

Topic 7 Knowledge Translation: Using Tools to Facilitate Communication with Patients

Scientific Panel Lecturer: Carolyn Jack

Community panelist : Marissa Joseph

Comments Regarding Key points for: Dermatology Trainees

- Dr. Joseph commented that the content overall highlights two things, 1) extra-cutaneous disease presentation, particularly as it pertains to mental health and 2) looking at interventions in a practical, scholarly, evidence-based manner. She commented that it was very well done and that the content for all three audiences was the same, but the lens was shifted

Comments Regarding Key points for: General Practitioners

- Dr. Joseph remarked that GPs play an important role in terms of therapy and addressing mental health.
- Dr. Joseph suggested treating patients with AD similarly to those with chronic pain in terms of mental health.
- Dr. Asiniwasis added that she felt that Quality of Life impacts (Point #1) must be emphasized in order for GPs to take addressing mental health sequelae in AD (Point #2) seriously. Dr. Prajapati agreed.

Comments Regarding Key points for: Adults and Adolescents

- Regarding point 1, Dr. Joseph remarked that it was important to validate the patient experience and their need for “heavy duty” treatments.
- Dr. Joseph emphasized the point that mental health was part of managing eczema.

Comments Regarding What Added Information is Needed

- Dr. Joseph suggested a brief overview of pharmacotherapies for dermatology trainees would be helpful, particularly those that may have interactions with medications used in AD such as JAK inhibitors (Point 1b).

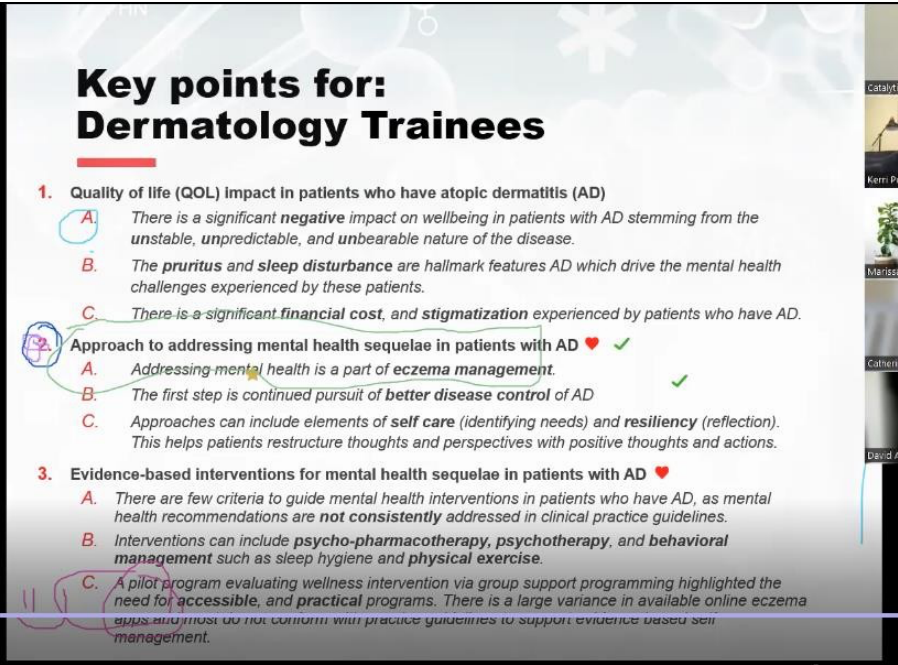
Comments Regarding Three Points Most Relevant to my Practice/Points Relevant to my Practice Not Found and/or Irrelevant info

- Dr. Joseph commented that she would have liked more resources on how to address anxiety/depression for those not experienced in mental health pharmacotherapy, more information on available mental health support, and information specific to younger pediatric patients and their caregivers with AD associated mental health issues.
- Dr. Charles Lynde asked if there were any important points for families [in chat, no response].
- Dr. Besner Morin commented that she was wondering if, in 20 years, they might know how to

control AD so well that patients would not become severe for so long and there will be less depression and self-esteem issues. Dr. Prajapati agreed but remarked that some patients have depression and anxiety even when their skin is clear and that for some, the fact they have the disease and have to be on treatment bothers them.

- Dr. Asai commented that it is understandable because patients have spent their lives being unsure of when their skin may flare, what will trigger it, if it will occur at some important event etc. and this anxiety makes their eczema worse.

Key Takeaway: Vote Via Annotation

Slide	Results
 <p>Key points for: Dermatology Trainees</p> <ol style="list-style-type: none"> 1. Quality of life (QOL) impact in patients who have atopic dermatitis (AD) <ul style="list-style-type: none"> A. There is a significant negative impact on wellbeing in patients with AD stemming from the unstable, unpredictable, and unbearable nature of the disease. B. The pruritus and sleep disturbance are hallmark features AD which drive the mental health challenges experienced by these patients. C. There is a significant financial cost, and stigmatization experienced by patients who have AD. 2. Approach to addressing mental health sequelae in patients with AD <ul style="list-style-type: none"> A. Addressing mental health is a part of eczema management. B. The first step is continued pursuit of better disease control of AD. C. Approaches can include elements of self care (identifying needs) and resiliency (reflection). This helps patients restructure thoughts and perspectives with positive thoughts and actions. 3. Evidence-based interventions for mental health sequelae in patients with AD <ul style="list-style-type: none"> A. There are few criteria to guide mental health interventions in patients who have AD, as mental health recommendations are not consistently addressed in clinical practice guidelines. B. Interventions can include psycho-pharmacotherapy, psychotherapy, and behavioral management such as sleep hygiene and physical exercise. C. A pilot program evaluating wellness intervention via group support programming highlighted the need for accessible, and practical programs. There is a large variance in available online eczema apps and most do not conform with practice guidelines to support evidence based self management. 	<ol style="list-style-type: none"> 1. Approach to addressing mental health sequelae in patients with AD...-7 votes 2. Evidence based interventions for mental health sequelae in patients with AD...-1 votes 3. A pilot program evaluating wellness...-1 vote 4. There is a significant negative impact on wellbeing in patients.....-1 vote

Overall Comments

- Dr. Asiniwasis commented that it in dermatology, they often deem psychodermatoses as psychological impacts of skin disease. These can be primary which they talk about a lot like trichotillomania, or secondary to skin disease. She remarked that she felt like they often just brush over the secondary to skin disease and they need to highlight this, just as Dr. Joseph mentioned, to include the mental health impact of this common disease, AD.