F058 - Psychocutaneous Disease: Lessons from the Psychodermatology Clinic

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Seton
GRADUATE MEDICAL EDUCATION
What kind of patients come in with ‘something in their skin’?

Primary Dermatologic problem
Primary Medical problem (causing psych)
Primary Psychiatric Problem
Patients can have skin disease and also have a mental illness!

- Schizophrenia
- Bipolar Disorder
- Drug Use/Withdrawal
- Sleep Disorders
Medical Causes of Delusional Infestation

• Delirium: Polypharmacy: anticholinergic effects
  – (elderly, decreased hepatic metabolism)
    • H1 and H2 blockers
    • P.O. steroids
Medical Causes of Delusional Infestation

- Dementia (Parkinsons, Picks’ Dz, Alzheimers)
  - Dopaminergic drugs

- Skin picking often triggered by ADHD meds

- Opioids may hit itch receptors
The Spectrum of Delusional Ideation

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Therapeutic Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin Picking Disorder</td>
<td>Behavioral therapy/SSRIs</td>
</tr>
<tr>
<td>Somatic Preoccupation</td>
<td>Behavioral therapy/SSRIs</td>
</tr>
<tr>
<td>Delusional State</td>
<td>Antipsychotic treatment</td>
</tr>
<tr>
<td>Terminal Delusional</td>
<td>Treatment is difficult if not impossible</td>
</tr>
</tbody>
</table>

- **Skin Picking Disorder**: Insight into uncertainty of infestation
- **Somatic Preoccupation**: Relief from symptoms is more important than validation of infestation
- **Delusional State**: Lack of insight, ideation is fixed
- **Terminal Delusional State**: Validation of infestation becomes dominant focus
Trichotillomania/ Picking Treatment

• Treat underlying itch/ lesions
  – Zinc wraps
  – Intralional triamcinolone

• Cognitive Behavioral Therapy
  – Replacing pulling behaviors
  – Journaling
  – Removing environmental triggers

• Web Therapy
Somatic preoccupation

• often have somatic symptom disorder
  – Physical complaints in several body systems that suggest a medical condition but:
    • cannot be explained by a known general condition
    • the physical complaints result in social or occupational impairment *in excess* of what would be expected from medical investigation
Somatic preoccupation

• may suffer from depression, post-traumatic stress disorder, or feelings of guilt.
• Have some insight
# Cutaneous Sensory Disorder Treatment

## Treatment of Anxiety/Depression with Somatoform

<table>
<thead>
<tr>
<th></th>
<th>Efficacy</th>
<th>Tolerability</th>
<th>Sexual Side Effects</th>
<th>Weight Gain</th>
<th>Starting Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duloxetine</td>
<td>++</td>
<td>+++</td>
<td>+</td>
<td>+</td>
<td>20-30 mg qday</td>
</tr>
<tr>
<td>Fluoxetine</td>
<td>++</td>
<td>+++</td>
<td>++</td>
<td>-</td>
<td>10-20 mg qday</td>
</tr>
<tr>
<td>Citalopram</td>
<td>++</td>
<td>+++</td>
<td>++</td>
<td>-</td>
<td>10-20 mg qday</td>
</tr>
<tr>
<td>Sertraline</td>
<td>++</td>
<td>+++</td>
<td>++</td>
<td>-</td>
<td>25 mg qday</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>+++</td>
<td>+++</td>
<td>-</td>
<td>-</td>
<td>(use if psychological component to illness)</td>
</tr>
</tbody>
</table>

- absent  + weak  ++ moderate  +++ strong

**Monitoring:** No routine labs necessary.

**Black Box warning:** People under age 24 may rarely have increased agitation and suicidal thoughts when first starting the medication.
Delusional state

• A false belief is held with **immutable conviction**

• **Logical dissonance** regarding this infestation, but functioning is not markedly impaired
Delusional state

• Many have no skin findings.

• Need for validation may begin to override the desire for symptomatic relief
Delusions of Parasitosis:

Goal

– You may not rid the patient of his/her bugs.
– Goal is to **improve** his/her quality of life.
– Sensations resolve first; the belief in bugs may resolve much later (or never)
– poor prognosis unless caught early
## Treatment for Delusions of Parasitosis

<table>
<thead>
<tr>
<th></th>
<th>Efficacy</th>
<th>Tolerability</th>
<th>EPS</th>
<th>Weight Gain</th>
<th>Sedation</th>
<th>Ach</th>
<th>Starting Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risperidone</td>
<td>+++</td>
<td>++</td>
<td>++</td>
<td>++</td>
<td>++</td>
<td>-</td>
<td>1 mg BID</td>
</tr>
<tr>
<td>Olanzapine</td>
<td>+++</td>
<td>++</td>
<td>+</td>
<td>+++</td>
<td>+++</td>
<td>+</td>
<td>5 mg qhs</td>
</tr>
<tr>
<td>Ziprasidone</td>
<td>++</td>
<td>+++</td>
<td>+</td>
<td>+</td>
<td>++</td>
<td>-</td>
<td>40 mg BID</td>
</tr>
<tr>
<td>Aripiprazole</td>
<td>++</td>
<td>+++</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>5 mg qhs</td>
</tr>
<tr>
<td>Pimozide</td>
<td>+++</td>
<td>+</td>
<td>+++</td>
<td>+</td>
<td>+</td>
<td>++</td>
<td>1 mg BID</td>
</tr>
</tbody>
</table>

- absent  + weak  ++ moderate  +++ strong

EPS- Extrapyramidal Syndrome  Ach- Anticholinergic properties

Monitor: Lipids, glucose, weight  q4-6 months.

Pimozide should not be used in patients with heart disease. get a baseline EKG

Ziprasidone: should get a baseline EKG

Risperidone: can increase prolactin levels

Consider using concurrent treatment with anticholinergic medication (e.g. Cogentin 1 BID, or diphenhydramine 25 qhs, for the first 4 weeks) to decrease chances of EPS
Terminal delusional state

- *validation* is the primary motivation for seeking care, with treatment of symptoms being secondary.
- Delusions tend to be elaborate or bizarre
- Almost always present for years
The Spectrum of Delusional Ideation

- Skin Picking Disorder (30%)
- Somatic Preoccupation (40%)
- Delusional State (30%)
- Terminal Delusional

Insight into uncertainty of infestation

Relief from symptoms is more important than validation of infestation

Lack of insight, ideation is fixed

Validation of infestation becomes dominant focus
Look at their chief complaint

If a patient complained of:

INFECTION  they had a 52% chance of DOP  33% Somatic Preocc.

FIBERS/SPECKS  they had a 22% chance of DOP  67% Somatic Preocc.
Ask the question: “What do you think is causing the problem?”

“There is something bothering my skin”

“I don’t know, but it feels like bugs crawling.”

“There are insects in my skin. Get rid of the insects and I’ll be fine”

Skin Picking Disorder

Somatic Preoccupation

Delusional State

Terminal Delusional State

Insight into uncertainty of infestation

Relief from symptoms is more important than validation of infestation

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ROS: only looking at 24 items assessing ‘symptoms’
Don’t miss an actual Psychotic Disorder

• Schizophrenia

• Bipolar Disorder
“Everybody deserves one, and only one, good work-up”

• Detailed review of systems
  • Printed ROS
  • Modified MINI Screen (MMS), PHQ 15, or similar brief psychiatric questionnaire for ‘difficult skin problems’
  • HADS, SkinDex or other Quality of life screens
“Everybody deserves one, and only one, good work-up”

Laboratory Testing (reimbursement tricky)

- CBC, electrolytes, LFTs, Thyroid cascade (R20.9: Skin sensation disturbance)
- Ferritin, B12, Folate (R53.81: Other malaise and fatigue)
- U/A (R53.81: Other malaise and fatigue)
- HIV, Hep C (R53.81: Other malaise and fatigue)
- Urine drug screen “to look for toxins” (R41.82: Other alteration of consciousness)
- ? Vitamin D (M89.8X9: bone pain)
if you send them away, know your pathologist/microbiologist!

“Please comment on the presence of human pathogens”

“no human parasites identified”
Conclusions

• Treatment of OCD disorders- have insight- SSRIs and Behavioral Therapy

• Treatment of Somatoform disorders- some insight- SSRIs and Psychotherapy

• Patients without insight- don’t confront

• Treatment of psychotic disorders- antipsychotics and try to refer when possible.
For More Information…

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JS Reichenberg, M Magid, et al. Patients labeled with delusions of parasitosis compose a heterogenous group: A retrospective study from a referral center. Journ Amer Acad of Derm. Published online Oct 8, 2012

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www.thenmo.org vs morgellonswatch.com (point-counterpoint)

Koblenzer CS. Pimozide at least as safe and perhaps more effective than olanzapine for treatment of Morgellons disease. Arch Dermatol. 2006 Oct;142(10):1364

For More Information…
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