What messages do people with psoriasis take away from cardiovascular disease screening? A qualitative study

A. Chisholm¹, P.A. Nelson¹, C.J. Pearce¹, K. Kane¹, C. Keyworth¹, C.A. Chew-Graham², C.E.M. Griffiths¹,³, L. Cordingley¹,⁴

Affiliations
¹Manchester Centre for Dermatology Research, Institute of Inflammation and Repair, University of Manchester, ²Research Institute, Primary Care and Health Sciences, Keele University, ³Salford Royal NHS Foundation Trust, ⁴Manchester Centre for Health Psychology, University of Manchester, Manchester Academic Health Science Centre, Manchester, UK

Presented at the 13th International Congress of Behavioral Medicine, Groningen, The Netherlands, August 2014

INTRODUCTION: Psoriasis is associated with unhealthy behaviours which increase the risk of cardiovascular disease (CVD). The screening for CVD risk and its management in the general population occurs in primary care. However, the effectiveness of screening is debated and it remains unknown how people with psoriasis experience such consultations. The study aimed to explore factors which influence the understanding and management of CVD risk in people with psoriasis.

METHODS: 29 people with psoriasis who had taken part in an audio-recorded CVD risk assessment were interviewed in-depth about their perceptions of screening using ‘tape-assisted-recall’ to inform questioning. Data were analysed using Framework Analysis principles.

RESULTS: Patients reported three core perceptions as a result of taking part in screening: 1) little new or personally meaningful ‘knowledge and understanding about CVD risk’ was gained; 2) ‘strong emotional reactions to risk discussions’, were often experienced, including feeling burdened by the ‘work’ required to reduce risk particularly regarding weight loss; and 3) ‘minimal discussion with practitioners of ways to reduce CVD risk’ during consultations. Patients expected practitioners to prompt risk management discussions and were passive in raising their concerns.

CONCLUSION: The findings suggest that risk discussions during CVD screening consultations with people with psoriasis may be limited by practitioners not assessing patients’ pre-existing understanding of risk, addressing emotional reactions to risk discussions, or tailoring discussion about CVD risk and ways to reduce risk according to patients’ individual concerns. Facilitating practitioners to address these issues could improve the effectiveness of CVD screening consultations.