

influence" in about 60% of patients at 24 weeks after administration. The total Skindex-16 score significantly decreased especially in the "functioning" category. GHQ scores also significantly decreased especially in "depression." With regard to patients' satisfaction with their therapy, about 85% reported "satisfied" or "slightly satisfied".

Conclusion: These results demonstrate that the administration of biologics was more efficient and improved psoriasis patients' QOL especially in the "functioning" category than CSA treatment. QOL assessment is a very useful tool for evaluating the value of therapy.

Disclosure of Interest: None declared.

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Psychodermatology: evaluation of psychosocial factors in moderate-to-severe psoriasis

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Introduction: Psoriasis can decrease the level of self-esteem, leading to self-devaluation, emotional distress, irrational beliefs and discomfort in everyday life.

Objectives: Our aim was to investigate the level of lifestyle satisfaction and irrational beliefs in psoriatic patients, in order to assess the possible need for psychosocial treatment.

Materials and Methods: A two-year case-control study was carried out between 2010 and 2012. The study enrolled 100 consecutive patients with moderate-to-severe psoriasis, admitted to a dermatology clinic and 101 healthy volunteers that match the demographic of study-patients, willing to subject themselves to the testing. A series of standardized questionnaires were used, such as: The Anamnestic Questionnaire, The General Attitudes and Belief Scale - Short version, The Rosenberg Self-Esteem Scale, The Self-Efficacy Scale and The Unconditional Self-Acceptance Questionnaire. Statistical analysis was performed using the Statistical Package for Social Sciences (SPSS) version 8.0 (SPSS Inc; Chicago, IL, USA).

Results: The tests have revealed a strong correlation between the presence of the disease and the decrease of subject's satisfaction regarding: body satisfaction (11% of psoriatic patients vs. 54.4% of healthy individuals were satisfied to a large extent), sexual satisfaction (9% vs. 57.4%), social satisfaction (17% vs. 49.5%), family satisfaction (23% vs. 40.5%), professional satisfaction (5% vs. 34.6%), satisfaction concerning their own health condition (9% vs. 57.4%); $p < 0.01$. There were highly significant differences ($p < 0.001$) regarding the level of irrational beliefs between the two groups at the following constructs: global self-evaluation, need for achievement, need for approval, need for comfort, absolute requirement for justice, and global evaluation of others; $f > 0.35$ (large effect size).

Conclusion: The results of this study provide support for the hypothesis that psoriasis plays significant roles in influencing the patient's lifestyle and promoting the irrational beliefs. Thus, a holistic approach including primary, dermatological and psychological care is imperative. In addition, the dermatologists must be trained to detect the psychological distress in psoriatic patients and to refer them to appropriate specialists. An effective cooperation between all the parties involved (physicians, family and social network) will improve the patient's mental health.

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The psoriasis: the need for close collaboration between the patient and the physician to optimize treatment

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Introduction: Like all chronic diseases occurring on a particular genetic background, it is not possible to promise a permanent cure to the patient and the physician's goal is to gradually improve the quality of life of the patient.

Objectives: Psoriasis: the need for close collaboration between the patient and the physician to optimize treatment.

Materials and Methods: *Role of the physician:* It is therefore a very close collaboration and genuine partnership between doctor and patient.

The physician should explain to the patient that psoriasis is not contagious, psoriasis that will not shorten its life and that psoriasis is not the result of a psychological disorder. He must explain to the patient that psoriasis is a consequence of exaggerated acceleration renewal of the epidermis in response to all kinds of aggression and non-specific stress.

All treatments both local and general, are only capable of slowing the rate of renewal of the epidermis.

Results: That should include the patient with psoriasis.

This information is critical to enable the patient to understand the two phases of the treatment of psoriasis s Phase 2 bleaching and maintenance treatment of apparently normal skin and whose purpose is to prevent relapse.

For many patients, psoriasis is a sort of family curse, and they are very concerned about transmitting the disease to their children. The risk of transmitting the disease to their children is not very high and, especially, psoriasis could have their children every chance to be less severe than their psoriasis and therefore the risk of transmitting a severe psoriasis is very low.

Conclusion: *Skin and psychological:* Finally, the skin, the interface between the individual and the environment is more patient psoriasis than in normal individuals, the seat of internal and external stimuli. These interactions give rise to the consistency of the skin, and the mime occasion than the individual himself. The contact stresses the role of the holistic approach to patient consultation = should not favor only of sight and touch, but leave room for listening.

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Retreatment in patients achieving response after relapse due to treatment interruption: results from the crystal study

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Introduction: A *post hoc* analysis of the randomised, open-label, 54-week, multicentre CRYSTEL study showed patients who achieved a clinical response (physician global assessment of psoriasis [PGA] ≤ 2) on etanercept (ETN) 50 mg twice weekly (BIW) then paused treatment and subsequently relapsed (PGA > 2) were able to recapture the response after retreatment with ETN 25 mg BIW.¹In clinical practice, however, patients with PGA ≤ 1 (clear/almost clear) are more likely to be candidates for