

REVIEW



From mind to inflammation: Theoretical insights into psychoneuroimmunology and dermatological health

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ABSTRACT

Background: Psychodermatology is a growing interdisciplinary field exploring the complex interactions between psychological factors and skin health. Psychological stress, anxiety, and depression are known to exacerbate or even initiate dermatological conditions, contributing to a cycle of mutual exacerbation between mental and skin health. The current study investigates these interactions within the framework of psychoneuroimmunology, emphasizing the physiological mechanisms involved and the impact of stress-related psychological states on skin conditions.

Methods: A comprehensive literature review examined the mechanisms linking psychological factors to dermatological outcomes. Key concepts such as the hypothalamic-pituitary-adrenal (HPA) axis, neurogenic inflammation, and the neuro-immuno-cutaneous-endocrine (NICE) model were analyzed to understand their roles in stress-related dermatological exacerbations. Furthermore, cognitive and behavioral models, including the biopsychosocial and cognitive-behavioral therapy (CBT) principles, were reviewed to assess their effectiveness in mitigating psychodermatological symptoms.

Results: Findings suggest that psychological stress activates the HPA axis, leading to cortisol release, which impairs immune function and skin barrier integrity. This process increases susceptibility to inflammation, as seen in conditions like psoriasis, eczema, and acne. Neurogenic inflammation triggered by stress-related neuropeptides further exacerbates skin inflammation, reinforcing the need for interdisciplinary treatment. Cognitive and behavioral therapies, including CBT and mindfulness, showed positive effects in reducing stress and alleviating dermatological symptoms. The biopsychosocial model effectively integrates biological, psychological, and social influences on skin health, supporting the development of holistic treatment approaches.

Conclusions: Psychodermatology underscores the importance of addressing both mental health and dermatological symptoms in patients with stress-related skin conditions. Integrative care models combining dermatological treatment with psychological support are essential for managing the bidirectional influence of skin health and mental well-being. Future research should focus on standardized protocols for interdisciplinary treatment to enhance patient outcomes in psychodermatology.

KEYWORDS

Psychodermatology;
Psychoneuroimmunology;
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Introduction

Psychodermatology is an interdisciplinary field dedicated to understanding the complex interaction between psychological states and dermatological conditions. The relationship between mental health and skin disorders is well-documented, with evidence showing that psychological stress can exacerbate or even trigger certain skin conditions such as psoriasis, eczema, and acne [1]. This link between the mind and skin is grounded in shared biological pathways; specifically, the skin, nervous system, and immune system form an interactive network capable of influencing both dermatological and psychological health outcomes. As the awareness of these connections grows, psychodermatology is emerging as a vital research area, with the potential to improve patient quality of life through integrated treatment approaches [2].

The skin is not only the body's largest organ but also its most visible, playing a key role in protecting against external

threats and participating in sensory processing and immune response. Increasingly, research shows that skin health is influenced by internal psychological and physiological factors. For example, stress and anxiety can activate the hypothalamic-pituitary-adrenal (HPA) axis, leading to cortisol release, which in turn can drive inflammation and worsen skin conditions [3]. Understanding the dual influences of psychological and physiological processes on skin health is central to psychodermatology. As this field grows, dermatologists and mental health professionals alike are recognizing the need for interdisciplinary treatment approaches that address both the skin and mental well-being of patients [4].

The current scope of psychodermatology encompasses conditions in which psychological factors significantly impact the severity and course of dermatological diseases, including

chronic disorders such as eczema, psoriasis, and acne. These conditions often lead to social withdrawal, lowered self-esteem, and increased anxiety, creating a feedback loop that can further aggravate skin symptoms. For instance, patients with visible skin conditions frequently experience heightened stress in social situations, which can contribute to symptom exacerbation. Clinicians are increasingly recognizing the bidirectional nature of this relationship and the importance of addressing psychological factors alongside dermatological treatment [5].

Despite the growing body of evidence supporting the mind-skin connection, there remains a lack of standardized approaches for integrating psychological care into dermatological treatment plans. Existing studies primarily focus on individual cases or small cohorts, with limited large-scale research providing comprehensive insights into effective interdisciplinary approaches [6]. Additionally, the mechanisms through which specific psychological factors such as chronic stress or anxiety affect particular skin conditions remain only partially understood. This gap underscores the need for further research that explores these mechanisms and identifies standardized treatment strategies for clinical practice [7].

This article aims to provide a theoretical analysis of the mind-skin connection within the framework of psychodermatology. By examining the interplay between psychological factors and dermatological conditions, this analysis will outline the impact of stress, anxiety, and other mental health challenges on skin health. In doing so, it will

highlight the importance of an interdisciplinary approach in managing dermatological conditions, focusing on the need for future research to develop integrated therapeutic strategies for psychodermatology.

Literature Review

Theoretical foundations

Psychodermatology, an interdisciplinary field linking dermatology with psychology, examines the ways psychological states influence skin health and vice versa. A foundational theory in psychodermatology is psychoneuroimmunology (PNI), which explores how the psychological processes interact with immune and nervous system responses, influencing physical health outcomes. A central idea in PNI is the biopsychosocial model, which posits that health outcomes are determined by the interaction of biological, psychological, and social factors [8].

Psychoneuroimmunology and the mind-skin connection

The HPA (hypothalamic-pituitary-adrenal) axis is a central pathway in PNI and serves as a link between mental health and skin health. When individuals experience stress, the HPA axis activates, releasing cortisol and other glucocorticoids that impact immune function and inflammation, which can worsen skin conditions. Elevated cortisol levels, for instance, have been shown to reduce skin barrier function, making the skin more susceptible to irritants and infection, and can even delay wound healing by suppressing cell proliferation and immune responses (Figure 1) [9].

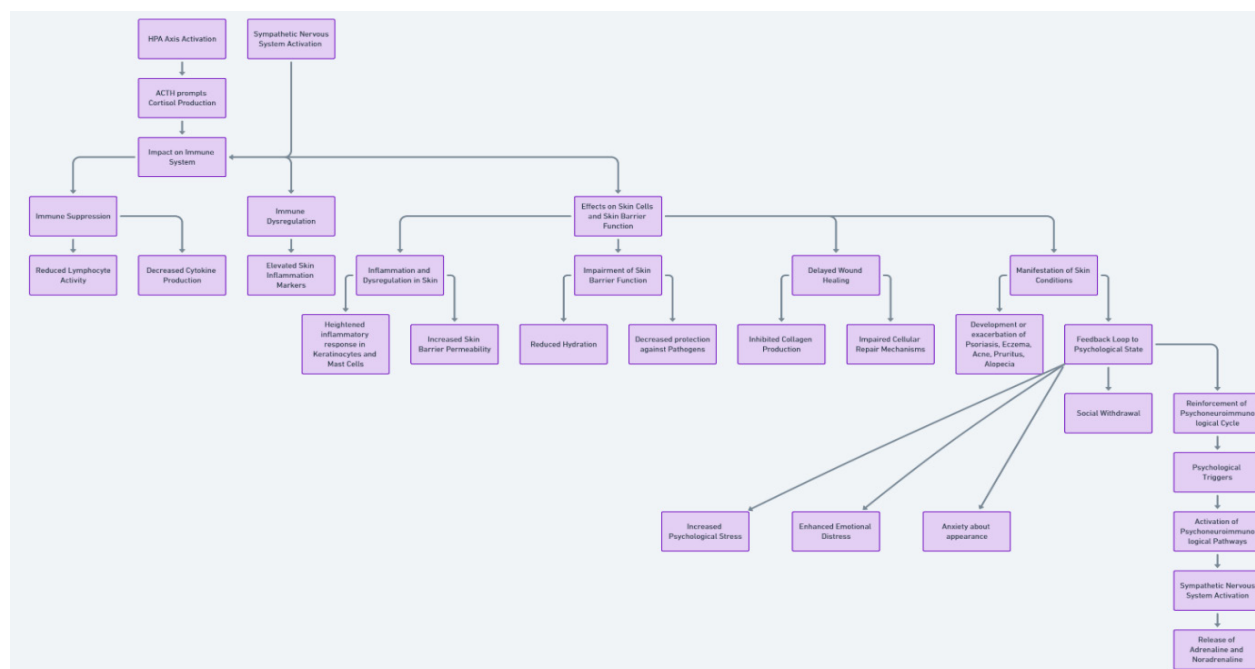


Figure 1. Overview of psychoneuroimmunology and the mind-skin connection.

Neurogenic inflammation and stress response

In psychodermatology, neurogenic inflammation is recognized as a mechanism that explains how psychological stress can cause skin inflammation. Through this process, psychological distress can trigger the release of neuropeptides such as

substance P and neurokinin A from sensory nerve endings in the skin [10]. These neuropeptides stimulate the release of pro-inflammatory cytokines and histamine, leading to skin inflammation, which has been observed in conditions like psoriasis and atopic dermatitis. Neurogenic inflammation

highlights the direct influence of the nervous system on skin responses, marking an area of particular interest in psychodermatological studies [11].

Seminal research and conceptual models

Pioneering studies have revealed that individuals with chronic psychological stress exhibit increased skin inflammation and slower wound healing. These findings underline the importance of understanding the neuro-immuno-cutaneous-endocrine (NICE) model, which describes the interactions among the nervous, immune, and skin systems as mediated by neuroendocrine processes. This model provides a conceptual framework for understanding the mind-skin connection and supports the need for integrated care approaches that combine psychological and dermatological treatments [12].

Key psychological factors impacting skin health

Psychological factors like stress, anxiety, depression, and personality traits are significantly associated with various dermatological conditions. Research suggests that these factors can both trigger and exacerbate skin issues by influencing immune response, hormonal balance, and inflammatory processes [13].

Stress and anxiety

Stress and anxiety are among the most researched psychological factors impacting skin health. Acute and chronic stress triggers a cascade of physiological reactions, including the activation of the HPA axis and sympathetic nervous system, resulting in the release of cortisol and catecholamines. These stress hormones contribute to the development and exacerbation of skin conditions, as they can impair skin barrier function, increase sebum production, and heighten inflammatory responses, which are common in acne, eczema, and psoriasis [14].

Depression and emotional trauma

Emotional trauma and depression have profound effects on skin health. Depression, in particular, is associated with elevated inflammatory markers, including C-reactive protein and pro-inflammatory cytokines, which have been found in higher concentrations in individuals with chronic skin conditions.

Moreover, studies indicate that traumatic experiences, especially in early life, can lead to heightened stress reactivity and persistent activation of the HPA axis, which can predispose individuals to conditions such as eczema and psoriasis later in life [15].

Personality traits

Certain personality traits, such as neuroticism, have been associated with increased vulnerability to dermatological conditions. Neuroticism, characterized by emotional instability and heightened stress sensitivity, is linked to higher levels of cortisol and inflammatory markers, which may predispose individuals to inflammatory skin conditions. This connection suggests that individuals with specific personality traits might require targeted psychosocial support as part of their dermatological care [16].

Psychodermatological conditions

The bidirectional influence between mental health and skin conditions is evident in various chronic dermatological diseases, where psychological factors exacerbate the condition, and the condition itself contributes to psychological distress.

Skin conditions impacted by psychological factors

Several skin conditions have well-established links with psychological stressors. Psoriasis, for instance, is a chronic inflammatory skin disease exacerbated by stress, which can worsen symptoms and increase flare-ups. Research shows that high stress levels correlate with an increase in the pro-inflammatory cytokine interleukin-6, which is crucial in psoriasis pathology. Atopic dermatitis is another condition where psychological factors such as stress and anxiety worsen symptoms, and patients with this condition often have elevated cortisol levels and other stress markers [17].

In the case of acne, studies suggest that stress can increase sebum production and promote the growth of acne-causing bacteria, leading to inflammation and lesion formation. Alopecia areata, an autoimmune condition resulting in hair loss, is also linked to emotional stress and often coincides with heightened anxiety levels, creating a cycle of stress-induced flare-ups (Table 1) [18].

Table 1. Skin conditions are impacted by psychological factors and their treatment.

Skin Condition	Description	Psychological Influences	Psychological Treatment
Psoriasis	Chronic inflammatory skin disease characterized by red, scaly plaques.	Stress and anxiety can trigger or worsen flares; social anxiety due to visible lesions.	Cognitive Behavioral Therapy (CBT), mindfulness-based stress reduction, stress management training.
Atopic Dermatitis (Eczema)	Chronic, relapsing inflammatory skin condition causing itchy, inflamed skin.	Stress and emotional factors can exacerbate symptoms; significant impact on quality of life.	Relaxation techniques, CBT, biofeedback, mindfulness-based therapy to reduce itch and stress triggers.
Lichen Simplex Chronicus	Thickened, leathery skin resulting from chronic scratching or rubbing.	Often associated with stress, anxiety, and other psychological disorders; scratching becomes habitual.	Habit-reversal training, CBT to address compulsive behaviors, mindfulness practices.
Psychogenic Pruritus	Itching without an identifiable dermatological or systemic cause.	Linked to psychological factors such as stress, depression, and anxiety; diagnosis of exclusion.	Relaxation techniques, anti-anxiety therapy, psychoeducation, and supportive counseling.

Delusional Parasitosis	False belief of infestation by parasites without medical evidence.	Considered a psychiatric disorder; may involve tactile hallucinations and is often resistant to reassurance.	Antipsychotic medication, CBT to address delusional beliefs, supportive therapy, and family therapy.
Darier's Disease	Genetic disorder causing wart-like blemishes on the body.	Associated with elevated rates of mood disorders, including depression and bipolar disorder.	Psychotherapy to manage mood disorders, psychoeducation, CBT, and medication if mood disorders are present.

Psychological impact of skin conditions

The psychological burden of chronic skin conditions is profound, contributing to mental health issues like social anxiety, depression, and low self-esteem. For example, psoriasis patients report lower quality of life and higher rates of depression compared to the general population, largely due to the visible and chronic nature of the condition. Similarly, patients with acne or atopic dermatitis often face social stigma and may develop social withdrawal behaviors, further compounding psychological distress. These findings underscore the importance of addressing mental health as part of dermatological treatment [19].

Treatment perspectives and gaps

Psychodermatological treatment approaches often involve both psychological and dermatological interventions. Current therapies include cognitive-behavioral therapy (CBT), stress management techniques, psychopharmacology, and dermatological treatments to manage skin symptoms [20].

Integrated psychological and dermatological interventions

Cognitive-behavioral therapy has shown efficacy in reducing stress and anxiety, which, in turn, alleviates dermatological symptoms. For example, CBT has been used to treat patients with eczema, reducing both skin symptoms and associated anxiety. Similarly, mindfulness-based therapies have demonstrated positive outcomes in conditions such as psoriasis and acne, where stress management can lead to fewer symptoms [21].

Psychopharmacology and dermatology

Psychopharmacological agents, including selective serotonin reuptake inhibitors (SSRIs), are sometimes prescribed to patients with psychodermatological conditions who experience severe anxiety or depression. However, there remains a lack of large-scale studies evaluating the long-term benefits of combining psychopharmacology with dermatological treatments for these patients [22].

Gaps in integrated treatment approaches

While psychodermatology has made significant strides, there remain gaps in fully integrated treatment approaches that effectively combine dermatology and mental health care.

Table 2. Overview of the biopsychological model.

Component	Description	Examples
Biological	Pertains to the physiological and genetic aspects influencing health	- Genetics: Family history of diseases. - Neurochemistry: Neurotransmitter imbalances. - Immune System: Functionality and response to pathogens.
Psychological	Encompasses mental processes and behaviours affecting well-being	- Emotions: Experiences of stress, anxiety, or depression. - Cognition: Thought patterns, beliefs, and perceptions. - Behaviour: Coping mechanisms and lifestyle choices.

Current studies suggest a need for further research on personalized interventions that address both psychological and dermatological needs, as well as standardized protocols for integrated care. Further, there is a limited understanding of the long-term outcomes of combining psychological and dermatological therapies, underscoring the importance of future longitudinal studies in this field [23].

Theoretical Framework

Biopsychosocial model

The biopsychosocial model offers a comprehensive framework for understanding skin conditions by integrating biological, psychological, and social factors. This model posits that health and disease result from complex interactions among these domains, rather than being solely attributable to biological causes. In psychodermatology, this approach acknowledges that skin diseases are not merely dermatological issues but are influenced by an individual's mental state and social environment [24].

Biologically, skin conditions may arise from genetic predispositions, immune system dysfunctions, or hormonal imbalances. Psychologically, factors such as stress, anxiety, and depression can exacerbate or even precipitate dermatological symptoms. Socially, elements like interpersonal relationships, cultural norms, and socioeconomic status can impact both the onset and progression of skin diseases. For instance, individuals experiencing high levels of stress due to social pressures may develop or worsen conditions like psoriasis or eczema. This interplay underscores the necessity of a holistic approach in both the assessment and treatment of dermatological disorders [25].

The biopsychosocial model has been instrumental in shifting the focus from a purely biomedical perspective to one that considers the patient's overall well-being. This paradigm shift has led to more effective treatment strategies that address not only the physical manifestations of skin diseases but also the underlying psychological and social contributors. By adopting this model, healthcare providers can develop individualized treatment plans that encompass medical interventions, psychological support, and social resources, thereby improving patient outcomes and quality of life [26] (Table 2).

Social	Involves the environmental and cultural contexts impacting health	- Socioeconomic Status: Income level, education, and occupation. - Relationships: Support systems from family and friends. - Cultural Influences: Societal norms and values.
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Psychoneuroimmunology and skin health

Psychoneuroimmunology (PNI) is an interdisciplinary field that examines the interactions between the nervous system, the endocrine system, and the immune system, and how these interactions influence health and disease. In the realm of dermatology, PNI explores how psychological factors, particularly stress, affect immune responses related to skin health [27]. Psychological stress activates the hypothalamic-pituitary-adrenal (HPA) axis, leading to the release of cortisol and other stress hormones. These hormones can modulate immune function, often resulting in immunosuppression or dysregulation. In the skin, this dysregulation can manifest as exacerbations of conditions such as atopic dermatitis, psoriasis, and chronic urticaria. For example, stress-induced alterations in cytokine profiles can lead to increased inflammation, thereby worsening these dermatological conditions [28].

Studies have demonstrated that stress can delay wound healing and impair the skin's barrier function, making it more susceptible to infections and irritants. Moreover, stress has been shown to increase the production of pro-inflammatory cytokines, which can exacerbate inflammatory skin diseases. These findings highlight the significant impact of psychological factors on skin health and underscore the importance of addressing stress and other psychological factors in the management of dermatological conditions [24].

Cognitive and behavioral models

Cognitive and behavioral models are pivotal in understanding how mental states and coping mechanisms influence skin health. These models suggest that an individual's thoughts, beliefs, and behaviors can significantly impact the onset and progression of dermatological conditions. Cognitive models focus on the role of maladaptive thought patterns in exacerbating skin diseases. For instance, individuals with negative beliefs about their skin condition may experience heightened stress and anxiety, which can, in turn, worsen their symptoms. Behavioral models examine how certain behaviors, such as scratching or skin picking, can perpetuate or aggravate skin conditions. These behaviors are often employed as coping mechanisms in response to stress or negative emotions but can lead to a vicious cycle of symptom exacerbation [29].

Interventions based on these models, such as cognitive-behavioral therapy (CBT), have been effective in helping patients modify maladaptive thoughts and behaviors. By addressing the psychological components of skin diseases, these therapies can reduce symptom severity and improve patients' quality of life. For example, CBT is beneficial in managing conditions like psoriasis and atopic dermatitis by helping patients develop healthier coping strategies and reducing stress-related exacerbations [30] (Table 3).

Table 3. Overview of the cognitive and behavioral models.

Model Name	Description	Primary Components
Cognitive Model	Proposes that dysfunctional thinking patterns are central to psychological distress.	- Automatic Thoughts: Spontaneous, often negative thoughts. - Schemas: Deep-seated beliefs influencing perception. - Cognitive Distortions: Systematic errors in thinking.
Behavioural Model	Suggests that behaviour is learned through interactions with the environment.	- Classical Conditioning: Learning via association. - Operant Conditioning: Learning via consequences (reinforcement and punishment). - Observational Learning: Learning by observing others.
Cognitive-Behavioural Model	Integrates cognitive and behavioural approaches, emphasizing the interplay between thoughts, emotions, and behaviours.	- Cognitive Restructuring: Modifying negative thought patterns. - Behavioral Activation: Engaging in activities to improve mood. - Exposure Therapy: Facing feared situations to reduce anxiety.

ABC Model	A framework within cognitive-behavioural therapy illustrating how beliefs about an activating event lead to emotional and behavioural consequences.	- A (Activating Event): The external situation. - B (Beliefs): Interpretation of the event. - C (Consequences): Emotional and behavioural responses.
REBT (Rational Emotive Behaviour Therapy)	Focuses on identifying and changing irrational beliefs that cause emotional distress.	- Activating Event: Triggering situation. - Beliefs: Rational or irrational interpretations. - Consequences: Emotional and behavioural outcomes. - Disputation: Challenging irrational beliefs. - Effect: Developing new, rational beliefs.
Social Learning Theory	Emphasizes learning through observation, imitation, and modelling.	- Attention: Noticing behaviours. - Retention: Remembering behaviours. - Reproduction: Ability to replicate behaviours. - Motivation: Willingness to perform behaviours.

Emerging theoretical perspectives

Recent advancements in psychodermatology have introduced novel theories and interdisciplinary models that further elucidate the complex interactions between psychological factors and skin health. One such perspective is the role of epigenetics in dermatological conditions. Epigenetic mechanisms involve changes in gene expression without altering the underlying DNA sequence, often influenced by environmental and psychological factors. Stress and other psychological factors can lead to epigenetic modifications that affect immune function and skin health, potentially contributing to the development or exacerbation of skin diseases [31].

Another emerging concept is the identification of psychodermatological phenotypes, which categorize patients based on the interplay between their psychological profiles and dermatological symptoms. This approach recognizes that individuals with similar skin conditions may have different psychological and behavioural patterns, necessitating personalized treatment strategies. By understanding these phenotypes, healthcare providers can tailor interventions that address both the psychological and dermatological aspects of a patient's condition, leading to more effective and holistic care [32]. These emerging perspectives underscore the importance of an integrative approach in psychodermatology, considering the dynamic interactions between genetic, psychological, and environmental factors. As research in this field continues to evolve, it holds the promise of developing more targeted and effective interventions for individuals suffering from skin diseases influenced by psychological factors.

Conclusions

Psychological factors, including stress, anxiety, and depression, play a critical role in dermatological health, underscoring the importance of the mind-skin connection in clinical practice. Through mechanisms like activation of the hypothalamic-pituitary-adrenal (HPA) axis and neuropeptide release, these influences can worsen conditions such as

psoriasis, eczema, and acne. Similarly, chronic skin disorders often lead to psychological distress, forming a bidirectional feedback loop that negatively affects overall health and well-being. This analysis advances psychodermatology by elucidating the mechanisms linking psychological and dermatological health, highlighting the need for integrated treatment approaches. Reviewing current findings emphasizes the value of combining dermatological and psychological care to interrupt the cycle of mutual exacerbation, fostering improved health outcomes.

Adopting a holistic view is essential in treating and researching dermatological conditions with psychological aspects. Integrated care models such as those combining dermatological treatment with cognitive-behavioural therapy (CBT) and stress management demonstrate considerable potential to enhance patient outcomes. Collaborative efforts among dermatologists, psychologists, and psychiatrists provide comprehensive care, addressing both physical and emotional aspects, promoting long-term adherence to treatment, and enhancing quality of life. In conclusion, acknowledging and addressing the mind-skin connection is crucial for effective dermatological management. A thorough understanding of the reciprocal relationship between psychological factors and skin health is the cornerstone of developing integrated, patient-centered care. Continued research and practice that embrace this holistic perspective will significantly benefit individuals affected by psychodermatological disorders, contributing to improved outcomes and quality of life.

Disclosure Statement

No potential conflict of interest was reported by the authors.

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