'I should have taken that further': a mixed methods study of missed opportunities in the cardiovascular risk assessment of patients with psoriasis

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BACKGROUND: Unhealthy lifestyle is common in people with psoriasis, contributing to onset and/or exacerbation of psoriasis as well as being risk factors for diabetes and cardiovascular disease (CVD). Effective risk communication involves sharing information that improves patients’ understanding of their own risk and enables informed decision-making. The National Institute for Health and Care Excellence (NICE) recommends health professionals identify and address co-morbidities with psoriasis patients, including discussion of lifestyle management. England’s health check programme aims to offer CVD risk-assessment, however its effectiveness is debated and evaluation studies have so far been limited.

STUDY AIM: This mixed methods study aimed to critically examine the process of assessing for and communicating about CVD risk in patients with psoriasis.

METHODS: Risk factor assessment was conducted with 287 psoriasis patients in 13 English general practices. Audio-recordings of 130 risk assessment and 15 follow-up consultations between patients and general practitioners or practice nurses were captured. Recordings informed subsequent in-depth interviews with 29 patients and 12 practitioners. Biomedical data were analysed for proportions of risk factors present among the sample at risk assessment. Content analysis guided critical listening to identify salient process issues in audio-recorded consultations. Framework Analysis guided analysis of interviews.

RESULTS: As expected, there were high proportions of patients with risk factor levels above the NICE recommended guidelines apparent at risk assessment: very high waist circumference was identified in 51%; obesity in 35%; raised blood pressure (both known and unknown hypertension) in 29%; smoking in 18% and excess alcohol consumption in 18%. Analysis of the consultation process revealed limited shared discussion about CVD risk and limited provision of personalised risk reduction support for patients in consultations. Though skilled communication was evident in a minority of practitioners, many reported a lack of training in supporting behavior change. Nevertheless, patients wanted to discuss CVD risk, and risk reduction, with their practitioners, and believed professionals were in a position to support and influence them to make changes.

CONCLUSION: Despite high levels of risk factors identified, substantial opportunities are missed in consultations to support patients to understand CVD risk and make lifestyle changes in the context of having psoriasis. Practitioners need training in how to discuss lifestyle management more effectively with patients and capitalise on naturally occurring ‘teachable moments’ in consultations, to increase the effectiveness of health checks and reduce psoriasis-associated co-morbidity.