



How are patients with eczema and their parents given information regarding their condition and its management? What is their level of understanding of the condition and the recommended treatment?

A survey at a Government run hospital in the Philippines.

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Eczema is a chronic inflammatory skin condition that can have dramatic effects on the patients' quality of life. In children, this can affect their sleep which has knock on effects on their ability to learn, and socialize. The management of eczema is often complex and poorly understood. This project aimed to assess the understanding by patients and carers of the condition itself and their personal management strategy.

Eczema is particularly common in Filipino children. Management of eczema usually involves a complex combination of topical steroids, emollients and scratch prevention, with additional emollients for bathing.

My elective was at the Corazon Locsin Montelibano Memorial Regional Hospital (CLMMRH), a Government funded hospital in Bacolod. This hospital provides free healthcare to its patients, many of whom are from rural and deprived areas of the Island of Negros in the Philippines.

One of the major problems affecting healthcare in the Philippines is late presentation of conditions. This is due to a combination of factors, notably the slow and expensive transport and the disbelief that healthcare is ever free. Patients with Dermatological conditions made up a larger proportion than I expected of the patients on both the adult and paediatric wards. This is likely to be due to the visible nature of the skin and the stigma towards those who look different. Pain, stiffness and a great number of other symptoms are commonly ignored by the stoic Filipino people, but skin conditions, particularly on areas that cannot be hidden, were less likely to be ignored for long periods of time. This meant that I gained excellent exposure to a variety of skin conditions including those that are considered rare or simply not seen in the UK.

During my time at CLMMRH I saw several children with severe infective exacerbations of eczema. These children were the only time I came into contact with eczema patients. It was explained to me that, because the healthcare provided in this hospital is free, they have strict guidelines on who they are allowed to admit. Anything that can be dealt with as an outpatient is – so any child who does not need IV fluids and antibiotics is usually discharged quickly. As mentioned above, most of the patients in the hospital live in rural areas of the island, many came from the mountains, so very few returned to outpatient clinics – I didn't see a single child attending for eczema follow up in the 6 weeks at CLMMRH. This may also have been due to the fact that CLMMRH works on a first come first serve basis rather than appointments, with waits of up to 8 hours and a cut-off point where people are told to try again tomorrow.

The children and parents that I spoke to were universally poorly informed about eczema. They did not understand that it was a chronic condition, with periods of flare ups, instead believing it was a disease that is cured and re-caught. Several of the parents believed the disease was infectious – but this is understandable considering I was speaking to them at a time when their children had an infectious



exacerbation. None of the parents were able to explain to me what the lotions given to them were or why they were important. They were, however, universally able to repeat the instructions for application back to me as the doctors had indicated. This suggested to me that the patients and parents that I saw were more than willing to comply with the Doctors management plan, they simply weren't being educated about the disease and it's more long term management.

The way to solve this issue is complex. Reading and writing abilities vary greatly across the island, as does access to the internet, meaning that printed or online resources were not an adequate solution. The nurses frequently provided teaching seminars in the waiting rooms of the Outpatient Clinic, teaching 800-1,000 waiting patients about common conditions. I suggested that an eczema teaching session may be helpful, as many of those patients may have a relative with eczema even if they don't have it themselves. This is to be discussed at the next educational nursing meeting.