
OBJECTIVE: Cutaneous body image (CBI) dissatisfaction, feelings of social exclusion and stigmatization have been associated with increased suicidality in dermatology patients. We examined the relation between CBI dissatisfaction and suicidal ideation in a non-clinical sample, and examined the possible mediating effect of interpersonal sensitivity (IS), a symptom dimension related to self-consciousness, feelings of inferiority and social exclusion.

METHODS: As part of a larger study, 312 community-based participants from London, Ontario, Canada (241 women, 71 men; mean±SD age: 38.4±14.9 years) rated their CBI satisfaction, measured with the Cutaneous Body Image Scale (Gupta MA et al., 2004). The Brief Symptom Inventory (BSI) (Derogatis L et al., 1982) was used to measure the constructs of suicidal ideation (4 suicide-related items from the BSI) and IS (Interpersonal Sensitivity subscale of BSI).

RESULTS: Assessing mediation using the Baron & Kenny (1986) model, CBI satisfaction had a significant negative effect on suicidal ideation \[ c = -0.316, t(296) = -5.73, p<0.001 \] and IS \[ a = -0.365, t(297) = -6.76, p<0.001 \]; when CBI satisfaction and IS were considered together, IS had a significant positive effect on suicidal ideation \[ b = 0.690, t(295) = 15.80, p<0.001 \] while the effect of CBI satisfaction on suicidal ideation was no longer significant \[ c^* = -0.063, t(295) = -1.44, ns. \].

CONCLUSION: Our findings suggest an inverse relationship between CBI satisfaction and suicidal ideation, which is mediated by IS. This relationship likely falls in a continuum between non-clinical and clinical situations, with suicide risk being greater when individuals experience greater CBI dissatisfaction and social alienation.


Psychogenic excoriation is a condition where the patient picks the skin repetitively to produce excoriations. Treating this clinical entity is challenging as these patients often have an associated psychological abnormality. The five cases in this case series include two children and three adults. They presented with skin lesions ranging from excoriations and ulcers to scars and pigmentation. Detailed evaluation was done by clinical psychologist. Two cases had anxiety traits, one had alcohol dependence, one had difficult temperament and one had depressive symptoms. Habit reversal was introduced. Psychiatry referral was given for three cases and started on selective serotonin reuptake inhibitors. On follow-up, the urge to scratch reduced substantially and skin lesions were also improving. It is important to identify the underlying psychological disorder accounting for skin picking behavior. Incorporating psychotherapeutic techniques into clinical practice will improve the quality of life of many of these patients.
Reasons for and factors associated with issuing sickness certificates for longer periods than necessary: results from a nationwide survey of physicians.

BACKGROUND:
Physicians' work with sickness certifications is an understudied field. Physicians' experience of sickness certifying for longer periods than necessary has been previously reported. However, the extent and frequency of such sickness certification is largely unknown. The aims of this study were: a) to explore the frequency of sickness certifying for longer periods than necessary among physicians working in different clinical settings; b) to examine main reasons for issuing sickness certificates for longer periods than necessary; and c) to examine factors associated with unnecessary issued sickness

METHODS:
In 2008, all physicians living and working in Sweden (a total of 36,898) were sent an invitation to participate in a questionnaire study concerning their sick-listing practices. A total of 22,349 (60.6%) returned the questionnaire. In the current study, physicians reporting handling sickness certification consultations at least weekly were included in the analyses, a total of 12,348.

RESULTS:
The proportion of physicians reporting issuing sickness certificates for longer periods than actually necessary varied greatly between different types of clinics, with the highest frequency among those working at: occupational medicine, orthopedic, primary health care, and psychiatry clinics; and lowest among those working in: eye, dermatology, ear/nose/throat, oncology, surgery, and infection clinics. Logistic analyses showed that sickness certifying for longer periods than necessary due to limitations in the health care system was particularly common among physicians working at occupational medicine, orthopedic, and primary health care clinics. Sickness certifying for longer periods than necessary due to patient-related factors was much more common among physicians working at psychiatric clinics. In addition to differences between clinics, frequency of sickness certificates issued for longer periods than necessary varied by age, physicians' experiences of different situations, and perceived problems.

CONCLUSIONS:
This study showed that physicians issued sickness certificates for longer periods than actually necessary quite frequently at some types of clinics. Differences between clinics were to a large extent associated with frequency of problems, lack of time, delicate interactions with patients, and need for more competence.

Alexithymia in the medically ill. Analysis of 1190 patients in gastroenterology, cardiology, oncology and dermatology.
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OBJECTIVE:
To use the Diagnostic Criteria for Psychosomatic Research (DCPR) for characterizing alexithymia in a large and heterogeneous medical population, in conjunction with Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) and other DCPR criteria.

METHOD:
Of 1305 patients recruited from 4 medical centers in the Italian Health System, 1190 agreed to participate. They all underwent an assessment with DSM-IV and DCPR structured interviews. A total of 188 patients (15.8%) were defined as alexithymic by using the DCPR criteria. Data were submitted to cluster analysis.

RESULTS:
Five clusters of patients with alexithymia were identified: (1) alexithymia with no psychiatric comorbidity (29.3% of cases); (2) depressed somatization with alexithymic features (23.4%); (3) alexithymic illness behavior (17.6%); (4) alexithymic somatization (17%) and (5) alexithymic anxiety (12.8%).

CONCLUSIONS:
The results indicate that DCPR alexithymia is associated with a comorbid mood or anxiety disorder in about one third of cases; it is related to various forms of somatization and abnormal illness behavior in another third and may occur without psychiatric comorbidity in another subgroup. Identification of alexithymic features may entail major prognostic and therapeutic differences among medical patients who otherwise seem to be deceptively similar since they share the same psychiatric and/or medical diagnosis.

Antidepressant effects of citalopram on treatment of alopecia areata in patients with major depressive disorder.
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Objective: The authors sought to determine whether antidepressant therapy could enhance the efficacy of dermatological treatment in alopecia areata patients who suffer from major depressive disorder.

Methods: Sixty patients were enrolled in the study. Thirty patients with alopecia who were diagnosed with major depressive disorder received 20 mg/day citalopram and 5 mg/mL triamcinolone injection every 4 weeks, up to six injections, and 30 patients received only triamcinolone injection each month for 6 months using a simple random method.

Results: The mean diameter of the alopecic patches in the triamcinolone injection only group as against the combined treatment group (psychiatric [citalopram] plus dermatologic treatment) before treatment was 2.7 ± 0.7 (mean ± SD) and 2.5 ± 1.8, respectively, with no statistically significant differences (Mann-Whitney, p = 0.08). After 6 months of therapy, the mean diameter of patches reached 1.6 ± 1 and 0.54 ± 0.97 in the triamcinolone injection only group and the combined treatment groups, respectively (Mann-Whitney, p < 0.0001).

Discussion: The results of this study showed that antidepressant treatment might help in improving alopecia areata in patients with major depressive disorder.

Safety of repeated transcranial direct current stimulation in impaired skin: a case report.
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Transcranial direct current stimulation (tDCS) is a neuromodulatory technique based on the application of a weak, direct electric current via 2 or more electrodes (anode and cathode) over the scalp. One concern when applying tDCS is skin burn. It has been suggested that skin lesions are related to changes in the local dermal homeostasis, and therefore, caution is warranted in patients with skin diseases (Loo et al [Int J Neuropsychopharmacol. 2011;14:425-426]). In this context, we believe that it would be useful for this emerging field of tDCS to report the preliminary safety of repeated application of tDCS in a patient with vitiligo, an autoimmune disorder characterized by depigmentation sites of the skin or mucous membranes. We report the case of a 31-year-old male patient with schizophrenia who underwent 10-daily tDCS sessions. He has had generalized vitiligo since childhood, and despite previous treatment, no current dermatologic follow-up was being carried out. Depigmentation sites were evident in different areas, particularly under the anodal area. We found that repeated anodal tDCS in 1 patient did not lead to skin lesions when applied over a vitiligo skin area. Some of the procedures that we used to buffer changes in skin temperature may have contributed to prevent tDCS-induced skin damage. Nevertheless, the exact conditions that lead to skin lesion are still unknown. Given the growing use and testing of tDCS, continuous assessment and reporting of local adverse effects are still warranted especially in conditions with increased risk of skin lesions such as in dermatologic conditions, skin burns, and previous skin damage.