

# Acceptance and commitment therapy or Cognitive behavioral therapy? Are they different approaches in psychodermatology?

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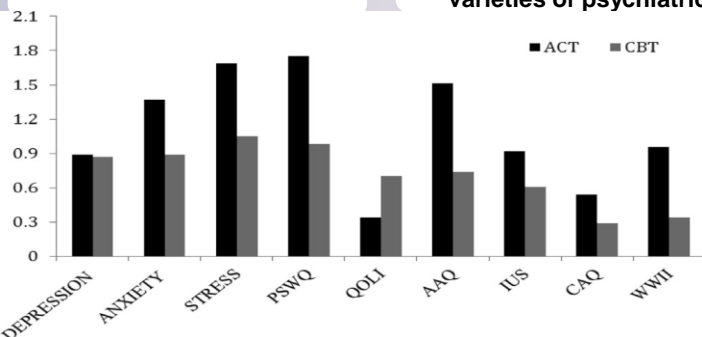


## Introduction

Montgomery KL et al (2011): ACT is a popular therapy with flexibility in treating challenging cases. ACT is a third wave extension of CBT which can be highly beneficial therapy but needs to be proceed with caution.

## Data Analysis

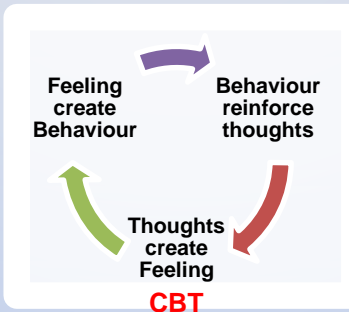
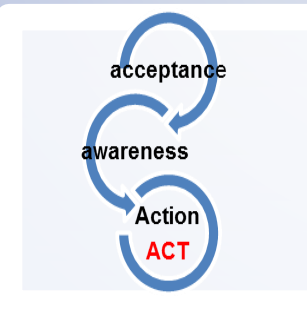
- Andrew Jacob (2008): ACT as third wave of cognitive behavioral therapy(CBT).
- Jesica et al (2011) : ACT as a form of BCT.
- Arch and craske (2008): examined the similarities and differences of CBT and ACT.
- Twohig M P et al (2010): ACT seems a promising approach in cases of OCD
- Hofmann & Asmundson (2008): ACT does not present a third wave of CBT
- Francisco J. Ruiz (2012): outperformed ACT in varieties of psychiatric disorders like BDD and OCD



## Conclusion

The body of Evidence and literature are in favor of CBT as a dominant non-pharmacological therapy in treating psycho-cutaneous disorders.

Combination of ACT and CBT approaches in psychotherapy seems to improve the efficacy of any present therapies. Larger RCTs are needed to examine the difference or similarity of ACT with CBT.



## Recommendation

Louise McHugh (2011) in her extensive research review found ACT as an increasingly popular approach in OCD, Depression, Anxiety disorders, Social Phobia, and personality disorder.

**However;** Evidence from literature and NICE guideline recommend a combination therapy of CBT and anti-depressant (particularly SSRI) in treating BDD, OCD, anxiety and depression in dermatological disorder with psycho-cutaneous presentation.



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no relevant conflicts of interest