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## ASSESSMENT OF PSYCHIATRIC DISORDERS IN VITILIGO. CONSIDERATIONS FOR OUR DAILY PRACTICE

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Sir,

Firstly, I would like to congratulate the authors for an excellent work-up and compilation of the data in patients affected with vitiligo and their psychiatric comorbidity. Skin is the most visible organ which determines to a great extent our appearance and plays a major function in social communication and sexual attractiveness. Thus, the skin condition may have a considerable impact on the patient's well being. The relationship between psychological factors and dermatological diseases has long been noticed e.g. stress can precipitate or exacerbate a skin disease through psychosomatic mechanisms.

Significant psychiatric and psychological morbidity is present in at least 30% of dermatological patients. Diseases involved in such context include acne, psoriasis, vitiligo, atopic dermatitis, urticaria and angioedema. Regardless of psychiatric morbidity, skin diseases can greatly affect patient's quality of life (QOL). Thus, patient oriented QOL measures are also particularly beneficial in chronic diseases as they assess how the diseases affect a person socially, psychologically and physically. Patients with vitiligo treated at dermatology clinics should be assessed in terms of psychiatric disorders and psychiatric interventions may become necessary in the course of illness, underlining the multidisciplinary therapeutic approach including the psychotherapeutic approach.

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