



present

LEADERS *in* ECZEMA

ONE-DAY FORUMS

Psychosocial Aspects of Living with Eczema



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Conflict Disclosures

- I have no conflicts to disclose

Quality of Life (QOL) with Atopic Dermatitis

- ▶ 31.6 million with eczema symptoms in the US
- ▶ The prevalence of childhood eczema/atopic dermatitis in the US is 10.7% overall (Hanifin JM)
- ▶ Atopic Dermatitis is the most common childhood inflammatory skin disease
- ▶ QOL studies found that atopic diseases as a whole caused the most significant QOL impairment than all other chronic diseases of childhood. (Lewis-Jones S.)

Feelings

- ▶ *Frustration*
- ▶ *Anger*
- ▶ *Sadness*
- ▶ *Fear*
- ▶ *Overwhelmed*
- ▶ *Irritable*
- ▶ *Withdrawn*
- ▶ *Anxious*
- ▶ *Worried*
- ▶ Motivated
- ▶ Empowered
- ▶ Competent
- ▶ Relieved
- ▶ Confident
- ▶ Supported
- ▶ Knowledgeable



Biggest Challenge Areas?

- Quality of Life
 - Social Impact
 - Parental/Family Impact
 - Eczema Care/Adherence
 - *Sleep*

Social Impact

- ▶ Increased isolation related to embarrassment, teasing, and/or bullying can lead to withdrawal, depression, anxiety.
- ▶ Comments about appearance - even if well meaning
- ▶ Impact on activities/identity
- ▶ Issues related to clothing, pets, etc.



OR



Parental/Family Impact

- ▶ Attachment and bonding
- ▶ “They’ll out grow it”
- ▶ Helplessness as you “watch them suffer”
- ▶ Conflicting treatment recommendations - division in the medical field but also friends/family
- ▶ Sleep deprivation
- ▶ “Stop scratching!”
- ▶ Impact on/opinion of siblings
- ▶ Schedules/Plans and “Do they have a bathtub?”
- ▶ Marital stress
- ▶ Conflicting coping strategies

Eczema Care/Adherence

- ▶ Time constraints - soak and seal at best 30 minutes a day
at worst.....8 hours?
- ▶ “It burns!”
- ▶ Protective barriers
- ▶ Lifestyle changes
- ▶ Housecleaning and food preparation
- ▶ Managing skin while remaining socially engaged

Types of Coping

- ▶ Instrumental coping (referred to as problem-solving)
- ▶ Emotion-focused coping (focus on maintaining one's emotional health)
- ▶ Active coping vs avoidant coping
- ▶ Anxious coping

Specific Coping Techniques

- ▶ Keep perspective
- ▶ Find Humor
- ▶ Self care and relaxation
- ▶ Seek support/ask for help
- ▶ Adjust expectations - redefine normal; chronic/acute
- ▶ Venting
- ▶ Grieving
- ▶ Researching and Doing
- ▶ Denial
- ▶ Self Blame
- ▶ Anger

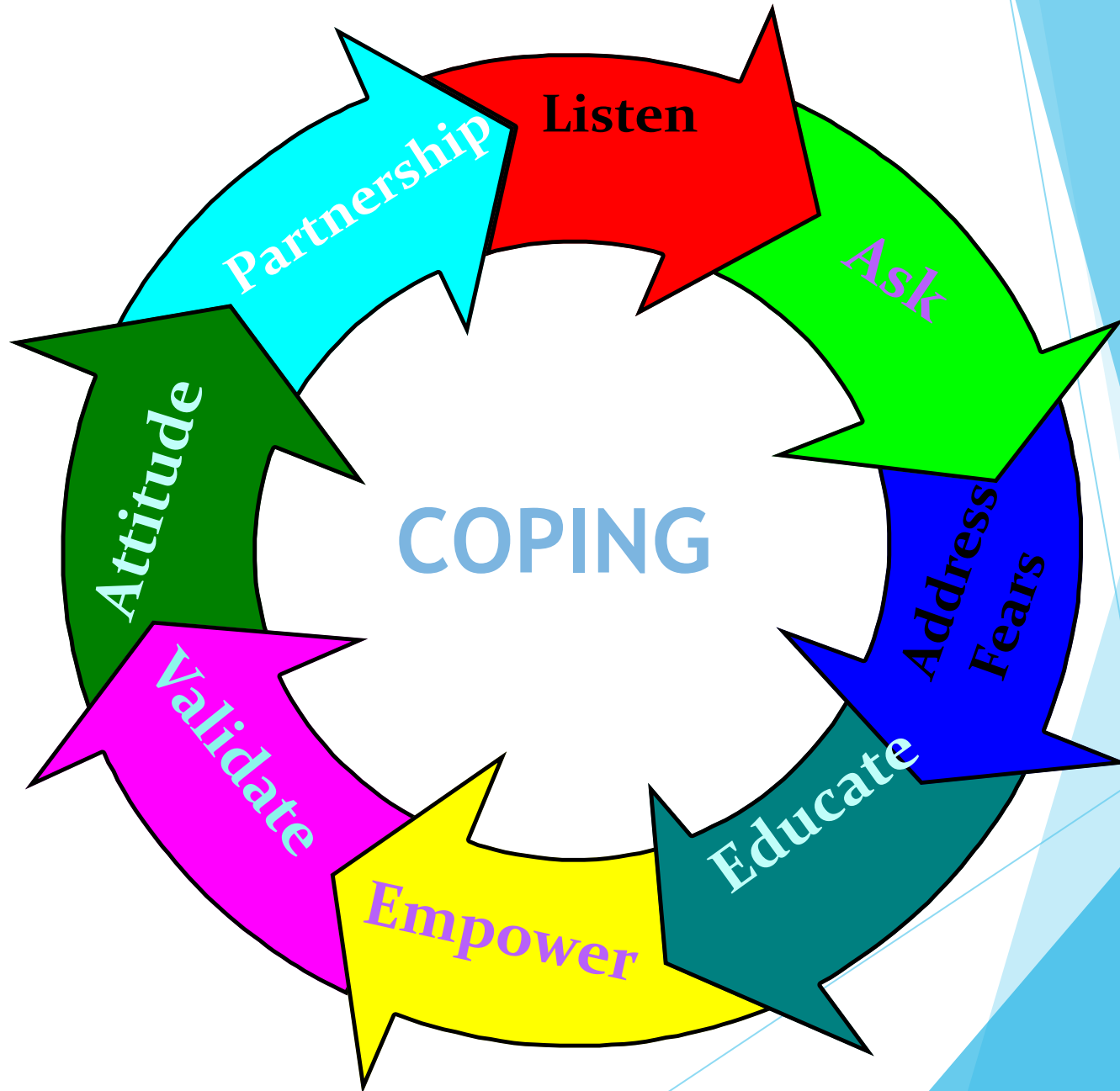
Skill Building

- Increased awareness of triggers (stress, boredom, allergens, irritants)
- Brain body awareness - biofeedback, cuing, distraction techniques, replacement behaviors (pat, massage, ice, etc.)
- Age appropriate education and responsibility about skin care and coping strategies
- Redefining “normal” - apple to apple comparisons
- Cognitions and self talk
- Written action plans

Why a Multidisciplinary Approach?

- ▶ Families often feel isolated and don't feel that the emotional aspects are addressed adequately
- ▶ Ability to address strengths and challenges from a systems perspective
- ▶ Combine specialties - behavioral health, nutrition, allergy, OT, etc
- ▶ School/Work
- ▶ Help in developing written plans/guidelines

UNRAVELING PSYCHOSOCIAL ISSUES



References

Hanifin JM, Reed ML. A population-based survey of eczema prevalence in the United States. *Dermatitis*. 2007 Jun;18(2):82-91.

Kelsay, K. Management of Sleep Disturbance Associated with Atopic Dermatitis. *Journal of Allergy and Clinical Immunology*, 2006 Vol18 issue 1

Lewis-Jones, S. (2006), Quality of Life and Childhood Atopic Dermatitis: the misery of living with childhood eczema. *International Journal of Clinical Practice*, *Int Journal of Clinical Practice* Aug 2006, 60, 8, 984-992

Mason, T.B.A., II and Pack, A.I. (2007) Pediatric Parasomnias. *Sleep*, 30, 141-151.