Within dermatology, interest in mental health can understandably vary; however, the notable overlap should not be ignored. The distinct patient characteristics of DoP and its increasing prevalence call for the further involvement of dermatologists and multidisciplinary teams when appropriate. Proper patient identification, mindful engagement, and initiation of treatments with referrals when needed are essential for improving disease-related outcomes.

Specific characteristics of patients with DoP provide the clarity and increased understanding needed to improve disease-related outcomes. For example, demographic information can assist in the identifying and confirming a diagnosis for affected individuals. In a study including 115 patients with the condition, Pearson et al.² report that most of the included patients were middle-aged (median age, 52 years), female (77%), and White (77%). Our findings closely mimic the aforementioned results, with a significantly higher mean age (56 years) and greater female predominance (74%) found in patients with DoP (n = 299) compared with the general population of individuals with psychocutaneous diseases.¹

An additional point of consideration when treating patients with DoP involves gathering proper patient history. In particular, health care clinicians should take a thorough record of any previous mental health diagnoses and screen for possible misuse of prescription medication or use of illicit drugs. In a study including 92 patients at a university psychodermatology clinic, Zhu et al.³ reported that patients with DoP were significantly more likely to have narcotic and stimulant medication prescriptions. Illicit drug use is also a concern, as Pearson et al.² reported that more than 50% of included patients indicated a history of drug use or exposure to solvents.

Frequently, individuals suspected to have the condition are reluctant to seek treatment from mental health professionals and are observed to be defensive when this treatment is abruptly recommended.⁴ As such, patient consultations are suggested to be performed within a neutral space without use of possibly triggering labels like psychodermatology, delusional, or psychotic. Additionally, although potentially time consuming, treating physicians are urged to engage in meaningful dialogue to build trust. In particular, the focus of the conversation should be placed on symptom management without questioning the nature of the delusional thinking.⁴ Health care clinicians are in a unique position to not only identify patients with psychocutaneous conditions like Morgellons disease, but also play a role in the treatment process to ultimately improve their overall quality of life.

Arsh Patel, MS
Mohammad Jafferany, MD

Author Affiliations: Wake Forest University, School of Medicine, Winston-Salem, North Carolina (Patel); Central Michigan University, College of Medicine, Saginaw, Michigan (Jafferany).

Corresponding Author: Mohammad Jafferany, MD, Central Michigan University, College of Medicine, 3201 Hallmark Ct, Saginaw, MI 48603 (m.jafferany@cmich.edu).

Published Online: August 26, 2020. doi:10.1001/jamadermatol.2020.2260

Conflict of Interest Disclosures: None reported.


CORRECTION

Error in Author Name: In the Letter to the Editor titled “Evaluation of the Merits and Limitations of Evidence-Based Medicine,”¹ published online first on June 24, 2020, and in the August 2020 print issue of JAMA Dermatology, the last author’s name incorrectly included a middle initial. The author’s correct name is Daniela Kroshinsky, MD, MPH. The article has been corrected.