‘In someone’s clinic but not in mine’ – practitioners’ views of supporting lifestyle behaviour change with patients with psoriasis: a qualitative interview study

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Presented at the 23rd European Academy of Dermatology and Venereology Congress, Istanbul, Turkey, October 2013

INTRODUCTION: Psoriasis is associated with excess alcohol use, smoking, low levels of physical activity and higher body mass index which may have a role in psoriasis onset or exacerbation as well as being risk factors for cardiovascular disease. Furthermore, high levels of psychological distress associated with psoriasis can compound these issues and impair people’s motivation or capacity to manage these behaviours.

OBJECTIVES: Lifestyle behaviour change techniques can be effective, however it is not known whether health care practitioners who are managing people with psoriasis are familiar with such techniques or confident in their ability to deliver behaviour change in the context of routine consultations. The study aimed to elicit practitioners’ views and attitudes about addressing lifestyle issues with patients with psoriasis.

METHODS: In-depth, qualitative interviews were carried out with 10 practitioners managing people with psoriasis and working in both primary and secondary care, stratified by discipline (two dermatologists, four specialist dermatology nurses, two general practitioners with a special interest in dermatology and two general practitioners). Interviewers gathered practitioners’ views about techniques used to support people with lifestyle behaviour change and their attitudes to this kind of work, including any perceived barriers to routinely addressing lifestyle issues. Data were analysed using principles of Framework Analysis to identify key issues and concepts arising.

RESULTS: Early emerging findings from the study are reported. While practitioners commonly view lifestyle behaviour change work as important, no single practitioner group identified it as part of their role specifically, generally viewing it as others’ responsibility. In psoriasis consultations practitioners prioritise other goals such as medications management and cite organisational barriers such as lack of time as obstacles to doing lifestyle behaviour change work. Data suggest that a lack of knowledge and inadequate skills training underpin these beliefs and attitudes, resulting in lifestyle issues being rarely addressed in consultations.

CONCLUSION: This study is the first to examine in depth the views and attitudes of practitioners managing patients with psoriasis about addressing lifestyle issues in routine consultations. It identified firstly, low levels of both knowledge and skills among professionals about addressing lifestyle issues and secondly, a lack of structured support in both primary and secondary care for this work. Findings will be used to inform the development of training for staff and support materials for patients to improve lifestyle issues in the context of psoriasis.