‘A problem I wouldn’t normally deal with’ - Clinicians’ readiness to facilitate lifestyle management in people with psoriasis: A qualitative study

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BACKGROUND: Psoriasis is associated with significant morbidity. Unhealthy living including excess alcohol use and obesity is known to affect onset/flare of the condition as well as increase the risk for cardiovascular disease and diabetes. The distress associated with psoriasis may increase the likelihood of unhealthy living and prevent good self-management. Theory-informed lifestyle behaviour change (LBC) techniques are effective when used by trained professionals. Clinicians managing psoriasis could address lifestyle issues as part of good patient care; however their views about and confidence to use LBC techniques in routine consultations were unknown.

OBJECTIVE: We aimed to elicit the views and attitudes of healthcare professionals in both primary and secondary care about addressing LBC with psoriasis patients.

METHODS: In-depth, qualitative interviews were carried out with 23 clinicians managing psoriasis patients in the UK stratified by discipline (seven dermatologists, six dermatology specialist nurses, five general practitioners with a special interest in dermatology and five general practitioners). Interviews explored professionals’ knowledge, skills and attitudes in relation to LBC, including perceived barriers and enablers to engaging in this activity. Data were analysed using Framework Analysis to identify key themes.

RESULTS: Practitioners viewed LBC as important in managing psoriasis but believed such work was outside their remit, citing organisational constraints and prioritisation of other goals such as diagnosis and medications management as barriers. Supporting psoriasis patients with lifestyle management was consequently seen as a luxury. Addressing alcohol, smoking or weight loss was viewed as a potential threat to the professional-patient relationship. 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 and techniques underpinned these beliefs. Clinicians identified a need for training to support LBC activity in psoriasis services.

CONCLUSION: We showed low levels of knowledge, skills and confidence among health professionals about addressing lifestyle in psoriasis patient consultations. They are not yet trained in the use of evidence-based LBC principles and techniques to support psoriasis patients to reduce associated co-morbidity. Findings have informed our development of training in these methods that takes account of both patient and clinician barriers to enable the optimal assessment and management of psoriasis as a long-term condition.