

Addressing Psychodermatological Challenges in Refugee Populations: A Focus on Ukrainian Refugees



GEORGETOWN UNIVERSITY
School of Medicine

Raymond Z. Ezzat, B.S.¹, Amir N. Hussain, M.D., MAAP², Daniela Baboun, B.A.³, Michael A. Cardis, M.D.⁴



MedStar Health

¹Georgetown University School of Medicine, Washington, D.C.

²Galaria Plastic Surgery & Dermatology LLC, Chantilly, Virginia

³Florida International University School of Medicine, Miami, Florida

⁴Department of Dermatology, MedStar Health, Washington D.C.

Objective

This study aims to explore the links between psychiatric and dermatologic conditions in Ukrainian refugees, advocating for an interdisciplinary approach to improve treatment outcomes and quality of life.

Introduction

- Over 8 million Ukrainian refugees are dispersed across Europe, with an additional 5.9 million internally displaced within Ukraine, facing inadequate housing, food insecurity, and violence, which contribute to various cutaneous diseases
- Ukrainian refugees are exposed to stress factors that affect their mental health, leading to higher rates of depression, anxiety, and PTSD compared to host populations
- Emotional stress exacerbates chronic dermatoses, and disfiguring skin diseases can induce psychological suffering, complicating the integration of internally displaced people into host populations
- This will serve as a case study on Ukrainian refugees, aiming to shed light on the psychodermatological challenges they face and propose effective treatment strategies

Methods

- Conducted a comprehensive search in PubMed, Scopus, and Google Scholar, focusing on articles between 2010 - 2023
- Selected peer-reviewed articles and case studies that specifically looked at psychodermatological conditions in refugee populations
- Omitted articles that were not in English and those not directly related to the psychodermatology in refugees
- Extracted relevant data on prevalence, symptoms, cultural factors, and treatment approaches for psychodermatological conditions

Results

- Among the 5.1 million internally displaced Ukrainians, skin diseases had a prevalence of 24.59%. Fungal skin disease (7.76%) and dermatitis (3.50%) were the most common conditions.
- In Ukrainian war zones and among the 3 million Ukrainian refugees in Poland, conditions like trichotillomania, skin picking syndrome, and severe psoriasis were reported. Stress was noted as a major contributor.
- Of the 1.3 million asylum seekers, scars were common, mostly from beatings (84%), burns (32%), and cuts or stab wounds (15%).
- Streamlined assessment and mobile health technologies are recommended for psychodermatological care. Cultural sensitivity and language barriers are identified as challenges requiring targeted interventions.

Table 1. Overview of Psychodermatological Conditions among Ukrainian Refugees

Name of Refugee/IDP Community	Population Size if known	Examples of skin conditions reported in literature for these groups
Ukrainian forced migrants*	5.1 million internally displaced people in Ukraine	Skin and subcutaneous disease overall, excluding skin cancer, had a prevalence of 24.59% in the Ukrainian population. Within this category, the highest cutaneous conditions were fungal skin diseases (7.76%) and dermatitis (3.50%). Acne vulgaris (1.36%), pruritus (1.11%), and urticaria (1.02%) were also noted.
Ukrainian IDP/refugees in Ukraine and Poland	> 3 million Ukrainian refugees in Poland	In the Ukraine warzone and cases in Poland, trichotillomania, skin picking syndrome, and acne facietious cutaneous disorders were seen. Skin burns, severe scabies, and extremely severe psoriasis were also reported. Rampant fungal and bacterial infections and increased flares of psoriasis. Extreme stress was noted as a major contributor.

Table 3. Summary of Policy Recommendations for Addressing Psychodermatological Issues Among Ukrainian Refugee Populations

Problem Described	Policy Solution
Challenges to assessing burden of disease	Streamlined assessments like SUDS, DLQI, and Skindex should be implemented when providing psychodermatological care to refugees.
Limited access to mental health services in rural areas and shortage of psychodermatological professionals	Implementation of mobile health technologies, empower local leaders to conduct mental health care, and provide additional training in mental health for existing professionals.
Cultural stigma, misunderstanding, and lack of awareness regarding mental health and dermatologic issues	Implement culturally sensitive interventions and health education programs by involving community leaders in the planning and execution processes.
Language and communication barriers hindering access to psychodermatological care	Reduce the administrative cost needed to engage interpreters, provide training on when and how to work with interpreters, and discuss patient concerns about interpreting services.
Political barriers that disincentivize governments from providing aid to certain refugee groups	Work with non-governmental organizations (NGO's) such as Doctors Without Borders, which operate independently of political entities, in order to remain neutral in conflict zones.

Conclusions

- The study highlights a significant prevalence of psychodermatological conditions among displaced populations, particularly Ukrainians, emphasizing the need for targeted healthcare interventions
- Stress-related skin conditions and dermatologic manifestations of torture are notably prevalent among refugees and asylum seekers, underscoring the psychological component of skin diseases
- This study calls for streamlined assessments, mobile health technologies, and culturally sensitive approaches to address the complex psychodermatological needs of these populations

Contact

Raymond Ezzat
Georgetown University School of Medicine
re300@georgetown.edu

References

- United Nations High Commissioner for Refugees. Figures at a Glance. Accessed July 24, 2023.
- World Health Organization. Mental health and forced displacement. Accessed July 24, 2023.
- Tinghög P, et al. Prevalence of mental ill health, traumas and postmigration stress among refugees from Syria resettled in Sweden after 2011. *BMJ Open*. 2017;7(12):e018899.
- Knapp AP, Rehmus W, Chang AY. Skin diseases in displaced populations. *Int J Dermatol*. 2020;59(11):1299-1311.
- Buchcik J, Kovach V, Adedeji A. Mental health outcomes and quality of life of Ukrainian refugees in Germany. *Health Qual Life Outcomes*. 2023;21(1):23.
- Lee ACK, Khaw FM, Lindman AES, Juszczak G. Ukraine refugee crisis: evolving needs and challenges. *Public Health*. 2023;217:41-45.
- Nott E. Ukraine invasion: why I fear for Ukraine's healthcare workers. *BMJ* 2022;376:o605.
- World Health Organization. Refugee and migrant health. Accessed July 25, 2023.
- Fazel M, Wheeler J, Danesh J. Prevalence of serious mental disorder in 7000 refugees resettled in western countries. *Lancet*. 2005;365(9467):1309-1314.
- Williams ME, Thompson SC. The use of community-based interventions in reducing morbidity from the psychological impact of conflict-related trauma among refugee populations. *J Immigr Minor Health*. 2011;13(4):780-794.
- UNHCR - The UN Refugee Agency. Europe. Accessed July 25, 2023.
- Saito S, Harris MF, Long KM, et al. Response to language barriers with patients from refugee background in general practice in Australia. *BMC Health Serv Res*. 2021;21(1):921.