

Letters to the editor

OVERVIEW

Please submit letters for the editor's consideration within 6 weeks of receipt of *Future Healthcare Journal*. Letters should ideally be limited to 350 words, and sent by email to: FHJ@rcplondon.ac.uk

Exploring the psoriasis self-management landscape

Editor – We read the article by Silver¹ with great interest, and agree that as healthcare providers, we need to be involved in developing robust self-management strategies for our patients. In dermatology, we see patients with several chronic skin conditions, which often require years of secondary care follow-up. One such example is psoriasis, a common inflammatory skin condition, in which inadequate patient support and information can result in poor compliance and treatment failure. We have reviewed the literature of interventions designed to promote self-management in adults with psoriasis in order to better conceptualise self-management and to identify barriers. A total of 29 primary research articles were identified concerning self-management in psoriasis.

The literature reveals a broad view of self-management which focuses on patients tailoring treatment around their everyday lives. This applies across treatment modalities, from conventional topical therapies to home-based phototherapy.² Whilst beneficial in theory, this autonomy may also pose significant challenges to patients in situations where their knowledge is limited, treatment is ineffective or psychosocial support is inadequate. This can lead to non-adherence, inappropriate self-medication and disengagement from healthcare appointments.

The evidence reinforces that the benefits of patient autonomy are optimised when care is individualised. To achieve this, physicians should provide guidance that enables patients to have an active role in decision making, whilst offering continuity of care. The perceived lack of knowledge among patients with psoriasis calls for targeted education. Given limited consultation times, the published evidence suggests that web-based technology³ and education delivered by allied healthcare professionals⁴ will be essential if patients are to develop self-management skills.

Six of the studies we reviewed included analysis of cost effectiveness, with three demonstrating a clear cost saving benefit for self-management for psoriasis, and three being equivocal. Going forward, randomised controlled trials with economic evaluation are required to rigorously test such educational interventions, as well as other self-management modalities. As we work towards better defined self-management interventions, we can anticipate improved treatment-adherence, better patient outcomes, less need for outpatient follow-up, and possible savings in our cash-strapped health service. ■

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- 2 Edwards N, Imison C. *How can dermatology services meet current and future patient needs, while ensuring quality of care is not compromised and access is equitable across the UK?* The King's Fund, 2014. www.bad.org.uk/shared/get-file.ashx?id=2348&itemtype=document [Accessed 1 November 2018].
- 3 Balato N, Megna M, Di Costanzo L, Balato A, Ayala F. Educational and motivational support service: A pilot study for mobile-phone-based interventions in patients with psoriasis. *Br J Dermatol* 2013;168:201–5.
- 4 Ersser SJ, Cowdell FC, Nicholls PG, Latter SM, Healy E. A pilot randomized controlled trial to examine the feasibility and efficacy of an educational nursing intervention to improve self-management practices in patients with mild-moderate psoriasis. *J Eur Acad Dermatol* 2012;2:738–45.

Who delivers care is just as important

Editor – I read with interest the study carried out by Zaman *et al* looking into the perspective of patients on the acute medical unit of physician associates (PAs);¹ a member of the medical team whose number and role has expanded through my time in medicine so far. I have had mostly positive experiences working with PAs and it is encouraging that patients found their experience of care under them equally largely satisfactory.

One crucial thing that this study fails to capture however is the patient's perspective of what a PA is. Previous studies have highlighted that the patient population can be confused about what the difference between a PA and a doctor is, and that this can impact on their willingness to be treated by them.^{2,3} It would be interesting to see what the patient population surveyed in Zaman *et al*'s study understood the qualifications and skills of the PAs to be and see how this related to their satisfaction.

PAs are a relatively new role in hospitals in the UK and the patient population has limited knowledge and experience with them. Education of our patient population is of the upmost importance, but it does not just relate to their diagnoses and treatment but also to our role in their care along with our abilities and limitations. While satisfaction with the service obtained is of course important it shouldn't be attained at the expense of