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Psychological trauma and skin conditions**Zoe Chouliara**

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Statement of the Problem: Prevalence and severity of psychological trauma symptoms within dermatology is a potential factor in psychological morbidity. Skin conditions are prevalent and associated with multiple psychological challenges. Many challenges overlap with the cluster symptomatology of psychological trauma. The role of psychological trauma in dermatology is under-researched. The purpose of this study is to reframe understandings of distress in dermatology. We are putting forward a potential explanation of the extent of the psychosocial impact of skin conditions, often disproportionate to clinical severity.

Method: Previous multidisciplinary research is re-contextualized and the results of a pilot study are presented.

Findings: The findings of this pilot study support this position. Psychological trauma is a key in psychosocial morbidity of dermatology patients. In this pilot study, 35.8% met the criteria for Post-Traumatic Stress Disorder (PTSD) almost triple the proportion of the general population, 10.5% for complex trauma and 26.3% for Borderline Personality Disorder. Higher levels of PTSD symptoms were associated with higher levels of depression, anxiety and appearance distress. Complex trauma symptoms were positively associated with appearance distress, self-reported self-harm and suicidal ideation.

Conclusion: We are putting forward a potential explanation of the extent of the psychosocial and affective impact of skin conditions, which is often disproportionate to the clinical severity of the medical conditions. Routine screening for psychological trauma might be important for the provision of appropriate and cost-effective management of skin conditions. Training of health professionals in psychosocial aspects of dermatology is paramount for early detection, effective management and appropriate referral of traumatized patients.

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