“We understand but we forget it” Dermatology health professionals’ understanding and management of psoriasis

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INTRODUCTION: Psoriasis, a long-term inflammatory skin condition, is associated with significant psychological and physical disability. Illness beliefs or ‘personal models’ underpin psoriasis patients’ mood, self-management, healthcare seeking behaviours, and daily functioning. Little is known about health professionals’ illness beliefs, how such beliefs inform clinical management or how practitioners who manage people with psoriasis conceptualise the condition. This study aimed to identify health professionals’ personal models about psoriasis.

METHODS: Semi-structured interviews were conducted with 23 primary and secondary care practitioners working with people with psoriasis. Purposive sampling was used to achieve maximum variation regarding practitioner discipline, level of experience, gender and age. Data analysis was informed by Leventhal’s Illness Representations Model, using principles of Framework Analysis to generate key issues.

RESULTS: Practitioners often held incongruent personal models about psoriasis; while commonly aware of the condition’s complexity, they described more linear and narrowly focused approaches to managing psoriasis. They described psoriasis as complex and long-term, while simultaneously reporting skin-focused, episodic management of patients. Conflicting beliefs were also evident regarding causes, consequences and control of psoriasis. Positive affect (e.g. job satisfaction/calmness) was described by practitioners holding more elaborate models, but frustration and worry were expressed by those with incongruent models.

CONCLUSION: Despite awareness of the long-term, complex nature of psoriasis, practitioners often held conflicting beliefs and reported single-focus management behaviour. Some practitioners however, held more sophisticated models of psoriasis and reported patient-focused rather than skin-focused care.