



Ineffective consultations for acne: what is important to patients?

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RESEARCH LETTER - BJD**Authors:**F. Cowdell¹E.A. Eady²A.M. Layton²N.J. Levell³C. Jones⁴M.J.Ridd⁵¹Faculty of Health and Social Care, University of Hull, Hull, UK²Harrogate and District NHS Foundation Trust, Harrogate, UK³Norfolk and Norwich University Hospitals NHS Foundation Trust, UK⁴Acne Priority Setting Partnership Lay Member, UK⁵School of Social & Community Medicine, University of Bristol, UK**Corresponding author:**

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RESEARCH LETTER

Ineffective consultations for acne: what is important to patients?

Dear Editor,

Acne is one of the top four skin conditions globally¹. Skin conditions are one of the most frequent reasons for people seeking health care advice², but there are no conclusive data on patterns of help-seeking behaviour in acne. International estimates suggest that 17-40% of people with acne consult either a General Practitioner (GP) or a dermatologist^{3,4}.

The authors of this letter – as part of the Acne Priority Setting Partnership (PSP)⁵ – constructed a survey, via SurveyMonkey™, to identify unanswered questions about acne treatment. The survey was distributed widely through public, professional, charitable and commercial organisations to people with acne, carers and professionals with an interest in the condition, with the intention of gaining a broad understanding of research priorities from several perspectives. The survey was open to anyone who chose to respond between 22nd May and 31st August 2013. A free text question regarding respondents' general acne experiences was embedded to gather qualitative data. Ethical approval was obtained from West of Scotland REC4 (reference number 13/WS/0015); NHS governance approval was obtained locally. Together, respondents identified a 'Top Ten' of research priorities for acne. One issue extensively represented in patient responses to the free text question statement "please write here anything else you'd like to tell us about your experience of acne treatments" was 'ineffective consultations' with both GPs and Dermatologists, which forms the focus of this letter.

We were interested in examining patients' perspectives on the factors that contribute to ineffective consultations. Although known to be a critical factor in treatment success, little is known about consultations in the context of acne care. Ineffective consultations can result in medication being used incorrectly, leading to poor clinical outcomes, increased health care costs, and unnecessary treatment^{6,7}.

1456 people with acne responded to the PSP Survey of whom 178 submitted free text responses regarding their experiences. Age ranged from under 15 to 64 years; of these 9% were male, 16.3% were non-white, and 20.8% lived outside the UK. This is the first study to survey a broad range of people with acne, carers and practitioners to identify the 'Top Ten' acne research questions. It engaged young people who, although the group most likely to suffer with acne, are under-represented in the literature. The data collection method using only free text narrative inevitably produced only thin data which lacks the richness and rigour that would typically be expected in a qualitative study ~~The data collection method necessarily produced data less rich than would be expected in qualitative studies~~; nevertheless the experiences provide a valuable guide for professionals providing acne care. Thematic analysis using the six-stage Braun and Clarke⁸ technique generated the core category 'ineffective consultations' with two themes: i) 'not taking care of the emotional side'; and ii) 'hopelessness at getting a treatment that works'. The core category, themes and sub-themes are illustrated in Figure 1.

Theme 1, 'not taking care of the emotional side' of acne was further divided into two subthemes: 'ignoring the psychological and emotional impact of acne' and 'insensitive interactions'. Participants thought that their psychological and emotional well-being should be considered as part of any consultation. However, many reported that these issues were never explored. Most implied that the doctor should either take responsibility for this or should offer referral to a specialist counsellor or therapist. Some thought that it was the patients' responsibility to discuss emotional concerns but

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3 personal experience demonstrated limited success and it was common for doctors to be insensitive
4 to these concerns.

5 Theme 2, 'hopelessness at getting a treatment that works', either from the NHS or other providers,
6 was divided into the sub-themes: 'lack of information on using treatments effectively', 'absence of
7 clear care pathways' and 'ignoring diet, laser and alternative treatments'. Prescriptions were often
8 issued with little evidence of shared decision making and patients frequently did not know what they
9 could expect from a particular treatment, how long it may take to be effective or potential side
10 effects. Many participants were concerned about the seemingly 'random' approach to acne care in
11 which there appeared to be no rationale for the treatments prescribed. The uncertainty and lack of a
12 clear treatment plan appeared to add to participants disease related burden.
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15 Overall, participants expressed a heartfelt dissatisfaction with acne management approaches taken
16 by health professionals with acne consultations with healthcare professionals. In particular, GPs
17 were perceived as lacking essential knowledge, and consultant dermatologists showed insufficient
18 concern for the emotional impact of acne. Given the estimates of acne prevalence and help seeking
19 behaviours, it may be assumed that those seeking medical advice are troubled by their condition,
20 but many are receiving sub-optimal care. We acknowledge that those choosing to comment on
21 consultations in this survey are more likely to report negative evaluations.
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24 This study indicates the need for further qualitative investigation to examine the experience of acne
25 consultations, both positive and negative, in more depth. Comparisons of patient experiences in
26 appointments with GPs, dermatologists and other specialists would enhance understanding of
27 patient need and current skills and educational needs of practitioners. Equally, there is a need to
28 develop a clear, systematic guideline for acne treatment that is understood by both people with
29 acne and practitioners, as are already in use with other conditions, such as asthma. Simple, time-
30 and cost-neutral changes in practice could have a significant impact on patients' experiences of
31 consultations, making them more equal partners in informed decision making and thus positively
32 influence treatment outcomes.
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