How to Help Adolescents Manage the Psychosocial Burden of Atopic Dermatitis

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In a 2021 article in *JAMA Dermatology*, researchers discovered that severe AD was associated with a 2-fold increase in the likelihood of symptoms of depression and internalizing symptoms across childhood.

According to the American Academy of Pediatrics (AAP):

- Children with atopic dermatitis have fewer friends and participate in fewer group activities.
- School-aged children with atopic dermatitis may be embarrassed by weeping, red, and lichenified skin.
- Classmates of children with atopic dermatitis may cause emotional pain with comments or distancing behaviors.
- Active lesions may prevent children from participating fully in school or recreational activities.

So, how to help?

When discussing AD with your teenage patients, use motivational interviewing techniques. Examples can include:

- -- It sounds like you feel pretty low and do not see any benefit to taking any medication. Will you talk with me about that so I can better understand how you are feeling?
- -- I can see change is scary or uncomfortable for you. Have you always felt this way?
- -- Are there other times when you had to make a change in your routine? What did you do? Was it hard at first?

You might suggest your patient keeps track of their triggers in a journal; you may also want to screen the adolescent with a validated depression tool. (This will sometimes require collaboration between a dermatologist and a mental health counselor.)

To learn more about treatment, compliance, and managing the psychosocial impact of AD in children and adolescents, register now for the RAD Conference, June 8-10, Chicago Illinois. Don't miss out!