‘You have to prioritise your own role’: a qualitative investigation of clinicians’ beliefs about supporting psoriasis patients with lifestyle management

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BACKGROUND: Psoriasis is associated with significant co-morbidity. Excess alcohol use, Smoking and obesity are also associated with psoriasis, contributing to its onset and/or exacerbation and conferring additional risk through diabetes and cardiovascular disease (CVD). Unhealthy living may be linked to distress associated with psoriasis which may in turn impede patients’ ability to self-manage. Theory-informed lifestyle behavior change (LBC) techniques are effective when used by trained professionals. Clinicians managing psoriasis should address lifestyle issues as part of good patient management. However, it was unknown whether clinicians managing people with psoriasis were familiar with LBC techniques or confident to deliver LBC support in psoriasis consultations.

METHODS: In-depth semi-structured interviews were conducted with 23 clinicians in English primary and secondary care settings stratified by discipline (seven dermatologists; six dermatology specialist nurses; five general practitioners with a special interest in dermatology and five general practitioners). Data were analysed using constant comparison and principles of Framework Analysis.

RESULTS: Clinicians recognised that lifestyle behaviours were important in psoriasis but no one professional group viewed it as a key part of their role to facilitate LBC. Many cited lack of time to engage in LBC which was viewed as something of a luxury. Clinicians prioritised diagnosis and medications management, avoiding discussion of lifestyle factors or mood management in consultations. Addressing alcohol, smoking or weight loss was seen as threatening to cordial relationships with patients. Clinicians were pessimistic about patients’ motivation to make changes and their own ability to facilitate LBC. Limited knowledge of and skills to implement LBC principles underpinned these beliefs and participants identified a need for training to support LBC activity in psoriasis services.

CONCLUSION: Clinicians are not yet trained in the use of evidence-based LBC principles and techniques to support psoriasis patients. Training in these methods that takes account of both patient and clinician barriers is needed to enable the optimal assessment and management of psoriasis as a long-term condition.