



# Perspective: Mental Health is Skin Health



The evidence is in: Mental well-being influences the skin.

BY HELEN TAYLOR, PhD

**>>** Our skin is remarkable. It is not only the largest organ in our body—accounting for 16 percent of our total body weight, and being around 2m<sup>2</sup> in size—but also one of the first to form. Among the impressive list of functions are protecting us from the world around us, helping to control body temperature, and helping to maintain water balance in the body. In short, it has many functions that are vital for maintaining a healthy body.

The skin has many thousand sense organs that provide information about the world around us, and it is closely associated with our sense of touch. Touch is an important part of communication, feeling connected to others, and for emotional stability. This sense of touch is important from the moment we are born and will remain so throughout our lives. Often a simple contact with another human being will make us feel better when we are physically or emotionally hurt.

The skin is one of the first things people see and on which their first impression of an individual will be based. We only need to look at the cosmetics and toiletries industry to see how much society values the appearance of our skin. In 2017 \$12.7 billion was spent in this sector. A recent survey by Cosmetics Europe, found that 72 percent of consumers in Europe felt that cosmetics and personal care products improved their quality of life, while 80 percent felt they were important in building self-esteem.

The impact of skin disease on an individual can be far reaching, affecting many areas of his/her life. There is often a perceived stigma among people suffering from visible skin disorders. In one study, 26 percent of patients studied reported an incident where someone had tried not to touch them. Skin disease can impact on relationships with others, both of a romantic and friendly nature.

There are several mental health issues that can occur alongside skin disorders including depression, obsessive compulsive disorder, social anxiety disorders, post-trau-

matic stress disorder, body dysmorphic disorder, somatoform disorders, and delusional disorders.

Many studies over the years have investigated the impact of mental health issues, most commonly stress, on the skin. We know that the behavior of the skin is heavily influenced by hormones and our emotions. When nervous or stressed there can be some quite significant physiological changes in the skin, including increased water loss, increased erythema, and an increase in production of sebum.

We know that those individuals under emotional stress recover more slowly from skin problems and many skin problems will become worse. Negative emotions can affect the immune system and cause changes in the response via inflammatory cytokines. This in turn affects the mechanism of inflammatory skin diseases, often making them worse.

## MIND THE MIND/SKIN CONNECTION

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the**bottom**line

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we may spend significant amounts of money on making our skin look good, perhaps we do not always listen to the subtler conversation our skin is trying to have with us. The skin is part of our first line of defense from the outside world and it is important in our feelings of self-worth and mental wellbeing. Therefore, we can say that healthy skin is important for a healthy body and mind as well as reflecting our overall health and wellbeing. ■

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## case in point: anxiety

Research shows that 13 percent or more of dermatology patients have an anxiety disorder. Anxiety makes the skin “more sensitive and penetrative.” Anxiety is thought to indirectly exacerbate certain skin disorders.

Anxiety has been linked to the development of skin rashes and urticaria and shown to trigger flares of conditions like herpes simplex, according to a recent review.

Among skin diseases reported to be exacerbated or triggered by stress are psoriasis, eczema, acne, and herpes simplex.

“It is essential to educate patients and the doctors, psychiatrists, and psychologists about the deep association,” between psychiatric disease and dermatologic disease, the authors conclude.

— Rev Colomb Psiquiatr. 48(1):50-57.