**PSYCHODERMATOLOGY: AWARENESS, UNDERSTANDING AND ATTITUDE OF DERMATOLOGISTS IN EASTERN EUROPE**

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**Background:**

To assess the level of training in and awareness and attitude about psychocutaneous disorders among dermatologists.

**Methods:**

A survey was distributed in the national and local regional meetings of dermatologists in Kyiv and Kharkiv. Also the electronic messages were sent to dermatologists in other cities of Ukraine.

The participants were requested to provide information on demographic variables; level of training, skills, and degree of comfort in managing psychodermatologic disorders; referral patterns, knowledge of patient and family resources on psychodermatology; and interest in continuing medical education on psychocutaneous disorders.

**Results:**

Total 190 questionnaires were distributed and 158 were returned for analysis. Only 16.8 % of dermatologists reported a clear understanding of term psychodermatology, and 5.7 % of the respondents reported being very comfortable in diagnosing and treating psychocutaneous disorders. Psoriasis*,* acne and atopic dermatitiswere reported as the most common diagnoses associated with psychiatric manifestations. Self-injurious skin lesions, skin disease and depression associated with skin diseasewere the most common conditions wherein patients were referred by dermatologists to psychiatrists. About 88 % of the survey respondents were not aware of any patient or family resources on psychodermatology. Overall 58 % of the dermatologists expressed interest in attending any kind of continuing medical education activity on psychodermatologic disorders. Similar results were obtained a questioning of dermatologists in Belarus where the same survey was carried out simultaneously.

**Conclusion:**

Survey results showed that knowledge about the diagnosis, treatment and/or appropriate referral for psychocutaneous disorders is lacking. Significant information gaps were also identified in the knowledge of patient or family resources on psychocutaneous disorders. We recommend the incorporation of formal training and didactics on psychodermatology in dermatology residency programs and regular CME events. Dermatology–Psychiatry liaison services and psychodermatology clinics will prove helpful in the management of these patients in clinical settings.