

Facial blushing: relevance of psychiatric consultation prior to surgery

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NICE guidance recommends that endoscopic thoracic sympathectomy (ETS) may be used with “normal arrangements” for facial blushing based on the good evidence of efficacy in the long term and on the great distress that the condition can cause. However, it is rightly very explicit about the need for the most thorough information for patients regarding possible side effects and about the fact that the symptoms are not always relieved [1]. Also, in a recent review of current indications for thoracic sympathectomy, Hashmonai et al. [2] have stated that sympathetic ablation is an effective treatment for facial blushing, while stressing the importance of being conservative in the use of this procedure, a view we agree with.

Notwithstanding, there is a major limitation of almost all studies on the efficacy of sympathectomy for facial blushing that has not been addressed so far. Most studies do not systematically screen for social anxiety disorder. Thus, there is a lack of data as to whether blushers who request sympathetic surgery for their blushing suffer from isolated blushing, without any other signs of social anxiety or if, on the contrary, they fulfil some or all the criteria for the disorder. Licht and Pilegaard [3] have stated that most of the patients who are offered ETS for blushing in Denmark suffer from isolated facial blushing. This view, we believe, has a simple explanation: it is due to the absence of thorough psychiatric screening. Our results, using rather strict diagnostic criteria (DSM-IV diagnosis of generalized social anxiety disorder + Brief Social Phobia Scale score ≥ 20 + Social Phobia Inventory ≥ 19),

show that 91 % (220 out of 242) of consecutive patients who sought help for their blushing fulfilled criteria for social anxiety disorder [4]. Similarly, a German study found that 60 % of blushers actively searching for information about ETS on the Internet fulfilled criteria for social anxiety disorder [5]. In addition, research carried out in Finland suggests that a very high proportion of blushers undergoing ETS fulfil criteria for social anxiety disorder [6].

Given the risk of irreversible side effects from ETS (approximately 10 % of those who undergo ETS regret having the operation [3]), a psychiatric consultation prior to surgery is highly desirable. We strongly believe that mental health professionals, particularly psychiatrists with experience in treating anxiety disorders, are uniquely suited to encourage persons seeking help for their blushing to try nonsurgical options first and, likewise, to help surgeons improve their preoperative screening. This is recommendable since blushing often presents in the context of social anxiety disorder (social phobia), a condition for which evidence of treatment efficacy, both pharmacological and psychological, is widely available.

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