

Behavior Training Interrupts Itch-Scratch Cycle

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FLORENCE, ITALY — A brief series of cognitive-behavioral training sessions had a highly significant impact on scratching and profoundly improved the ability of patients with atopic dermatitis to cope with the itching that accompanies the disease, Andrea W.M. Evers, Ph.D., reported at the 13th congress of the European Academy of Dermatology and Venereology.

Dr. Evers and colleagues in the departments of dermatology and medical psychology at University Medical Center St. Radboud, in Nijmegen, the Netherlands, reported on the effect of four training sessions and a booster session among 34 adult patients with atopic dermatitis.

These patients 'scratch when they itch, but also scratch without itch, as a habitual response to stress, stimulation, and other triggers in the environment.'

The sessions were attended by five to eight adults who had self-described severe itching and were led by a medical psychologist and a nurse.

Training occurred in blocks, with some time periods being devoted to coping with itching and others to coping with scratching behavior.

Dr. Evers explained that the itch-scratch cycle must be broken down into different behaviors, each with its own potential coping strategies.

"These patients have a long history of scratching," she explained. "[They] scratch when they itch, but also scratch without itch, as a habitual response to stress, stimulation, and other triggers in the environment.

"It is frequently unconscious, and patients often feel quite helpless about it. They get the idea they have no control over it," she said.

Sessions focused on coping with itching include education about skin care and compliance, suggestions on how to avoid itch triggers, and training in relaxation techniques and cognitive restructuring.

Sessions focused on scratching teach patients how to monitor their scratching over the course of 1 hour so they can track their progress.

They then learn scratch-reduction maneuvers, habit-reversal techniques, and tips on coping strategies for high-risk situations, including nighttime scratching.

In each session, patients set individual 2-week goals. For example, an attendee might write, "My goal in the next 2 weeks is to scratch not more than 10 times a day. To reach this goal, I will apply the following techniques: _____. If I reach my goal, I will reward myself with: _____."

Session leaders help patients set concrete, realistic goals pertinent to their daily lives.

The leaders also reinforce the notion each week that the patient has become the expert on his or her own patterns of scratching and means of controlling the behavior, although the support of family and friends is encouraged.

Throughout the sessions, patients learn what to do if they relapse and learn how to help prevent further slips.

All patients enrolled in the sessions said they learned to cope better with itching, reduced their scratching, and improved

the condition of their skin. Of the 34, 29 said the improvement in coping and reduction in scratching was profound.

Three-fourths of patients said their quality of life had improved.

A less subjective analysis of the patients' clinical skin status, coping ability, and scratching and itching behavior showed significant improvements on all measures, compared with patients in the control group, both at the conclusion of the sessions and when it was performed

at a 3-month follow-up, Dr. Evers said.

A more detailed analysis of the results will be published, and a study is underway to see if the short-term training had long-lasting effects measurable over 1-2 years, she said.

She said the techniques used in the five-session program are being taught to teams in other hospitals and are now being applied to patients with other dermatologic conditions that involve pruritus, including psoriasis. ■

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