Social isolation and atopic dermatitis

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COI Disclosure

Presenter: Yoko Kataoka

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Honorarium for lectures:
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Leo Pharma Corporation
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internationally used Japanese words

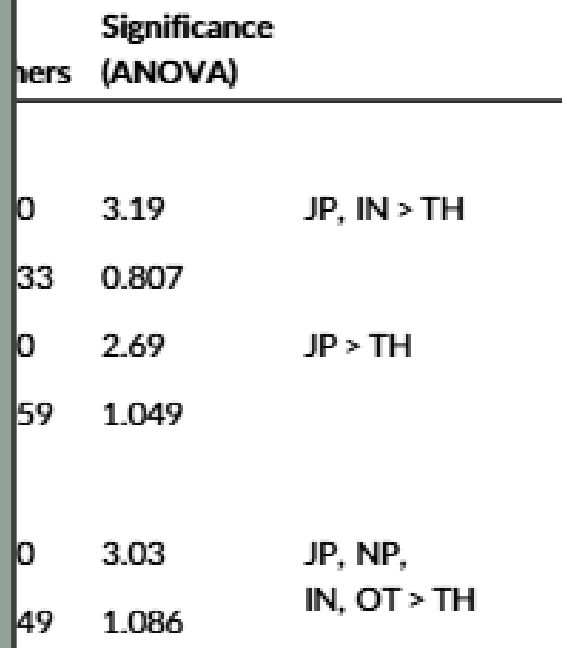
- Manga
- Nintendo
- Sushi
- Soy (bean)
- Teriyaki
- Umami
- Macha
- Mottainai
- Tsunami
- Hibakusha
- Hikikomori

Hikikomori; social withdrawal, social isolation

Hikikomori-like cases might exist around the world

The person must meet the following criteria:

1. Marked social isolation in one's home.
2. Duration of continuous social isolation for at least 6 months.
3. Significant functional impairment or distress associated with the social isolation.



ners	Significance (ANOVA)	
0	3.19	JP, IN > TH
33	0.807	
0	2.69	JP > TH
59	1.049	
0	3.03	JP, NP, IN, OT > TH
49	1.086	

Tan MPJ, et al (2025) Global psychiatrists' opinions about hikikomori from biopsychosocial perspectives: International case vignette survey. Psychiatry Clin Neurosci Rep 4:e70120.

Recognition of Hikikomori in Japanese history

1970s -1980s.: School refusal

1998 : ‘social withdrawal’ or “Hikikomori” published by Dr.T. Saito.

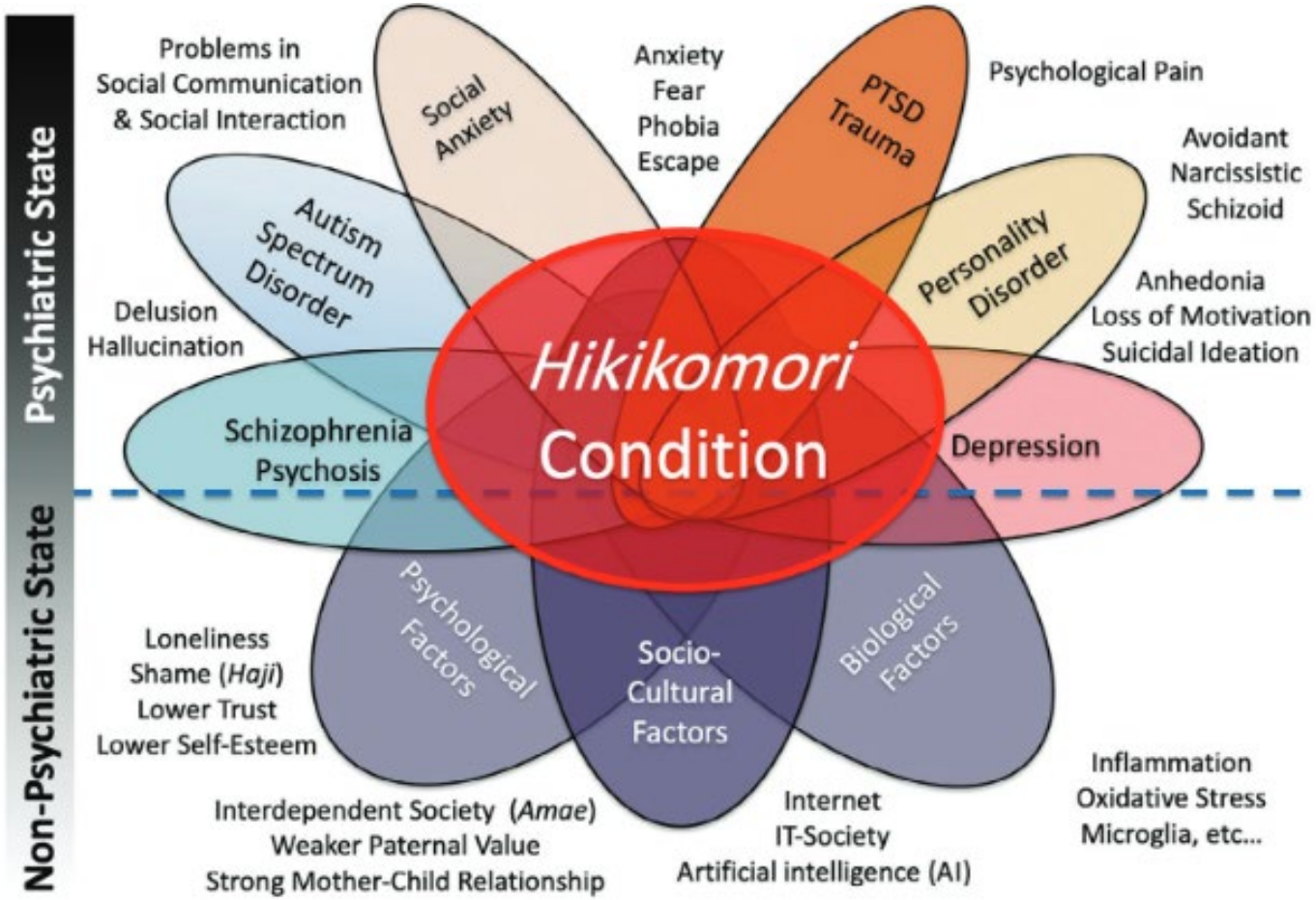
2002 : 1.2% of the population in 15~49 years

2016 : 540 000 people in 15~39 years estimated

2018 : 610 000 people in 40~65 years estimated
8050 issue

2023 : 2% of the population

Location of Hikikomori in Psychiatry
(Bio-Psycho-Socio-Cultural Model)



Kato T, Psychiatry Clin Neurosci: 73: 427-440, 2019

History of Hikikomori and atopic dermatitis treatment in Japan

1970s -1980s.: School refusal

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in 15~39 years estimated

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in 40~65 years estimated

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1990s: stormy decade of steroid phobia

#1 School refusal and social isolation
with severe uncontrolled AD patients

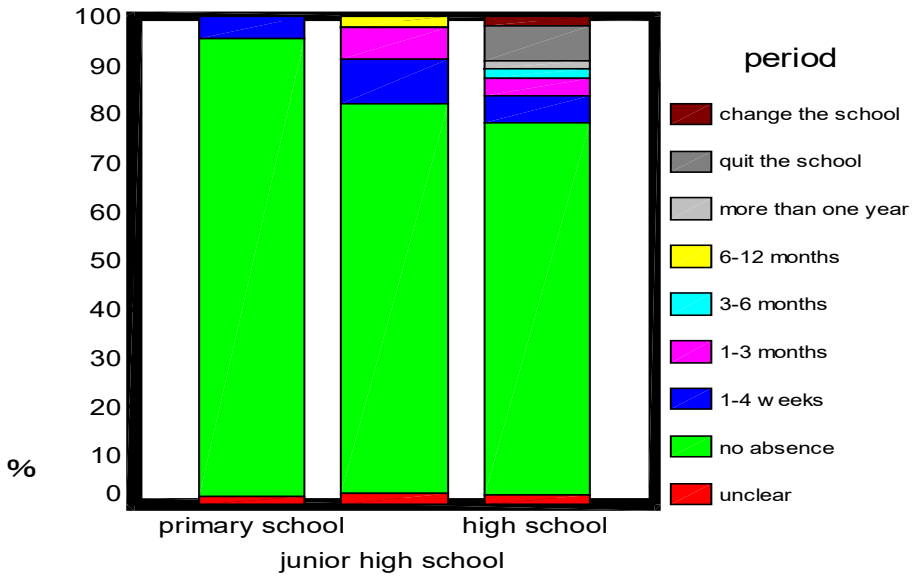
2018: Dupilumab introduction
followed by Nemolizumab,
Tralokinumab, Lebrikizumab, Baricitinib,
Upadacitinib, Abrocitinib

#2 Social isolation in new AD treatment era

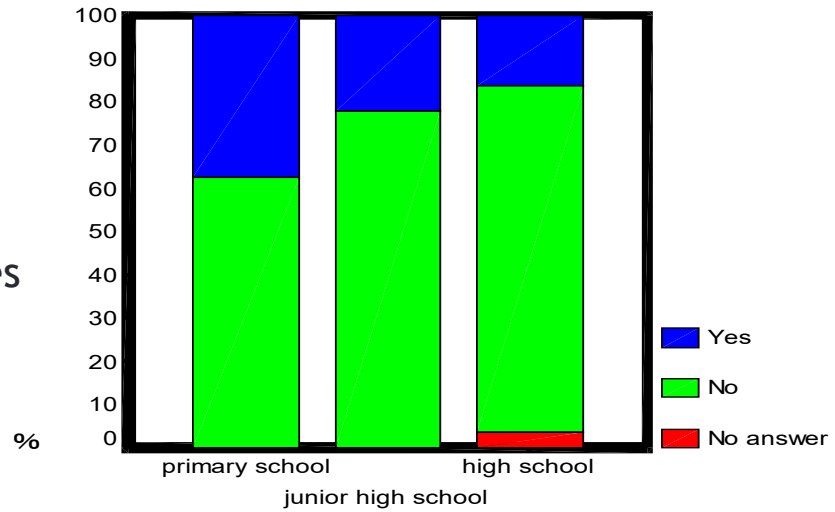
#1 School refusal and social isolation with severe uncontrolled AD patients

Questionnaire survey of school-aged outpatients in 1997

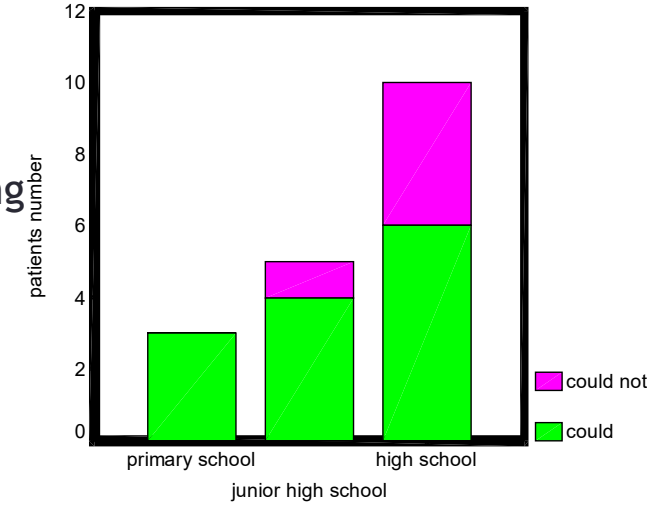
Absent days a year



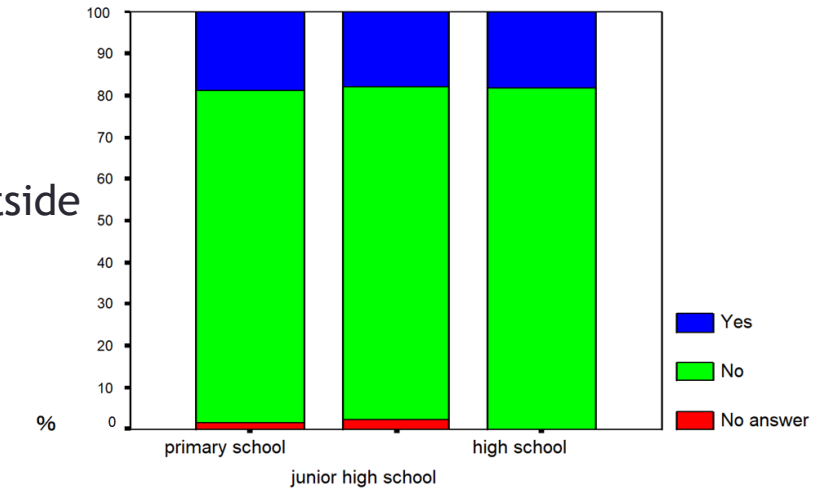
Bullying experiences



Ability of re-attending after skin relief



Unpleasant experiences outside school

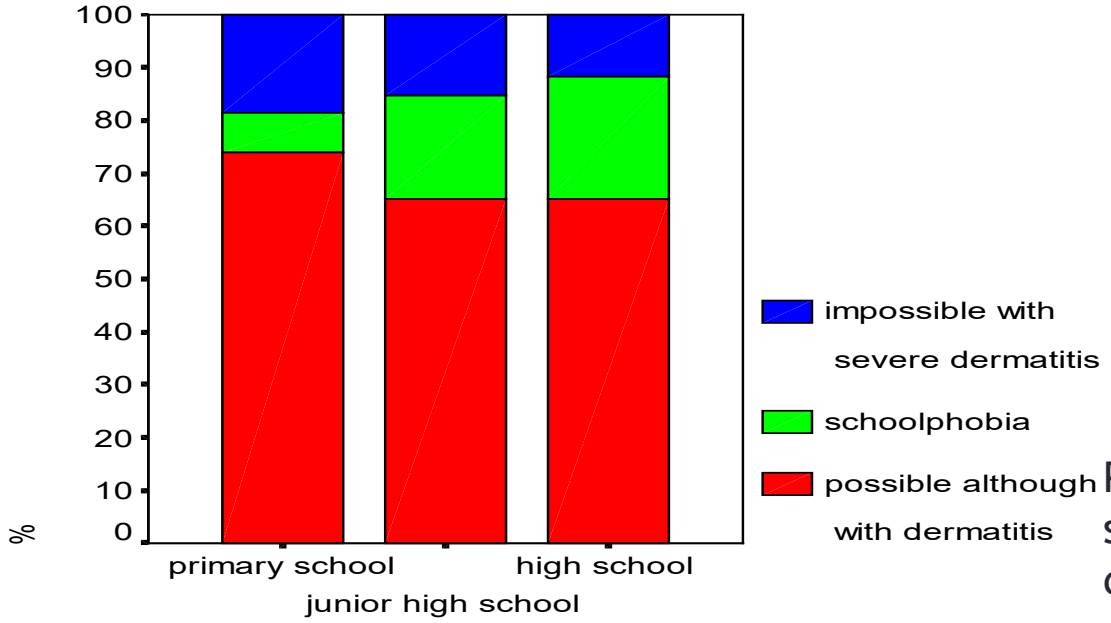


Data from Osaka Habikino Medical Center

#1 School refusal and social isolation with severe uncontrolled AD patients

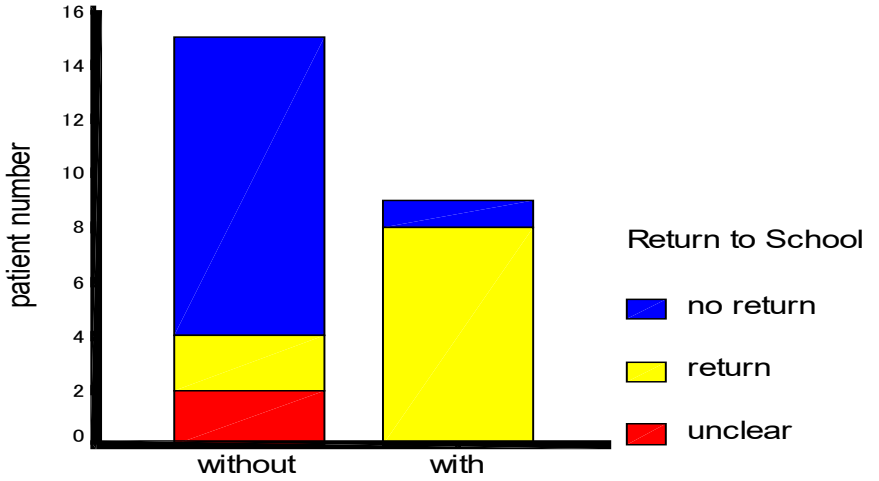
Prognosis survey of 24 school-aged inpatients in 1997~1998

School attending status at hospitalization

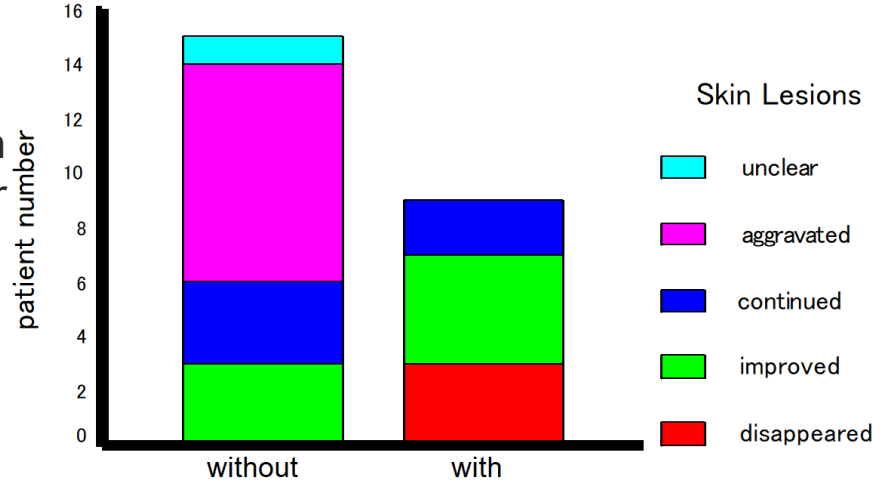


Prognosis based on without/with psychosomatic therapy

Return to school



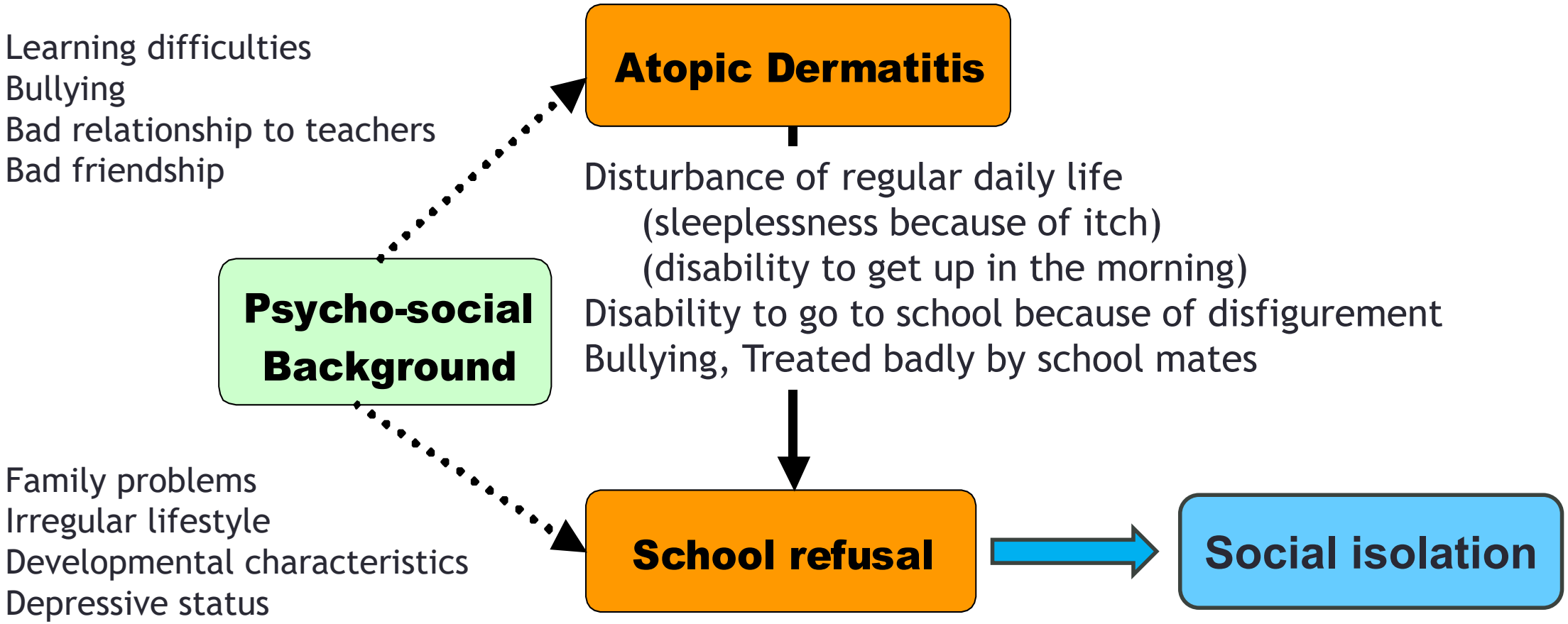
Progress of skin symptoms after discharge



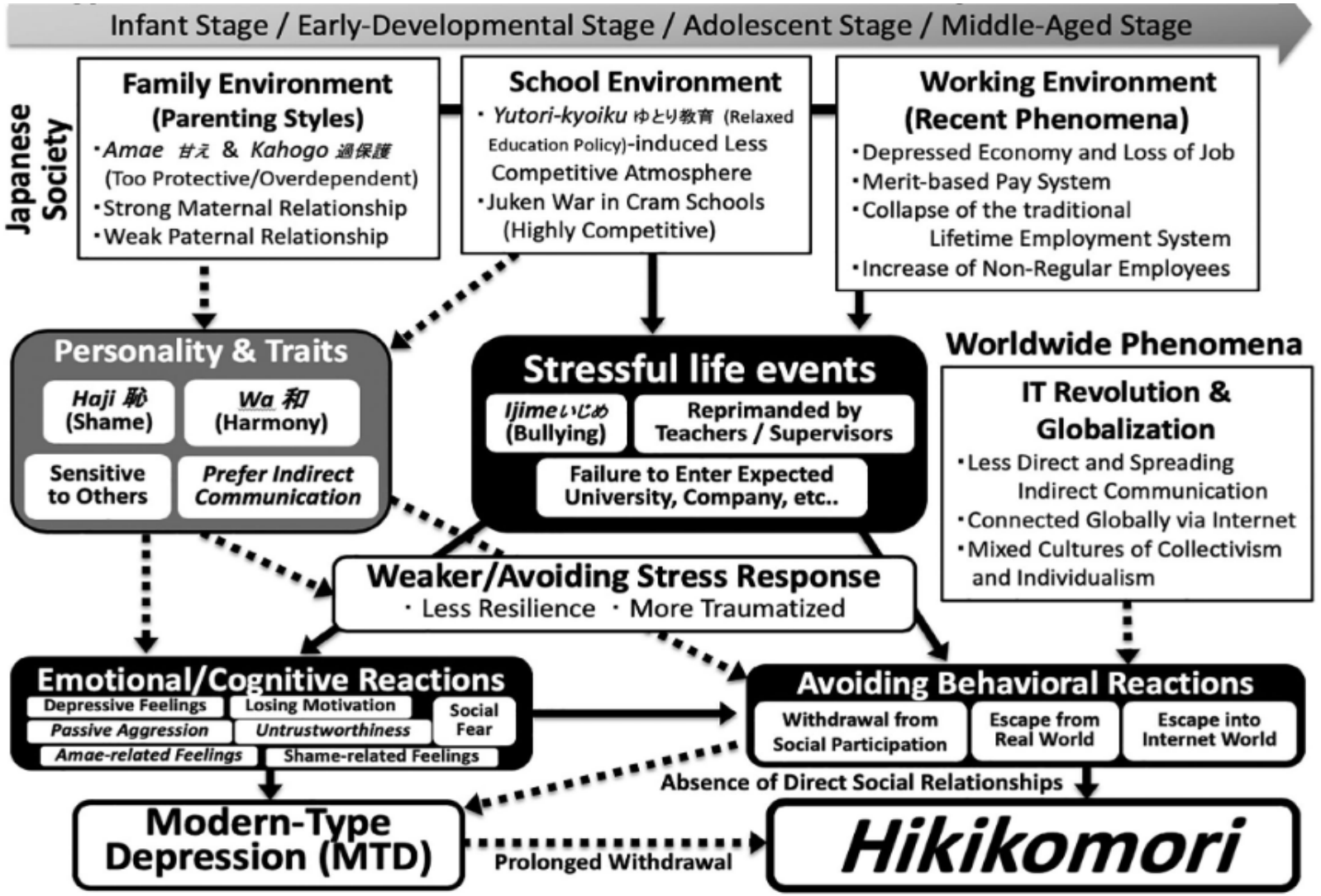
Psychosomatic Treatment

Data from Osaka Habikino Medical Center

Hypothesis regarding the relationship between Atopic dermatitis, school refusal, and social isolation



Hypothetical model in the occurrence of Hikikomori



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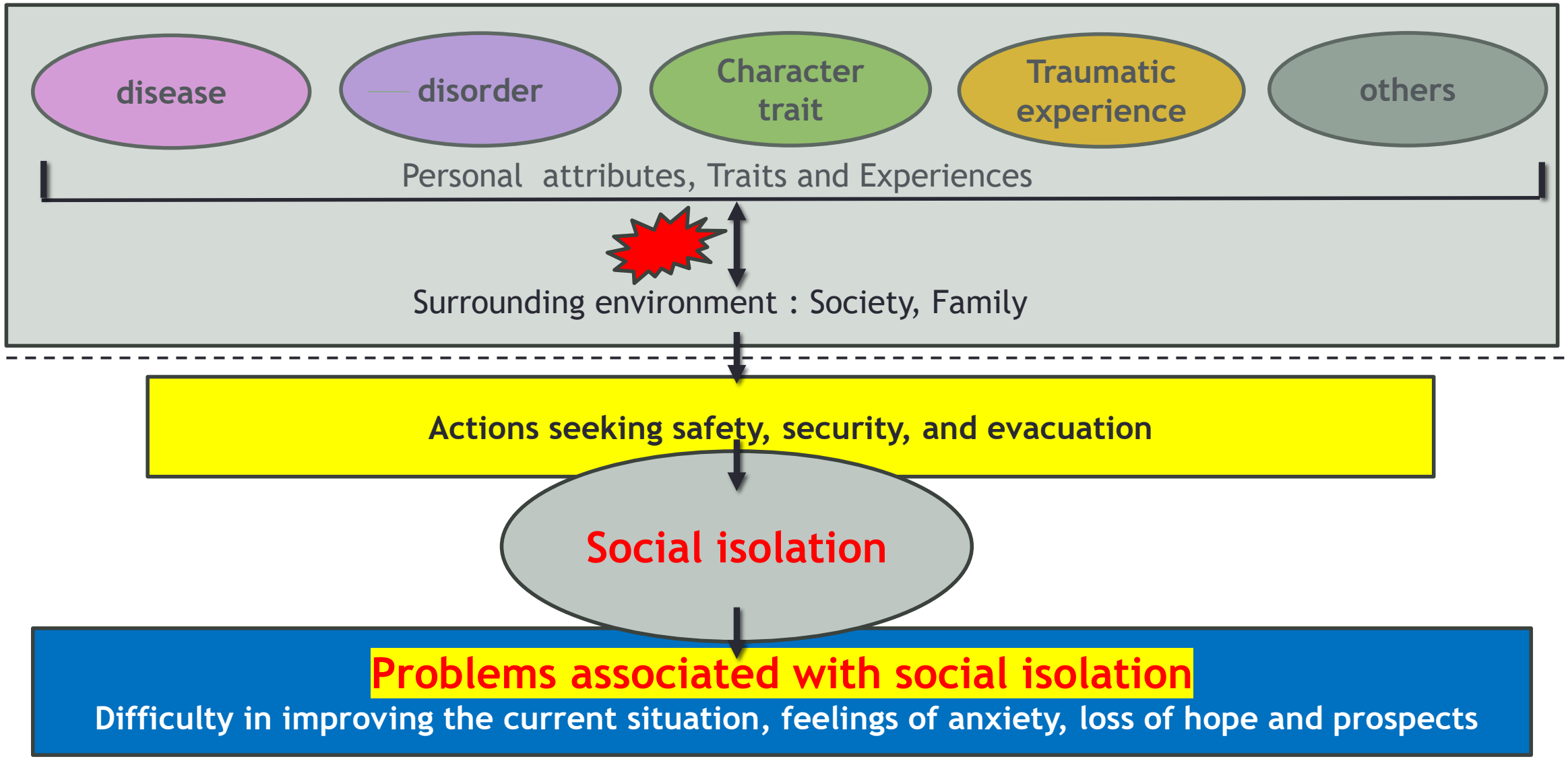
Diverse background of social isolation

Social withdrawal leads secondary issues of social isolation



History of Hikikomori recognition and development of governmental support measures in Japan

1970s -1980s.: School refusal

1998 : ‘social withdrawal’ or “Hikikomori” published by T. Saito.

2002 : 1.2% of the population in 15~49 years

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2003: Youth independence and challenge plan guidelines

2006: Regional youth support stations established

2009: Prefectural development of hikikomori support centers

2010: Hikikomori support guidelines

Youth development support promotion act

2015: Act on support for self-reliance in financial distress

2018: Hikikomori support projects

2020: Municipal platforms established

2021: Multi-layered support system development project

2022: Hikikomori support centers transferred to municipalities

2024: act on measures to address loneliness and isolation counseling support

Four step therapeutic approaches for hikikomori by Japanese health ministry guideline

Step 1
family support, first contact with the individual and his/her evaluation

Step 2
starting individual support

Step 3
training with intermediate-transient group situation (such as group therapy)

Step 4
social participation trial

Diverse Support Options × Public-Private Partnership Network Involving Diverse Stakeholders

SWC: Social Welfare Council SS: Support station

#2 Social isolation in new AD treatment era

Categories of socially isolated cases with AD

1. Recover with modified appropriate treatment by reliable dermatologist

2. Persistent social isolation despite skin improvement

3. Persistent social isolation with refractory dermatitis

Steroid phobia

Failure experience by previous management

Medical distrust
Distrust of humanity

Ensure ultimate control

Rapid remission induction

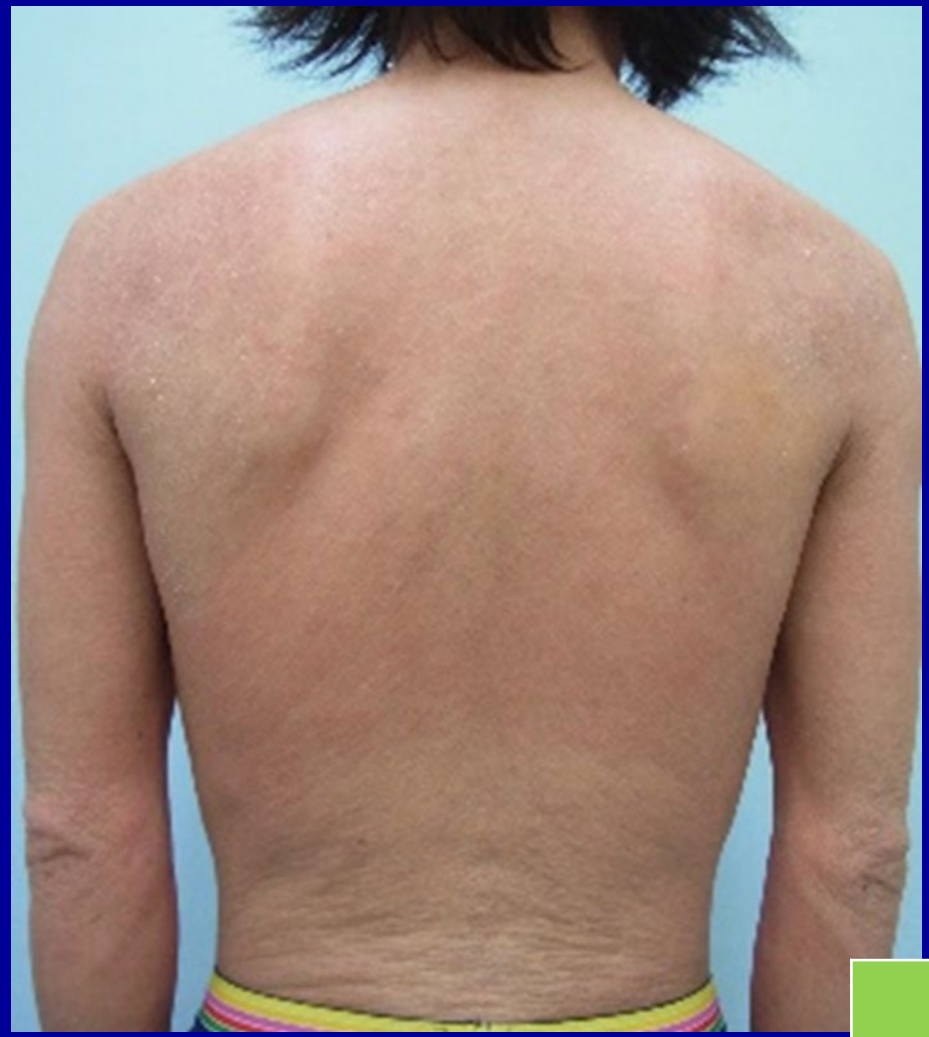
Proactive treatment with no flare

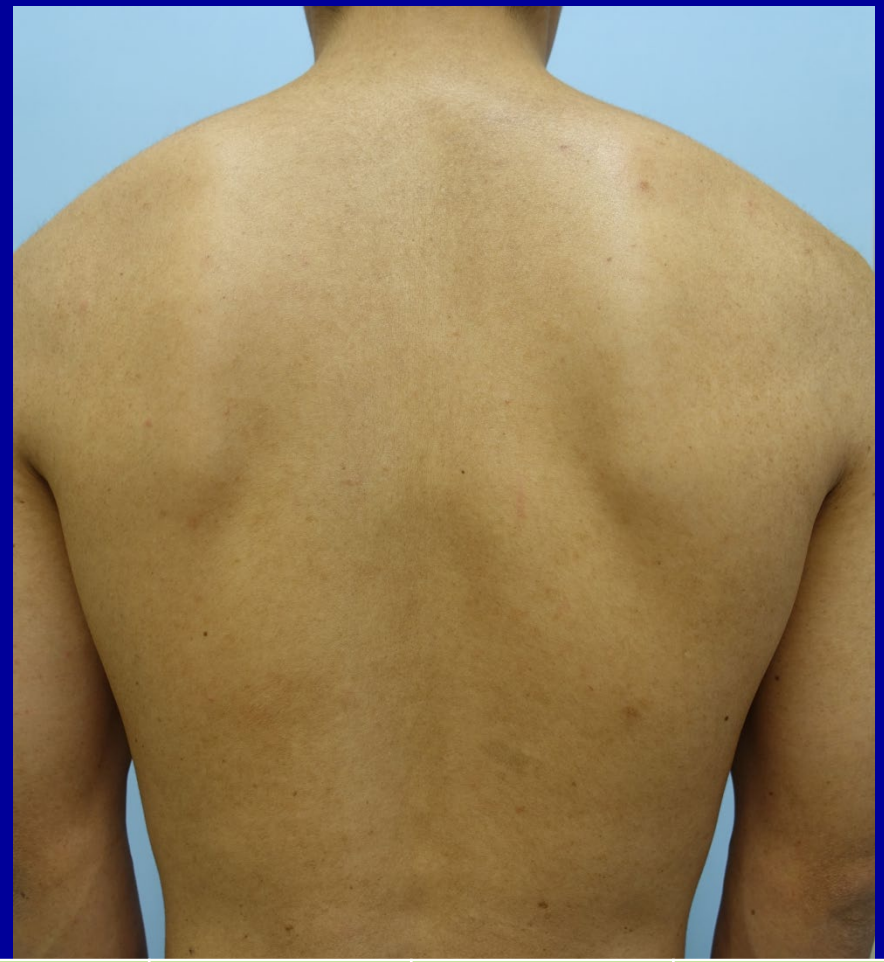
Coach to final treatment goal

LDH	291
TARC	4615
Eo	19.4
Total IgE	9472

Male, 20s, unemployed

The patient has been treated with TCS since childhood, but has not recovered.
He believed steroids are a palliative treatment, not a cure.
De-steroid doctor said that stopping TCS will cure him, so he has been steroidphobic for 5 years.





Male, 20s
He started working 2 months after he discharged the hospital.
After 1.5 years, TCS was discontinued.

	Admission	Discharge	3 mo after final TCS
LDH	291	131	139
TARC	4615	161	402
Eo	19.4	0.5	3

Categories of socially isolated cases with AD

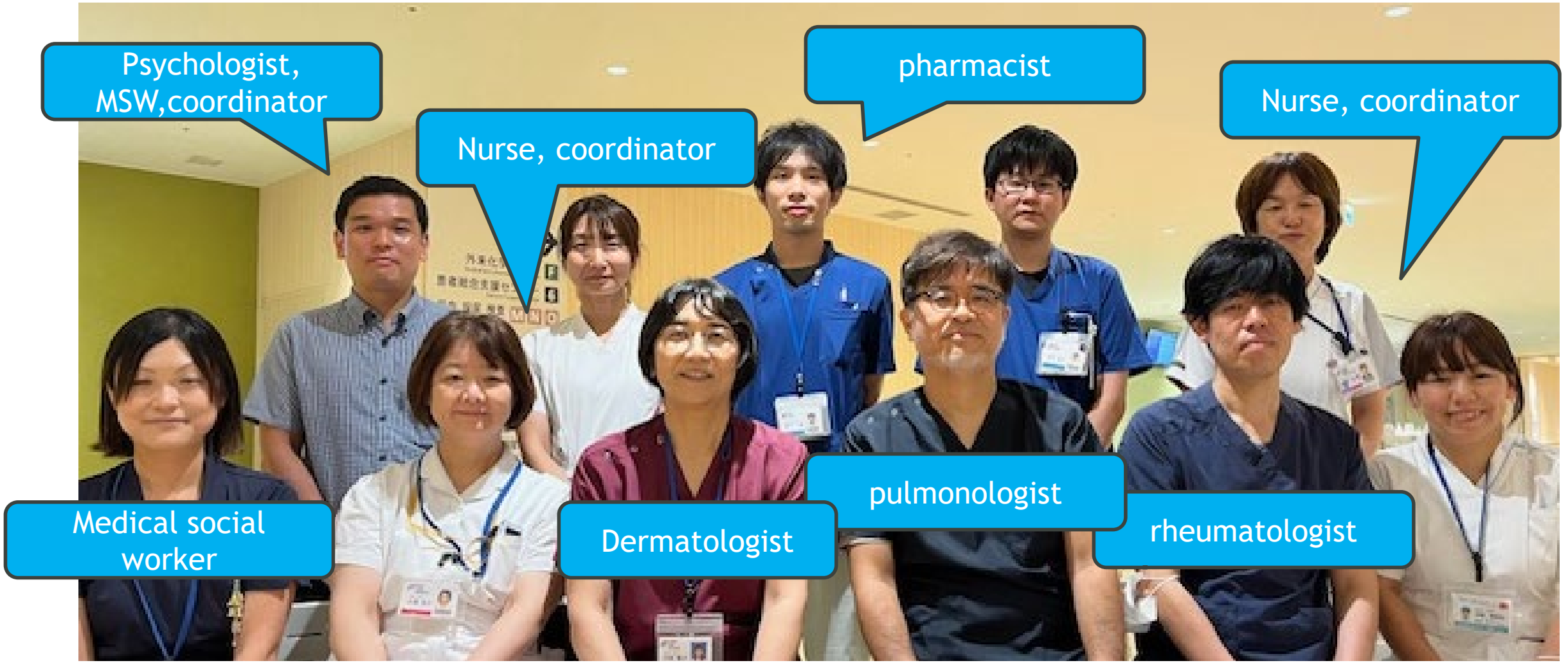
1. Recovery with modified appropriate treatment by reliable dermatologist
   - Remission induction with simultaneous patient education
   - Selection of newly developed effective medication

2. Persistent social isolation despite skin improvement
   - Needs supportive help by multidisciplinary team and community

3. Persistent social isolation with refractory dermatitis
   - Neither skin nor social withdrawal improve

because of persistent social isolation without seeking medical care consequently

Multidisciplinary support team in Osaka Habikino medical center



Social isolation and atopic dermatitis

1. Social isolation is a huge problem in modern society around the world.
2. Individuals experiencing social isolation have diverse backgrounds.

State of social withdrawal leads to secondary issues of social isolation such as difficulties and anxieties about improving one's current situation coupled with a lack of hope for the future.

3. Atopic dermatitis is a risk factor for social isolation.
4. Three categories of AD complicated social isolation are proposed.

Trust-based relationship between physician and patient

Appropriate dermatological intervention to avoid long-term suffering

Tailored supportive help by multidisciplinary team and community