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Client Case Example

Client V Age 32, Mental health nurse

Case details

Client V attended for her first appointment to the psychology clinic. Referral from GP stated condition of anxiety. Upon exploring symptoms and triggers to anxiety, clinician noted that client often mentioned Eczema and impacts of this chronic health condition as triggering her anxiety episodes.

Clinician further investigated to reveal that 2 key stressors that come along with eczema include managing chronic lack of sleep, Eczema is always more itchy at night (due to our cortisol levels and other biological factors) so it's hard to function during the day when you've had no sleep. This was leading to the client frequently cancelling social events often at the last minute, because client was too tired and too itchy. Client reported significant isolation from friends and family since diagnosis of eczema.

Second stressor for client was the significant financial burden of treating eczema. Client was paying around \$800 per fortnight for medication and light therapy that just kept her well enough to work, so she could work enough to pay for the medication; so there was the constant fear of not being well enough to work to afford the treatment and not getting financially ahead. Client needed to sell house just to pay for eczema treatments. Client also reported increased costs of trialling elimination diets in case an allergy was triggering the symptoms, as well as increased electricity and water bills and more expensive clothing.

Client reported eczema stops her from sleeping and exercising (heat and sweat are triggers), fatigue makes it hard to prepare healthy meals etc, so her physical health declines, social interaction declines, financial coping declined and the isolation was becoming hard to get out of.

Client reported ongoing issues with self-esteem as a result of isolating herself as well as significant adjustment issues to the new life with eczema.



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Case Formulation

Presenting factors:

- Severe stress and anxiety linked to eczema triggers
- Insomnia
- Depression symptoms linked to isolation from eczema episodes

Predisposing factors: (areas of vulnerability that increase risk of the presenting problem)

- Genetic links to eczema and also mental health in family
- Family history of eczema – father had severe eczema, poor supports through GP, lack of networks, hospital supports insufficient
- Family history of mental disorders - father passed away by suicide

Precipitating factors: (typical stressors or events that may precipitate symptoms)

- Recent exacerbation of stress and anxiety symptoms
- Severe financial stress

Perpetuating factors: (conditions that are ongoing that exacerbate the problem)

- Ongoing work stress due to challenges coping with days off due to eczema flare ups
- Adjustment to new diagnosis of chronic disease - eczema
- Cycle of isolation from friends and family due to depressed mood during eczema flare ups

Protective factors: (patient skills, supports and strengths that help counteract other factors)

- Educated - works as mental health nurse – access to resources and knowledge
- Supportive workplace
- Supportive family and partner
- Awareness of support networks available - links with Eczema Support Australia

How psychologists can help:

- Build rapport
 - Try to empathise and understand the impact that the eczema condition has on the client's overall life, wellbeing and functionality – this may be different for each client
 - Ask open-ended questions when eczema is mentioned eg. "how does eczema impact your life?"
 - Validate their feelings – clients with eczema often experience shame and guilt around their condition
 - For example client V reported feelings of shame because she was a nurse and she felt "I should know about this and have it under control"
- Educate
 - Provide initial education on how psychological interventions can help
 - For example – client V was unaware of the role that psychology could play in management of their eczema and overall wellbeing through this journey
 - Provide understanding to the client of how their physical health and mental health can be linked
 - For example – client V was experiencing significant challenges in being able to go out of the house due to her eczema – this change in lifestyle impacted her ability to cope and therefore her mental health declined:
 - Client V's diagnosis of eczema created significant **stress** as it impacted her ability to continue working day shifts as a nurse.
 - Client V's diagnosis led to increased **anxiety** around when the next flare up would occur and how she would manage it, therefore she isolated herself often.
 - Client V's diagnosis of eczema led to frequent **panic attacks** due to her acute distress in episodes of intense itch and the cycle of anxiety and panic was reinforced.
- Therapeutic support
 - Provide both long-term as well as short-term psychological support
 - For example – client V reported that strategies of acceptance and commitment therapy were suggested to her at a time when she was not ready to accept the new life and adjustment, she reports that she would



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- have benefited from more acute and immediate behavioural strategies around itch management
 - Client V also reports some DBT techniques were useful such as DEAR MAN as she was able to implement these in her life immediately – for example in having difficult conversations at work regarding time off due to her eczema
 - Client V reports strategies of relaxation and mindfulness were helpful outside of acute flare ups
- Assist with connections
 - Psychologists can utilise their knowledge of other support services and community links that may be able to provide additional supports outside of psychology sessions
 - For example – client V reported she was not aware of support networks available until she attempted a google search in desperation and came across Eczema Support Australia. Other supports may include supportive counselling through Lifeline, Beyond Blue and SANE.

Case example prepared by Krishneeta Kashyap, Psychologist with the cooperation and permission of client V.