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Psychostomatology : An emerging fieldDedy Ariwansa¹, Durga Paudel² and Yoshihiro Abiko¹¹Division of Oral Medicine and Pathology, School of Dentistry, Health Sciences University of Hokkaido²Advanced Research Promotion Center, Health Sciences University of Hokkaido**Key words** : Psychology, psychostomatology, oral lichen planus, oral ulcer, mucositis,

Oral mucosal diseases with chronic courses present as ulcers, blister and erosions on the oral mucosa, of which cause is occasionally unknown. These diseases of unknown etiology are often associated with underlying psychological factors. The medical fields of skin and gastro-intestine diseases associated with psychological factors are termed as psychodermatology and psychogastroenterology, respectively (Jafferany M, 2007 ; Keefer et al., 2018). However, no specific medical fields of oral mucosal diseases associated with psychological factors had been proposed. Recently, the term “psychostomatology” was proposed for the oral mucosal diseases associated with psychological factors, since psychosomatic diagnosis and approaches were critically needed for the patients (Abiko et al., 2021).

Recurrent aphthous stomatitis (RAS) and oral lichen planus (OLP) were the two most common oral inflammatory mucosal disease with unknown etiology. Psychological factors such as stress, anxiety and depression are often involved in causing and progression of the oral inflammatory mucosal diseases. Moreover, the symptoms of these diseases such as spontaneous pain, discomfort and strangeness affects the quality of life which may lead to additional psychological distress. Therefore, the psychological states have to be examined in the oral inflammatory mucosal diseases, and psychological approach is often needed for the care of those patients.

The psychological status of the patients with the oral mucosal diseases can be determined using various psychological assessment tools. The psychological questionnaires such as State-Trait Anxiety Inventory, Beck Anxiety/Depression Inventory, Perceived Stress Scale, Neuroticism-Extraversion-Openness Five-Factor Inventory, Hamilton Anxiety/Depression Scale, and many others have been used (Abiko et al., 2021). Other biomarkers such as salivary cortisol, dehy-

droepiandrosterone and peroxidase have also been used but have not been a reliable marker. The combination of psychological assessment tools is recommended to identify the psychological state in the patients with the oral mucosal diseases.

Psychological approaches including hypnosis, cognitive behavior therapy, relaxation therapy and psychotropic medications including anti-anxiety and antidepressant have been commonly used in the fields of psychodermatology and psychogastroenterology (Jafferany M, 2007 ; Keefer et al., 2018). Although psychological statuses of the oral mucosal diseases have been evaluated by several different psychological assessment tools, a little information about the psychological approach for the patients have been shown. A relaxation/imagery therapy for 30 min/week for 12 weeks significantly reduced the frequency and recurrence of RAS (Andrews & Hall, 1990). Combination of psychiatric drug therapy and topical corticosteroids significantly improved in reducing the size of OLP (Delavarian et al., 2010) An anti-anxiety agent, benzodiazepine when combined with routine treatment for OLP for 30-40 days showed significant improvement and healing of lesion than the routine treatment alone (Guarneri et al., 2014). These findings suggest that psychotherapies and psychotropic drugs may be applied for the treatment of psychostomatology related diseases.

In conclusion, psychostomatology was proposed as an approach for oral inflammatory mucosal diseases. Further studies are needed to establish common psychosomatic approaches for the oral inflammatory mucosal diseases.

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