‘You feel like you’re insulting them’ - Hidden barriers to effective cardiovascular risk communication between primary care practitioners and patients with psoriasis: a mixed methods study

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BACKGROUND: Unhealthy lifestyle is common in people with psoriasis, contributing to exacerbation and increased cardiovascular disease (CVD) risk. The National Institute for Health and Care Excellence (NICE) recommends clinicians address psoriasis co-morbidities with patients, including discussing lifestyle behaviours. Effective risk communication should improve patients' perception of personal risk and ways to reduce it. The English health care system offers CVD risk-assessment, but its effectiveness is debated and evaluations of the programme have largely disregarded process issues.

OBJECTIVE: To critically examine the process of CVD risk communication between practitioners in English primary care settings and patients with psoriasis.

METHODS: Assessment of 287 patients with psoriasis in 13 general practices to determine proportions of risk factors present at the risk assessment consultation; audio-recordings of 130 risk assessment and 15 follow-up consultations content analysed and used to inform subsequent in-depth interviews with 29 patients and 12 practitioners; Framework Analysis to analyse qualitative interview data.

RESULTS: As expected, at risk assessment a high proportion of patients had risk factor levels above those recommended by NICE guidance: very high waist circumference was identified in 51%; obesity in 35%; raised blood pressure (in patients with both known and unknown hypertension) in 29%; smoking in 18% and excess alcohol consumption in 18%. Limited shared discussion about CVD risk and personalised behaviour change support for patients was evident from the analysis of consultations, although two of 13 practitioners demonstrated skilled communication. In interviews practitioners (particularly practice nurses) reported a lack of training in supporting patients with lifestyle behaviour change. Nonetheless, patients wanted lifestyle discussions in consultations and believed practitioners could be influential in supporting them to make changes.

CONCLUSION: Despite high levels of risk factors present at risk assessment, opportunities are missed in consultations to support psoriasis patients to understand CVD risk and make lifestyle changes. Practitioners need training in supporting lifestyle management with patients to capitalise on ‘teachable moments’ arising in consultations, to increase the effectiveness of health checks and reduce psoriasis-associated comorbidity.