

Who should look after genital skin disease in the 21st century?

Matthew Nicol

Queen's University Belfast

Introduction

Conditions affecting the genital skin are extremely common and varied. They can have a major impact on the patient due to their location; they can be extremely embarrassing and can affect a patient's sexual-functioning, their relationships with others and their own self-image.⁽¹⁾ The embarrassment may be such that patients delay or even avoid seeking medical treatment. As well as causing distress they can also cause extremely irritating symptoms including pruritus and pain.⁽¹⁾

Genital skin diseases include skin lesions and rashes, fungal, viral and bacterial infections, infestations of parasites and sexually transmitted infections, as well as conditions that can affect the skin elsewhere.⁽¹⁾ Genital skin conditions affect both genders and people of all ages. This essay will look at the various ways genital skin diseases are managed and how this can be improved.

General Practitioners

In the UK the General Practitioner (GP) is usually the first point of contact for patients in a non-emergency. Their role is to make an initial assessment and, depending on the patient's condition and their own level of experience, either to begin treatment or to refer the patient on for specialist management, acting as "gatekeepers" to specialist services.

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GPs working in the community and acting as gatekeepers to services bring various advantages, some of which are particularly relevant for genital skin diseases. Firstly, patients often get to know their own GP and often report having a good relationship with them.⁽²⁾ As a result some patients may present earlier to their GP than they would to other healthcare professionals and feel less embarrassed about discussing a genital skin disease.

GPs are able to manage many common skin conditions without the need for a specialist referral. When the GP can manage such patients without a referral they can reduce demand on specialist services and as a result, the overall cost of treating these patients. This benefits the patient as they will have to wait significantly less time to see their GP than to see a specialist, while the reduced demand on specialist services allows other patients who require a specialist opinion to be seen more quickly.

The main problem with GP management of genital skin conditions is that because they are usually not specialists in skin disease they may not be as confident or experienced with some conditions, particularly those that are less common or that they do not see regularly in their practice. While in these cases GPs are able to make an appropriate referral, due to lengthy waiting times to see a specialist, this may mean that a patient has to wait a long time before appropriate treatment is started.

Genitourinary Medicine

Genitourinary Medicine (GUM) and Sexual Medicine clinics deal with many genital skin conditions. They are specialists in dealing with sexually transmitted infections (STIs) and will be able to appropriately manage any STIs that manifest as skin conditions. Anyone can attend a GUM clinic in the UK and they do not need a referral from their GP.⁽³⁾ Some patients with genital symptoms may prefer to use a GUM clinic if they are uncomfortable discussing their condition with their GP and as a result GUM clinics may improve access to care in some groups.

These services are excellent at dealing with STIs, however other non-sexually transmitted skin diseases could be better managed elsewhere, for example by referral to a specialist in Dermatology. As Genitourinary Medicine and Dermatology are separate specialties, some patients may inappropriately present to a GUM clinic with non-sexually transmitted genital skin diseases, possibly delaying presentation to their own GP or a dermatologist and the initiation of the correct treatment.

The UK setup where Dermatology and Genitourinary Medicine are separate specialties is unusual amongst other healthcare services in Europe where it is common for the specialty of Dermatovenereology to encompass both.^(4,5) While such a setup avoids non-sexually transmitted skin diseases inappropriately presenting to the wrong service, there are various advantages to the specialties remaining separate. This is mainly that Genitourinary Medicine specialists are also highly experienced at discussing family planning, contraception, patient education

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regarding STIs as well as dealing with psychosexual issues while Dermatologists have a greater knowledge of managing an enormous range of other skin conditions. As a result each group has a distinct set of skills and is better able to provide expert care to their patients by being highly specialised in one area.

Dermatologists

For skin conditions that a GP is unable to manage a referral can be made to a specialist in Dermatology. These doctors have undertaken further training in skin conditions and have built up significant levels of experience. While the level of knowledge and experience means that these clinics are usually the best at treating skin conditions, they deal with a large number of referrals and in some areas patients may have to wait months to get an appointment in non-urgent cases.^(6,7) As a result patients may spend months without treatment allowing the condition to deteriorate as well as having to cope with the impact that a genital skin condition can have. Access to doctors with specialist training in Dermatology needs to be improved and waiting times reduced to improve the management of these conditions.

It is now becoming common for some GPs to undertake further training in the management of skin conditions to become General Practitioners with a Special Interest in Dermatology (GPwSIs), allowing them to run Dermatology clinics alongside their work as a GP. A randomised control trial in 2005 found that using GPwSIs reduced waiting times with no significant difference in outcomes for patients

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while patient satisfaction was increased,⁽⁸⁾ however it was also found to be more expensive overall.⁽⁹⁾

Despite the increased cost, training more GPwSIs could improve the management of these conditions. Firstly they could help share the burden of skin diseases to free up more appointments with specialist dermatologists for the most complicated patients, thus reducing waiting times, while also improving and incentivising Dermatology training amongst GPs, potentially increasing the number of patients that can be managed in primary care.

Gynaecologists

Vulval diseases are managed by various specialties in the UK, including gynaecologists. Gynaecology trainees are required to have both knowledge and experience of the management of common vulval disorders⁽¹⁰⁾ and many gynaecologists run vulval clinics dealing with patients with rare or complicated disease. These patients often require assessment from multiple disciplines and retrospective reviews of specialist vulval clinics found that 38% of patients require management by doctors from more than one specialty.⁽¹¹⁾ As a result the British Society for the Study of Vulval Disease (BSSVD) recommends that women with complicated or rare vulval conditions should be managed at specialist clinics run by a multidisciplinary team including gynaecologists, dermatologists, genitourinary physicians and pathologists.⁽¹¹⁾ This is to allow these patients access to a wider range of treatments and to improve their care.

Currently in the UK the BSSVD has a database of 78 specialist vulval clinics in operation.⁽¹²⁾ What is interesting is that in each location the service is run differently; while in some areas they are led by gynaecologists, in other areas they are run by dermatologists or genitourinary physicians, and whilst many are run with a multidisciplinary team, others are still organised within a single specialty. In order to improve the management of patients with vulval diseases, consideration should be given to adapting existing services so that more of these clinics are run on a multidisciplinary basis and to ensure that all patients have access to the most appropriate treatment.

The internet

Some patients with a genital skin condition will feel so embarrassed that they delay, or even try to avoid presenting to a healthcare professional. Despite the impact it may have on their sexual-functioning, their interpersonal relationships, their body image and their quality of life,⁽¹⁾ they may prefer not to see a doctor and initially look to treat the condition themselves using information from the internet instead.

86% of people in the UK now have access to the internet⁽¹³⁾ and in the last year 60% report to having used it to search for health information.⁽¹⁴⁾ Patients may receive information from online forums and chatrooms or pages that anyone can edit. These sources of information are at best unreliable and potentially harmful if they delay presentation of more serious conditions. Patients may inadvertently cause harm to

themselves by following treatment regimens suggested online which could further irritate the area and exacerbate any skin conditions.

However, although these risks are well known and understood, due to the ease of access to information and the perceived confidential nature of using the internet many patients will continue to use it for health information. While the internet is no substitute for visiting a trained medical professional, the internet can however offer us new opportunities to reach patients who are reluctant to visit a doctor. It can be used firstly to provide high-quality, accurate and trustworthy information to educate patients, as is already being done by various groups and organisations.^(15,16) Websites providing health information could be used to encourage patients to make an appointment with their GP or visit a GUM clinic. Online pages could also reassure patients that any consultation will be confidential and, that once seen by a medical professional and appropriate treatment is started, the condition may be quickly and easily resolved. Finally these websites could point out the risks of not seeking help or using inappropriate treatments to help encourage more prompt presentations. It is important that these websites are not seen as an alternative to seeking treatment, but help to educate patients and that articles written by professionals could stop patients from relying on chatrooms and online forums for healthcare advice.

Self-care and over the counter medications

Self-care is the most common method of treating dermatological conditions⁽¹⁷⁾ and may be an appropriate option for patients who are confident of their diagnosis or

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are experiencing a recurrence of a mild or self-limiting condition These patients should have some knowledge of how to recognise their condition, treat themselves and access medications if necessary. They should also have realistic expectations of how effective their treatment will be and be able to recognise if they are failing to respond to treatment as well as knowing when to seek medical help. This approach could help reduce pressures on GPs and other healthcare professionals as well as being more convenient for patients.

Patients who are capable of managing their condition themselves should have access to some over the counter medications and so avoid visiting their GP simply for a prescription if they are already confident of their diagnosis. Pharmacists will also have a role in the management of these patients, as some may wish to ask them for advice about different medications and how to use them, while they can also give advice on when to see a doctor if the condition does not improve.

This approach may again help manage the burden of genital skin disease, however is only appropriate in certain patients and those with less severe conditions. While it may be helpful that appropriate self-care is encouraged in some circumstances, it is also extremely important that patients who are concerned do not feel under pressure to try to self-diagnose and manage their own treatment, but know that they can always visit their doctor if they need to.

Teledermatology

Teledermatology is the use of modern technology to allow a dermatologist to assess a patient remotely.^(4,18) Teledermatology may involve either a live consultation over a video link with a patient or images being taken to be reviewed by a specialist who will then decide a management plan.

Teledermatology services are becoming more common and could be used to decrease the number of referrals made to specialist services. It could be used to improve communication between GPs and dermatologists by allowing GPs to send an image and a detailed clinical description of the condition to a specialist who could advise them on how to manage these patients. This could increase the number of patients being managed successfully in primary care, benefitting the patient who receives quicker treatment while reducing demand on specialist services.

Like other services there are issues that need to be addressed before teledermatology is used more widely for genital skin conditions. Firstly, it is essential that patients understand how images are being used and consent to them being sent to a specialist, some patients may be particularly uncomfortable with this due to the intimate nature of the area involved. The security of such services is also extremely important so that patients' details and images cannot be accessed by anyone outside of the immediate care team and their confidentiality is maintained.

Conclusion

Genital skin conditions are not managed by a single specialty, but by various disciplines. Each of these disciplines has their own unique strengths and may be better equipped to deal with some skin conditions than others. As such, genital skin conditions should continue to be dealt with by various disciplines with patients having access to multidisciplinary teams where necessary. However, access to specialist services for the most complicated patients should be improved to reduce waiting times and to improve the quality of treatment received by these patients.

The first way to achieve this is to manage more patients in primary care. This may require providing more training and support to GPs to improve their ability to manage these patients. There should also be greater communication between GPs and specialists so that in some cases a specialist could advise a GP on how to manage some patients without a referral, with the use of teledermatology an option to provide this.

Secondly, more specialist dermatologists need to be trained to improve access and waiting times for patients with rare or complicated conditions who require specialist management. The impact of these conditions can be so great that patients should be treated as soon as possible and not be forced to wait long periods for treatment, however this will require increased funding for Dermatology services and increasing the number of both training and consultants' posts for doctors working in the specialty.

Finally, we must also acknowledge that the internet has a role to play in the management of genital skin diseases in the 21st century as many patients will use it to access health information. However, this should be seen as an opportunity to educate our patients and to help them become involved in their own management. We must provide patients with reliable information that is accessible to them to allow them to better understand their conditions as well as to stop patients depending on online forums that may suggest inappropriate or even harmful treatments.

The care of patients with genital skin conditions is extremely important due to the distress they can cause. Through better education of both primary care providers and patients, and by increasing the number of specialists available for complicated cases, access to appropriate care can be improved leading to better treatment for patients.

Word Count:

2483

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