

# The psychological impact of dermatological conditions in children and adolescents.

Zim Connor\*

Department of Internal Medicine, University of Washington, USA

## Introduction

Dermatological conditions are prevalent in children and adolescents, with studies suggesting that about 30% of children and adolescents are affected by skin disorders at some point in their lives. Conditions such as eczema, acne, psoriasis, and alopecia can significantly affect not only the physical well-being of young individuals but also their psychological health. This article explores the psychological impact of dermatological conditions in children and adolescents, focusing on the emotional, social, and developmental implications [1].

Encouraging open communication about feelings and experiences related to dermatological conditions can foster emotional support. Parents and caregivers should create a safe space for children to express their concerns and feelings. This support can play a crucial role in mitigating the psychological impact of skin conditions. Eczema, or atopic dermatitis, is one of the most common skin disorders in children, affecting 10% to 20% of infants and young children. It presents as dry, itchy skin and can lead to significant discomfort. The visible nature of eczema can impact self-esteem and lead to feelings of embarrassment, particularly during social interactions [2].

Acne is another prevalent condition, affecting approximately 80% of adolescents at some point during their teenage years. The presence of acne can be particularly distressing, as it often correlates with the onset of puberty, a time when adolescents are acutely aware of their appearance. The psychological impact of acne can be profound, leading to anxiety, depression, and social withdrawal [3].

Psoriasis is a chronic inflammatory skin condition that can manifest in childhood and adolescence. It is characterized by red, scaly patches on the skin and can lead to physical discomfort and significant psychological distress. Research indicates that children with psoriasis are at an increased risk for developing anxiety and depressive disorders [4].

Alopecia areata is an autoimmune disorder that causes hair loss and can occur at any age, often starting in childhood. The sudden loss of hair can be particularly traumatic for children and can lead to social isolation and low self-esteem. Studies have shown that children with alopecia areata often experience increased feelings of anxiety and depression compared to their peers [5].

The emotional impact of dermatological conditions in children and adolescents can be significant. Many young individuals experience negative feelings such as sadness, anger, and frustration due to their skin conditions. The discomfort associated with physical symptoms, such as itching or pain, can exacerbate these emotions. For instance, children with eczema often report feelings of frustration and helplessness when their condition flares up [6].

The visible nature of many dermatological conditions can lead to social withdrawal and avoidance behaviors. Children and adolescents may feel self-conscious about their appearance, leading them to avoid activities or social situations where their condition may be exposed. This social isolation can further contribute to feelings of loneliness and depression. Research indicates that adolescents with acne may be less likely to engage in social activities due to embarrassment [7].

Dermatological conditions can significantly affect self-esteem and body image. Adolescents are at a critical stage in their development, where peer acceptance and physical appearance are highly valued. The presence of skin conditions can lead to negative self-perception and body image issues. Studies show that children with visible skin conditions often report lower self-esteem compared to their peers. Furthermore, these conditions can contribute to the development of body dysmorphic disorders, where individuals become preoccupied with perceived flaws in their appearance [8].

Cognitive-behavioral therapy (CBT) has shown effectiveness in treating anxiety and depression related to dermatological conditions. CBT can help children and adolescents develop coping strategies to manage their feelings and improve their self-esteem. There is a documented link between dermatological conditions and the development of mental health issues such as anxiety and depression. Children and adolescents with chronic skin conditions are more likely to experience psychological problems than their peers. A study revealed that adolescents with severe acne had a higher prevalence of depressive symptoms compared to those with mild or no acne. Support groups can also provide a platform for sharing experiences and coping strategies, fostering a sense of community. The chronic nature of many skin conditions can contribute to feelings of hopelessness and helplessness, further exacerbating mental health issues [9].

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\*Correspondence to: Zim Connor, Department of Internal Medicine, University of Washington, USA. E-mail: Zim.c@uw.edu

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Providing education to both children and their families about the condition, its management, and the potential psychological impact is crucial. Understanding that dermatological conditions are common and treatable can help reduce feelings of isolation and helplessness. A multidisciplinary approach to managing dermatological conditions in children and adolescents is essential. This approach should involve dermatologists, psychologists, and pediatricians working collaboratively to address both the physical and psychological aspects of skin conditions. This integrated care model can help ensure that mental health is prioritized alongside physical treatment [10].

## Conclusion

Dermatological conditions can have profound psychological effects on children and adolescents, influencing their emotional well-being, social interactions, and self-esteem. Recognizing and addressing these impacts is essential for promoting holistic health in young individuals. Through integrated care approaches, psychoeducation, and therapeutic support, we can help children and adolescents navigate the challenges posed by dermatological conditions, fostering resilience and positive mental health outcomes.

## References

1. Brecher AR, Orlow SJ. Oral retinoid therapy for dermatologic conditions in children and adolescents. *J Am Acad Dermatol.* 2003;49(2):171-82.
2. Majeed A, Mahmood S, Tahir AH, et al., Patterns of Common Dermatological Conditions among Children and Adolescents in Pakistan. *Med.* 2023;59(11):1905.
3. Basra MK. Quality of life issues in children and adolescents with dermatological conditions and their wider impact on the family and society. *J Altern Med Res.* 2014;6(2):159.
4. Marrone R, Vignally P, Rosso A, et al., Epidemiology of skin disorders in Ethiopian children and adolescents: an analysis of records from the Italian Dermatological Centre, Mekelle, Tigray, Ethiopia, 2005 to 2009. *Pediat Dermatol.* 2012;29(4):442-7.
5. Staab D, Diepgen TL, Fartasch M, et al., Age related, structured educational programmes for the management of atopic dermatitis in children and adolescents: multicentre, randomised controlled trial. *Bmj.* 2006;332(7547):933-8.
6. Mortz CG, Andersen KE. Allergic contact dermatitis in children and adolescents. *Cont dermat.* 1999;41(3):121-30.
7. McPherson T, Ravenscroft J, Ali R, et al., British Society for Paediatric and Adolescent Dermatology assessment and support of mental health in children and young people with skin conditions: A multidisciplinary expert consensus statement and recommendations. *Br J Dermatol.* 2023;189(4):459-66.
8. Sharma S, Bassi R, Sodhi MK. Epidemiology of dermatoses in children and adolescents in Punjab, India. *J Pak Assoc Dermatol.* 2012;22(3).
9. Rogers M, Fairley M, Santhanam R. Artefactual skin disease in children and adolescents. *Aust J Dermatol.* 2001;42(4):264-70.
10. Kang SY, Um JY, Chung BY, Kim JC, Park CW, Kim HO. Differential Diagnosis and Treatment of Itching in Children and Adolescents. *Biomed.* 2021;9(8):919.

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