Recognising distress in primary care consultations: a qualitative study of the experiences of people with psoriasis

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SUMMARY: Psoriasis is a long-term inflammatory skin condition affecting around 2% of the UK population. It can impact on a person’s quality of life, psychological and social functioning. There is some indication of patient dissatisfaction with primary care management of the condition, however, little is known about their specific experiences of primary care consultations. The aim of the study was to gather in-depth perspectives of people with psoriasis about coping responses, self-care strategies and how they experience consultations with health professionals in primary care.

METHODS: Face-to-face, in-depth, semi-structured interviews were carried out with 25 people with psoriasis recruited from community sources across the North West of England who had responded to advertising. An iterative, purposive sampling strategy gave rise to a diverse sample in terms of gender, age, ethnic/socio-economic background and self-assessed psoriasis severity, duration and treatment. Verbatim transcripts of interviews were coded using the Framework Analysis approach, resulting in a thematic framework incorporating all the key issues and concepts emerging from the dataset.

RESULTS: Respondents reported physical, emotional and social distress as a consequence of having psoriasis, with the visible nature of the condition having particularly strong effects on self-confidence and relationships, both intimate and general. Participants identified difficulties accessing information about and thus understanding their condition. Respondents perceived general practitioners (GPs) as having limited knowledge about psoriasis and failing to acknowledge the degree of impact which psoriasis had on their wellbeing. Restricted opportunity to discuss their condition with practitioners was also widely reported. Participants described a broad range of strategies to cope with their psoriasis, including disengaging with services or prioritising other co-morbidities in consultations. Specific issues were identified by South Asian participants, including concerns about stigmatisation within South Asian communities, privacy and seeking alternative remedies.

CONCLUSION: In their consultations with GPs, it is important for people with psoriasis to have the significant emotional distress associated with the visibility of the condition acknowledged. Addressing its emotional and social consequences will also enable people with psoriasis to engage more effectively with physical management of the condition. Within the consultation, GPs should explore people’s understanding of psoriasis, identifying physical, emotional, social and cultural issues so that tailored support which builds on a person’s existing coping strategies can be provided.