

Demanding Behavior May Belie Psychiatric Ills

BY DAMIAN McNAMARA
Miami Bureau

MIAMI BEACH — Demanding cosmetic dermatology patients who are never satisfied might have underlying psychiatric conditions to identify and treat, according to a presentation at a symposium sponsored by the Florida Society of Dermatology and Dermatologic Surgery.

In addition to body dysmorphic disorder, "difficult" cosmetic patients can have narcissistic personality disorder or histrionic personality disorder, or they can be "self-destructive deniers," said Eva C. Ritvo, M.D. Also possible are mood disorders, anxiety disorders, and substance abuse issues.

Certain red flags can help identify such patients. Dermatologists should be wary of people with unrealistic expectations or a history of numerous procedures. Other warning signs include routinely complaining about previous procedures or other providers, calling or visiting an office excessively, or spending money they do not have for cosmetic enhancement.

Take a careful history, get to know the patient, and be explicit about the plan and expected results, suggested Dr. Ritvo, chief

of the department of psychiatry at Mount Sinai Medical Center, Miami Beach.

Take before and after photographs, and have the patient sign a written contract, she added.

"Think like a shrink," Dr. Ritvo said. Dermatologists should be aware of their reactions and check the emotions that arise when they deal with challenging patients, Dr. Ritvo suggested.

If possible, use the "24-hour rule." If a patient calls a few days after a procedure to complain about the outcome, tell him or her to come in the next day to discuss any concerns, Dr. Ritvo said. This delay allows a physician time to approach the patient more objectively and not act on impulse.

Dr. Ritvo highlighted some common underlying psychiatric conditions in these patients:

► **Body dysmorphic disorder.** Patients with this disorder become preoccupied with an imaginary defect in their appearance or excessively concerned with a slight anomaly. The preoccupation causes significant distress or impairs functioning. The disorder usually begins during adolescence, and diagnosis often takes years. Contrary to the common perception, Dr.

Ritvo said, the disorder is equally prevalent in women and men.

Do not perform inappropriate procedures in these patients, Dr. Ritvo emphasized. Instead, refer them to a mental health professional. She suggested that you say, "I would like you to see a colleague of mine before we proceed."

► **Narcissistic personality disorder.** Patients with this disorder are grandiose, seek admiration, and have fragile self-esteem. They can be preoccupied with fantasies of personal beauty, and although frequently dissatisfied, continuously return to the cosmetic dermatologist's office.

"These patients are the entitled demanders," Dr. Ritvo said. They might call and demand an immediate appointment because their botulinum toxin type A is wearing off, for example.

Do not attack them, and never disparage their feelings. Instead, acknowledge their right to good health care, and try to restore their sense of control, Dr. Ritvo suggested. Involve the person's family. Review realistic expectations, and set limits. If you

refer them, make sure you document the reason carefully, she suggested.

► **Histrionic personality disorder.** Patients with histrionic personality disorder have a pervasive pattern of excessive emotionality and attention seeking. Some display inappropriate, sexually seductive behaviors. Others refer to doctors by their first names. Make the diagnosis, communicate clearly and carefully, and review expectations, Dr. Ritvo suggested. Document everything, and stay alert for shifting moods in these patients.

► **Self-destructive deniers.** These patients include smokers, drinkers, sun abusers, skin pickers, and drug seekers, Dr. Ritvo said. They are noncompliant, at a high risk for complications, and generally "out of control."

Avoid being judgmental or punitive, Dr. Ritvo suggested. Remember the disease model for addiction. Set clear, realistic goals with the patient, and do not be seduced by their stories. Do not perform unnecessary cosmetic procedures, and consider a psychiatric consultation. ■

Dermabond Provides Quick, Waterproof Incision Closure

BY NANCY A. MELVILLE
Contributing Writer

SCOTTSDALE, ARIZ. — The tissue adhesive Dermabond has gained popularity, especially in pediatric and emergency settings, because of its short application time and improved cosmesis over older adhesives, and despite its limitations, the product has many uses, said Bari Cunningham, M.D., at a meeting sponsored by the Skin Disease Education Foundation.

Although studies have shown that Dermabond offers no significant improvement in cosmesis over traditional suturing, its benefits are reflected in substantially higher pain scores and shorter procedure time, which have made the product ideal in emergency department and pediatric settings (JAMA 1997;277:1527-30; J. Pediatr. 1998;132:1067-70).

"It's a few seconds versus the time it takes for stitches—which with children can take upward of half an hour. So the benefit is obvious," said Dr. Cunningham of Children's Hospital, San Diego, and the University of California, San Diego.

Another advantage of Dermabond over suturing is that a follow-up visit is not needed, which is convenient for patients needing to travel a long distance. In addition, wounds treated with Dermabond can withstand wetness, which is indispensable for patients who want to swim.

Dermabond's maker, Ethicon Inc., says the product seals out most infection-causing bacteria, such as certain staph, pseudomonas, and *Escherichia coli*. Although it's not yet certain whether that will translate into fewer postop infections, the possible antibacterial properties are intriguing, Dr. Cunningham said.

Dermabond is a relatively new tissue ad-

hesive about three times as strong as the old cyanoacrylates, which were too weak for widespread use and tended to be brittle and prone to cracking, Dr. Cunningham said.

The product has evolved in response to dermatologists' preferences, with newer formulations being more viscous and featuring better applicator tips.

Most studies that have shown benefits to Dermabond looked at uses in incisional surgery, whereas a majority of dermatologists work more with excisional surgery. To determine the adhesive's benefits in that context, Dr. Cunningham and her colleagues conducted a study comparing suturing with tissue adhesive. In a 2-month follow-up, they found significantly better cosmesis with suturing than with the skin glue (Arch. Derm. 2001;137:1177-80).

The adhesive is ideal for incisions such as low-tension closures for cysts but is not appropriate for high-tension areas. She urged care in the eye area; there have been cases of doctors accidentally gluing a patient's eye shut. In such instances, avoid trying to pry the eye open or using water, which can make the situation worse. Instead, apply a petrolatum-based product to gently ease the eye open.

In addition to Dermabond's inappropriateness for high-tension areas, another disadvantage is that the adhesive doesn't obviate sutures altogether, because subcutaneous sutures are still required.

And then there's the price; at about \$30 a vial, some question whether Dermabond is worth the cost. But, Dr. Cunningham argued, "if you factor in the cost of time taken for a postoperative visit, suture removal, and nursing, it is often more cost effective to use the Dermabond."

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