Thompson, A.R. and Bewley, A.P. (2017), Meeting the psychological needs of dermatology patients. Br J Dermatol, 176: 858–859. doi:10.1111/bjd.15161

In this issue of BJD, Lamb *et al.*[1] show how the routine use of psychological screening questionnaires can transform the delivery of dermatology services, so as to enable patients psychological needs to be better identified. The paper provides a practical example as to how current psychodermatology guidelines might be adhered too[2,3]. The study forms part of the work of members of the Severe Eczema and Psoriasis Team at St. John's Institute of Dermatology, St Guys' and St Thomas' NHS Foundation Trust. This group recently won the new BMJ 'Dermatology Team of the Year award', for their commitment to psychosocial support within dermatology.

The study essentially seeks to identify the prevalence of depression and anxiety and the associated risk factors in routine practice within the authors' clinic. The epidemiological aims are limited by a number of methodological issues, not the least the reliance on screening questionnaires. However, the real headline with this study for us is the model of service provision that has been successfully implemented. The approach that is reported forms part of the Integrating Mental and Physical healthcare: Research, Training and Services (IMPARTS[4]) set-up, which has been applied in a number of other clinical settings. In this study patients completed the Patient Health Questionnaire Depression Scale (PHQ-9)[5], the Generalized Anxiety Disorder Scale (GAD-7)[6], and the Dermatology Life Quality Index (DLQI)[7], on an electronic tablet, whilst waiting for their dermatology appointment. Results were sent directly to individual patient records ahead of the consultation, thus enabling the treating dermatologist to decide whether or not the patient might require support. The system is also able to suggest what type of support might be most appropriate based on the screening scores. Patients were provided with self-help materials (from the IMPARTS or the British Association of Dermatologists' Skin Support[8] websites), and for those exhibiting higher levels of distress they were referred to a Clinical Psychologist attached to the dermatology clinic or to the hospital liaison psychiatry service.

The authors found that 9.9% of their sample had levels of depressive symptomatology suggestive of the possible existence of a major depressive disorder, and 13.1% also had potentially clinically significant symptoms of anxiety. In addition, many patients (33%) with psoriasis who scored highly on the PHQ-9 also reported having had suicidal ideation. It is well known that psoriasis patients are at risk of suffering with comorbid psychological distress and worryingly this paper shows that such presenting problems had not been previously recognized within the service.

After adjusting for covariates, the authors report that the risk of significant depression and anxiety was significantly increased for those with severe forms of psoriasis and psoriatic arthritis, for women, and for those with a previous history of psychological distress. They report that the risk for anxiety was also significantly increased for those of Asian ethnicity and those receiving only topical treatment.

We have been advocating for many years in a number of dermatology forums and articles[9,10] that the sole dependence on quality of life assessment is likely to lead to psychological distress not always being picked up, and this study provides some evidence to substantiate that view. We were delighted to see the roll out of the use of the GAD-7 and PHQ-9 in this practice based study. Also we support the paper's view that dermatology health care professionals are in a prime position to assess and (where necessary) either treat patients

with co-morbid psychodermatological disease in house or refer to units where such expertise is available.

**References**

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**Conflict of interest**

ART has received honoraria in last five years for advisory boards and lectures at sponsored panels from Bayer and Galderma and is an advisor to the Katie Piper Foundation and to the All P[arty Parliamentary Group on Skin. In the same period he has research funding from BSF, MRC, THET, JISC, University of Sheffield, and Galderma.

A. R. Thompson[1]

A.P. Bewley[2]

1. Clinical Psychology Unit, Department of Psychology, University of Sheffield, Sheffield, S10 2TN, UK orcid.org/0000-0001-6788-7222
2. Dermatology Department, Royal London Hospital and Whipps Cross University Hospital, Barts Health, London, UK. orcid.org/0000-0003-1195-0290

Email for correspondence: a.r.thompson@sheffield.ac.uk