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Stress and quality of life in dermatological patients: Are out-patients' needs different?

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Abstract

The debut, progression and maintenance of skin disease are related to stress (acne, alopecia areata, atopic dermatitis, lichen planus, psoriasis, urticaria, vitiligo, herpes, hyperhidrosis, pemphigus, rosacea or seborrheic dermatitis). Environmental, socio-professional, life events are representing external factors. Personality, previous experiences, traits of anxiety are individual factors influencing the state of stress. Perceived stress could be more harmful especially in "high reactors" to stress. Coping abilities to stress could be increased in social programs. There was a recent interest in measuring the quality of life in the last years. There are dermatology and disease specific questionnaires that could help. Out-patients have less time to wait for very sophisticated procedures. They expect faster results. For simple, acute diseases it is important to have a good communication and good understanding of the instructions to get results as soon as possible. For chronic diseases a strong long-term alliance is needed, so the patients should revisit for his benefit and not for giving up. Small questions regarding potential stressful events, impact on the quality of life, stigmatization, the level of symptoms (pruritus), psychiatric comorbidities (anxiety, depression), short questionnaires for quality of life give us a better picture, personalize

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