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Response to: “Psychodermatology fellowship: is it time?”

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To the Editor

We read with great enthusiasm Michael Ryan and Richard Wagner’s commentary “Psychodermatology fellowship: is it time?”.¹ This compelling proposal echoes a similar idea discussed in a letter written by Katamanin et al in 2023.² The rising prevalence of psychocutaneous conditions is noteworthy, as it has been reported that over 30% of patients seen in dermatology clinics have an underlying psychiatric illness that may be exacerbating their cutaneous symptoms.³ Despite this significant overlap, knowledge of psychodermatology among clinicians remains severely lacking. Based on a recent review of surveys assessing knowledge of psychodermatology among dermatologists in the US, less than 25% of dermatologists reported feeling comfortable managing patients presenting with psychocutaneous symptomology.³ Moreover, 73% of surveyed dermatologists expressed interest in pursuing additional medical education in psychodermatology through continuing medical education opportunities.

We agree with the authors that a 12-month fellowship would provide immense value in advancing the knowledge and ability to care for patients with skin symptoms exacerbated by psychiatric comorbidities or primary psychiatric conditions rooted in skin symptomology. However, as mentioned by Ryan and Wagner, financial burdens and time constraints limit the real-world applicability of this proposal. We propose exploring alternative forms of training that are more practical, cost-effective, and time efficient. The European Society for Dermatology and Psychiatry developed a “psychodermatology diploma” that entails a multimodule course to be taken over a few years (as outlined on the European Society for Dermatology and Psychiatry website).⁴ It is

available for any psychiatrists, dermatologists, or psychologists interested in specializing in psychodermatology. Incorporating these modules into existing psychiatry or dermatology residency programs may ultimately help address the currently unmet need for more clinicians with psychodermatology knowledge. Additionally, Psychodermatology UK—an organization dedicated to promoting awareness and recognition of the interplay between psychiatry, psychology, and dermatology—offers an annual one-day course. This course covers common psychodermatology presentations and provides guidance on best practices for diagnosing and treating psychodermatology conditions (as detailed on the Psychodermatology UK website).⁵ Moreover, the surge in clinics specializing in psychodermatology (there are currently 13 psychodermatology-specific clinics in the US) also raises the idea of offering extended rotations at such clinics during residency for those interested in advancing their knowledge of psychodermatology.⁶

Unfortunately, given the limited number of psychodermatology subspecialists within hospitals and other medical institutions, it will be challenging for the American Board of Dermatology or the American Board of Psychiatry and Neurology to formalize a fellowship granting board certification in psychodermatology anytime soon.¹ However, we are undoubtedly moving in the right direction.

Potential conflicts of interest

The authors declare no conflicts of interest.

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