic disorders (11).

2• psychogenic pruritus and dysesthesia(11).

3• secondary psychocutaneous disorders(11), depression is found associated with many skin diseases including psoriasis, acne, urticaria and atopic dermatitis(12),(13),(14).

4• primary psychocutaneous disorders (11):

A. Schizophrenia spectrum & other psychotic disorders as in :

Delusions of parasitosis(15). Cutaneous findings range from none at all to secondary lesions like excoriations or even ulcerations caused by the patient's effort to dig out the alleged parasites(16).

B. Obsessive compulsive and related disorders as in:

Trichotillomania(17). Varying lengths of hair are typically seen within areas of alopecia(18).

Neurotic Excoriation(19), the face is the most common site affected(20).

Prurigo nodularis(21).

lichen simplex chronicus(22).

C. Somatic symptom and related disorders as in: REVIEW

Dermatitis artefacta(23),bizarre shaped lesions can be clues to the diagnosis(8).

Management of psychocutaneous diseases

Consideration of psychiatric and psychosocial factors is important for the management(24). This requires evaluation of the skin manifestation and the social, familial and occupational issues underlying the problem(25), and the optimum treatment includes both pharmacotherapy and psychotherapy(26). Despite being comfortable with the diagnosis of psychodermatology conditions, dermatologists did not think they were successful treating them.

In a survey that was sent to dermatologists at the Massachusetts general hospital while more than 50% of attending physicians surveyed were comfortable making diagnosis of psychocutaneous diseases, 11% were comfortable starting antidepressants, and only 3% were comfortable starting antipsychotics(27). In another survey that was mailed to members of Washington State Dermatology Society, 39% of the dermatologists expressed interest in attending any kind of continuing medical education activity on psychocutaneous disorders(28). Thus knowledge about the diagnosis, treatment and/or appropriate referral for psychocutaneous disorders is lacking(28).

Since Patients with psychocutaneous diseases routinely refuse mental health resources(29), Those patients will be under treated, which can have significant consequences even suicidal ideation(30).

Thus for providing adequate treatment of psychocutaneous diseases the dermatologists are left with two options: either become familiar with the relevant psychopharmacology and the simple non-pharmacological interventions or improve rates of referral(27).

An alternative approach to referral would be the creation of multidisciplinary clinics (27). The need of a liaison psychodermatology clinic has been well established(31).

A major advantage of the combined clinic is the prompt availability of a psychiatrist, dermatologist and a clinical psychologist at a single visit(32), either sitting in the clinic at the same time and see the patient concurrently or the psychiatrist being available in an adjacent room or remote clinic(33),(34) .

Unfortunately, patients' resistance to psychiatric intervention sometimes inhibits the potentially useful partnership between the two specialties and the suggestion for a patient to see psychiatrist often results in termination of treatment(27).

Rapport "by definition" means a good understanding of people and an ability to communicate well with them forming a mutual bond and respect. Building a successful rapport is the key to successful office patient relationships ~~deleted~~(35).

To establish therapeutic rapport, patients should be met with enthusiasm and energy by warm greeting, eye contact, a brief non medical interaction like checking on an important life event(36).

This step can be especially helpful because many patients come in with negative feelings towards doctors and healthcare providers and complain not from clinical competency or expertise but from communication problems(37).

Sitting side-by-side with patients, rather than directly face-to-face, this may make the patient feel more comfortable because it creates the feeling that the physician and the patient are working on the same team ~~Deleted~~(37).

The therapeutic relationship is a concept often ignored in current literature. As such, the importance of good patient rapport may be overlooked.strong therapeutic relationships have great effect on patient satisfaction, treatment compliance and client outcomes(38),(39),it is associated with fewer diagnostic testing expenditures(40) and considered the initial and the most important step in the successful management of psychocutaneous patients(41).

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2. METHODOLOGY

Sample collection : any patient with primary psychocutaneous disorders attending our centre of dermatology during the period of collection who accept with consent entering the study .

This descriptive study was carried out in the center of Dermatology/ Medical City in Baghdad, during the period from December 2017- June 2018.

A total 47 patients with primary psychocutaneous diseases were enrolled in the study. The diagnosis was established on clinical basis by two senior dermatologists after exclusion of other dermatological diseases and medical problems.

Detailed history was taken from each patient including demographic data , presence of stressful life event as a triggering factor for the psychocutaneous disease and presence of insight with special attention to establish rapport through mutual attention, positioning, ongoing eye contact, mirroring body posture, avoiding the use of medical terms, showing sympathy and non- judgmental approach.

Author LH had personal experience and knowledge about Rapport and communication skills from an online search, Author LH trained Author SK.

The time spent with each patient was from 15 to 30 minutes according to the condition, and the privacy of the patients was protected as much as possible considering the difficulty in providing special room for these patients in the setting of governmental teaching hospital.

Referral to psychiatry department was offered after prescribing bland emollient and topical antimicrobial cream if there is secondary infection.

For the patients who refuse referral to psychiatry department other appointment was given to the dermatology center and the referral was offered again emphasizing on the relationship between mental health and dermatological diseases.

Three of the enrolled patients who accepted psychiatric referral returned back because psychiatry resident required more clarification on their diseases (neurotic excoriation, lichen simplex chronicus and trichotillomania), so the referral paper was rewritten with more details and the patients received appropriate psychiatric management.

Pictures were taken for each patient using Huawei P10 20 megapixel mobile camera with good illumination.

3. RESULTS AND DISCUSSION

Forty seven patients diagnosed with primary psychocutaneous disorders were assessed and enrolled in this study. Thirty seven were females and 10 were males with female to male ratio: 3.7:1. Age of patients ranged from (11 - 63) years with mean and standard deviation of (37.978 ± 15.597) years.

The enrolled diseases and their frequency were: neurotic excoriation 34 %, dermatitis **artefacta** 21%, lichen simplex chronicus 19%, Prurigo nodularis 10.6%, trichotillomania 10.6 % and delusion of parasitosis 4%.

Neurotic excoriations: was the commonest disease seen in this study, 16 (30 %) patients were seen, all of them were females and no male registered, their ages ranged from (14 – 57) years, with a mean ±SD of (42 ± 12.65) years. One of these patients reported suicidal ideation and has positive family history. Twelve of them accepted referral to psychiatric department including the one with suicidal ideation, and 4 refused totally even in the subsequent visit.

Dermatitis **artefacta**: was seen in 10 (21%) of patients, females were the major sex affected, 8 patients, while males affected were only 2 patients. It was the second major psychocutaneous disorder that was included in the study, their ages ranged from (17- 57) years with a mean and SD of (33.8 ± 12.46) years. Two (20%) of the patients reported positive family history of psychiatric diseases. After first consultation session 4 accepted referral to psychiatric unit, and 4 refused referral entirely. 2 patients refused initially but accepted on the second session of consultation.

Lichen simplex chronicus: diagnosed in 9 (19 %) of the enrolled patients. Five (55.6%) were females and 4 (44.4%) were males. Their ages ranged from (33 - 63) years with mean and SD of (47.7 ± 9.65). Three Patients accepted referral right away on first session, but 5 refused referral and 1 only accepted referral to psychiatry on the subsequent visit.

A total 5 patient diagnosed with Prurigo nodularis; 4 of which were females and was male .Their ages ranged from (20 – 54) years with mean and SD (32.2 ± 12.7). Four patients accepted referral, 1 patient refused and 1 patient accepted on the second visit.

Trichotillomania: It was diagnosed in 5 (10.6%) patients, their ages ranged from (8 – 17) years with a mean and SD of (12.8±3.31) years, females were 4 (80%) patients and only 1 (20%) male. One patient reported positive family history. Five patients accepted referral to the psychiatry after 1 session, none of the total patients refused referral.

Delusion of parasitosis seen in 2 (4.2%) patients both of them were males, one of the patients accepted referral straightaway, while the other one hesitated in the first session and accepted referral on the second visit.

Mean duration of the different types of psychocutaneous diseases were ; 18 months for neurotic excoriation, 7 months for dermatitis **artefacta**, 29 months for lichen simplex chronicus , 43 months for Prurigo nodularis , 8 months for trichotillomania and 10 months for delusion of parasitosis .

All of the patients enrolled in the present study had visited dermatologists before and reported only temporary response to the supportive treatment they had received however none of them was offered psychiatry referral.

Of the total 47 patients enrolled in the present study, 34(61%) accepted referral, 5 (10.6 %) hesitated, 13 (27%) refused.

Twenty two (46.8%) patients denied their action (no insight) while 25(53%) of them admitted that their skin condition is related to having psychological problem and that they inflicted their own disease.

Both relationship between gender and referral acceptance and insight and referral acceptance was not significant as *P* value = 0.5 and 0.07 respectively.

Major stressful life event was reported in 23 out of 47 total; 16 accepted referral, 1 hesitated and 6 refused, while 24 other who had not reported major stressful life event; 15 of which accepted referral, 2 hesitated and 7 refused.

Regarding the patient's' level of education; 24(51%) patients were educated while 23(48.9 %) were uneducated or have finished primary stage level only.

Regarding the patient's' occupation; 30 (63.8 %) housewife ,6 (12.7 %) students , 6 (12.7 %) earners , 2 (4.2 %) military, 1(2%) unemployed and 1 (2%) retired.

Table 1. Main study data

| Type of psychocutaneous diseases | Number of patients (%) | Female (%) | Male (%) | Referral to psychiatry | | | Insight | |
|----------------------------------|------------------------|------------|----------|------------------------|--------------|-------------|------------|---------------|
| | | | | Accept (%) | Hesitate (%) | Refuse (%) | Lost (%) | Preserved (%) |
| Necrotic excoriations | 16 (34%) | 16 (34%) | - | 12 (25.5%) | - | 4 (8.5%) | 7 (14%) | 9 (19%) |
| Dermatitis artefacta | 10 (21%) | 8 (17%) | 2 (4%) | 4 (8.5%) | 2 (4%) | 4 (8.5%) | 8 (17%) | 2 (4%) |
| Lichen simplex chronicus | 9 (19%) | 5 (10.6%) | 4 (8.5%) | 3 (6%) | 1 (2%) | 5 (10.6%) | 1 (2%) | 8 (17%) |
| Prurigo nodularis | 5 (10.6%) | 4 (8.5%) | 1 (2%) | 4 (8.5%) | 1 (2%) | - | 2 (4%) | 3 (6%) |
| Trichotillomania | 5 (10.6%) | 4 (8.5%) | 1 (2%) | 5 (10.6%) | - | - | 2 (4%) | 3 (6%) |
| Delusion of parasitosis | 2 (4%) | - | 2 (4%) | 1 (2%) | 1 (2%) | - | 2 (4%) | - |
| Total | 47 (100%) | 37 (78%) | 10 (22%) | 29 (61.7%) | 5 (10.6%) | 13 (27.65%) | 22 (46.8%) | 25 (53.19%) |

Table 2. relationship between insight and patient compliance to referral

| Response to rapport | Lost insight (%) | Preserved insight (%) | Relationship |
|---------------------|------------------|-----------------------|---|
| Accept referral | 10 (21.27%) | 19 (40%) | Chi- square =5.115 Df=2 P=0.07; no significant relationship between insight and acceptance for referral |
| Hesitate | 4 (8.5%) | 1 (2%) | |
| Refuse referral | 8 (17%) | 5 (10.6%) | |

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Table 3. relationship between gender of patient and acceptance of referral

| Primary Psychocutaneous Disease | Patients that accept referral | Male | female | Patients that hesitate referral | male | Female | Patients That refuse referral | male | Female |
|---------------------------------|-------------------------------|------|--------|---------------------------------|------|--------|-------------------------------|------|--------|
| Neurotic excoriation | 12 | - | 12 | - | - | - | 4 | - | 4 |
| Dermatitis artefacta | 4 | 2 | 2 | 2 | - | 2 | 4 | - | 4 |
| Lichen simplex chronicus | 3 | - | 3 | 1 | 2 | - | 5 | 3 | 2 |
| Prurigo nodularis | 4 | 1 | 3 | 1 | - | 1 | - | - | - |

| | | | | | | | | | |
|--------------------------------|----|---|----|---|---|---|----|---|----|
| Trichotillomania | 5 | 1 | 4 | - | - | - | - | - | - |
| Delusion of parasitosis | 1 | 1 | - | 1 | 2 | - | - | - | - |
| Total | 29 | 5 | 24 | 5 | 2 | 3 | 13 | 3 | 10 |

Table 4. relationship between gender and patient compliance to referral

| Referral acceptance | Male (%) | Female (%) | Relation |
|----------------------------|-----------------|-------------------|---|
| Accept | 5 (10.6%) | 24 (51%) | Chi-square=1.35 Df=2 P =0.5 ; no significant relationship between gender and acceptance for referral. |
| Hesitate | 2 (4.25%) | 3 (6.38%) | |
| Refuse | 3 (6.38%) | 10 (21.27%) | |

Table 5. relationship between presence of Major Stressful life event and patient compliance to referral

| Psychological Disease | Presence of Major Stressful Event | Referral | | | No major Stressful event | Referral | | |
|---------------------------------|--|-----------------|-----------------|---------------|---------------------------------|-----------------|-----------------|---------------|
| | | Accept | Hesitate | Refuse | | Accept | Hesitate | Refuse |
| Neurotic Excoriation | 9 | 7 | - | 2 | 7 | 5 | - | 2 |
| Dermatitis artefacta | 6 | 4 | - | 2 | 4 | 2 | - | 2 |
| Lichen Simplex Chronicus | 4 | 2 | - | 2 | 5 | 1 | 1 | 3 |
| Prurigo Nodularis | 3 | 2 | 1 | - | 2 | 2 | - | - |

| | | | | | | | | |
|------------------------------------|----|----|---|---|----|----|---|---|
| Trichotillomania | 1 | 1 | - | - | 4 | 4 | - | - |
| Delusion Of Parasitosis | - | - | - | - | 2 | 1 | 1 | - |
| TOTAL | 23 | 16 | 1 | 6 | 24 | 15 | 2 | 7 |

*Chi square test used to assess association between presence of major stressful event and acceptance for referral
Statistical significance : false ; no significant association found as P = 0.81 (P>0.05)
Calculated Chi sq. Value = 0.4214
Critical Chi sq. Value = 5.9915*

Table 6. types and mean duration of psychocutaneous diseases

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| Type of psychocutaneous diseases | Mean duration (months) |
|---|-------------------------------|
| Neurotic excoriations | 18 |
| Dermatitis artefacta | 7 |
| Lichen simplex chronicus | 29 |
| Prurigo nodularis | 43 |

| | |
|--------------------------------|----|
| Trichotillomania | 8 |
| Delusion of parasitosis | 10 |

Discussion

Because of the strong relationship between skin and mind many patients benefit from referral to psychiatrist(42).

In our country visiting the psychiatrist has always been considered a social stigma and restricted to severe mentally ill patients, on the other hand dermatologists are not experienced with the basic psychotherapy or pharmacotherapy .This could be the reason why none of the patients enrolled in the present study where offered to visit psychiatry nor received any psychological support by dermatologists they consulted before.

Rapport building is considered the key skills of the medical practice; by gaining patients' trust and respect they will be more satisfied and compliant with the doctors' recommendation(35).

In the present study 72.3% of the enrolled psychocutaneous patients accepted psychiatric referral unlike what had been published in the literatures(29). This highlights the importance of establishing good rapport.

Rate of referral was not affected by presence of insight to the disease or a major stressful life event, this reflects that establishing rapport can peruse patients with no insight about their psychological illness or no major stress to get psychiatric help.

The most common primary psychocutaneous disease encountered in the present study was neurotic excoriation (30%) which was also the commonest in the published literature(43), in contrast Sharqui et al found it the least common among major psychocutaneous diseases (4%)(44) .

It was found exclusively affecting women in the present study with a mean age of 42 years which was relatively comparable with Arnold LM et al study where most of the patients were females with a mean age of 38 years(45) .

None of the patients with neurotic excoriation in the present study had ever sought psychiatric treatment before despite that the mean duration of their disease was 18 months which is comparable with Oddlaug et al study(46). However after one session 75% of patients with neurotic excoriation in the present study accepted psychiatric referral.

Dermatitis artefacta was the second most common disease found in 21% of patients in the present study, it was also the second major psychocutaneous disease in Sharqui et al study (37%)(44) .

The female was the major gender affected in the present study with a mean age of 33.8 in concordance with Rodrigues Pichardo et al results(47).

In the present study 8 of the 10 patients with dermatitis artefacta accepted referral while in Verraes-Derancourt et al study 50% of patients accepted psychiatric support(48) .

Lichen simplex chronicus was mainly found in middle age individuals with no major sex differences in the present study which was consistent with Georgieva F study(49) .

10.6 % of the patients in the present study were diagnosed with trichotillomania, while in Sharqui et al study it was the commonest psychocutaneous disease (53%) however in both studies it was found a disease of young females(44). Family history was reported in one patient with trichotillomania in the present study but in Sharqui et al study family history was negative in all patients with trichotillomania(44).

The least encountered primary psychocutaneous disease in the present study was delusion of parasitosis which was diagnosed in two patients(4.2%), while in Sharqui et al study it was found in 6% of patients(44).

Both patients were males unlike what was mentioned in Foster AA et al study that female to male ratio: 2.89:1, however the mean age of our patients (60 years) was comparable with Foster AA results(50) .

These chronic diseases were found mainly affecting women in the present study with female male ratio: 3.7:1, however there was no difference in accepting referral between both genders.

"Housewife" was the most common occupation (63.8%) of the enrolled patients but Raikhy et al found that farmers and labor workers are the most common occupations liable for psychocutaneous diseases and only 15.17% were housewives(51) . Like Raikhy et al study psychocutaneous diseases were found more common in educated versus uneducated patients or who finished primary stage only(51) .

4. CONCLUSION

Primary psychocutaneous diseases are found to affect patients with a mean age 38 years and female preponderance, and they were found slightly more common among educated people.

Housewives were most commonly affected with primary psychocutaneous diseases.

Neurotic excoriation was the most common primary psychocutaneous disease followed by dermatitis artefacta, while delusion of parasitosis was the least common.

Rapport building is very important in dealing with psychocutaneous patients and has a major role in improving referral rate to psychiatry department.

Referral was not affected by gender, insight or presence of a major stress in the patients' life .

AUTHORS' CONTRIBUTIONS

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THIS WORK WAS CARRIED OUT IN COLLABORATION BETWEEN BOTH AUTHORS. AUTHOR LH DESIGNED THE RESEARCH AND wrote the protocol. AUTHOR SK WROTE THE DRAFT OF MANUSCRIPT. AUTHOR SK MANAGED THE LITERATURE SEARCH AND performed the statistical analysis, BOTH AUTHORS READ AND APPROVED THE FINAL MANUSCRIPT,AUTHOR LH MADE THE FINAL CORRECTION.

CONSENT

AS PER NATIONAL STANDARD, PATIENT'S WRITTEN CONSENT HAS BEEN COLLECTED AND PRESERVED BY THE AUTHOR(S).

ETHICAL APPROVAL

"All authors hereby declare that the study approved by the scientific committee of the Scientific Council of Dermatology and have therefore been performed in accordance with the ethical standards laid down in the Arab board of Dermatology and venereology".

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