

## Correspondence

### Inpatient care for dermatological patients during SARS-CoV-2 – a case report from Portugal

Dear Editor,

The recent SARS-CoV-2 pandemic has put a significant strain on dermatological practice. Reports from across the globe have arisen recently, documenting the profound impacts of this crisis on many areas of our daily practice.

Portugal is one of the most severely affected countries in Europe by SARS-CoV-2. The fight against this pandemic mandated an immediate cease of all outpatient appointments that were deemed as low priority. Even surgical activity has been suspended, and only oncological surgery is being maintained. All these impacts notwithstanding, the most significant changes have been implemented in our Inpatient Unit.

The Dermatological Inpatient Unit of the largest tertiary teaching hospital in Portugal serves the entire country, being one of the few centers who have the expertise and technical capability to deal with the most severe and sometimes life-threatening dermatoses. It is thus clear that inpatient activity cannot be suspended even in times of crisis. However, all available resources and facilities are being directed towards the care of SARS-CoV-2, and our facilities were no exception.

Our hospital is becoming a “SARS-CoV-2 Hospital” and as such, our Inpatient Unit has been moved to another hospital for the duration of the crisis. It is of the utmost importance that all assurances are made to keep our Inpatient Unit “SARS-CoV-2 free”. Many of our patients have increased infectious risk due to skin barrier failure and are prone to infectious complications due to immunosuppression.

The change in facilities allows dermatological patients to be diverted to parallel circuits away from the epicenter of SARS-CoV-2. Furthermore, all patients are being tested for SARS-CoV-2 prior to admission in order to reduce risks.

However, this change in premises comes at a price. The hospital where we are transferring to has no nursing staff with prior experience with cutaneous pathology and care. Thus, we must assure that in every shift there is at least one nurse with the necessary expertise, to assist those with little to no experience in this area.

Furthermore, all staff are being checked for symptoms prior to and at the end of every shift to allow timely detection of suspicious cases. All staff have been divided in two teams, rotating every other week, to reduce exposure and make sure that human resources are available to substitute any member of the staff who might fall ill. It is also important to make sure that the staff allocated to the Inpatient Unit remain exclusively so during their rotation, without being assigned

duties in the Emergency Department, outpatient appointments, or surgery.

In time of war, everything necessary must be done. However, we must advocate for our patients who deserve to be treated according to the highest standards and to be protected from lingering hazards. Thus, dermatologists must be at the forefront of decisions concerning their practice in order to adopt all measures necessary to keep our essential activities running smoothly and safely.

Miguel Alpalhão<sup>1,2,3\*</sup>, MD, MSc   
Paulo Filipe<sup>1,2,3</sup>, MD, PhD

<sup>1</sup>Dermatology Department, Hospital de Santa Maria, Centro Hospitalar Universitário Lisboa Norte EPE, Lisbon, Portugal

<sup>2</sup>Dermatology University Clinic, Faculty of Medicine, University of Lisbon, Lisbon, Portugal

<sup>3</sup>Dermatology Research Unit, iMM João Lobo Antunes, University of Lisbon, Lisbon, Portugal

\*E-mail: migueldbalpalhao@campus.ul.pt

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### Psychocutaneous diseases: in search of a common language

This article intends to unify the language used in dermatology and psychiatry to make collaboration between the two specialties more accessible. We present the DSM-5 equivalents of terms used in dermatology to describe psychocutaneous diseases. We believe that a common diagnostic language will promote a better understanding of the disease processes and treatment options available to providers across specialties.

Today's health delivery paradigm includes a more holistic approach to patients, encompassing the fluid interactions between mind and body. Within this framework of integrating these two aspects into the concepts of modern medicine, there is a dire need for the development of a common language among physicians of different specialties. Currently, psychocutaneous diseases have multiple names and different diagnostic criteria in the dermatology literature. These are not necessarily recognized in the psychiatric literature. Not having a common language causes great confusion and a lack of uniformity in research and treatment approaches. It is of paramount