Talking to people with psoriasis about cardiovascular disease risk factors: Techniques used in the practitioner-patient consultation

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BACKGROUND: Evidence suggests psoriasis is associated with cardiovascular disease (CVD) risk factors, many of which are associated with poor lifestyle behaviours such as smoking, excess alcohol use and insufficient physical activity. Risk perception is complex for patients and communicating information about risk effectively so that patients can make informed health decisions is challenging for healthcare professionals. Increasing patients’ knowledge of their own CVD risk factors may lead to an increased likelihood of making positive behavioural changes to reduce such risks. Little is known about specific methods used by healthcare professionals to communicate information about risk during CVD risk assessments with patients with psoriasis.

AIMS: We aimed to examine how primary care practitioners communicate risk information to psoriasis patients during CVD risk assessments.

METHODS: Consultations (n=44) between practitioners (general practitioners and practice nurses) and patients with psoriasis across 10 primary care practices were audio-recorded and analysed using content analysis. A coding frame recorded verbatim examples of discussion about CVD risk factors and was used to identify techniques used by practitioners when discussing CVD risk information.

RESULTS: Practitioners used patient-specific information (e.g. blood pressure readings; n=23), and patient-specific information accompanied by more general information (n=19), as opposed to general information alone (e.g. physical activity public health guidelines; n=2). Most frequently used risk communication methods were verbal descriptors accompanied by numerical data (n= 28) rather than verbal descriptors alone (n=16). Practitioners within this sample did not use numerical risk communication methods alone. When discussing biomedical measurements (e.g. blood pressure; n=131 occasions), interpretation of the information was provided to patients on 103 (78.6%) occasions. However, specific advice behaviours to modify risk factors was given on 62 (47.3%) occasions.

Discussions about CVD risk factors associated with lifestyle were lacking; at least one risk factor was discussed in 16 (36.4%) of the total number of consultations. When discussing lifestyle factors (n=51 occasions), interpretation of the information was provided on 44 (80%) occasions, and advice about how to reduce risk was given on 34 (66.7%) occasions.

CONCLUSION: We found little consistency in how health risk information was discussed with psoriasis patients. Interpretation of information was not always linked to specific advice about how to change lifestyle behaviour in order to modify CVD risk factors, particularly when discussing lifestyle-related risk factors. Attention should be paid to developing best practice for communicating complex health risk information in such a way that patients with psoriasis are empowered to make lifestyle modifications to reduce CVD risk.