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A01: A Prospective Cohort Study to Determine the Psychiatric Co-Morbidity in the Patients of Vitiligo and Their Family

Diksha Bhandari. Department of Dermatology, Venereology and Leprosy, IGMC, Shimla

Introduction: Vitiligo can have a significant psychological impact, about 64% to 75 % patients of vitiligo have psychiatric comorbidities. Studies have shown significant impact on quality of life and self-esteem of the patient. It may be associated with a feeling of isolation and loneliness. In addition to the patients, mental well-being of the caregivers is also affected. **Materials and methods:** A prospective cohort study with one year duration and minimum sample size of 88. Socio-demographic details and clinical profile were recorded. Scales used were Vitiligo-specific quality of life instrument (VitiQoL), Depression anxiety stress scale (DASS-21), Rosenberg Self Esteem Scale UCLA (University of California, Los Angeles) loneliness score & Family vitiligo impact scale. **Results:** A total of 129 patients were enrolled. About 68.2% were under 30 years of age. Among the participants, 61.2% were single. Vitiligo vulgaris was the most common variant (90.7%). About 39.5% experienced a mild impact in QoL, 26.4% moderate, and 17.8% experienced a severe impact. Adjustment disorder was the most common psychiatric disorder (3.1%) followed by anxiety disorder (1.6%). Low self-esteem scores in 13.2% of the subjects. Low degree of loneliness was present in 46.5% of the subjects followed by moderate degree in 43.4%, moderately high in 10.1%. About 25.5% of caregivers showed significant impact due to the disease. **Conclusion:** Awareness of the associated psychiatric comorbidities and their assessment is important even for a dermatologist. Therefore, a holistic approach for vitiligo patients should incorporate psychiatric evaluation and timely referral to psychiatric services.

A02: Exploring Quality of Life Impairments in Indian Children with Atopic Dermatitis and Alopecia Areata: Insights from a Tertiary Care Center in North India

Ishita; Hitaishi Mehta; Rahul Mahajan. Department of Dermatology, Venereology and Leprology; Postgraduate Institute of Medical Education and Research, Chandigarh

Introduction: Atopic dermatitis (AD) and alopecia areata (AA) are chronic conditions significantly impacting quality of life (QoL) in pediatric patients due to associated psychosocial challenges. AD affects 3.1%-7.21% of Indian children, while AA accounts for about 20% of pediatric hair loss cases, with both conditions impairing QoL. However, limited data exists on QoL burden in the Indian context. **Aim:** To assess the impact of AD and AA on QoL in children aged 4-16 years, examining correlations between QoL scores and various clinico-socio-demographic factors. **Methods:** This cross-sectional study at a North Indian tertiary dermatology center (July 2023-July 2024) collected data on demographics, caregiver characteristics, socioeconomic status, SCORAD/SALT, and CDLQI scores from AD and AA patients. CDLQI, graded from 0 (no effect) to 30 (extreme effect), assessed QoL impact, and statistical analyses examined correlations between QoL, disease severity, and other factors. **Results:** A total of 102 AD and 19 AA patients participated. Among AD patients, 62.7% were male (mean age 8.67 years), while 63.2% of AA patients were male (mean age 8.16 years). Mothers were the primary caregivers in AD (56.9%) and fathers in AA (63.2%). Mild,

moderate, and severe cases constituted 53.9%, 44.1%, and 2% of AD cases, respectively; for AA, mild cases were 52.6%. Mean±SD CDLQI scores (range) were 4.82± 4.02 (R: 0-17) for AD and 3.37±4.74 (R:0-20) for AA patients. Itching was the most affected domain in AD (95.1%), while embarrassment predominated in AA (69.4%). No impact was observed in swimming/sports for 98% of AD and 100% of AA patients. Higher CDLQI correlated significantly with SCORAD ($r=0.346$, $p<0.05$) and SALT scores ($r=0.568$, $p<0.05$). **Conclusion:** AD and AA are linked to reduced QoL in pediatric patients, with greater severity intensifying QoL impacts. Minimal relevance of some CDLQI domains suggests adapting QoL tools for cultural relevance, particularly for Indian patients.

A03: The Impact of Leprosy on Health-Related Quality of Life: Experience from a Tertiary Care Centre

Nidhi Sharma, Gunjan Gupta, Akanksha Sharma, Naina Kala Dogra, Devraj Dogra. Department of Dermatology, GMC, Jammu

Background: Leprosy is a chronic infectious disease caused by *M. leprae* and primarily affects the skin and peripheral nerves. The development of multidrug therapy has revolutionized leprosy treatment, yet it continues to be a public health problem in India. Leprosy has long been associated with social stigma and discrimination, which arises from misconceptions, myths and fears about the disease, leading to discrimination, isolation and prejudice against affected individuals. The disabilities and visible deformities may affect the daily activities and employment of the affected individuals, which further marginalizes those affected. Also, lepra reactions can lead to physical discomfort, impact daily activities and can lead to further damage to peripheral nerves, eyes and other organs; and the unpredictable nature of lepra reactions can create a sense of apprehension, distress and anxiety among patients further impacting their quality of life. **Objectives:** Primary objective of this study was to assess the QoL of patients affected with leprosy and secondary objective was to study the effect of demographic and socio-economic factors, comorbidities, and disease specific variables like type of leprosy, duration, disability or visible deformity and lepra reactions, etc. on QoL. **Methods:** It was a cross-sectional, questionnaire-based descriptive study; in which after taking written informed consent, quality of life was assessed in patients of leprosy above 18 years of age, using predesigned and validated questionnaires (DLQI and WHOQOL-BREF). The Dermatology Life Quality Index (DLQI) is a 10-points validated questionnaire and scored between 30 to 0, with higher scores indicating more impairment in QoL. The WHOQOL-BREF questionnaire consists of 26 questions, to assess the four domains namely, physical health (7 items), psychological health (6 items), social relationships (3 items) and environmental domain (8 items). Higher scores indicate a higher QoL. Inclusion and exclusion criteria were predefined. **Results:** A total of 120 cases were included. Demographic factors, socio-economic profile, gender, type of leprosy and comorbidities did not have a statistically significant correlation with DLQI. Multiple regression analysis revealed that potential factors contributing to deterioration of QoL were presence of visible deformities, duration of disease, fewer years of education. Presence of visible deformity had significant impact on DLQI and a statistically highly significant impact on physical, psychological and environmental domain in WHOQOL-

BREF analysis ($p < 0.0001$). Presence of chronic and recurrent lepra reactions was associated with lower QoL scores, and the results were statistically significant. ($p = 0.03$). **Conclusion:** Understanding the QoL in leprosy patients is crucial for improving their overall well-being & implementing targeted interventions. These findings will provide valuable insights into the challenges faced by leprosy patients and highlights the importance of holistic care in improving their QoL.

A04: Cognitive Impairment Among Patients with Chronic Skin Inflammatory Disorder (Psoriasis and Vitiligo): A Comparative Study

Pariniti Khillan

Introduction: A limited number of studies have associated the prevalence of cognitive impairment among patient with chronic inflammatory skin disorders. **Materials and Methods:** This was a cross-sectional study with a convenient sampling technique. A total of 200 patients with Psoriasis and Vitiligo (100 each) were included and evaluated on Hindi version of the Montreal Cognitive Assessment for cognitive impairment, Patient Health Questionnaire-9 for depression, Generalized Anxiety Disorder-7 for anxiety disorder and Metabolic syndrome as per consensus criteria given by World Health Organization. **Results:** A total of 200 patients were recruited. Those with Psoriasis were significantly older ($p < 0.001$), had notably fewer years of education ($p = 0.006$), and were from rural areas ($p = 0.007$), had a higher age of onset of illness ($p = 0.043$), with a longer duration of illness ($p = 0.013$) and reported more presence of substance abuse ($p = 0.001$). Overall, 68.5% had a presence of cognitive impairment. Those with psoriasis (75%) had a significantly higher frequency of cognitive impairment compared to those with vitiligo (62%). Those with psoriasis scored significantly low on the overall score of MOCA and all domains of MOCA except orientation. These significant differences persisted even after controlling factors such as the age, number of years of education, locality, age of onset of illness, duration of illness, substance use, alcohol use, tobacco use, hypertension and central obesity. **Conclusion:** The prevalence of cognitive impairment was high in patients with Psoriasis and vitiligo. It is recommended to evaluate these patients for cognitive impairment for early identification, and treatment to prevent further deterioration of cognitive functions.

A05: To Study Alexithymia, Quality of Life And Severity of Disease in Patients of Psoriasis: A Cross-Sectional Study From North India

Rucha Herlekar; Kittu Malhia; Tarun Naranga. Department of Dermatology, Venereology and Leprology, Postgraduate Institute of Medical Education and Research, Sector 12, Chandigarh 160012, India

Background: Psoriasis is a chronic T-cell mediated inflammatory skin disease negatively affecting the quality of life. Alexithymia is a personality trait defined as an externally oriented style of thinking, difficulty identifying feelings and difficulty describing feelings to others. Alexithymia has been linked to the genesis, severity, prognosis and poor self-management in patients of psoriasis. There is a paucity of Indian studies exploring the relationship between

alexithymia and psoriasis. We designed this study to explore the levels of alexithymia, quality of life, severity of psoriasis and its relationship with gender, age and total duration of disease. **Methodology:** This was a single centre study with 20 participants, aged more than 18 years with a diagnosis of chronic plaque psoriasis. The clinical severity, quality of life and level of alexithymia was determined by the “Psoriasis Area and Severity Index” (PASI) score, “Dermatological Life Quality Index” form and the self-reported “Toronto Alexithymia Scale” questionnaire respectively. Age, Gender, total duration of disease was recorded using a pre-determined format. **Results:** Out of 20 patients, 45% were males and 55% were females. The mean age was 37.80 ± 16.9 years and the mean PASI was 7.42 ± 6.67 . Alexithymia (possible and definite) was found in 20% and 50% patients respectively. There was a positive and significant correlation between the TAS-20 scores and the PASI score ($p=0.049$) and the total duration of illness ($p=0.015$). There was a weakly positive correlation between TAS-20 scores and age ($p=0.85$) and DLQI ($p=0.52$). There was no significant influence of gender on levels of alexithymia ($p=0.39$). **Conclusion:** Our study found that levels of alexithymia are high in patients suffering from severe psoriasis and for a longer duration. Psoriasis patients should be evaluated for alexithymia to render the treatment more successful and should be referred to the psychiatry clinics whenever necessary.

A06: A Study Quantifying Body Dysmorphic Phobia in Patients with Cosmetic Concerns Visiting a Dermatology Clinic

Rutvi Manish Pandya. B.J. Medical College, Ahmedabad

Background: Body dysmorphic disorder (BDD) is a commonly encountered condition left often unaddressed in the practice of cosmetic dermatology. While a few studies have been performed previously in order to screen patients for BDD, this study was performed to quantify and compare the extent of BDD in patients attending dermatology clinic with cosmetic concerns versus non cosmetic concerns. **Methods:** A descriptive cross sectional observational study was conducted over a period of one month on 100 patients visiting a private dermatology clinic wherein patients with cosmetic concerns were taken as cases while those with non-cosmetic concerns were taken as controls. Both the groups were evaluated for BDD using the BDD-YBOCS questionnaire. **Results:** The overall prevalence of BDD in our study was found to be 7.2% which is three times the prevalence in the general population. 62.58% of the cases suffered from BDD with a mean BDD-YBOCS score of 12.586 in contrast to 33.33% of controls with a mean score of 5.56 ($p<0.05$). Of these cases with BDD, 43% suffered from mild, 32% from moderate, 14% from severe and 11% from extreme symptoms. BDD prevalence and score was found to be higher in younger patients and females ($p<0.05$). There was no statistically significant difference in the BDD scores with regards to education, employment, marital status, the nature of concern (skin or hair) or nature of treatment (procedural or non-procedural). **Conclusion:** Screening and quantification of BDD using the BDD YBOCS questionnaire would enable prompt identification and timely referral to a psychiatrist for comprehensive management of patients.

F01: Differentiation Between Localised Alopecia Areata and Trichotillomania: Is Dermoscopy a Relevant Tool?

Abhilasha Negi, Department of Dermatology, Safdarjung Hospital, New Delhi

Introduction: Trichotillomania (TTM) is an obsessive-compulsive disorder marked by patchy hair loss with the scalp being the most frequently affected area. Diagnosing TTM can be challenging because it shares similar clinical features with other hair loss conditions, particularly alopecia areata (AA) which is an autoimmune disorder causing non-scarring patchy hair loss. In this study, the authors examined trichoscopic patterns and assessed their significance in differentiating TTM from AA. **Materials and Methods:** This pilot study was conducted at Safdarjung Hospital, New Delhi, in 2024. 20 patients of clinically suspected AA and 17 of TTM were enrolled consecutively. Informed consent was taken, and ethical clearance was obtained. DermLite4TM was used for dermoscopy, and photographs were taken using iPhone 12 camera. **Results:** The mean age of patients with TTM was 23 years and that of AA was 31 years. The male to female ratio was 3:14 for TTM and 2:3 for AA. Trichoscopic features like empty follicles (57.89%), white hair (66.67%), vellus hair (33.33%), coiled hair (15%), and cadaver hair (11.11%) were seen predominantly in AA while powder hair (100%), scales (70.59%), hook hair (47.06%), perifollicular haemorrhages (29.41%), flame hair (29.41%), trichoptilosis (11.76%), and interfollicular haemorrhages (5.88%) were seen in TTM. Overlapping trichoscopic findings included white, black, and yellow dots; exclamation hair, v sign, tulip hair and broken hair of varying lengths. **Conclusion:** Since trichotillomania and alopecia areata exhibit similar clinical characteristics, distinguishing between the two is essential. Authors believe that trichoscopy can be used as an innovative, simple, and non-invasive diagnostic bedside tool to aid in differentiating TTM from AA.

F02: Psychological Burden in Patients Attending the Dermatology Out-Patient Clinic in a Tertiary Care Centre - A Questionnaire Based Survey

K. Ashik, Abdul Latheef E N. Department of Dermatology, Venereology & Leprosy, Government Medical college, Kozhikode

Background: STIs are associated with significant psychological and social problems than general population primarily caused by poor self-image and sex related concerns and have associated social stigma in our culture. STIs are known to have effect on quality of life because of their impact on physical, psychological and sexual health. **Objective:** To assess psychiatric morbidities in patients attending the dermatology outpatient clinic using Indian psychodermatology screening questionnaire. **Methods:** Institutional ethics committee approved the study. The diagnosis will be based on history, clinical examination and laboratory tests. After giving out consent form, predesigned patient information proforma & Indian psychodermatology screening questionnaire, data were collected & analysed. **Results** In this questionnaire-based survey of 300 dermatology patients, 64% reported experiencing psychological morbidity associated with their skin conditions. Depression was prevalent in 32% of patients, while 28% exhibited signs of significant anxiety, and 14% showed high levels of stress. The study also found that 18% of patients reported suicidal ideation, indicating a

significant psychological burden. Quality of life was rated as significantly impaired in 55% of the sample, particularly in the areas of social and occupational functioning, as measured by the Dermatological Life Quality Index (DLQI). **Conclusion:** The high prevalence of psychological symptoms underscores the need for integrated psychodermatological care. These findings suggest that dermatology patients could benefit from routine mental health screening & interventions, particularly for depression, anxiety & social anxiety, to improve both mental & dermatological health outcomes.

F03: Trichotilliosis: Current Concepts

N.K Kansal; Bipina Upadhyaya; Samikshya Mishra; Abhyarthna Karia. Department of Dermatology, Venereology and Leprology, AIIMS Rishikesh

Introduction: Trichotilliosis is a psychocutaneous disorder characterized by uncontrollable urge to pull one's hair from any region of their body. It affects mainly females of average 10-13 years age group, although males can be affected. The affected individual often denies the habit, and it usually presents with irregular, nonscarring patchy alopecia with hairs of varying length. The hair pull test is negative. **Clinical Features:** Under the DSM-5, the condition is classified as obsessive-compulsive disorder characterized by building of tension prior to pulling followed by feeling of relief on hair removal. Psychiatric comorbidity commonly associated with trichotilliosis is depression, seen in 40% cases. Trichoscopy shows irregularly broken hairs, V-sign, flame hairs & coiled hairs. Biopsy can be necessary if the patient or parents have difficulties in accepting the self-inflicted nature of a trichotilliosis diagnosis. **Histopathology:** There is increased catagen, traumatized hair bulb, perifollicular haemorrhage & empty follicles. **Complications:** Trichotilliosis is a chronic condition. Complications include scarring hair loss, folliculitis, trichobezoar formation. **Management:** It requires interdisciplinary approach to restore patient's quality of life. First line treatment includes Habit reversal therapy, and Cognitive behaviour therapy (CBT). Pharmacotherapy is essential in many patients. Selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and N-acetylcysteine, which has significant benefits and low risk of side effects are usually effective. Second line therapy includes antiepileptics like gabapentin and pregabalin. In pediatric cases, parents should be advised and thoroughly counselled that negative feedback and punishment for hair pulling are not going to produce positive results. **Prognosis:** Social support is a significant pillar to successful habit reversal training.

F04: Psychocutaneous Disorders on Rise Among Children and Adolescents.

Ajay Kumar Singh. DSL Clinics, New Delhi

Background: Psycho cutaneous disorders are increasing these days among small children and young ones due to, quick affordability of electronic gadgets- like smart phones, ultra efficient game gadgets. The impact of these gadgets adversely affection the emotional and physical well-being. Some key mechanism include stress, response, neurotransmitters, brain-skin, axis,

hypothalamic-pituitary-adrenal axis (HPA), inflammation, immune system dysregulation, genetic predisposition, environmental factor, cognitive and emotional processing, and neuroplasticity. Understanding these mechanisms is crucial for developing effective treatment strategies that address, both the physical and psychological aspect of psycho disorders in adolescents and children. Psychocutaneous disorders are broadly classified into *dermatoses of primary psychiatric disorders* (dermatitis artefacta, dermatitis para artefacta: skin picking syndrome [neurotic excoriations]; acne excoriata; pseudoknuckle pads; morsicatio buccarum; factitious cheilitis; onychophagia; onychotillomania,; trichotillomania, and delusions of parasitosis); *somatoform disorders* (glossodynia); *body dysmorphic disorders* (dysmorphophobia); and *psychosomatic diseases* (dermatoses with a multifactorial basis and a psychiatric component), such as psoriasis, atopic dermatitis, acne excoriate, chronic forms of urticaria, lichen simplex chronicus, and hyperhidrosis. **Management:** It is of paramount importance for the clinician to establish an appropriate physician-patient-family relationship in order to diagnose and treat factitial skin diseases. Clues to the clinical diagnosis include bizarre, linear, or geometric features on accessible parts of the body, ambiguous history of lesions that are done by the patient for public eyes. **Conclusion:** The skin and the mind are inextricably linked. Self-induced skin changes, sometimes in association with other unexplained medical symptoms, are common in childhood and often associated with psychological distress. The recommendations focus on improved mental health assessments for presenting with a skin condition, with clinical guidance and suggested screening measures included. This is likely to improve health outcomes in terms of psychodermatology cases.

F05: Psychiatric Comorbidity in Atopic Dermatitis

Siddharth Shetty, Ramesh Bhat, Alana Davis. Dept Of Psychiatry and Dept of Dermatology FMMC

Background: Atopic dermatitis, a common chronic inflammatory skin disease that is associated with intense pruritus, high rates of sleep disturbance, and poor quality-of-life. The prevalence of AD is 15–20% worldwide. Psychological distress is one of the common comorbidities linked to AD and could negatively affect quality-of-life. Due to the disease chronicity, the treatment journey often places substantial financial and time burden on patients. Although many dermatological diseases have been linked to psychiatric comorbidities, patients with atopic dermatitis were noted to have a characteristic psychological profile, one high in anxiety and depression, that differs from patients with other cutaneous diseases. **Objectives:** To study the association between Atopic Dermatitis and the various psychiatric comorbidities. To examine the relationship between psychiatric comorbidities (namely anxiety and depression) with the severity of AD in patients. **Methods:** This study enrolled 57 adults (18–60 years) with AD at a tertiary care facility excluding those with prior psychiatric or chronic medical/dermatological conditions. SCORAD assessed AD severity, while MINI-PLUS screened for psychiatric disorders. The HADS scale evaluated anxiety and depression severity in AD patients with psychiatric comorbidities. **Results:** This study enrolled 57 adults (30 females, 20 males) with atopic dermatitis (AD), with an average age of 30.2 years. MINI-PLUS was used

to screen for psychiatric disorders. Mean SCORAD was 50, with 90% of patients showing moderate to severe AD. Anxiety (38%) and depression (10%) scores correlated positively with SCORAD. Linear regression demonstrated a statistically significant positive relationship between anxiety and depression scores, and SCORAD scores. **Conclusion:** The study identified a significant prevalence of anxiety and depression among AD patients, with more severe skin disease correlating to a greater psychological burden. Holistic management of AD is essential to improve patients' quality of life.

F06: Childhood Leprosy A Bane to Child Mental Health – A Cross-Sectional Study

Deepthi Upadhyay, Bangalore Medical College and Research Institute

Background: Leprosy is a chronic debilitating disorder and comes with years of social stigma. Although India is trying to eliminate leprosy with strict health programs, India accounts for more than half of global case burden. Almost upto 10% of leprosy cases in India are childhood leprosy. Leprosy has a detrimental effect on mental health especially in children. **Objectives:** To determine the effect of childhood leprosy on various aspects of child mental health. **Methods:** Study type – Cross sectional study. Study duration – October 2023 to October 2024. Sample size -16. All the cases detected in our hospital were interviewed with questionnaires to determine mental health status, coping skills, scholastic performance, family support and DLQI. **Results:** Depression – 10 out of 16 showed signs of depression (62.5%). Anxiety – 9 out of 16 showed signs of anxiety (56.25%). School dropouts – 12 out of 16 dropped out of school (75%). Poor scholastic performance- 15 out of 16 showed poor performance in academics (93.75%). Coping skills- 11 out of 16 showed reduced coping skills (68.75%). Family support- 6 out of 16 felt they had good family support (37.5%). Paediatric DLQI – 13 out of 16 reported lower quality of life (81.25%). Social stigma – 8 out of 16 felt stigmatized (50%). **Conclusion:** India has a huge burden of leprosy cases. Increased number of paediatric leprosy cases suggests higher transmission rates. Leprosy affects the mental health of both the patient and family members. Issues like anxiety and depression are more commonly seen in childhood leprosy patients; they have reduced quality of life, poor performance in school which further deteriorate their future quality of life. Hence mental health evaluation and proper counselling of patient and family becomes imperative.

F07: Impact of Alopecia Areata Severity on Quality of Life: A 6-month Correlation Study

Harmandeep Kaur, Sumir Kumar, Dept. Of Skin and VD, GGSMCH, Faridkot

Background. Alopecia areata (AA) is a chronic autoimmune disorder characterized by the sudden, patchy loss of hair, typically on the scalp but also affecting other areas of the body. Individuals with AA may experience a negative impact on psychology and overall quality of life. Given the unpredictable course of the disease, assessing its impact on patients' quality of life is crucial for management. **Aims and Objectives:** To evaluate quality of life using Alopecia Areata Symptom Impact Score (AASIS), assess disease severity with Severity of Alopecia

Tool (SALT) score and investigate their correlation in Alopecia areata. **Materials and Methods:** 40 confirmed patients of alopecia areata (scalp) were recruited. AASIS assessed quality of life, while SALT quantified disease severity at baseline and at 6 months. Informed consent was obtained. **Results:** SALT Score Distribution: Mean SALT Score at baseline was 55.5 (± 16.0), decreasing to 30 (± 10) at 6 months. AASIS Score Distribution: Mean AASIS score at baseline was 78.8 (± 12), decreasing to 28 (± 6.6) at 6 months. Gender distribution: Both male and female patients showed a significant correlation between SALT and AASIS, though female patients generally reported a slightly higher psychosocial impact. Age: Younger patients (< 30 years) tended to report a higher psychological burden. **Conclusion:** This study demonstrates a strong positive correlation between the severity of alopecia areata, as measured by the SALT score, and the psychosocial and physical impact of the condition, as reflected in the AASIS score. The findings underscore the importance of reevaluating treatment thresholds and initiating systemic therapy earlier, even for those with less extensive hair loss, in order to mitigate the broader psychosocial and emotional burdens of the condition.

F08: The Unseen Burden: Psychological Impact of General Pruritus in the Elderly

Jenny Goyal, Sumir Kumar. Dept. Of Skin and VD, GGSMCH, Faridkot

Background: Pruritus, irrespective of its underlying cause, is a prevalent and often debilitating condition among the elderly, with its incidence and severity increasing with age. Beyond its physical discomfort, chronic itching profoundly affects the psychological well-being of older individuals, disrupting sleep, daily activities, and overall quality of life. Despite its widespread nature, the psychological consequences of pruritus in this population remain under-explored. **Objectives:** This study aims to evaluate the psychological impact of general pruritus in elderly individuals and to investigate its correlation with severity of pruritus. **Methods:** We assessed elderly patients (> 60 years) attending the dermatology OPD with complaints of pruritus. A detailed history was taken, and pruritus severity was quantified using the 5-D Itch scale. The psychological impact was measured through the Dermatology Life Quality Index (DLQI) and the Generalized Anxiety Disorder-7 (GAD-7) screener with respect to pruritus. **Results:** A total of 80 patients participated in the study from April 2023 to March 2024, with a male-to-female ratio of 2:1. Over 70% of participants reported chronic pruritus. A positive correlation was found between the 5-D Itch scale score and the DLQI, indicating that more severe pruritus was associated with a greater impact on quality of life. Additionally, patients with a 5-D itch score ≥ 18 exhibited mild anxiety symptoms, as measured by the GAD-7. **Conclusion:** This study underscores the significant psychological burden of pruritus in the elderly, highlighting the strong relationship between severity of pruritus and impaired quality of life, as well as the potential for anxiety. These findings emphasize the need for healthcare providers to focus on both the dimensions of this disease and develop comprehensive care approaches that address both the physical as well as psychological morbidity of pruritus simultaneously.

P01: Healing the Habit: Understanding Body Focused Repetitive Behaviors

Diksha Bhandari, Department of Dermatology, Venereology and Leprosy, IGMC, Shimla

Background: Body focused repetitive behavior: umbrella term for undesirable, repetitive activities that result in functional impairment. It consists of skin picking disorder, nail biting, trichotillomania & lip biting etc. Acne excoriee is a variant of acne and excoriation disorder in which patients repetitively pick, scratch, and squeeze lesions of acne. Trichotillomania is a disorder in which patients recurrently pulls out hair from any region of their body. It presents with a bizarre pattern nonscarring patchy alopecia. Onychophagia can lead to damage of nail matrix, nail bed, nail plate, and periungual skin, creating physical and psychosocial consequences. **Case synopsis:** Case 1: A female of 13 year presented with history of plucking her own hair for the last 2 year, leading to patches of baldness affecting her looks. Had feeling of anxiety and an irresistible desire to pull out her hair. Case 2: A young female of 18 years, presented with excoriated papules and shallow ulcers on her face. She had been struggling for years with acne. Minimal skin lesion bothered her, felt relief by squeezing or “cleaning” it. Case 3: A young female of 13 years presented with history of nail biting for 6 months, roughening of the nail plate and unattractive appearance of fingers. **Discussion:** Dermatologic disorders are associated with a variety of psychopathologic problems that can affect the patient and their family. Prompt referral of these complex patients to a psychiatrist is highly recommended.

P02: Impact of Chronic Genital Dermatoses on Quality of Life and Sexual Functioning in Adult Females

Smitha Prabhu, Nivalika ASA, Dept. of Dermatology, KMC, Manipal, Manipal Academy of Higher Education, Manipal, Karnataka, India

Introduction: Vulvar dermatoses are often neglected due to sociocultural inhibitions and fear of sexually transmitted diseases. These significantly affect sexual functioning and quality of life due to the anatomical location, symptomatology and psychosocial distress. **Materials and methods:** 57 patients with chronic vulvar dermatoses, 41 of whom were sexually active were included with the following objectives: to assess impact of chronic genital dermatoses on quality of life via self-administered DLQI questionnaire; to assess sexual dysfunction due to chronic genital dermatoses by self-administered FSFI 6 questionnaire. **Results:** 43 (75.4%) of 57 patients had significant QoL impairment, 21(36.8%) patients had grade 3 QoL impairment whereas 20(35%) had grade 2 QoL impairment. Only 2(3.5%) patients had grade 4 QoL impairment. Patients with vulvovaginal candidiasis, dermatophytosis and lichen sclerosus showed significant QoL impairment. Atopic eczema and recurrent herpes genitalis showed grade 4 QoL impairment. In 41 sexually active patients, 16 (39%) had sexual dysfunction with FSFI-6 score ≤ 19 with lowest score in vitiligo and genital warts. **Conclusion:** There is significant impairment in QoL and sexual dysfunction in patients with chronic genital dermatoses, comparable to other studies. Effect on QoL and sexual functioning should be kept in mind while treating a case of vulvar dermatoses.

P03: A Case of Trichotillomania

Aishwarya S, Anuradha Priyadarshini, Sudha R, Adikrishnan S. Department of Dermatology, Venereology and Leprosy, Sri Ramachandra Institute of Higher Education and Research

Background: Trichotillomania is a psycho dermatological disorder characterized by an uncontrollable urge to pull one's own hair. It is often associated with depression and obsessive–compulsive disorder. Hereby presenting a case of 52-year-old female with Trichotillomania. **Case Synopsis:** A 52-year-old woman came with complaints of bald patch on the vertex of her head. There was no history of any precipitating factors. The attender gave history of her having an itchy sensation on scalp and will pluck out hair in that region. Otherwise, she would feel restless. Dermatological examination revealed diffuse thinning with short, jagged, and broken hairs. On dermoscopy, different hair lengths with broken shafts, V-sign, trichoptilosis were seen. Based on the friar tuck pattern of alopecia, uneven hair lengths and trichoscopy features we established a clinical diagnosis of TTM and began treatment with N Acetyl cysteine. The patient was referred for psychological evaluation and diagnosed with OCD and started on fluoxetine (20 mg/daily). **Discussion:** Trichotillomania also called compulsive hair-pulling disorder is a psychiatric condition that involves recurrent, irresistible urge to pull out hair from their scalp, eyebrows, or other areas of the body. Both pharmacotherapy and psychotherapy are very essential for the complete recovery of the patient.

P04: A Damsel in Distress

Tamilmalar K K, Dr Anuradha Priyadarshini. Department of Dermatology, Venereology and Leprosy, Sri Ramachandra Institute of Higher Education and Research

Background: Factitious panniculitis is inflammation of subcutaneous tissue by external injury. Here I present a case of 17-year-old female with self-induced factitious panniculitis. **Case Synopsis:** 17-year-old female presented with recurrent painful pus-filled skin lesions and fever for 5 months, healing completely with hospitalisation but recurring after returning to school. Examination revealed 10x10 cm erythematous, warm, tender plaque with coalescing pustules, erosions and bleeding points over left side of abdomen, 3x2 cm healing ulcer over right side and scars on her left arm and left thigh. She had elevated total count but cultures, smears and serology for infections were negative. ANA was negative. Ultrasonography showed hypo to heteroechoic subcutaneous collections. Skin biopsy showed ulcer with acute inflammatory infiltrate extending to deep dermis and subcutaneous tissue and was negative for foreign body on polarisation. She was started on antibiotics with wide local excision of the abscess. Evaluation revealed conflicts in interpersonal relationships, suicidal ideations and self harm, leading to diagnosis of moderate depression and initiation of antidepressants. Further probing revealed self-injection of Good Knight repellent liquid using insulin syringes. Her issue was addressed and she has been doing well with regular follow-up since then. **Discussion:** Factitious panniculitis may be caused by mechanical, chemical or thermal injury, whether accidental, intentional or iatrogenic. It presents with atypical course, bizarre lesions in accessible areas and discordant laboratory results. Prompt diagnosis avoids unnecessary tests

and procedures and reduces morbidity and mortality. Hence, multi-disciplinary approach with psychiatric treatment is essential to prevent recurrences.

P05: Valproate-Induced Alopecia in Psychiatric Patients: Evaluation and Management

Darshna Ramrakhani. Department of Psychiatry, VMMC and Safdarjung Hospital, New Delhi

Background: Valproate is a commonly prescribed anticonvulsant and mood stabilizer for various psychiatric disorders, including bipolar disorder and epilepsy. One notable adverse effect associated with valproate is alopecia, with an incidence ranging from 3% to 12%. The presentation of alopecia can vary from diffuse hair thinning to increased hair fragility. While the exact pathophysiology remains unclear, it is believed to involve disruptions in biotin metabolism or deficiencies in trace elements. Valproate-induced alopecia has been observed to be both dose-dependent and dose-independent, though higher doses are more commonly linked to this side effect. **Case reports:** This review includes case reports of psychiatric patients treated with valproate who developed varying degrees of alopecia. The severity of hair loss was assessed using dermatological tools such as the Sinclair Scale and the Ludwig Classification, which helped in quantifying hair thinning and scalp involvement. Management included dose reduction, supplementation with biotin and zinc, and, in some cases, substitution with other mood stabilizers. The cases highlight the importance of early identification and individualized management strategies to mitigate this adverse effect while maintaining psychiatric stability. **Discussion and Conclusion:** Valproate-induced alopecia is a clinically significant side effect that can impact treatment adherence. The differentiation between dose-dependent and dose-independent alopecia is crucial for tailoring treatment plans. Management strategies, including dose adjustments and nutritional supplementation, have been shown to alleviate symptoms in many patients. Further studies are needed to better understand the underlying mechanisms and to develop standardized guidelines for managing alopecia in psychiatric patients on valproate therapy. Accurate diagnosis and timely intervention are essential for optimizing patient outcomes.

P06: Psycho Onychology – Case Series

Prathibha Kuchana, Shikha Bansal. Vardhman Mahavir Medical College and Safdarjung Hospital, New Delhi

Introduction: Persistent, recurrent or repetitive behavioral traits that are difficult/ impossible for voluntary control involving nails are termed as nail tic disorders. These include habit tic deformity, onychophagia, onychotillomania, onychoteiromania, onychotemnomania, onychodaknomania and bidet nails. Nail tic disorders represent an overlap between dermatology and psychiatry. There is a paucity of literature on nail tics especially on clinical and onychoscopic findings. **Aims and Objectives:** 1. To evaluate clinical, onychoscopic features of nail tic disorders. 2. Psychiatric evaluation in necessary cases. **Methodology:** A case

series of 20 patients was done in psycho-onychology. After a thorough history and clinical examination the patients were subdivided into different subsets of nail tic disorders –and their clinical and onychoscopic features were evaluated, psychiatric evaluation has been done in necessary cases. Most of patients are males with M:F ratio 3:1, between age groups 8-48years. The youngest patient was 8 years old and had habit tic nail deformity. Out of 20 patients 11 had purely habit tic deformity, 2 had purely onychotillomania, 2 had purely onychoteiromania and 1 case had onychotemnomania. Only 1 patient had isolated onychophagia, 3 patients had onychophagia in combination with habit tic deformity, onychotillomania and onychoteiromania. For each patient all the 20 nails were examined clinically and with onychoscope. The clinical and onychoscopic features are enlisted for each subset of nail tic disorder. Psychiatric evaluation has been done for necessary cases and one patient with habit tic had depression with suicidal thoughts. **Conclusion:** In this case series all 20 nails of 20 patients i.e., 400 nails were examined. This is first of its kind in evaluating the clinical, onychoscopic features in nails and psychiatric aspects in necessary cases in psycho onychology.

P07: A Curious Case of Bleeding Nails: A Case Report

Dhruvika Tiwari, Anusha P, Smitha Prabhu S. Kasturba Medical College and Hospital, Manipal, Manipal Academy of Higher Education, Manipal, Karnataka

Background: Skin picking disorder (SPD)/ Dermatillomania/ Neurotic or Psychogenic excoriation, is a Body focussed repetitive behaviour disorder that falls under the category of Unspecified obsessive-compulsive disorders (OCD) according to DSM 5 criteria. **Case Synopsis:** A 16-year-old female presented to us with daily episodes of spontaneous bleeding from the nailfolds lasting for 1-2 minutes, of 3 months duration. She reported pain and burning sensation aggravated on holding pen. She denied nail biting or picking, trauma, bleeding from other areas, joint pain or any systemic illness. There was ill-defined hyperpigmentation and haemorrhagic crusting over the proximal and lateral nailfolds of all digits with vertical depressions with radiating transverse furrows over both thumbnails. A provisional diagnosis of Dermatitis artefacta with nail tic deformity was made and the patient was referred to the Psychodermatology clinic. Psychiatric evaluation revealed social withdrawal, absenteeism from school and reduced academic performance, though triggers weren't isolated. Dermatitis artefacta could not be confirmed. The parents were provided management However, they were lost to follow up. **Discussion:** SPDs portray the mind and skin connection, and require a multifaceted management approach. SSRIs with N-acetylcysteine, Topical treatment, Proper counselling, Habit reversal therapy and Cognitive behaviour therapy have proven to be essential to avoid disease progression and ensure quality of life. With a general prevalence of 1.4% to 5.4% SPDs highlight the importance of establishment of psychodermatology clinics with proper infrastructure and facilities.

P08: Trichotillomania - A Strand Connecting Dermatology and Psychiatry: A case report

Deepankar Khandagale, Alok Pratap. Department of Psychiatry, Central Institute of Psychiatry

Background: Trichotillomania (TTM) is a psychological condition characterized by recurrent pulling out of one's own hair, leading to hair loss and often with functional impairment. It has a worldwide prevalence of 1.1%. Despite the strong underlying psychiatric component of TTM, the majority of individuals suffering from it initially may present to dermatologists because of their hair loss. **Case presentation:** A 23yr old male, with family history of irritable bowel syndrome and depression in mother and uncongenial home atmosphere presented with repetitive hair pulling for 7yrs, episodes of low mood in 2016 and 2022 and constant worrying thoughts for 5yrs. Initially patient had consulted a dermatologist for hair loss but patient did not receive any treatment nor a referral to psychiatrist. Physical examination revealed multiple, asymmetric, irregular-shaped patches of incomplete hair loss on scalp over B/L parietal regions and vertex. On MSE, patient was restless, and anxious, with accounts of compulsive hair pulling, anxious foreboding and worrying thoughts. He was diagnosed with Trichotillomania (6B25.0) + Anxiety or fear-related disorders, unspecified (6B0Z) + Recurrent depressive disorder, current episode moderate, without psychotic symptoms (6A71.1). He was rated on National Institute of Mental Health Trichotillomania Symptom Severity scale (NIMH-TSS) with score of 12. He was started on paroxetine 12.5mg and was hiked to 37.5mg. Psychological management in the form of habit reversal training was started. On f/u pregabalin 75mg was added to control anxiety symptoms. He reported improvement in terms of decreased time spent on pulling hair and regrowth of hair in the bald patches with score on NIMH-TSS as 6. **Conclusion:** Successful management of TTM requires an interdisciplinary approach that bridges dermatology and psychiatry. Early identification and subsequent referral by former to the latter is essential in cases of trichotillomania.

P09: The Psychodermatology Behind Cheilitis: A Report of Two Cases

Manas Jethani, Smitha Prabhu S. Kasturba Medical College Manipal, Manipal Academy of Higher Education, Manipal, Karnataka

Background: Cheilitis is common, and can rarely be due to underlying psychological pathology. Herein we describe two such cases, which were initially diagnosed as those due to dermatological causes. **Case Synopsis:** Case 1: A 20-year-old male presented with thick scaling, crusting and redness over lips for 1 month. Denied underlying stress, excessive licking, or biting. Examination revealed diffuse scaling and erythema with honey-colored crusts. A provisional diagnosis of Cheilitis with impetiginization was made and treated with antibiotics, but he continued to have recurrent episodes, which failed to respond to topical steroids, tacrolimus, emollients, and oral vitamin supplementation. This prompted a diagnosis of Exfoliative cheilitis, based on the clinical appearance. Case 2: A 16-year-old female presented with profuse crusting and bleeding of lips for 1 month. Denied lip biting or licking. History of mental stress associated with crying episodes and loss of interest. Examination revealed multiple erosions with oozing of blood on both lips. Differential diagnosis included atypical SJS, Erythema multiforme and SLE, but none could be conclusively proven. Patient was treated

symptomatically. Psychiatry consultation was sought, but there was no definitive diagnosis. She was given multiple oral and topical medications, without much relief. Due to the nature of the lesions, and the persona of the patient, we considered a diagnosis of Dermatitis artefacta, but could not prove it as she did not follow up further. **Discussion:** Exfoliative cheilitis can have many causative factors, but a factitious etiology is widely advocated. Maladaptive behaviors like repeated lip licking, lip biting or lip sucking are considered major contributing factors to a factitious etiology. Dermatitis artefacta is a type of factitious disorder that comes under Somatic symptoms and related disorders in DSM-5TM criteria. Patients can show variable lesions which can resemble other inflammatory skin disorders, making it difficult to diagnose. Treatment of both conditions are fraught with difficulty.

P10: A Rare Presentation of Schizophrenia with Dermatological Adverse Reactions to Multiple Psychotropics: A Case Report

Savitha Soman, Anil Kumar M N, V Samrudhi, Gaurav Kini. Dept of Psychiatry, Kasturba Medical College, Manipal, MAHE, Manipal

Background: Schizophrenia is characterised by “disturbances in multiple mental modalities, including thinking, perception, self-experience, cognition, volition, affect and behaviour”; and affects about 1% of the global population. Antipsychotics are the mainstay of treatment for the symptoms of schizophrenia. One-fifth to one-third of all patients with schizophrenia show treatment resistance. Antipsychotic agents are known to cause adverse skin reactions in approximately 5% of the persons to whom they are administered. While most of these adverse cutaneous events are benign and easily treated, they may affect the compliance. The most frequently reported cutaneous adverse effects of antipsychotic medications include: exanthematous eruptions, skin pigmentation changes, photosensitivity, urticaria and pruritus.

Case Synopsis: We report a rare presentation of a young man who has been diagnosed with schizophrenia. He presented with delusions of persecution and grandiosity, irritability and auditory hallucinations. His symptoms responded well to antipsychotics but he could not continue the prescribed medications due to severe skin reactions to several of them. His treatment options have consequently become limited. **Discussion:** It can be a challenge to treat patients with schizophrenia who develop severe dermatological adverse reactions to multiple agents. Treatment options would be limited to trying medications that have not been tried yet, and at the lowest effective dose while closely monitoring the patient in hospital. This is one area where psychiatrists and dermatologists have to work in close liaison to determine the best alternative antipsychotic medication for the patient and avoid the risk of a relapse of the psychotic illness.

P11: Tracing Delusions: A Case of Self-Induced Alopecia Misinterpreted as Trichotillomania in a Patient of Schizophrenia

Simran Sandhu. MGM Medical College, Indore, Madhya Pradesh

Introduction: TTM involves repetitive hair pulling leading to noticeable hair loss and is often comorbid with anxiety or mood disorders. This case report examines the diagnostic challenges associated with hair-pulling behavior in a 32-year-old female patient with schizophrenia, initially misdiagnosed with trichotillomania (TTM). **Case Report:** The patient presented with significant hair loss, irritability, and aggressive behavior, alongside a history of pulling her hair when idle. Her family attributed the resulting alopecia to this behavior. Upon assessment, the patient described hair pulling as a means of stress relief, lacking the compulsive drive typical of TTM. Her actions were closely tied to delusional beliefs about her husband's infidelity. Despite previous treatments for schizophrenia and TTM yielding minimal improvements, her condition was further complicated by her desire to renounce material possessions through hair sacrifice. **Discussion:** After a comprehensive evaluation, her treatment regimen was adjusted, increasing olanzapine and introducing haloperidol. This change led to significant symptom improvement, with her Brief Psychiatric Rating Scale (BPRS) score decreasing markedly. Her hair-pulling behavior ceased entirely, and she was referred for dermatological care for her alopecia. **Conclusion:** This case highlights the critical need for accurate diagnosis in patients exhibiting hair-pulling behaviors, particularly those with psychotic disorders. A thorough evaluation is essential to differentiate between TTM and behaviors arising from underlying psychiatric conditions, ensuring effective treatment strategies that address the complexities of the patient's mental health.

P12: Tangled in Compulsion: A Case Report of Adolescent Trichotillomania Successfully Treated with N-Acetylcysteine

Kiranmai K, Ajay Kumar Bakhla. Central Institute of Psychiatry, Ranchi & Department of Psychiatry, RIMS, Ranchi

Background: Trichotillomania (TTM), a Body-focused Repetitive Behaviour has an estimated lifetime prevalence of 1% to 3%. Children with TTM may face significant impairment due to peer teasing, activity avoidance, difficulty concentrating, and medical complications from hair-pulling behaviours. Although behavioural therapies are usually successful, their long-term maintenance is challenging, highlighting the necessity for an alternative treatment. A Cochrane systematic review demonstrated that clomipramine, olanzapine, and N-acetylcysteine (NAC) (a glutamate modulator), may be beneficial treatments for trichotillomania in adults. However, similar efficacy was not found for children and adolescents. Here, we present a case of an adolescent with TTM who improved with NAC. **Case Presentation:** A 16-year-old adolescent twin female with slow-to-warm temperament presented with complaints of hair loss and hair-pulling behaviour for 3 years. After 2.5 years of ineffective homeopathic and dermatologic treatments for hair growth, the adolescent was finally referred to a psychiatrist. Examination revealed patchy hair loss and regrowth of hairs of various lengths over the top of the head and sides. A diagnosis of trichotillomania was made and she was started on tab NAC 600mg BD and optimized to 1800mg/day after 1 week. On follow-up after 45 days, improvement in hair-pulling behaviour was reported. The NIMH Trichotillomania Symptom Severity Scale (NIMH-TSS) scores decreased significantly from 17 to 5, indicating improvement. **Conclusion:** This case report has shown that N-acetylcysteine (NAC), a glutamate modulator at a dose of

1800mg/day, is well tolerable and has good efficacy in symptom improvement of trichotillomania in adolescents.

P13: Systemic Corticosteroid-induced Recurrent Depressive Disorder in a Patient of Multibacillary Leprosy Managed with Electroconvulsive Therapy (ECT)

Cheshta, Swapnajeet Sahoo. Department of Psychiatry, PGIMER Chandigarh

Background: Systemic Corticosteroids are commonly for the treatment of complications of multibacillary leprosy. There is evidence to suggest that steroids can induce psychiatric symptoms/disorders (ranging from 1.8% to 57%)¹, most common being affective disorders (depression, mania and mixed states) followed by psychosis. **Aim:** To discuss management of Prednisolone induced Recurrent depressive disorder presenting with hyponatremia in current episode in a patient of Multibacillary leprosy. **Case Presentation:** 57-year-old male, k/c/o Hypertension, diagnosed with leprosy, treated with Minocycline, albendazole and Clofazimine since 2020. Patient thereafter had 2 exacerbations of leprosy and both times, managed with prednisolone increased up to 80 mg and tapered and stopped over 2 months. During both these durations of steroid therapy, without any other psychosocial triggers, he developed illness of sub-acute onset, episodic course characterized by sadness, frequent crying spells, marked psychomotor retardation, diminished sleep and appetite, lassitude, anxiety and pessimistic ideas for future. As steroid could not be stopped, the 1st episode was treated with tablet Mirtazapine 7.5mg and Aripiprazole 5mg with 60% improvement in 2022. He again had another depressive episode in 2023 following initiation of steroid therapy (Prednisolone 80 mg) for his new skin lesions and had to be admitted in Dermatology ward. Psychiatric assessment revealed a diagnosis of Recurrent depressive disorder (Medication-induced). Additionally, he would develop hyponatremia whenever antidepressants (Venlafaxine) were started or hiked. As his depressive symptoms worsened further and he developed hopelessness, severe psychomotor retardation and suicidal ideations, Electroconvulsive therapy (ECT) was planned after informed consent, with monitoring of serum electrolytes. He was administered 8 effective modified ECTs, which resulted in remission over a period of 4 weeks. He had been maintaining well on Venlafaxine 150 mg/day with minimal residual symptoms. **Conclusion:** The present case rekindles the relationship between steroid therapy and exacerbation of psychiatric symptoms and highlights the importance of assessment of psychiatric history as well as monitoring for development of new onset psychiatric symptoms in patients receiving systemic steroid therapy for management of chronic skin conditions.

P14: Schizophrenia and Delusional Parasitosis: Diagnostic and Therapeutic Challenges

Saatwik Rao, Aaditya, Saurav Kumar, Varun S Mehta, Surendra Paliwal. Department of Psychiatry, Central Institute of Psychiatry, Ranchi

Background: Delusional parasitosis (DP) is a psychotic disorder characterized by a fixed, false belief of infestation with parasites, sometimes with associated hallucinations. Its incidence

ranges from 1.9 to 27.3 cases/year/100000 people. For some patients, delusions can decrease their life quality significantly. Treatment primarily consists of atypical antipsychotics. Here we present a case of DP in a young adult male with schizophrenia. **Case Presentation:** A 31-year-old male hailing from a LSES family of rural Bihar, presented to OPD with suspiciousness, reduced social interactions, muttering to self for the last 5 years, sensations of parasites crawling inside the body, poor self-care for the last 3 years. 6 days prior he had attempted to cut his abdomen open to remove the parasites in his bloodstream. On MSE, he was unkempt, untidy, with delusions of persecution, nihilism, delusional memory, parasitosis, tactile hallucinations, Grade 1 Insight. A diagnosis of Paranoid Schizophrenia was made and he was admitted and started on Amisulpride (upto 800mg) Clozapine(upto 400mg) and Sertraline (upto 150mg). In view of risk of self-harm, 5 sessions of ECT were given. His self-care and persecutory delusions improved, however, the delusional parasitosis persisted with reduced preoccupation. He was discharged after 2.5 months and on follow-ups he was on irregular medication and continued to report the same, with less preoccupation. **Conclusion:** DP is a psychiatric disorder categorized as a delusional disorder but can have a primary or secondary presentation. Patients with delusional parasitosis frequently seek help from many physicians. Close multidisciplinary cooperation between clinicians is key to shortening the time taken to diagnose this disorder. Initiating psychopharmacological therapy is a challenge, as many patients refuse psychiatric treatment because of the stigma associated with mental illness and because of their firm belief that they have a parasitic infestation, not a psychiatric condition.

P15: Perianal Skin Excoriation Disorder with Comorbid Obsessive Compulsive Disorder: A Case Report

Nikhilesh Challa, Priti Arun. Department of Psychiatry, Government Medical College & Hospital (GMCH), Sector-32, Chandigarh

Background: Skin excoriation disorder (SED) involves repetitive skin picking, often leading to hypopigmented or hyperpigmented skin lesions such as erosions, scabs and scars, commonly seen in accessible parts of the body such as face, arms and anterior thigh. SED is distinct as it lacks ritualized compulsions typically seen in obsessive compulsive disorder (OCD). SED co-occurring with OCD complicates assessment and treatment as both of them have overlap of symptoms warranting them under a common diagnostic umbrella of Obsessive compulsive related disorders (OCRD) despite having therapeutic differences. **Case presentation:** A 22 year old male actor belonging to middle socio-economic status presented with recurrent impulses of picking skin in perianal region with repeated past attempts to decrease skin picking with recurrent, intrusive, and distressing mental images of sexual context leading to decline in socio-occupational functioning. Local examination revealed a 2 cm round, erythematous, elevated lesion with ill-defined borders near the inferior margin of the anus, with surrounding healed scars with no active discharge. Patient initially presented to Dermatology OPD wherein an initial impression of dermatitis artefacta was kept and was advised local application of Metronidazole cream. However, when the patient did not report relief after treatment for 2 months, patient presented to Psychiatry OPD. After detailed history, mental status examination and assessment, a

diagnosis of SED with OCD was established. A score of 14 was noted on Skin Picking Scale (SPS) which confirmed the diagnosis. Pharmacological treatment of oral Fluoxetine was initiated and up titrated to 60 mg/day. Further psychotherapeutic intervention consisting of Habit Reversal Training along with cognitive restructuring was done. Patient showed adequate response to the treatment with remission in skin excoriation indicated by a score of 0 on SPS. **Conclusions:** This case presents a unique circumstance where a patient presents with skin excoriation disorder in perianal region which is in contrast to current literature where the disorder is mostly seen in accessible and socially acceptable parts of the body.

P16: Familial Presentation of Self-Induced and Proxy-Induced Hair Loss: A Case Report on Trichotillomania and Trichotemnomania

Abe George. GGSMCH, Faridkot

Introduction: Compulsive trichoses represent diagnostic challenges in dermatology, particularly when multiple variants present within a family unit. We present an unprecedented case of concurrent trichotillomania and trichotemnomania in a mother-son duo, with the latter suggesting a proxy-induced etiology. **Case Report:** A 33-year-old woman presented with frontal scalp alopecia following recent bereavement. Trichoscopy revealed characteristic features of trichotillomania: uneven hair lengths with flame and tulip hair patterns. Five days later, her 10-year-old son developed sudden-onset vertex hair loss, discovered upon waking. His trichoscopic examination showed uniformly cut 1mm-length hairs with sharp ends, diagnostic of trichotemnomania. The temporal relationship, circumstances of discovery, and the son's denial of self-manipulation suggested possible proxy-induced pathology. **Discussion:** This case report contributes to the existing literature on psychocutaneous disorders by documenting a previously unreported familial presentation of distinct compulsive trichoses. The trichoscopic findings underscore the vital role of dermoscopy in establishing precise diagnoses, particularly in cases where clinical presentation may mimic other non-scarring alopecias. Furthermore, this case exemplifies the complex interplay between psychological stressors and cutaneous manifestations, while highlighting the importance of considering familial dynamics in psychodermatological presentations. Additional research is warranted to better understand the relationship between different compulsive trichoses within family units.

P17: Dermatitis Artefacta in an Adolescent Girl: A Case Report

Nidhi Sharma. GMC Jammu

Background: Dermatitis artefacta is a rare psychocutaneous, factitious disorder produced by deliberate action of the patient to fulfill unconscious psychological need for dependency. This case report presents the clinical history, examination findings and management of an adolescent girl diagnosed with dermatitis artefacta. **Case report:** A 15 year old girl was brought to dermatology OPD by her concerned parents with chief complaints of recurrent and

unexplained skin lesions over upper limbs and face from last six months. On examination, multiple linear scars were present over bilateral cheeks and left arm and forearm. Her father showed photographs of the lesions in his mobile, consisting of hundreds of linear and parallelly arranged bleeding points over bilateral cheeks and left upper limb. The girl was staying at a hostel from last one year and parents reported that lesions would appear suddenly, mostly at nighttime and occurred at hostel as well as at home. The patient insisted that these lesions occurred spontaneously, but they appeared too structured and atypical. Notably, the patient seemed indifferent to the apparent discomfort associated with the bleeding and her demeanor remained unchanged during examination. The girl admitted to experiencing overwhelming feelings of anxiety, particularly related to school, hostel and social interactions. The systemic examination and rest of the cutaneous examination was normal. Given the unusual presentation and patient's adamant denial of self-infliction, a psychiatric consultation was requested. A thorough psychiatric evaluation revealed symptoms of depression and anxiety. Based on the clinical presentation, history and photographic evidence, a diagnosis of dermatitis artefacta was made. The patient was referred to a child and adolescent psychiatrist and at a follow up after 3 months, the patient demonstrated gradual improvement in her psychiatric symptoms and episodes of self-inflicted skin lesions. **Conclusion:** This case report highlights the importance of considering dermatitis artefacta in the differential diagnosis of unusual skin lesions, especially in adolescents. Timely psychiatric evaluation and holistic treatment approach can lead to successful outcomes in such cases.

P18: Dermatitis Artefacta? A Focal Suicide?

Zenab Khatoon. GMC Jammu

Introduction: Dermatitis artefacta (DA) is a psycho-dermatologic condition based on patients' behavioral patterns, characterized by an intentional production of cutaneous lesions on their own skin. The clinical presentation can be highly variable. Patients with DA seldom seek psychological support or psychiatric consultation. More often, they seek help from their primary care physician or dermatologist. **Case Description:** A 13 yr old girl studying in 8th class residing in hostel presented to us with self inflicted skin lesion on flexure aspect of both forearm more on left side and face, characterized by multiple linear flat violaceous to hyperpigmented lines. Lesions were symmetrical and appeared to be intentionally created. Hx revealed that patient was experiencing academic stress and homesickness, the patient was accompanied by her father. Father gives similar hx in past and showed pictures of fresh wounds. With through hx and examination a diagnosis of dermatitis artefacta was done and patient was referred to a psychiatrist. Though the father was not willing to believe that and was trying to give it a religious angle. **Conclusion:** Dermatitis artefacta is a complex condition that requires a multifaceted approach to diagnosis and management. Understanding the nature of the lesions, conducting a thorough psychological evaluation, and implementing both dermatological and psychological treatments are essential for effective management. Early intervention and comprehensive care can greatly improve patient outcomes and quality of life.

P19: When Treatment Backfires: Fluoxetine-Induced Urticaria in a Child with Trichotillomania

Chirag Saini, Nikita Deopa. GMC Haldwani, Nainital, Uttarakhand

Background: Trichotillomania is a psychodermatological disorder characterized by an uncontrollable urge to pull one's own hair and a sense of relief after the hair has been plucked. Treatment options include behavioral therapy and selective serotonin reuptake inhibitors (SSRIs) like fluoxetine, commonly used for their effectiveness in reducing compulsive behaviors. Management is particularly challenging in pediatric patients, where pharmacological options are limited. Unexpected adverse reactions may limit the treatment efficacy and highlight the need for collaborative care. **Case synopsis:** A 10 year old male, presented with complaints of irresistible urge to pull his hair, resulting in obvious hair loss and distress, consistent with a diagnosis of trichotillomania. Fluoxetine 10mg OD was initiated, with some improvement at 3 weeks. The dose was increased to 20mg for further improvement of the disease. However, he developed erythematous, itchy wheal like lesions all over the body. The patient was referred to Dermatology OPD for the management of urticaria. **Discussion:** It highlights the importance of monitoring patients closely for side effects when initiating pharmacotherapy for psychiatric disorders.

P20: In Search of an Equilibrium: A Case Report on Lithium Associated Aggravation of Psoriasis

Maupali Khan, Alok Pratap. Department of Psychiatry, Central Institute of Psychiatry

Background: Well-conducted systematic studies on drug-related psoriasis are mostly lacking; strong associations have been documented with lithium via case series and reports. **Case Presentation:** A 30-year-old male with tobacco dependence and a known case of psoriasis on Ayurvedic treatment from 2018 presented with complaints of irrelevant talk, hearing voices others can't hear for 3 months, low mood, feelings of worthlessness, and fatigue for 4 years increased for 3 months. P/E revealed flaky psoriatic plaques near the hairline and b/l pitting of nails and subungual hyperkeratosis. On MSE, depressed affect, tangential stream, ideas of reference and worthlessness, 2nd person auditory hallucination. He was diagnosed with Schizoaffective disorder, continuous, currently symptomatic (6A21.20) / Recurrent depressive disorder, unspecified (6A71.Z) + Nicotine dependence, current use (6C4A.20) + Psoriasis vulgaris. He was continued on Lithium carbonate, introduced a week prior in OPD. Within a month, with no change in the dose of Lithium, he reported an aggravation of his psoriasis. The plaques had spread to the occipital part of the vertex, b/l inframammary areas, back, shins, right nasolabial fold, and vermilion border of the upper lip, with itching; along with worsening of interaction with others, low mood, and ideas of worthlessness. Lithium was stopped due to aggravation over new areas with a Naranjo adverse drug reaction probability score of 9. A dermatology referral advice of Apremilast, Clobetasone (0.05%) and Salicylic acid (3.5%) for skin lesions, Mometasone (0.10%) + Salicylic acid (3.5%) for scalp lesions, Ketoconazole (2%) + coal tar (4%) shampoo was followed. Improvement was noticed within a week, and after a month he was discharged. **Conclusion:** The mechanism of lithium-induced psoriasis is unclear

but may involve disruption of second messenger systems and calcium homeostasis, as well as proinflammatory cytokine dysregulation. Consistent liaison is crucial among psychiatrists and dermatologists to recognize psoriatic lesions, issues with low self-esteem, and treatment compliance

P21: Unusual Psychiatric Manifestations in Elderly Patients: A Case Series on Delusional Parasitosis and Tactile Hallucinations Linked to Frontal Lobe Meningiomas

Tanvi Mittal, Vishnujith, Nishanth J H. Department of Psychiatry Government Medical College, Calicut, Kerala

Background: Delusional parasitosis (DP) and tactile hallucinations are rare psychiatric manifestations, particularly in elderly populations, often characterized by a fixed belief of parasitic infestation accompanied by sensory disturbances, such as the sensation of insects crawling on or within the body. While these symptoms are typically observed in primary psychiatric disorders, there is growing evidence that organic brain pathologies, including frontal lobe meningiomas, may underlie such presentations. This case series explores the neuropsychiatric implications of frontal lobe meningiomas in elderly patients with DP and tactile hallucinations, emphasizing the necessity of comprehensive neurological assessments in similar cases. **Case Presentation:** Two elderly female patients, both with no significant psychiatric history, presented with persistent tactile hallucinations and delusional parasitosis. The first patient, a 65-year-old, reported tactile sensations of insects crawling on her neck and persistent itching. Despite initial management with risperidone and later clozapine, her symptoms showed minimal improvement, prompting further investigation. An MRI revealed a right frontal lobe meningioma, which she declined to have surgically removed. The second case involved a 66-year-old female with a history of Parkinsonian tremors and a recent depressive episode. She developed severe tactile hallucinations, perceiving insects in her mouth and throat, causing significant distress and fear of eating or drinking. MRI imaging also revealed a frontal lobe meningioma, but she too resisted surgical intervention, leading to a pharmacologic approach with limited success. **Conclusion:** These cases highlight the potential for frontal lobe meningiomas to manifest with atypical psychiatric symptoms, particularly DP and tactile hallucinations, in elderly patients. The persistence of symptoms despite antipsychotic treatment underscores the importance of considering organic causes and utilizing neuroimaging when encountering treatment-resistant or atypical psychiatric presentations in older adults. Addressing the underlying neurological pathology may be essential for symptom resolution, as pharmacological management alone may offer limited relief in cases of organic psychosis. This series underline the role of the frontal lobe in secondary psychiatric symptoms and the importance of a multidisciplinary approach in elderly neuropsychiatric care.

P22: Unspoken Fears: A Case Report and Review on Venereophobia and its Multidisciplinary Management from Dermatology to Psychiatry

Shivam Tyagi, Kuldeep Singh, Mala Bhalla, Ajeet Sidana. Departments of Psychiatry and Dermatology, Govt Medical College and Hospital, Chandigarh

Background: Venereophobia, an irrational and intense fear of sexually transmitted diseases (STDs) or sexual intercourse, is an infrequently reported but potentially more common phobic condition than assumed. Patients with venereophobia experience intense and persistent fears of sexually transmitted infections, particularly HIV and in some cases, they might have prior history of STD leading to heightened anxiety for future infections. Literature on venereophobia remains limited, possibly due to underreporting or misidentification, yet it can significantly impact individuals who experience this condition. **Case Presentation:** A 28-year-old married male presented to the dermatology outpatient department's STD clinic of GMCH with complaints of urethral discharge and was subsequently diagnosed with gonorrhoea. Although successfully treated, he developed a profound and persistent fear of engaging in sexual intercourse, convinced he might have contracted HIV despite repeated negative tests over several months. His ongoing anxiety, intrusive thoughts about infection, and avoidance of intimate relationships led to a referral for psychiatric evaluation, where he was provisionally diagnosed with phobic anxiety specific to Venereophobia. A combined therapeutic approach, including pharmacological management with SSRIs, alongside psychotherapy was implemented. Psychotherapy focused on controlling his anxiety, desensitizing the patient to his irrational fears through controlled exposure to feared thoughts. **Conclusion:** This case underscores the clinical relevance of recognizing venereophobia in patients with a history of venereal disease, as it may be underdiagnosed yet more prevalent than assumed. Effective management with pharmacological and psychological interventions is crucial to alleviating symptoms. Interdisciplinary care between dermatology and psychiatry facilitates comprehensive treatment, helping prevent prolonged psychological distress and improving outcomes for patients affected by this underreported phobia.

P23: Behind the Blisters: Munchausen by Proxy Presenting with Bullous Pemphigoid-like Lesions

Geetika, Sumir Kumar. Department of Dermatology, Guru Gobind Singh Medical College and Hospital, Faridkot

Background: Munchausen syndrome by proxy (MSBP) involves a caregiver fabricating or inducing illness in another due to their own psychiatric issues, a type of factitious skin disorder. This report details a unique case of a 35-year-old woman with intellectual disabilities who presented with erosive and bullous lesions suggestive of MSBP. **Case Presentation:** A 35-year-old with intellectual disability presented with six months of recurrent erosive, itchy, bullous skin lesions unresponsive to standard treatments. Examination revealed moist erosions, hypopigmented scars, crusting, and flaccid blisters. Biopsy ruled out bullous pemphigoid and linear IgA disease. Despite extensive evaluation, the lesions persisted, raising suspicion of non-accidental harm. Further probing revealed her caregiver (sister) had a history of dermatitis artefacta and was self-administering escitalopram and clonazepam to the patient. Biopsy findings were negative for immunobullous disease. A multidisciplinary team, including

dermatology and psychiatry, managed the case. **Conclusion:** Diagnosing MSBP is challenging, especially in patients who cannot report their injuries, like those with intellectual disabilities. This case highlights the importance of a high suspicion index, thorough family history, and a multidisciplinary approach.

P24: The Silent Burden: Anxiety and Depression in Patients with Neglected Tropical Diseases

Charvi Gupta, Kittu Malhi, Tarun Narang. Department of Dermatology, Venereology and Leprology, PGIMER, Chandigarh

Background: Neglected tropical diseases (NTDs), including cutaneous leishmaniasis, PKDL, mycetoma, and deep fungal infections, predominantly affect individuals from lower socioeconomic backgrounds and often follow a chronic course, leading to high treatment costs. The prolonged nature of these diseases, coupled with financial strain and social stigma, contributes to a significant emotional burden. This study aims to evaluate the psychological impact of these conditions, specifically in the form of anxiety and depression, among affected patients. **Objective:** To assess the prevalence of anxiety and depression or psychological distress in NTD patients and to identify contributing factors. **Methodology:** This observational study involved treatment-naïve adult patients diagnosed between January 2024 and September 2024 with clinically and histopathologically confirmed cases of cutaneous leishmaniasis, post-kala-azar dermal leishmaniasis (PKDL), mycetoma, or deep fungal infections. Each patient underwent a comprehensive history and clinical examination and was assessed for mental health using the Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder (GAD-7) questionnaires. **Results:** The study cohort consisted of 19 patients, including 13 females and 6 males, with a mean age of 45.2 ± 14.2 years and an average total illness duration of 31.42 ± 36.45 months. The mean PHQ-9 score was 3.74 ± 4.29 , and the GAD-7 score averaged 4.37 ± 4.43 . Symptoms of hopelessness and low energy were present in 52.63% of patients, while 42.1% experienced disturbances in sleep and appetite. A smaller percentage, 5.3%, reported feelings of failure, being a burden to their family, or a lack of interest in previously enjoyable activities. Anxiety-related symptoms included nervousness (63.16%), irritability (52.63%), increased worry (42.1%), and a sense of impending doom (36.8%). Notably, all patients with moderate to severe anxiety were female, and a weak positive correlation with older age was observed. **Discussion:** Neglected Tropical Diseases (NTDs) are prevalent among individuals with lower socioeconomic status, and the associated unemployment and social stigma can contribute to anxiety and depression. Our study found that nearly half of the population affected by NTDs experienced depression and anxiety, aligning with the findings of Ali et al. from Ethiopia. Additionally, our study observed that all participants exhibited mild to moderate anxiety. These findings highlight the urgent need to address the rising mental health concerns in NTD patients and to provide better emotional support alongside medical care.

P25: Skin Deep Convictions: The Enigma of Delusional Parasitosis

Arshia Sood, Subho Chakrabarti. Department of Psychiatry, Post Graduate Institute of Medical Education and Research, Chandigarh

Background: Delusional parasitosis is a rare psychiatric condition marked by a persistent false belief that one is infested with parasites/insects. Patients often present with skin lesions resulting from continuous scratching and picking. The standard treatment is antipsychotic medication. **Aim:** To present two elderly female patients diagnosed with delusional parasitosis, each exhibiting different symptoms, who received a combination of antipsychotics and antidepressants for management. **Case presentation:** One patient with skin lesions underwent adequate trials of antipsychotics and antidepressants but had little improvement. She later received electroconvulsive therapy (ECT), which resulted in significant improvement, and is currently doing well. The other patient, who did not have skin lesions, also completed adequate trials of antipsychotics and antidepressants, followed by treatment with oral clozapine for resistant psychosis, but has not experienced noticeable improvement. **Conclusion:** Diagnosing and managing delusional parasitosis can be difficult due to its infrequent occurrence and the poor insight exhibited by patients, which can hinder adherence to treatment. Clozapine and electroconvulsive therapy (ECT) may prove effective, but more research is necessary to provide stronger evidence.

P26: Cariprazine-Induced Follicular Eczema: A Rare Dermatologic Side Effect

Ravjot Kaur, Abhinav Agrawal, Shivam Tyagi. Department of Psychiatry, Govt Medical College and Hospital, Chandigarh

Background: Cariprazine, a dopamine D3/D2 receptor partial agonist, is effective in treating schizophrenia and bipolar disorder, targeting both positive and negative symptoms. Although cariprazine generally has a favorable safety profile, side effects should not be overlooked. Adverse skin reactions, like eczema and hypersensitivity, can affect adherence and quality of life, underscoring the need for awareness and timely intervention. This report presents a case of cariprazine-induced follicular eczema. **Case Presentation:** A 21-year-old male with acute psychotic symptoms, including disorganized speech, fearfulness, hallucinations, and poor sleep, was admitted in ward for further management. He was started on cariprazine 1.5 mg daily. Within days, he developed an erythematous, pruritic rash with burning on his face and chest. Dermatological consultation confirmed drug-induced follicular eczema, which resolved with topical corticosteroids. Given his improvement and manageable skin reaction, cariprazine was continued under monitoring. Over the next few weeks, his psychotic symptoms improved without recurrence of dermatologic side effects. **Conclusion:** This case highlights the rare side effect of follicular eczema with cariprazine. Although uncommon, such reactions require consideration and interdisciplinary collaboration for prompt management, ensuring patients can safely continue effective psychiatric treatment. Monitoring dermatologic effects in antipsychotic therapy allows for early intervention, improving patient outcomes.

P27: A Narrative Review of the Psychosocial & Psychological Burden of Acne Vulgaris among adolescents & adults

Supreet Kaur, Sathyanarayana MT, Neha V Mattikoppa. Dept. of Psychiatry, Sri Siddhartha Medical College & Hospital.

Background: Acne vulgaris is a prevalent skin condition affecting individuals across various age groups. While commonly perceived as a physical condition, acne has substantial psychological and psychosocial impacts, often varying by age. Adolescents and adults experience distinct psychological challenges related to acne, influenced by factors such as social environment, developmental stage, and societal expectations. **Objectives:** This review aims to review the existing literature to compare the psychological and psychosocial impact of acne vulgaris among adolescents and adults, emphasizing age-specific challenges and implications for mental health and social functioning. **Methodology:** Literature search was conducted on PubMed, PubMed Central, Google Scholar MEDLINE, for search terms, “acne vulgaris”, “dissatisfaction with appearance”, “embarrassment”, “self-consciousness”, “lack of self-confidence”, “social dysfunction”, “reduced/avoidance of social interactions with peers” which were published between 2015 to 2024. Mostly including cross sectional studies, prospective cohort studies, case series/case reports. Published in English language was a considered inclusion criterion. **Results:** Evidence suggests that adolescents with acne are particularly vulnerable to negative body image, low self-esteem, and social anxiety due to developmental factors like identity formation and peer pressure. In contrast, adults experience psychosocial impacts that affect their self-image in professional and social settings, often relating acne to social competence and perceived maturity. Both age groups report associations between acne and depressive symptoms, but the specific triggers and contexts differ significantly. **Conclusion:** This review underscores/emphasise the need for age-specific psychological and dermatological interventions to address the unique psychosocial needs of adolescents and adults with acne vulgaris. Understanding these age-based differences is essential for developing comprehensive care plans that improve mental well-being and quality of life for individuals suffering from acne.

P28: The Study of Body Dysmorphic Disorder and Psychiatric Co-Morbidities in Patients of Topical Steroid-Damaged Face Attending Dermatology OPD in a Tertiary Care Centre: Hospital-Based Study

Meghna Puyam. SRMS IMS, Bareilly

Introduction: Body dysmorphic disorder (BDD) is characterized by a preoccupation with perceived appearance defects and repetitive behaviours intended to hide, fix or check them. It is observed in 6% to 15% of dermatologic and cosmetic surgery patients and in 2% of the general population. TSDF is characterized by a plethora of symptoms caused by an usually unsupervised misuse/abuse/overuse of topical corticosteroid of any potency on the face over an unspecified and/or prolonged period of time. These patients have a compulsive urge to apply topical steroids. **Materials and Methods:** A cross-sectional observational type of study was carried out on 200 TSDF patients. Each patient was handed out the following questionnaires -

BDD questionnaire-dermatology version (BDDQ-DV), Body Dysmorphic Disorder Symptom Scale (BDD-SS), Hospital Anxiety and Depression Scale (HADS), Beck Anxiety Inventory and Beck Depression Inventory. Relevant statistical analysis was done after the compilation of data. **Results:** 26 out of 200 patients screened positive for Body Dysmorphic disorder. Out of 26 patients 8 showed signs of anxiety and 5 showed signs of depression. **Conclusion:** In this study, 13% of a series of patients seeking dermatologic treatment for TSDF screened positive for BDD. Thus, BDD appears relatively common in patients of TSDF compared to past literature.

P29: A Clinicoepidemiological Study of Psychiatric Co-Morbidity in Hansen's Disease

Ritu Rani, Gita R Tegta, Ghanshyam K Verma, Dinesh D Sharma, Mudita Gupta, Ajeet Negi

Introduction: Leprosy is a chronic disease caused by mycobacterium leprae. Chronicity of the disease leads to various psychiatric co-morbidities, which are often undiagnosed and untreated. The main objectives of this study were to evaluate the frequency and nature of psychiatric co-morbidity in patients of Hansen's disease. **Objectives:** 1) To find the prevalence of psychiatric co-morbidity in patients suffering from Hansen's disease. 2) To find the nature of psychiatric co-morbidity in patients suffering from Hansen's disease and its correlation with socio-demographic variables of study population. **Materials and Methods:** Seventy confirmed cases of Hansen's disease between the ages of 18 and 60 years attending the department of dermatology of Indira Gandhi Medical College and Hospital, Shimla were evaluated for various manifestations of Hansen's disease and screened for psychiatric co-morbidity using GHQ-12 and diagnosed using ICD-10 checklist. Severity of depression and anxiety was assessed with HAM-D and HAM-A scales, respectively. **Results:** The prevalence of psychiatric co-morbidity was found in 27.14% of enrolled patients. Depression was most prevalent in (20%) mental disorder; followed by anxiety disorder (7.14%). Moderate depressive episode was the commonest seen in 11.42% patients whereas 5.71% patients had mild depression. Generalized anxiety disorder was seen in 1.42% whereas 5.71% patients had mixed anxiety disorder. Patients with higher education status, positive family history of leprosy, lepromatous leprosy, and hand deformities were significantly associated with higher psychiatric co-morbidity. **Conclusion:** Patients suffering from Hansen's disease have significantly high prevalence of psychiatric co-morbidity complicating the Hansen's disease. High index of suspicion is required to diagnose and treat it.

P30: Body Dysmorphic Disorder - Crossroads of Psychiatry and Dermatology

Rakesh K Chadda, Neena Khanna, Sonali Aggarwal. Departments of Psychiatry & Dermatology, Amrita institute of medical sciences, Faridabad

Background: Body dysmorphic disorder is a psychiatric disorder characterized by overconcern with some defect in physical appearance like shape of nose, lips, chin or any other body part

but most commonly involves face. It is quite commonly seen in patients with dermatological conditions. The patients usually present to dermatologists and plastic surgeons. However, how much overconcern is acceptable and when it amounts to being diagnosed as a psychiatric disorder is a necessary question. Hence, dermatologists and psychiatrists need to be wary of the diagnosis. Thus, we present a case of a person who came with redness and facial lesions mimicking acne. **Case presentation:** Mr AJ, 28 years old male was referred from dermatology to psychiatry OPD for the complaint of persistent preoccupation with acne and redness over face, which would exacerbate with exposure to sunlight and intense room lights. The patient was excessively self-conscious of the defect such that he stopped going out of the house. The distress and concern rose to the level that the patient requested for surgical correction for flushing and even consulted several dermatologists across India as well as abroad (online) like the UK. Most of the dermatologists considered it to be unnecessary and dissuaded him. But the patient was convinced and suffered from profound distress along with repetitive, intrusive thoughts about the same. The patient however refused to accept any psychological cause for his symptoms and need for medication. Hence, he was counseled and provided psychological support under psychiatry. **Conclusion:** Dermatological patients are seen to have excessive bodily concerns. The preoccupation with the perceived flaw tends to amount to body dysmorphic disorder which has a high prevalence of around 1.7-2.9%, especially among adolescents and young adults. It is highly debilitating with significant distress and psychosocial impairment. Since the dermatologists and plastic surgeons are the frontline providers, the multidisciplinary and collaborative approach with psychiatry is imperative in the management of body dysmorphic disorder.

Compiled & Designed by:

Dr. Naveen Manohar, MD (Dermatology)

Director of Media & Communications, PsychoDermatology Association of India (PDAI)