

What Is Psychocutaneous Medicine?

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Until I was fortunate enough to work with a psychocutaneous medicine specialist, it was hard to comprehend how they practice on a daily basis. Now, every day that I practice, I see patients with psychological overlay to their illness. For example, a child who was scratching her hair off (a variant of trichotillomania), another child who had a severe atopic flair after her grandmother's stroke, the patients that weep in the office, or the patients that are stoic in spite of severe illness. For these types of patients, I always sought consultation with Matthew Silvan, PhD, former director of psychocutaneous medicine at St. Luke's-Roosevelt Hospital Center, New York, New York, and member of the *Cutis*[®] Editorial Board.

I had the pleasure of working with Dr. Silvan weekly in the Department of Dermatology at St. Luke's-Roosevelt Hospital Center, and Beth Israel Medical Center, New York, for approximately 8 years. Dr. Silvan defined psychocutaneous medicine as a discipline of dermatology. He treated dermatologic patients with secondary psychiatric symptoms and guided the psychiatric patients to good care for their secondary dermatologic diseases. He detected psychiatric disorders in dermatology patients and initiated therapy for patients in psychiatric distress. He screened patients undergoing treatments affecting the psyche (eg, isotretinoin) and taught his dermatology colleagues how to identify patients requiring psychiatric medication. Dr. Silvan taught residents how to recognize patients in need of intervention by psychiatric professionals and how to approach people in distress without belittling them. He approached every case with excitement and enthusiasm.

Dr. Silvan aided daily dermatology practice in ways that are hard to quantify. He screened my vitiligo patients seeking depigmentation therapy, and together we conducted a vitiligo support group.

I recall the way he encouraged patients to exchange their most personal stories of disease and anguish, considering each situation with unparalleled cultural sensitivity. Those sessions helped numerous individuals seek therapy through emotional empowerment.

When Dr. Silvan died in October 2006, it was a distinct loss to the dermatology community. On a personal level, he was a very kind and supportive friend and colleague. His death highlights his incredible career and the important role a successful psychocutaneous practitioner can play in dermatologic care.

As demonstrated by Dr. Silvan's research and practice, there is an immense need for the study of psychocutaneous medicine in dermatology. A variety of conditions are affected by the psyche and the soma, as he described.¹⁻³ As a result, it is important to incorporate a psychological approach to treatment of patients who have been impacted psychologically by conditions such as vitiligo, acne, or recalcitrant dermatoses. *Cutis* welcomes manuscript submissions pertaining to psychocutaneous medicine, including articles describing the psychological impact of dermatologic conditions on patients and targeting treatments that address psychological and dermatologic factors. (For more information on submitting a manuscript to *Cutis*, please refer to our Information for Authors [www.cutis.com and page 341 of this issue]).

The one-year anniversary of Dr. Silvan's death gives dermatologists reason to pause to consider the importance of our patients' psychiatric and psychological needs. The method in which Dr. Silvan incorporated his care and concerns with the dermatology plan was unique and should serve as a model to other academic programs seeking to incorporate psychocutaneous medicine into their educational curriculum. Beyond Dr. Silvan's contribution to dermatology, his memory serves as a constant reminder of the human aspects of medical care.

REFERENCES

1. Silvan M, DeLeo VA. A psychocutaneous approach to sunbathing behavior. *Arch Dermatol*. 2006;142:245.
2. Silvan M. The psychological aspects of vitiligo. *Cutis*. 2004;73:163-167.
3. Silvan M. Psyche and soma. *Cutis*. 2003;71:267.

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